

Management Response to Health Program Review Report for Partnership for Human Development

Recommendation	DFAT Response	Comments, responses, follow up actions etc
<p>1. Within the context and the political economy dynamic, DFAT and PHD Health to work together to establish clearer parameters and boundaries around being responsive, including being clearer on difference between being flexible versus being reactive and what that means practically for the program</p>	<p>Partially Endorse</p>	<p>While the Embassy recognises the need to closely monitor the quantum of ‘surge’ or ‘reactive’ program activity, building respectful partnerships though listening to needs, means that sometimes we need to be responsive, in order to gain traction in our broader mandate.</p> <p>Similarly, the nature of the reactive requests from MoH, provides deeper understanding of the weaknesses in the health system and at times, informs our approach and prioritisation of health system support work.</p> <p>In large-scale health emergencies (such as a disease outbreak) or preparatory events (such as hosting the Papal visit), the workload involved is usually large, but this is offset by the slow (or halting) of much of the ongoing program work of the Ministry.</p>
<p>2. Political Economy and the PIMA Improvement Cycle: PHD Health to conduct formal PEA orientation and applied training for all the program team supported by ongoing advice/mentoring from PHD and Abt. This was planned for in the PHD Health 2023 Strategic Plan but never eventuated. This should reflect the changes in the political economy, ensure the team are provided with methods and techniques to assist them think and work politically in their everyday work and enable a more structured approach to operationalising and integrating PMIA and PEA throughout implementation.</p>	<p>Partially Endorse</p>	<p>In this current context, Political Economy Assessment is a day-to-day necessity - particularly for the senior members of the health team.</p> <p>Theoretical training is seen as one part of building awareness on the importance of, and skills in, political economy analysis. We propose to draw on senior Timorese practitioners within PHD (and the broader stakeholder network) to support the team with regular reflection / analysis – in a structured way.</p>

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		PIMA is occurring through quarterly and six-monthly review and coordination meetings, there is opportunity for applied PEA within that to strengthen those core processes.
3. Balance of Time Between National and Municipal Levels: PHD's Health Municipal team to maximise time spent in municipalities whilst ensuring all efforts are utilised effectively and strategically. This will enhance opportunities to provide technical support to the MHS, facilities and to the Municipal Coordinators and maximise progress towards outcomes.	Endorse	Ongoing work to maintain consistent operationalisation.
4. Working through Implementing Partners: PHD Health to review its ways of working and identify opportunities to foster stronger partnerships with the Implementing Partners and consider how it can better facilitate their relationships with MoH at national and municipal level as appropriate.	Endorse	Responsibility for this does go beyond PHD – to the Embassy Human Development Program more broadly. To the extent that current resourcing allows within PHD, this recommendation is endorsed, recognising the ongoing work for the Embassy in bringing efficiency to the overall development program.
5. Maluk Timor and INSP-TL: PHD Health, DFAT and Maluk Timor to have an open and honest discussion to identify the root causes of the lack of progress, discuss the prevailing political economy and work as partners to strategically consider innovative solutions and entry points to 'nudge' forward.	Endorse	Ongoing work – the Maluk Timor contract management has translated to a significant workload – well beyond what might reasonably be expected from a grant partner.
6. DFAT and PHD Health to strengthen formal links with PARTISIPA, PROSIVU and Nabilan to share knowledge, build on each other's strengths and forge closer connections with a view to driving efficiency, aligning efforts and identifying opportunities for synergy.	Endorse	As per management response to recommendation 4, this is an agreed area of shared responsibility between the Embassy and Implementing Partners. Formalising the requirement (contractually) to actively coordinate with relevant Australian-funded IPs is being considered for future Agreements, as one way to ensure consistent coordination at an operational level.

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7. PHD Health to be supported to continue to progress with plans to report progress against outcomes and milestones using both qualitative and quantitative indicators linked to the MELF and continue to simplify tools and ensure that clear documentation is available for the 2026 evaluation.	Endorse	Agreed priority recommendation. Urgent MEL review with Abt support is required to bring stability and continuity of MEL technical advice to PHD.
8. PHD MEL and Abt to provide MEL support to the PHD Health team and Implementing Partners as needed to support plans to further strengthen MEL. This will include ensuring that the team has a base level of understanding, including MELs role, and skills in data collection, analysis and use.	Partially Endorse	As per recommendation 7, urgent MEL review with Abt support is required to bring stability and continuity of MEL technical advice to PHD. In terms of PHD's role in supporting Implementing Partners (grantees) on MEL, this has a resourcing implication which PHD health is not currently equipped for. Suggest this recommendation is a consideration for PHD MEL team (pending capacity and capability).
9. PHD MEL and PHD Health (supported by Abt) to reconsider the indicators at EOPO level across the health-related MELFs with a view to selecting a few of the existing indicators as key proxy indicators. Capturing a range of data for context monitoring can be done outside of the MELF.	Endorse	As per recommendation 7, urgent MEL review with Abt support is required to bring stability and continuity of MEL technical advice to PHD.
10. Strategic Intent: PHD Health to undertake an evaluative study to consider the lessons and effectiveness of supported interventions to overcome demand side barriers to inform the new design.	Partially Endorse	To-date, PHD health programming has focussed (by necessity) on supply side barriers. An evaluative study on the 'effectiveness of supported interventions to overcome demand side barriers' would logically occur after 'interventions to overcome demand-side barriers' had been implemented. Any evaluative study of this nature would be best timed once the program had reached that level of maturity. While there has been some related work to understand demand-side barriers (the Bolsa de Mae baseline study and University of Tasmania work funded through PHD),

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		interventions are in their infancy (through Direct Budget Support and some NGO-funded work).
11. Phased Facilities: PHD Health to more clearly articulate the strategic objectives of the Phased facilities, including what success will look like and a systematic approach to tracking progress. Work with MHS and the Phased facilities to capture what's working, lessons learned and constraints against the strategic intention. This will support replication and serve as an input to the evaluation.	Endorse	Agreed priority recommendation.
12. Milestones: PHD Health to focus on consolidation rather than expansion. This will include reinforcing progress to date against outcomes including the foundational health system strengthening work for the new health design to build on.	Endorse	Agreed priority recommendation. Critical links with recommendation 7, 8 and 9.
13. Milestones: PHD Health, supported by PHD MEL and Abt Global, to review the 2024 / 2025 workplan through whole team strategic discussion to simplify and prioritise the milestones, review their level of ambition given the current context and be clear and realistic on what success means for the program by 2026. Focus on what can reasonably be expected to be absorbed by the MoH, ensure that activities are aligned to the revised milestones and there is a balance of focus between national, municipal and facility levels.	Endorse	Agreed priority recommendation. As per recommendation 7, 8 and 9, urgent MEL review with Abt support is required to bring stability and continuity of MEL technical advice to PHD.
14. Gender and disability: Review of the Management and Leadership Modules: There is a window of opportunity now to offer gender and disability review of the Management and Leadership Modules being led by Maluk Timor with INSP-TL. Offering to provide specialist gender and disability input or review would be timely.	Endorse	Agreed priority recommendation.
15. Refine workplan for 2025: In collaboration with the Abt Global Senior Gender Specialist (and ideally coinciding with an in-country visit), discuss the recommendations of her review	Endorse	Agreed priority recommendation.

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paper and agree on the activities that have the most promise of positive GEDSI outcomes by the end of the program.		
16. Convene partner meetings: Nabilan is keen to discuss with PHD Health's the MoH's position on PRADET and consider joint talking points on the risks of the parallel DHS and VAW prevalence studies in 2025. Also convene a workshop of all PHD Health implementing partners to distil the collective experience of gender and disability entry points across the HSS building blocks, and MoH's receptivity.	Partially Endorse	Convening 'workshops of implementing partners' has had mixed success to date in translating into coherent approaches in implementation, there is clear value in PHD having regular and focussed discussions with grantees (such as PRADET) and related programs (such as Nabilan).
17. Priority to visit CHC safe spaces: Visit the CHCs which have introduced a 'safe space' for survivors of GBV to confirm whether and how they have implemented the facility guidance, and to understand why clients are not presenting or being referred	Endorse	Agreed recommendation.
18. Inclusive health and NAP GBV indicators: If the MoH remains receptive, after the significant turn over in personnel, it is recommended that PHD Health concentrate on supporting the MoH's implementation of the 15 inclusive health indicators and the NAP GBV that have been endorsed for the PHC M&E Framework.	Partially Endorse	PHD health has been instrumental in supporting the MoH develop the PHC M&E Framework. The resourcing and ability to support the implementation of the 15 inclusive health indicators will depend on human resource availability and capability – against an overall prioritisation of activity exercise.