

Impact Project:
Catalysing Sexual and Reproductive Health Rights in Samoa

FINAL REPORT

30 October 2019

**Specialist
Health
Service**

Strategic input on health to the Australian Government

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Acknowledgements

This report is the result of learning from committed and passionate people working on improving health in communities in Samoa. In particular the staff from Samoa Family Health Association provided excellent support throughout and spent much time in the planning and execution of this review process. Many staff from the MOH, MWCSD, MESC, UNFPA, WHO, SFA, NOLA, SRCS were generous with their time, open in sharing their views and experiences, and helpful in providing access to relevant materials. Their support is greatly appreciated. In addition, DFAT staff in Apia, in particular the Senior Program Manager, Health, provided high energy and many valuable insights that have contributed to the analysis presented in this report. To all, my thanks, as this review would not have been completed without your commitment to your work and communities.

Executive Summary

The Impact Project is funded by the Government of Australia (GoA), and implemented by Samoa Family Health Association (SFHA) in partnership with the International Planned Parenthood Federation (IPPF). The four year Project is designed to run from June 2017 to June 2021, with a total budget of AUD1,000,000; it is now midway through the cycle. This independent mid-term review was commissioned by the Department of Foreign Affairs and Trade (DFAT) to inform both DFAT and SFHA about the relevance and progress to date; the lessons learned; and recommendations for the final two years of the Project.

The overall goal of the Impact Project is to contribute towards reducing maternal mortality and morbidity and improving sexual and reproductive health rights (SRHR) outcomes for women and men in Samoa through increased uptake of sexual reproductive health rights (SRHR) information and services. In particular the Impact Project builds on past projects, and aims to make a marked contribution towards addressing stagnant national SRH indicators - unmet need of married and unmarried women for family planning, reducing total fertility rates and teenage pregnancies and increasing contraceptive prevalence rates.

The mid-term review focused on assessing the impact of the four outcome areas identified in the Theory of Change as best practice: clinic services; outreach; strengthening systems and enabling environment for SRH. Over 50 relevant documents were reviewed, and 50 key informant interviews and two focus group discussions conducted. All three clinics were visited and client-staff interactions were observed. The results framework data were analysed.

Findings indicate that the Impact Project is highly **relevant** to the Government of Samoa's latest *Health Sector Plan 2018-2030*, in particular, the target of 80% of women to use modern contraception by 2030. The Project also aligns well with the GoA's *Aid Investment Plan for Samoa*, which includes a strategic priority of progressing health and education outcomes. Providing women with choice about when and if to have a child, and quality antenatal care is empowering. The Impact Project also now has a clear focus on disability inclusiveness. Most stakeholders reported that SFHA is considered a trusted clinical and training partner; in particular key informants said that they valued and benefitted from various trainings offered by SFHA.

Service delivery points increased from one to three, and additional staff employed. Client and service numbers have grown with the increase in clinics and staff; in year 2 over 8,000 clients received over 40,000 SRH services in the static clinics, however contraceptive services comprised less than 10% of all SRH services. There are more youth volunteers and over 5,000 young people (under 25) accessed services. Increasing numbers of people with disabilities and diverse sexual orientations access SFHA services and trainings.

Outreach activities have increased significantly with the addition of a new vehicle and staff. More clients in remote villages are able to access SRH services through this outreach. Clinical staff conduct quarterly visits to coincide with the contraceptive cycle of women; an efficient and effective mode to meet client needs while reducing costs for more frequent visits. Over 5,000 clients received over 11,000 SRH services through outreach in year 2.

Data collection and reporting **systems** are improving and, by developing a unique client identification number, are now able to report numbers of clients seen – which is a major achievement that many SRH service providers are unable to report on. SFHA have developed a transparent integrated work plan and budget that reports on various funding sources (UNFPA, UNDP, IPPF Core and regional Pacific, and DFAT bilateral), ensuring that funding contributes to achieving key outcomes. Financial management control systems and culture have greatly improved with clear accountability and transparency so that 'every tala is accounted for'.

In terms of **policy and enabling environment**, SRHR has now been included in Samoa's Disaster Risk Management Strategy and the Executive Director has received recognition globally for her contribution to maternal health. SFHA have been consulted and contributed to numerous policies, reviews and surveys and participated in dozens of meetings. Nevertheless the general political, religious and traditional culture and values towards SRHR remain a major challenge in Samoa. SFHA currently receive no government funding and, given limited funds for primary health care, this is unlikely to change much in the future.

A number of other **challenges** were identified. Of most concern is that there have been two stock-outs of basic contraceptive commodities in 2019 for a number of reasons, resulting in the Ministry of Health (MoH) and SFHA clinics not meeting women's SRHR needs. This issue needs to be addressed by UNFPA and the MOH and including SFHA. There have been delays in funding received by SFHA from IPPF and UNFPA which impacts on implementation of planned activities. The youth drop-in centre in Savalalo closed but has not been re-opened in the new premises at Moto'otua.

Based on the findings and analysis, the review proposes the following areas to address that are detailed in section 5, Recommendations of this report.

Coordination and joint planning:

1. There are several donor partners that fund components of SRHR, gender empowerment and community approaches, which result in some overlaps and duplication, particularly at village level and primary schools. There is a risk of perverse incentives and reduced efficiency from not coordinating and planning activities at village level. A detailed type of joint planning and coordination between all SRHR stakeholders (especially MoH, MWCSO, MESC, SFHA, SFA, SRCS, including UN agencies and DFAT) for 2020 activities should be trialed.
2. Stock-outs need to be addressed urgently by UNFPA, the Ministry of Health and SFHA, to ensure that procurement and predictive ordering systems are understood and adhered to.

IPPF/SROP:

3. Recommendations for IPPF/Sub-Regional Office of the Pacific (SROP) include continuing strong support and monitoring of data collection and reporting systems, including client satisfaction reporting systems; training on youth friendly approaches and developing a stakeholder communication strategy.

SFHA: Focus on youth and increasing contraceptive services

4. If the Impact Project is to reduce key stagnant indicators, then the focus on contraceptive services must step up considerably in the next two years, including awareness of emergency contraception, especially when there are stock-outs. Develop a plan to increase contraceptive services and client numbers.
5. A clear youth engagement strategy should be a key focus for the next two years, and to ensure that there is a youth drop-in centre in Apia where youth feel comfortable to seek advice and counseling on health and SRH issues. Additional funding may need to be sought, or, if a venue has been found, this activity may be negotiated in collaboration with the MoH.
6. More youth-friendly information material and messaging could be developed using social media platforms, however this would require some technical support possibly through the *Transformative Agenda for Women, Adolescents and Youth in the Pacific* program and an Australian Volunteer working with youth volunteers.
7. Other recommendations are internal to SFHA related to prioritising and considering opportunity costs of specific activities and ensuring staff development and clinical quality of care updates for clinicians through external providers.

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Acronyms

DFAT	Department of Foreign Affairs and Trade (Australia)
DHS	Demographic Health Survey
EC	Emergency Contraception
ED	Executive Director
EOPO	End of Project Outcome/s
ESWG	Evaluation Steering Working Group
FGD	Focus Group Discussion
FLE	Family Life Education curriculum
FP	Family Planning
FPNSW	Family Planning New South Wales
FPNZ	Family Planning New Zealand
GoA	Government of Australia
GoS	Government of Samoa
HIV	Human Immunodeficiency Virus
HPE	Health and Physical Education
HSP	Health Sector Plan
IPPF	International Planned Parenthood Federation
MESC	Ministry of Education, Sports & Culture
MoH	Ministry of Health
MTR	Mid Term Review
MWCSD	Ministry of Women, Community and Social Development
NCD	Non-communicable diseases
NOLA	National organization for disabled people
PEN	Package of Essential Noncommunicable Diseases Interventions
PHC	Primary Health Care
PHRP	Pacific Partnerships for Health and Rights Program
PWD	People with Disabilities
SFHA	Samoa Family Health Association
SFA	Samoa Fa'afafine Association
SROP	Sub Regional Office of the Pacific (IPPF)
STI/RTI	Sexually transmitted infections/Reproductive tract infections
TFR	Total fertility rate
UHC	Universal Health Coverage
UNFPA	United Nations Fund for Population Activities
WHO	World Health Organization
WRA	Women of Reproductive Age

Mid-Term Evaluation of Impact Project, Samoa

1. Background

1.1. Introduction and objectives

The Government of Australia (GoA) commissioned an independent evaluation consultant to conduct a mid-term review (MTR) of the Impact Project being implemented by Samoa Family Health Association (SFHA) in partnership with the International Planned Parenthood Federation (IPPF). The four year Project is expected to run from June 2017 to June 2021, with a total budget of AUD1,000,000; it is now midway through the cycle.

The purpose of this draft report is to present a clear analysis of the progress, key lessons learned and recommendations for the final two years of the project implementation. Comments were sought from the Evaluation Steering Working Group (ESWG) that were then considered and incorporated as necessary into the final report.

1.2. Country context relevant to SRH

Samoa has a population of nearly 200,000, with an estimated 45,000 women of reproductive age (15-49 years) and 35,700 young people (15-24 years, male and female)¹. The total fertility rate (TFR) has been reported as stagnant (figures range from 3.2 to 5.1)², with a population growth rate of 0.9%. Chlamydia infection rates are reported as extremely high and contributing to female infertility³.

The Demographic Health Survey (DHS) asks women of reproductive age, their knowledge of modern family planning methods: in 2009, 71% of women could name at least one method; in 2014, this had increased to 83%. Women named 'injectable' as the most known modern family planning method (72%) followed by the 'pill' (71%)⁴. The ideal family size (mean) was stated to be 3.4, however this number is significantly lower than the observed TFR for Samoan women, which is 5.1 children per woman⁵. The DHS will be conducted again in 2019 and should provide some insight into any changes since the Impact Project started in 2017.

While Samoa's health statistics are among the best in the Pacific, non-communicable diseases (NCDs) are a major concern and leading cause of death and disability. To address NCDs, the Health Sector Plan (HSP) states that the health budget needs to shift from the main referral hospital (that takes 80% of the health budget) to focus more on prevention of illness and disease and promotion of health. The MoH Plan is to improve primary health care (PHC) and universal health coverage (UHC) through a localised model of the Package of Essential Noncommunicable disease interventions (PEN) which includes Sexual and Reproductive Health (SRH) and other health conditions (known as PEN Fa'a Samoa +).

¹ PRSRHP MTR Report, 2017; p.12

² SDD Pacific Community and UNSW, Fertility trends in the PICTs, 2019; p.81. Samoa Demographic and Health Survey, 2014; p.72

³ Menon et al. Sero-epidemiological assessment of Chlamydia trachomatis infection and sub-fertility in Samoan women, BMC Infectious Diseases, vol.16:175, 2016. Rate of 36% prevalence in sexually active women.

⁴ Samoa Demographic and Health Survey, 2014; p.85

⁵ Samoa Demographic and Health Survey, 2014; p.136

The Ministry of Health (MoH) and the National Health Service (NHS) have recently merged, and roles and responsibilities within the new structure are still being worked through.

Working at community level is critical to generate positive behaviour change of individuals, families and communities and to successfully implement PEN. The Ministry of Women, Community and Social Development (MWCSD) is the focal agency for engaging at community level, in particular for gender equality and social inclusion in Samoa.

The Ministry of Education, Sports & Culture (MESC) is responsible for primary and secondary school education; there is a small Health and Physical Education (HPE) unit responsible for the Family Life Education (FLE) curriculum that is compulsory for primary schools up to year 8, but elective in secondary schools.

A recently released report from the Ombudsman's department on the Inquiry into Family Violence in Samoa found extremely high rates of domestic violence and rape⁶. Referral pathways in cases of violence and rape seen in clinical settings are currently being worked through, led by the MWCSD.

1.3. The Impact Project

The overall goal of the Impact Project is to contribute towards reducing maternal mortality and morbidity and improving sexual reproductive health rights (SRHR) outcomes for women and men in Samoa through increased uptake of SRHR information and services.

The Impact Project aligns with the Government of Samoa (GoS) *Health Sector Plan (HSP) 2018-2030* and the draft National SRH policy 2017-2022 (MOH, 2016) and supports key strategic areas relating to sexual reproductive health (SRH) service delivery, information, education and awareness and capacity building. In particular, the HSP has a target of 80% of women to use modern contraception by 2030, a large increase from the current estimate of 37%⁷.

The Impact Project also aligns with DFAT's *Aid Investment Plan for Samoa* to 2018-19, which includes a strategic priority of progressing health and education outcomes. Specifically, the Impact Project supports the goal of improving the quality of the health system including health information. The Impact Project is also an example of a civil society initiative to address Samoa's development challenges – another strategic priority under the DFAT Plan.

The White Paper on Foreign Policy places a strong emphasis on strengthening women's economic empowerment and gender equality as key drivers in reducing poverty and increasing economic growth and stability. Access to SRH services, particularly family planning (FP), is central to achieving these objectives as acknowledged in the White Paper as well as in DFAT's *Women's Economic Empowerment and Gender Equality Strategy*, and the *Health for Development Strategy 2015-2020*. In addition, the *Development for all strategy 2015-2020* states Australia's commitment to including people with disabilities as participants in and beneficiaries of aid programs.

The Impact Project's Theory of Change built on international evidence and frameworks for developing programs and improving SRH outcomes with a focus on society, culture and health systems (WHO, 2010, 2011; Guttmacher 2012; Measure Evaluation 1996; Lancet 2018). The intention of the Project is to catalyse the impact of past efforts, including through the Pacific Partnerships for Health and Rights Program (PHRP), and make a marked contribution towards addressing stagnant national SRHR indicators - unmet need of married and unmarried women for

⁶ National Inquiry Report into Family Violence, 2018; p.5. 1 in 5 women experience rape in their lifetime. 'Sexual abuse of children and incest levels have reached 'epidemic' proportions in Samoa.'

⁷ Health Sector Plan 2019/20-2029-30 "A Healthy Samoa", Ministry of Health, March 2019. e.g. 'This Sector Plan will increase the contraceptive prevalence rate to 80% by 2030.'p.17

family planning, reducing total fertility rates and teenage pregnancies, and increasing contraceptive prevalence rates.

The Impact Project also seeks to enhance collaboration between SFHA and DFAT during the design, inception and implementation of the project. In addition, the MoH is to be closely engaged throughout the project and the strength of that relationship is important to explore.

The Impact Project also builds on the strength and quality of existing partnerships with a number of key stakeholders at the local and national level. These include the Ministry of Education, Sports & Culture, Ministry of Police, Samoa Red Cross Society, civil society organizations, faith-based organizations as well as research and academic institutions and in particular, the Ministry of Women Community and Social Development as a core partner.

2. Evaluation purpose and methodology

2.1. Scope and approach of the evaluation

While the intention of the Impact Project is to build on past projects, the MTR focused on the funded period 2017-2019, while still taking into account past efforts. The approach and principles underpinning the Impact Project MTR were participatory to ensure transparency and independence. A highly consultative approach was used and key stakeholders such as DFAT, SFHA, IPPF were engaged from the start.

This MTR also considered how social and cultural norms could affect project implementation especially as SRHR is a sensitive topic in the context of the Samoan culture. It was also important to recognise the dynamics of power imbalances and understand how to empower marginalised groups as this evaluation is focused on behaviour change, especially for adolescents and people with disabilities, in order to improve their SRHR outcomes. The MTR also recognises that efforts in changing social and cultural norms and capacity building are long-term in nature and that results derived at this stage may be difficult to determine.

2.2. Purpose of the evaluation

The primary purpose of the MTR was to assess the continued **relevance** of activities and the **progress** made towards achieving the Impact Project's planned objectives. The MTR provides an opportunity to suggest modifications to ensure the achievement of these objectives within the lifetime of the project. In addition it provides an opportunity to ascertain that interventions are still coherent and useful to key stakeholders, relevant to DFAT and GoS strategic objectives and to assess whether the interventions are being conducted in an efficient manner as per DFAT standards and the agreed project design.

The MTR also provides an opportunity to learn and improve implementation towards achieving the end-of-project outcomes.

As stated in the Terms of Reference (Annexe 1) the independent mid-term review will:

- Make an overall assessment of the performance of the Impact Project with particular attention to the effectiveness and efficiency against the four key outcome areas of the Impact Project;
- Assess implementation against DFAT's evaluation criteria relating to relevance, impact, sustainability, effectiveness, efficiency, inclusiveness and value for money;
- Assess the performance of the SFHA as the key Implementing Partner;
- Identify the issues and challenges of the Impact Project during the implementation, monitoring and management phases;

- Identify key lessons and propose recommendations to improve implementation of the remaining two years of the Impact Project.

2.3. Primary users

The Primary users of the evaluation are:

- DFAT as the funder and also the evaluation commissioner;
- SFHA in partnership with IPPF as the main implementing partner; and
- Other key members of the ESWG including MOH, as collaborators and beneficiaries of the project.

2.4. Key evaluation questions

In line with the overarching DFAT Aid Development Policy and Performance Framework Australian Aid: *Promoting prosperity, reducing poverty and enhancing stability*, the MTR focussed on the following five key evaluation questions:

- To what extent are the applied SRHR strategies relevant to achieving the outcomes of the Impact Project?
- What are the impacts of the project thus far on achieving the identified outcomes?
- In what ways will the benefits of the Impact Project be sustained?
- How effective and efficient was the Impact Project?
- What factors influenced/hindered achievements of the outcomes of the Impact Project?

The MTR Evaluation Plan (Annexe 2) provides a detailed breakdown of the evaluation questions and includes additional secondary questions as well as data sources.

The MTR also considered the Project's alignment with DFAT's Health for Development Strategy 2015-2020 and the priorities of DFAT's cross-cutting *Gender Equality and Women's Empowerment Strategy* (2016) and *Development for All* 2015-2020 Strategy (for Strengthening Disability-Inclusive Development in Australia's Aid Program).

2.5. Methodology and data collection

A wide range of information sources was used, in order to gain as comprehensive a picture as possible in the limited timeframe. The methodology entailed a combination of qualitative and quantitative methods - document review, key stakeholder interviews, field visits with structured observations, focus group discussions and interviews including with the end beneficiaries – such as women, people with disabilities (PWD) and young people. In addition the evaluation approach reviewed the Impact Project Indicator Results Framework, its current baseline and targets.

The methodology was primarily qualitative with open-ended/semi-structured interviews and group discussions to address the key questions and to explore and gain insight into the 'why' and 'how' questions. Observations, interviews and discussions were conducted at all SFHA clinics to gain insights from staff and SFHA clients (where possible).

2.6. Data analysis

Data were reviewed regularly to identify areas for follow-up. Qualitative information from interviews, focus groups, clinic assessments and participant observation were analysed through thematic analysis. In-depth analysis of consolidated data was completed at the end of data collection. Findings were crosschecked with primary users and stakeholders to ensure that the information has a high degree reliability and accuracy. This process provided a valuable check of the

accuracy of the findings and that recommendations were feasible, implementable and sustainable. Stakeholders will have another opportunity to comment on the draft report to strengthen rigour.

Quantitative data were analysed from SFHA reports to assess progress towards outputs and outcomes. This was sourced from IPPF/DHIS2 Monitoring and Information System (MIS) and M&E system and associated progress reports. This data provided a level of triangulation in findings. The MTR also drew upon data and analysis from other studies and assessments.

2.7. Reporting

An Evaluation Stakeholder Work Group (ESWG) was established to provide expert advice and feedback on the approach and key products of the independent evaluation (Annexe 2). The draft report was circulated to the ESWG on October 10th and the final report reflects the comments received, noting that there were no substantive variations of views or disagreements.

2.8. Ethical considerations

The MTR adhered to ethical standards during the course of the review, namely the Australasian Evaluation Society's (AES) Guidelines for the Ethical Conduct of Evaluations. An MTR evaluation plan was developed for transparency. Findings were discussed and presented in an accountable and transparent manner. Participants received an explanation of the purpose of the evaluation and how the information they provided would be used. Verbal consent was given. No participants requested anonymity, however quotes in the findings are de-identified.

2.9. Sample and method

Fieldwork was undertaken in Samoa from 11 to 26 September 2019. A schedule was designed to include observations of SFHA activities linked to the four End of Project Outcomes (EOPOs) – in all three static clinics and outreach services in a variety of settings (remote village primary school in the main island Upolu, Savai'i and remote island setting Apolima) – to learn from staff, clients, other partners and stakeholders and young people.

A list of all meetings, field visits and interviewees is provided at Annexe 3.

Table 1: Evaluation Method and Sample

Method	Sample	Data collection strategy
Key informant interviews	SFHA program managers, staff, board (15); IPPF/SROP (2) Key stakeholders: ESWG (12), MOH (8), DFAT (3), WHO (1), UNFPA (2), IPPF (1), FPNSW (2), DFAT Education Design team (4)	Semi-structured interviews Total n=50
Clinic and outreach observations	3 static clinics (Upolu -2; Savai'i – 1) Outreach to remote Primary School (Fagaloa) and island village (Apolima)	Structured observations Total n=5
Focus group discussion (FGD)	SFHA staff FGD n=5 SFHA youth volunteers n=4	Open ended questions Total FGD n=9
One to one discussions	Youth clients n=2 Women clients n=6	Total one to one interviews n=8

3. Findings and analysis

3.1. Relevance

Given the country context, the Impact Project is considered by all key stakeholders as highly relevant, in particular to the Government of Samoa (GoS) *Health Sector Plan*. If Samoa is to meet the ambitious SRHR targets in the Plan by 2030, the MOH will need support from all SRHR partners, especially SFHA as a major SRH service provider. This will require joint planning processes to maximise impact and avoid duplication and overlap.

The Impact Project also aligns well with the GoA's *Aid Investment Plan for Samoa*, which includes a strategic priority of progressing health and education outcomes. The majority of SFHA's clients are women and providing them with choices about family planning and quality antenatal care is empowering. Of note is that the project has strongly taken on disability inclusiveness, following training in 2017. Deeper collaboration with Samoa Fa'afafine Association (SFA) could provide wider reach into more marginalised and vulnerable groups.

Most stakeholders reported, unprompted, that SFHA is considered a trusted clinical and training partner; in particular informants said that they valued and benefitted from various trainings offered by SFHA. The relationship of SFHA with the MoH is generally very positive, but there is room for improved coordination mechanisms, as the MoH is a large organisation with many key staff for SFHA to interact with.

Observations

One MoH interviewee stated that *'We could not cope with the extra antenatal care clients if SFHA stopped their service. Our midwives would be working till 10pm.'*

The same was said of 'family planning' services; in particular on Savai'i where the district hospital had run out of injectables and pills and nurses were referring women who arrived for their contraceptives, to the new SFHA clinic some kilometres away.

On the day we visited the Savai'i clinic, four women had already been seen and another six arrived, referred from the district hospital, while we were conducting observations of the clinic.

In the Savalalo clinic on a Monday, the waiting room was full of women coming for antenatal and postnatal care. One woman asked why the midwives couldn't help them with the birth, as they didn't want to go to the hospital after 34 weeks.

3.2. Impacts

According to the Impact Project work plan and annual reports, most indicators in the Monitoring and Evaluation framework are on track or close to; some indicators are not yet met, and some require adjustment, which will be addressed in detail in the Recommendations.

A Summary Table of Findings addresses each Key evaluation question (Table 2) showing that the Impact Project has directly contributed to an increase in service delivery points from one to three, within the first two years. It is no small feat to find suitable locations and buildings to renovate and refurbish; this process was facilitated by timely technical support. More staff have been employed and oriented, including two midwives, program manager, data assistant, driver and assistant. A new Toyota van was procured and is now operating in Savai'i.

With these foundations laid in 2017-18, clinic and outreach services and client numbers have increased in 2019, in particular the number of village outreach visits. Impacts are described under the four outcome areas – clinics; outreach; systems strengthening and enabling environment. Of note, is that clinic services were paused during the refurbishment phase, and also when cyclone Gita flooded the Savalalo clinic in early 2018.

Table 2: Summary table of findings, addressing evaluation questions

Key Evaluation Questions	Additional Questions	Findings
Q1. To what extent are the applied SRHR strategies relevant to achieving the outcomes of the Impact Project?	1.1 Are the activities of the Impact Project relevant in achieving the key objectives of the GoS guiding documents and international strategies on SRHR?	<p>Highly relevant to all stakeholders. Relevant to GoS – to meet SDGs; Health Sector Plan includes SRH targets. MOH Antenatal clinic sees 100 women/day with 3 midwives and could not cope with increase if SFHA stopped providing ANC services. Savai'i district hospital had run out of oral and injectable contraceptives and nurses were referring women to SFHA clinic.</p> <p>Relevant to GoA - Australia-Samoa Aid Investment Plan for Samoa 2016-2019; White paper and Health for Development Strategy 2015-2020; and gender and disability cross-cutting themes.</p> <p>Impact Project provides a sound Theory of Change focusing on services, outreach, systems strengthening and enabling environment, based on international best practice.</p> <p>Linkage with WHO global strategies (PEN/Adolescent Health) could be considered for future.</p>
	<p>1.2 Are the SRHR strategies relevant and modality appropriate in meeting the needs of women, men and LGBTQI gender groups?</p> <p>Are the activities relevant and appropriate in meeting the needs of adolescents and people with disabilities?</p>	<p>Yes, SRHR strategies and modalities of clinical services and outreach to marginalised are mostly relevant in meeting the needs of women, PWD and LGBTQI/SOGIE groups; few men were observed in clinics although some attend for STI tests. More focus is needed to increase the number of contraceptive services (currently only 10% of SRH services).</p> <p>Fa'afafine are comfortable to attend SFHA clinic for testing and treatment of STIs (no reported cases of HIV+ in Fa'afafine in over 20 years), however more could be done in partnership with SFA to reach marginalized groups including sex workers.</p> <p>People with disabilities are seen in mainstream clinic services. Representatives said they considered SFHA to be 'disability- friendly' in terms of physical access and staff caring attitudes. The Impact Project has been instrumental in building the relationship with NOLA and people with disabilities; recognising that this is the start of a journey based on mutual learning.</p> <p>Overall 38% of SFHA clients are young people (<25), however for unmarried young women, there is a question of clinical decision making to support young women's contraceptive choices. This seems to be</p>

Key Evaluation Questions	Additional Questions	Findings
		determined on a case-by-case basis by each clinician. There is low knowledge of emergency contraception in the community and few consultations for EC are reported from SFHA clinics and outreach. This needs to be addressed with SFHA clinicians and included in awareness raising sessions, where appropriate.
Q2. What are the impacts of the SRHR project on achieving the outcomes of the Impact Project?	2.1 What changes have been achieved against the four outcome areas of the Impact Project?	<p>Clinics: In year 1, two new clinics were established – renovated and refurbished existing buildings near the hospital in Apia and near wharf in Savai'i. Client numbers are increasing, and reputation is growing. New staff were recruited and oriented to Quality of Care (QoC) systems in SFHA.</p> <p>Outreach: Awareness outreach has increased from 7 villages in 2018 to 41 villages in 2019. Services in Savai'i are increasing with clinical outreach providing SRH services in villages as well as in the new clinic.</p> <p>Systems strengthening: Financial accountability systems have improved and culture change in SFHA is to account 'for every tala'. This is a significant positive change from previous SFHA management. Integrated work planning and budgeting for all funding sources, to deliver EOPOs.</p> <p>Data reporting systems have changed over the two years, and SFHA data analyst has improved skills and competencies to enter, clean and monitor data with support from IPPF SROP. This will need to continue. Actual client numbers are now possible using a unique client ID. Increased number of youth volunteers and youth participation.</p> <p>Enabling environment: SFHA contributed to national policies, reviews and surveys e.g. National SRH policy; National HIV, AIDS and STI policy; National Youth Policy; DHS; STEPS survey; Disaster Risk Management Plan; and others.</p> <p>SFHA staff sit on several committees – Medical Council; Health Partnership advisory Committee; Clinical Governance Committee, and the National Awards and Honours Committee.</p> <p>However the general political, religious and traditional culture towards SRH remain a major challenge.</p>

Key Evaluation Questions	Additional Questions	Findings
Q3. In what ways will the benefits from the Impact Project be sustained?	3.1 What elements hinder the sustainability of the Impact Project activities and approaches?	<p>MOH is committed on paper in the Health Sector Plan but there is limited GoS funding for SRH and the reality of shifting funding from the tertiary hospital to Primary Health Care will take time.</p> <p>The Government merger of MoH and National Health Service requires a major internal cultural shift in order to expand primary health care (PHC) including SRH (PEN+).</p> <p>Several sources of funding for SRHR (DFAT, UNFPA and UNDP) require clarity around coordination and coalition opportunities. This is not easy as funding and targets can be seen as ‘territorial’. In particular, many activities are funded to reach village level, and there is sometimes overlap and also inefficiencies.</p> <p>Stock-out of SRH commodities, especially the preferred contraceptives of ‘pill’ and ‘injectable’ is at critical levels. It impacts on the performance of SFHA, the MoH and most importantly, women in the community. Without supplies in a few weeks, there will be many unplanned pregnancies in Samoa in the next 9-11 months! This must be resolved urgently by UNFPA and MoH, informing SFHA of the outcome.</p> <p>Community, religious and cultural norms around sexuality make it very difficult to discuss such topics in Samoan language. There is huge stigma associated with sex outside of marriage and unplanned pregnancies and social norms appear to be little changed over time.</p> <p>For SRHR to make advances, there will need to be efforts made to influence social norms through media and for young people, through social media.</p>
Q4. How effective and efficient was the SRH project?	<p>4.1 Did the Project effectively reach the targeted population in an efficient way?</p> <p>4.2 Was there effective uptake of SRHR care?</p>	<p>4.1 Data are presented in the report. The Project reached more clients through both static and outreach services however only 10% of total SRH services are for contraceptive services. The goal is to impact on TFR and CPR and teenage pregnancy; so increasing contraceptive services will need to be a strong focus in the next two years.</p> <p>4.2 Data are presented in report. There were pauses to service delivery in year 1, with refurbishment of the Moto’otua clinic and set-up of Savai’i clinic, and the damage to Savalalo clinic during cyclone Gita. This</p>

Key Evaluation Questions	Additional Questions	Findings
	<p>4.3 Are the activities performed in an efficient manner that is in line with activities and budgets articulated in the project work plan?</p> <p>4.4 Are the awareness and promotion efforts provided to clients effective? – is it changing practices, cultural norms and behaviours of clients in accessing SRHR care?</p> <p>4.5 Are the Capacity Building provided to project staff effective?</p>	<p>is seen in reduced clients and services, however numbers picked up in year 2. A focus on reaching more clients with contraceptive services is needed in future.</p> <p>4.3 As efficiently as possible in the context of Samoa – but there is clear financial accountability and transparency. There are some overlaps with other agencies, especially around village and primary school awareness; that could result in perverse incentives and inefficiencies. SFHA and the newly merged MoH need to renegotiate a Partner Agreement or MOU to avoid overlap and duplication, in terms of where clinical care and outreach is provided as well as education programs to schools. A key informant told us that MoH Primary Health Care (PHC) nurses provide an SRH program to Primary schools for Years 7/8 and that SFHA provide ‘just the same as what we provide.’ Recently a primary school principal complained that a MoH PHC nurse attended a school just two days after SFHA had been. A similar story of duplication and overlap was told of village awareness sessions. Coordination and planning could be improved with MESC, MoH and SFHA for the 2020 FLE school program.</p> <p>A more streamlined assessment of priorities and opportunity costs could be done within SFHA.</p> <p>Review staff roles and responsibilities [e.g. driver could be trained to be back-up male educator] and develop plan for clinical professional development to keep up to date.</p> <p>4.4 Little evidence of changes in social norms, but DHS 2019 data will show if more women are accessing FP, which is a good indication of change in behaviour.</p> <p>IEC materials need updating; consider developing materials for website/Facebook including a Youth closed FB site. Social media videos and Youtube clips could be produced to reach young people, based on sound behaviour change communication (BCC) appropriate to Samoa. Radio is effective to reach most of the population and could be expanded; TV is very expensive.</p> <p>4.5 CB activities need more follow up to ensure that the learnings are being used in the workplace. To date trainings have been held on: LARCs, Service definitions, data management, disability inclusive training, IPPF Accreditation; SGBV, MIS, QoC, Financial management, Clinical Management Information Systems</p>

Key Evaluation Questions	Additional Questions	Findings
	Are the trainings changing the behaviours of staff towards providing SRHR care?	<p>(CMIS), VCAT, DHIS. Clinical staff need ongoing staff development and updating (possibly from FPNSW/FPNZ) and educators need to be observed in the field to ensure they are practicing what they learned.</p> <p>Training on SRH for MoH graduate nurses (20 in Year 1) has the potential to increase the competencies within the government system, however the level of their skills gained from SFHA placement is not 'comprehensive SRH'. The focus is on understanding how SFHA operates in terms of approach, roles and responsibilities, practices and protocol, which is a valuable activity in itself. The indicator in the M&E Framework 'training in comprehensive SRH' should reflect that this is an orientation to SFHA that results in increase in knowledge of SFHA and referral pathways, but not increased capacity in SRH.</p>
Q5. What factors influenced/ deterred the achievements of the outcomes for the Impact Project?	5.1 What are the barriers faced by vulnerable groups including adolescents in accessing SRHR care?	<p>5.1 Generally cultural norms are said to be conservative and against family planning; the view is common that SRH education of young people 'will encourage them to have sex if they know'...</p> <p>SFHA has to operate in a complex social, cultural, political and economic reality – which is not conducive to SRHR and stigmatises young people having sex before marriage.</p> <p>Husbands sometimes forbid their wives to have contraception.</p> <p>Traditional views expressed by some community, political and religious leaders denigrate family planning and claim that unmarried young people should not receive contraceptives including condoms.</p> <p>Fa'afafine and LGBTQI face specific challenges and discrimination that are often invisible.</p> <p>Knowledge of emergency contraception is limited and highly sensitive. SFHA need to ensure they have adequate supplies and ensure that youth volunteers have knowledge about EC and its role in preventing unplanned, early pregnancy.</p> <p>SFHA charge for services, which may be a barrier for some, although staff dispute this and consider that the charge is minimal and affordable even for young people.</p>

Key Evaluation Questions	Additional Questions	Findings
	<p>5.2 What are the successes and main challenges faced by staff in implementing and monitoring the project?</p> <p>5.3 What are possible strategies and methods to capitalise on successes, or address barriers and challenges, to better achieve Impact Project outcomes?</p> <p>5.4 Do program planning, implementation and governance processes include meaningful opportunities for the involvement of women, people with disability and currently underserved groups?</p>	<p>5.2 Budget tranche delays from IPPF to SFHA have caused challenges to planned implementation; UNFPA funding very delayed.</p> <p>IPPF MYOB system and updates required training and clarification. New system to include outreach on Excel had a few glitches – but has now been fixed.</p> <p>5.3 *Improved coordination and joint planning: Review plan and budget for primary school activities to 2021, with MESC and MOH. Review plan and budget for village awareness activities to 2021 with MWCSD and MOH.</p> <p>*Using template from IPPF SROP, develop simple partner agreements with MOH, MWCSD, MESC and SRCS, SFA and NOLA.</p> <p>*Focus on youth, including social media and innovative methods that appeal to young people.</p> <p>*Develop plan with team on how to increase contraceptive services in next two years, including knowledge about EC.</p> <p>*Ensure contraceptive commodities are available; with system of quarterly orders to MOH.</p> <p>*Stakeholder communication plan to ensure strategic objectives are being followed up.</p> <p>*Client satisfaction captured regularly and reported on.</p> <p>*Lesson learning dialogue with stakeholders held at least annually.</p> <p>5.4 Youth were consulted on how SFHA can best provide YFS, IEC and referral pathways (Y1); increased number of youth volunteers from 10 to 50. Youth representative on SFHA Board. Women are main clients and also majority on the SFHA Board. Disability inclusive training has resulted in more sensitive care from SFHA staff and accessible space, but could also be employed.</p>

Key Evaluation Questions	Additional Questions	Findings
	5.5 Are women, people with disability and disadvantaged benefitting from project activities proportionate to their needs?	<p>In terms of LGBTQI/SOGIE, SFHA is considered a 'strong clinical partner and safe hub for our diverse community...' but more joint activities are possible, especially for hard to reach groups such as sex workers.</p> <p>5.5 Difficult to determine needs of specific populations, but women are the main clients, and PWD and those in remote areas are increasingly accessing services.</p>

3.3. Clinic services (Outcome 1)

Data for the financial Year 1 are not possible to derive as IPPF reported data annually by calendar year. Data is available for calendar year 2017, but not separately for July-December 2017, the first six months of the Impact Project. From then, SFHA broke down their service statistics into 6-monthly reports, hence data are presented for the second six months January-June 2018, and for the financial year, July 2018 to June 2019, Year 2.

With the increase in clinics and staff, numbers of clients and services have grown; over 8,000 clients received over 40,000 SRH services in the static clinics in year 2. Young people (under 25 years) have grown from 30% to now 40% of total clients seen in static clinics.

Table 3: Static Clinic SRH services and clients

Indicator	Year 1 (6 months) Jan-June 2018	Year 2 (12 months) July 2018-June 2019
Number of SRH services in static clinics	13,842 [13,023 (Savalalo) + 819 (Savaii)]	42,609 (All 3 clinics)
Number of clients in static clinics	2,759	8,215
Number of young clients in static clinics	852 (30% of total)	3,280 (40% of total)
Number of marginalized clients, people with disabilities (PWD) and Fa'afafine in static clinics	25	128
Contraceptive services static clinic	2,814	4,160
Antenatal care services static clinic	5,238	10,640
STI/RTI/HIV services in static clinics	2,295	13,491

Source: IPPF Service Statistics

The majority of static clinic services provided by SFHA were for STI/RTI and HIV/AIDS counselling and testing; over 13,000 services in year 2. Antenatal/obstetric counselling and testing accounted for over 10,000 services. STI and HIV testing should be done routinely for all antenatal women if not already done at MoH facilities. STI services increased greatly in year 2, and it is important to capture this as a separate STI service even if done at an ANC visit.

Of note in year 2, but not captured in the table, is that 1,200 sub-fertility consultations and counselling were reported. SFHA clinicians reported that several women were diagnosed with chlamydia which, after appropriate treatment, resulted in a successful pregnancy.

Of concern is that contraceptive services comprise less than 10% of all SRH static services. The reasons for this need to be explored with clinicians and program managers, as there will need to be strategies to increase these numbers substantially in the next two years.

3.4. Outreach (Outcome 2)

Outreach activities have increased significantly with the addition of a new vehicle and staff. More clients in villages are able to access SRH services through this outreach. Clinical staff (and often with SFHA educators) conduct quarterly visits to coincide with the contraceptive cycle of women. This is an efficient and effective mode to meet client needs while reducing costs for more frequent visits.

Data indicate that over 5,000 clients, mostly women, received over 11,000 SRH services through outreach. Of note is the large increase of STI services in year 2, largely with young people.

Table 4: Outreach SRH services and clients

Indicator	Year 1 (6 months) Jan-June 2018	Year 2 (12 months) July 2018-June 2019
Number of SRH services through outreach	8,769	11,255
Number of clients through mobile outreach	1,855	5,284
Number of young clients - mobile outreach	406 (22%)	1,837 (35%)
Number of marginalized clients (PWD and Fa'afafine) mobile outreach	104	677
Contraceptive services mobile outreach	444	1,196
Antenatal care services mobile outreach	855	2,458
STI/RTI/HIV services mobile outreach	1,056	6,905

Source: IPPF Service Statistics

Outreach Awareness activities are conducted at a number of sites, including villages, workplaces, primary schools and secondary schools (Colleges) and at church youth groups.

Table 5 shows that the number of activities has increased this year, mainly to villages. In addition, there have been several requests from primary school principals for a session on changes in puberty for year 7/8 girls and boys. SFHA staff presented at the Peace Corp worldwide initiative, Girls Leading Our World (GLOW SAMOA) to over 120 girls, which appears to have generated increased requests from schools.

Table 5: Outreach Awareness activities

Sites	2018	2019 (until September)
Villages	7	41
University	3 (teachers, nurses, maritime)	2 (teachers, maritime)
Workplaces	2	4
Church Youth groups/ YMCA	3	2
Primary school	GLOW conference + I PS	4
Colleges	-	7
Youth/Church		4

There are 160 primary and 42 secondary schools; and requests could be coordinated better with the MESC HPE unit and MoH to avoid overlap. One key informant said, *'We had a complaint from a Principal that SFHA had been at the school two days before our visit, and that the school can't afford the refreshments for us.'* Of concern to MESC, is that the Family Life Education (FLE) curriculum is not compulsory in secondary schools, and also that many teachers do not have accurate knowledge on SRHR topics. UNFPA through the Transformative Agenda project have supported a situational analysis of the FLE, that will develop an Action Plan which should include better coordination with all stakeholders including SFHA. Furthermore, given the MoH plan to pilot a School Nurse program, it is important for SFHA to carefully prioritise the primary school activities. The question for SFHA to consider is whether the efforts, cost and materials are the most effective approach to bring about behaviour change and reduce adolescent pregnancies?

Observation

SFHA employ two youth educators, a male and female, who conduct most of the awareness sessions. We observed one session on puberty at a remote primary school, where the male educator was not present. It seemed uncomfortable to have a younger woman presenting to the 12-14 year old boys. Messaging and materials also need to be approved by MESC to ensure age-appropriateness and avoid parental backlash, in particular for younger adolescents.

3.5. Are services appropriate for young and marginalised people?

There has been an increase of youth volunteers from 10 to 50; two youth volunteers have now been employed as staff. Over 5,000 young people under the age of 25 receive SFHA services, however there is no drop-in centre since Savalalo closed, when UNDP funds ended. Clinicians who see unmarried young people requesting contraception provide in-depth counseling. Emergency contraception (EC) is available but numbers provided are low, with only 40 consultations in the last six months; although the Savalalo clinic reported requests for EC 'about 4-5 times a week'. Knowledge of EC was reported as very low in the DHS 2014; this is a major concern if young people are to be supported in their choice to prevent early or unwanted pregnancy.

A Youth Engagement Strategy would be useful to plan future activities for the next two years (for example joint planning and activities with Samoan Red Cross youth peer educators could produce synergies and broader understanding of general adolescent health including SRHR).

Disability Inclusive training was conducted in 2017 and people with disabilities are increasingly seen in mainstream clinic services; SFHA is considered 'disability- friendly' in terms of physical access and staff caring attitudes. The Impact Project has been instrumental in building the relationship with the national disabled persons organization (NOLA) and people with disabilities; recognising that this is the start of a journey based on mutual learning.

Fa'afafine were said to be comfortable to attend SFHA clinic for testing and treatment. Of relevance is that Samoa Fa'afafine Association (SFA) have close relationships with fa'afafine, male and female 'sex workers' and currently provide condoms and awareness about STI/HIV prevention and testing and even accompany sex workers to the hospital for testing. SFHA staff could support some of these activities; if not then other forms of support could be considered for this key and difficult to reach population.

3.6. Systems strengthening (Outcome 3)

Data collection and reporting systems are improving and are now able to report numbers of clients seen, by developing a unique client identification number – which is a major achievement that many SRH service providers are unable to report on. However data from 2017 and 2018 are not directly comparable to 2019 because of changes to definitions. While service definitions have been clarified by IPPF, it will require ongoing support to ensure that data collected by clinicians is entered, analysed and reported on accurately.

Data from Year 2 (Annual report June 2019) will provide the baseline for the final project evaluation (Annexe 4).

SFHA have developed a transparent integrated work plan and budget that reports on various funding sources (UNFPA, UNDP, IPPF Core and regional Pacific and DFAT bilateral), ensuring that funding builds on achieving EOPOs. Financial management control systems and culture have improved with clear accountability and transparency to ‘account for every tala’.

Internal quality assurance would benefit from regular support from IPPF/SROP (for example accuracy of materials and presentations) and in terms of clinical care, from Family Planning New South Wales (FPNSW) or Family Planning New Zealand (FPNZ) (latest and up-to-date information and techniques). Clinicians need to have regular assessment of their clinical skills and opportunities for professional development and learning to keep them up-to-date.

SFHA also provide placements for MoH graduate nurses; the indicator (output 3.4) states that 10 graduate nurses per year would be ‘trained in comprehensive SRHR’. This is not a realistic outcome for the resources invested. What the graduate nurses do gain is an understanding of SFHA’s approach, services, referral pathways, which is valuable in itself. Training in ‘comprehensive SRHR’ would require an intensive program developed in collaboration with the MoH and National University of Samoa, to ensure that the placements provided appropriate learning opportunities; this could be considered in a future design.

3.7. Enabling environment (Outcome 4)

In terms of policy, SRHR has now been included in Samoa’s Disaster Risk Management Strategy [SPRINT] and the Executive Director has received recognition globally for her contribution to maternal health.

SFHA have been consulted and contributed to numerous policies, reviews and surveys – such as the national SRH policy; national HIV, AIDS and STI policy; Youth policy; DHS; STEPS surveys, and participated in dozens of meetings which are documented in a spread sheet. This data indicates that SFHA is a key partner and consulted on a number of health topics.

In addition, SFHA staff sit on several committees – Medical Council; Health Partnership advisory Committee; Clinical Governance Committee and the National Awards and Honours Committee.

Nevertheless the general political, religious and traditional culture and values towards SRH remain a major challenge in Samoa.

3.8. Challenges

SFHA and other key stakeholders identified a number of challenges:

3.8.1. Stock out of contraceptive commodities

This is the second **stock-out** of contraceptive commodities in 2019, in particular the commonly used Microgynon, Microlut and Depo-provera. In Savai’i, government services did not have any stock and were referring women to the SFHA clinic some kilometres away. SFHA stocks will only last another

two weeks without replenishment. This is a critical situation for women and families in Samoa and needs to be resolved urgently.

3.8.2. Sustainability

While the Ministry of Health has committed to improving PHC and SRH in the Health Sector Plan, there is limited GoS funding for SRH in general and the reality of shifting funding from the tertiary hospital to Primary Health Care (PHC) will take time. The recent Government merger of MoH and NHS poses challenges to implementing PHC, including meeting SRH targets. The DHS 2014 statement (p.5) requires clarification, as SFHA currently receives no funding from the MOH. *“With the recent health sector reform, family planning services have been outsourced to private clinics and NGOs, while the Ministry of Health concentrates on monitoring and evaluation of the services. Private clinics and NGOs have fully taken on the responsibilities of family planning services in close collaboration with National Health Services as a monitoring body.”* This statement contradicts the DHS findings that the majority of women surveyed said that they received their contraception from government hospitals (67%), government health centres (16%) and family planning clinic (10%).⁸

3.8.3. Coordination and planning

Several donor partners fund components of SRHR (DFAT, UNFPA and UNDP) requiring clarity around coordination and coalition opportunities. In particular, **coordination and joint planning** around village awareness and primary school awareness programs requires collaborative efforts from MOH, MWCSD, MESC, SFHA, SRCS and others.

3.8.4. Delays in funding

Funding to SFHA from IPPF and UNFPA has been delayed, making it difficult to implement activities as planned. SROP is putting in place, in Quarter 3 2019, a disbursement/ funding tracker to manage this better as well as to improve grant performance overall. UNFPA have just introduced a two-year funding cycle that will address this difficulty, allowing partners more implementation time within the funding envelope.

3.8.5. Social norms

Community, religious and cultural norms around sexuality makes it very difficult to discuss such topics in the Samoan language. There is huge stigma associated with sex outside of marriage and unplanned pregnancies and social norms appear to be little changed over time. A behavior change communication strategy (BCC) that is appropriate for Pacific island countries and territories (PICTs) including in Samoa is needed to maximize efforts at community/village level.

4. Limitations and constraints

The DFAT Senior Program Manager (health) attended most meetings and all field trips to outreach services and provided a useful overarching commentary of activities when Samoan language was used. However given the complexities of the issues discussed, a professional SRHR, independent interpreter would have been able to provide simultaneous translation, that would have added to the richness of data collected and observed.

⁸ Samoa Demographic and Health Survey, 2014; p.97

Staff were busy at times and requests for additional material and data were delayed. Providing accurate, verified data took several attempts, in liaison with IPPF/SROP. Hard copy forms were lost during cyclone Gita in 2018 when the Savalalo clinic was flooded, which makes it difficult to accurately compare annual data. Limited time in-country did not allow for more in-depth interviews and analysis. Fewer clients were interviewed than expected, largely due to time pressures.

5. Recommendations

Based on the findings and challenges identified, a number of areas need to be addressed in the final two years of this Project.

Issue of concern	Findings	Recommendations
1. Contraceptive commodities stock-outs – <i>output 3.3 not on track; there have been two stock-outs in 2019.</i>	UNFPA receive global funding for contraceptive commodities and collaborate with Ministries of Health to deliver those supplies and prevent stock-outs ⁹ . Currently the system is not working in Samoa for reasons that are not fully clear. There is an urgent need for the MoH Pharmacy and Warehouse staff to clarify the problems in the system that are leading to stock-outs.	SFHA to provide accurate quarterly orders to the identified person in the MoH (copying in UNFPA) to ensure that SFHA supplies do not run out in the three static clinics and outreach services. The SFHA Finance Manager, in consultation with midwives, should follow up on internal inventory system for the three SFHA clinics to ensure commodities are sufficient to meet demand, each quarter. Hold quarterly commodity meetings with MoH UNFPA and SFHA to ensure stock is available to meet demand.
2. Focus on youth – <i>output 4.2 not on track; youth drop-in centre is closed</i>	The Youth drop-in centre in Savalalo no longer operates and it is important that SFHA assess the need for additional funding to set up a simply designed youth space in Moto'otua (if considered necessary). Recently the MoH were informed that there is space available for a national youth centre in the downtown area.	If an additional youth centre is needed in Moto'otua, then IPPF/SROP could support development of a proposal for key donor partners. Youth should drive the design and support building of the structure, so that there is strong ownership and commitment to a <i>talavou fale</i> , but with support from an infrastructure specialist. SFHA to liaise with MoH and confirm if the MoH are refurbishing a national youth drop-in centre; if so, then SFHA could collaborate or consider whether

⁹ UNFPA Supplies Report, 2018. UNFPA PSRO A Transformative Agenda for Women, Adolescents and Youth in the Pacific: Towards Zero Unmet Need for Family Planning 2018- 2022, p.19

Issue of concern	Findings	Recommendations
		two centres are really necessary or beneficial.
3. IEC materials dated and not necessarily best method to reach young people	IEC materials for youth remain a bit dated and would benefit from developing social media content using more current modes of communication (e.g. Facebook, YouTube, videos, dramas).	Recruit an AVI with social media and behaviour change communication skills to support this shift in communication approaches, working with the youth volunteers and journalism students. In order to ensure sustainability, SFHA will identify a counterpart to work with the AVI person who will help build local capacity through mentorship. A BCC expert could conduct rigorous qualitative research on which to base the youth messaging and include training youth volunteers as researchers. IPPF and UNFPA may also be able to support SFHA through Transformative Agenda funding which has a component on BCC.
4. Continue focus on Youth-friendly approaches with partners (output 4.2).	SFHA staff attitudes are client-friendly, however IPPF/SROP could provide additional training on youth-friendly approaches for those who may not have participated before (including MOH staff).	IPPF/SROP to organise YFS training. Peer youth educators from SFHA and SRCS could conduct joint activities and share materials and techniques for engaging young people around adolescent health and SRHR.
5. Clients under the age of consent attending SFHA services	Clear referral pathways for clients under the age of consent (16 and 18 years) are required for clinicians.	The MWCSD will be consulting on guidelines and protocols for clinicians and SFHA should be included in the process, along with the MoH.
6. Primary School education programs Coordination around new school curriculum for Family Life Education	The FLE curriculum is currently being reviewed, and SFHA should engage in the evolving process, to ensure that what is presented by SFHA teams in schools aligns with the changing curriculum. While there are requests from Primary Schools to SFHA for SRH awareness to year 7 and 8 children, this activity needs to be coordinated carefully with MESC HPE team to avoid overlap and ensure the content is appropriate	UNFPA, MESC, MoH and SFHA to participate in review of FLE to ensure aligned messaging. SFHA to plan any future primary school program with MESC. SFHA to review material presented with MESC and ensure gender- appropriate staff (i.e. a male should present to boys and female to girls). SFHA educators to be supported and mentored – including direct

Issue of concern	Findings	Recommendations
	and SFHA staff are trained and gender appropriate	observations of presentations in the field (FPNSW activity).
7. Secondary school program coordination with MESC and MoH	The Secondary School program is considered relevant because FLE is not compulsory, however MoH staff also conduct activities in schools that were considered 'exactly what SFHA does.'	SFHA coordinate with the MoH, especially the pilot School Nurse program. Roles and responsibilities need to be clarified in future to avoid overlap and mixed messaging to students.
8. Multiple funding sources for components of SRHR Stronger collaboration and coordination needed	It is often difficult for civil society organisations to initiate collaborative mechanisms as that responsibility generally lies with government, however this MTR strongly recommends that joint planning is required to minimise overlap, duplication and inefficiencies, in particular around village and primary school awareness activities. It requires more than individual departments and units presenting their plans to each other, but rather sitting together to develop a joint plan.	The existing SRH committee convened by the MoH, supported by UNFPA funding, could provide such leadership, if the TOR is reviewed. If this is not feasible, then SFHA could invite stakeholders to a planning day or retreat for 2020 planning. [The challenge of this recommendation is well understood, but with goodwill and open spirit, a process can be started this year for 2020 planning.]
9. Partner Agreements or MOU not completed (output 2.1).	A simple agreement would provide clarity around expectations with key SFHA partners as specified in the M&E framework indicator: in particular with the MoH and MWCSO for outreach. While MOUs with NOLA and SFA are included in the joint work plan as an IPPF core activity, it would benefit the Impact Project.	IPPF/SROP support SFHA to adapt regional MOU/Partner Agreement templates into a simple document, outlining expectations and anticipating any sticking points for local partners.
10. Lesson sharing and building on synergies (outcome 3.2) not conducted as in original plan	Lesson sharing needs to be conducted throughout a project, not just at the end; the Project indicator target is twice a year. It is best development practice to hold an annual reflection and learning dialogue with internal and external stakeholders, where	DFAT outsource external facilitation for annual Learning Dialogue [such as with expertise from M&E House (or FPNSW/FPNZ)].

Issue of concern	Findings	Recommendations
	data are presented, and any blockages identified.	
<p>11. Stakeholder mapping (output 4.1) unavailable to review</p> <p>12. Client satisfaction reporting (output 1.1 and 2.2) including 16 success stories - are included as indicators. The system is not clear.</p>	<p>A stakeholder mapping activity is listed as completed, but no document analyses subsequent communication strategy.</p> <p>Simple client feedback is valuable to inform services on a regular basis. Savalalo clinic staff said they had over 200 forms.</p> <p>The current practice is that client satisfaction forms are provided in the Savalalo clinic with a box for clients to drop them in, however the routine collection and analysis of forms after this was not clear.</p>	<p>IPPF/SROP and SFHA review stakeholder communication strategies (including identifying policy changes to work on for next two years and beyond).</p> <p>IPPF/SROP and SFHA review client satisfaction reporting system. For example, the driver could collect the forms in clinics and deliver to the data analyst who should then analyse them and provide the results back to clinicians, the program manager and the Executive Director (ED) at monthly meetings.</p> <p>Administration assistants in clinics could facilitate increased numbers of clients responding, by handing out the forms when clients arrive and asking if they have filled it out when they leave.</p>
13. Family Planning and Emergency Contraception (EC) consultation numbers are low	<p>Further analysis of IPPF service statistics indicate a much lower number of contraceptive counselling and consultation services than would be expected; accounting for less than 10% of all SRH services provided by SFHA in year 2. Very few EC consultations were provided.</p> <p>If the Impact Project is to reduce key stagnant indicators, then the focus on family planning services must step up considerably in next two years.</p>	<p>IPPF/SROP and SFHA data analyst to clarify data with clinicians.</p> <p>SFHA team to consider how each person can contribute to increasing numbers of contraceptive clients and services; and develop a plan to 2021.</p> <p>With a stronger focus on youth, SFHA clinicians and educators must inform young people that there is an option of emergency contraception available if they want to prevent unplanned and early pregnancy.</p>
14. Review Output 3.4 , health system strengthened through public sector training of graduate nurses in	The current practice is to provide an orientation to SFHA approach and services which is valuable but clearly not training in comprehensive SRHR; that would require an intensive component to be considered in a redesign.	This indicator should be changed to reflect that this activity is an orientation to SFHA and remove training in comprehensive SRHR.

Issue of concern	Findings	Recommendations
comprehensive SRHR		
15. Police engagement in SRHR	In past years, SFHA ran orientation and SRHR awareness for new Police recruits. This could be a very influential activity for SFHA to reinstate, especially given the current focus on family violence exposed by the Ombudsman's Inquiry and report.	SFHA ED to discuss possible interest with Police on re-instating SRHR orientation for new recruits.
16. Changes to indicators for remaining two years	Output 1.3 increase client awareness of at least 3 family planning methods could be altered to align with the DHS question of ' at least one modern method ' as that would allow SFHA to report changes from 2009, 2014 and 2019 and 2023.	See Annexe 5 for other recommended changes to M&E indicators, which will require negotiation with SFHA, IPPF and DFAT.

6. Proposed next steps

- DFAT/SFHA/IPPF to review report and proposed changes to indicators by mid-November.
- SFHA ED and staff to consider recommendations by mid-November, and develop a prioritised action plan for:
 - MOUs/Partner Agreements and collaborations with MOH, MWCSO, NOLA, SFA, SRCS
 - Rationale for and agreement on Primary School awareness program with MESC
 - Planning for 2020 Secondary school program with MESC and MOH
 - Planning for village outreach with MWCSO, MOH and others
 - Plan for increasing contraceptive services and number of clients
 - Plan for increasing knowledge about availability of emergency contraception
 - Future Police engagement
 - Data collection and entry including client satisfaction reporting
- UNFPA to convene urgently a meeting with relevant staff - MOH Pharmacy, Warehouse, SRH Officer and SFHA ED, Clinical Manager and Finance Manager - to urgently address the stock-out situation and confirm that future requisitions are not delayed.
- DFAT to consider supporting AVI positions (social media/youth engagement; BCC/videos) in the next round of submissions and technical support to facilitate a Learning Dialogue with external stakeholders by early 2020 as well as advise on possible funding sources for a Youth drop-in Centre.
- DFAT/UNFPA to consider by the end of 2019, how best the Transformative Agenda program can support SFHA and MOH to achieve ambitious CPR and other SRH targets, including through BCC and social media to support changing norms.

- IPPF/SROP develop plan for 2020-2021 to support Quality of Care training; Client satisfaction reporting systems; Stakeholder communication strategy; youth friendly approaches; possible proposal for youth drop-in centre. Consider bringing in clinical technical support from FPNZ or FPNSW for clinical review and updating, and mentoring of educators.

Annexes

Annex 1: Terms of Reference (ToR)

Short Term Adviser – Independent Review of the Impact Project: Catalysing Sexual and Reproductive Health Rights in Samoa

Position Title:	Team Leader/ Evaluation Specialist
ARF Professional Discipline Category:	C
ARF Job Level:	4
Program:	Catalysing Sexual and Reproductive Health Rights in Samoa
Child Protection Risk Context	Contact with children
Location/s:	Samoa and Home Base
Term:	36 days Appendix A provides a breakdown of the proposed days by input/activity.
Reporting to:	This ToR is under an SHS Type 1 Service Order whereby SHS quality assures all deliverables prior to submitting them to DFAT (unless agreed by SHS in writing). The Adviser will report to: DFAT: Cassandra Betham, Senior Program Manager, Australian High Commission, Samoa SHS: Kudakwashe Chani, Senior Technical Lead International Health
Background:	<p>The Specialist Health Service (SHS) provides strategic input on health to the Australian Government Department of Foreign Affairs and Trade (DFAT). The SHS allows DFAT to source high quality technical advice to support health policy, strategic planning and health programming across the aid management cycle.</p> <p>The Government of Australia is seeking to engage an Independent evaluation team to conduct a formative mid-term review of the Impact Project: Catalysing Sexual and Reproductive Health Rights in Samoa. The Impact Project is being implemented by Samoa Family Health Association (SFHA) in partnership with the International Planned Parenthood Federation (IPPF) and is expected to run from June 2017 to June 2021, with a total budget of AUD1,000,000.</p>

	<p>The intention of the initiative is to catalyse impact of past efforts including through the Pacific Partnerships for Health and Rights Program which completed in December 2017 and make a marked contribution towards addressing stagnant national SRHR indicators relating to an unmet need of married and unmarried women for family planning, total fertility rates, teenage pregnancies and total contraceptive rates. These will be accomplished through achieving the four end-of-project outcomes:</p> <ul style="list-style-type: none"> • Outcome 1: High quality, integrated SRHR care delivered through quality assured SFHA clinics for all Samoans, particularly the most marginalised; • Outcome 2: High quality, integrated SRHR care delivered through SFHA outreach teams, exclusively focused on reaching the most remote and marginalised; • Outcome 3: Systems strengthened to support integrated service delivery and effective project implementation; and • Outcome 4: An enabling environment for SRHR created through targeted advocacy and stakeholder engagement. <p>The main implementing partner for the Impact Project is the Samoa Family Health Association. SFHA is a highly capable and experienced non-governmental organisation that is wholly dedicated to the provision of SRHR to Samoans. The organisation places a particular emphasis on reaching the poor, marginalised, vulnerable, and underserved. SFHA is led by an Executive Director, with additional governance and leadership provided by an Executive Council board. SFHA currently has 15 full-time staff members, in addition to ten youth volunteers and a full-time Australia Volunteer for International Development (AVID).</p> <p>The Impact Project seeks to enhance collaboration between SFHA and DFAT during the end-stage design and inception of the project, as well as throughout the project implementation period. This close collaboration will help to ensure a streamlined and coordinated approach to drive effectiveness and impact. In addition, the MoH will also be closely engaged throughout the project. Maintaining a strong relationship with the MoH will foster support and facilitation from national and district hospitals, as well as the National Medicines Warehouse for commodity supplies. A focus on training graduate nurses within the clinic on SRHR issues – an existing initiative of SFHA to be scaled up under the project – will complement this, whilst also driving sustainable outcomes through a strengthened public health sector.</p> <p>The project will also draw on SFHA’s strong existing partnerships with a number of key stakeholders at the local and national level. These include the Ministry of Education, Sports & Culture; Ministry of Police; Samoa Red Cross Society; civil society organizations; faith-based organizations; as well as research and academic institutions. In particular, the Ministry of Women Community and Social Development (MWCSO) is identified as a core partner for this project. The MWCSO is the government focal point mechanism for gender equality and social</p>
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	<p>inclusion in Samoa. They act as the key gateway to villages across the country, given they support women representatives in every village of the country. To ensure outreach can be successfully scaled up across Savai'i, working closely in collaboration with this Ministry will be critical.</p> <p>The Primary users of the evaluation are;</p> <ul style="list-style-type: none"> • DFAT as the funder and also the evaluation commissioner; • SFHA in partnership with IPPF as the main implementing partner; and • Key stakeholders through the evaluation stakeholder workgroup (ESWG) as beneficiaries of the project. 										
Purpose and objectives:	<p>DFAT Post in Samoa have commissioned an independent mid-term review of the Impact Project to:</p> <ul style="list-style-type: none"> • Make an overall assessment of the performance of the Impact Project with particular attention to the effectiveness and efficiency against the four key outcome areas of the Impact Project; • Assess implementation against DFATs evaluation criteria relating to relevance, impact sustainability, effectiveness, efficiency, impact, sustainability, inclusiveness and value for money; • Assess the performance of the SFHA as the key Implementing Partner; • Identify the issues and challenges of the Impact Project during the implementation, monitoring and management phases; • Identify key lessons and propose recommendations to improve implementation of the remaining two years of the Impact Project. <p>Evaluation Questions</p> <p>There is an accountability element in judging the performance of the Impact Project at mid-point, however, the evaluation is used mainly as an instrumental tool with a learning purpose to improve implementation of the SRHR program towards achieving the end-of-project outcomes.</p> <p>The following high-level questions will need to be addressed by the review, while the sub-questions will serve as a guide to the reviewers;</p> <table border="1"> <thead> <tr> <th>Focus</th><th>Criteria of Merit</th><th>Key Evaluation Questions</th><th>Sub Evaluation Questions</th></tr> </thead> <tbody> <tr> <td>The SRHR Strategy: Are the right things being done?</td><td>Relevance</td><td>Q1. To what extent are the applied SRHR strategies remain relevant to achieving the outcomes of the Impact Project?</td><td>1.1 Are the activities of the Impact Project relevant in achieving the key objectives of the GoS guiding documents and international strategies on SRHR? 1.2 Are the SRHR strategies relevant and modality appropriate in meeting the needs of women, men and LGBTQI gender groups? – Are they also relevant and appropriate</td></tr> </tbody> </table>			Focus	Criteria of Merit	Key Evaluation Questions	Sub Evaluation Questions	The SRHR Strategy: Are the right things being done?	Relevance	Q1. To what extent are the applied SRHR strategies remain relevant to achieving the outcomes of the Impact Project?	1.1 Are the activities of the Impact Project relevant in achieving the key objectives of the GoS guiding documents and international strategies on SRHR? 1.2 Are the SRHR strategies relevant and modality appropriate in meeting the needs of women, men and LGBTQI gender groups? – Are they also relevant and appropriate
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				in meeting the needs of adolescents and people with disabilities?
		Impact	Q.2 What are the impacts of the SRHR project on achieving the outcomes of the Impact Project?	2.1 What changes have been achieved thus far against the four outcome areas of the Impact Project?
		Sustainability	Q.3 In what ways will the benefits from the Impact Project be sustained?	3.1 What elements hinder the sustainability of the Impact Project activities and approaches?
	The Impact Project Operations: Are things being done right?	Effectiveness & Efficiencies	Q.4 How effective and efficient was the SRHR project?	<p>4.1 Did the Project effectively reach the targeted population in an efficient way?</p> <p>4.2 Was there effective uptake of SRHR care?</p> <p>4.3 Are the activities performed in an efficient manner that is in line with activities and budgets articulated in the project work plan?</p> <p>4.4 Are the awareness and promotion efforts provided to clients effective? – is it changing practices, cultural norms and behaviours of clients in accessing SRHR care?</p> <p>4.5 Are the Capacity Building provided to project staff effective? – Are the trainings changing the behaviour of staff towards providing SRHR care?</p>
	Focus	Additional Criteria	Key Evaluation Questions	

	Learning: Are there better ways to achieve the Impact Project outcomes?	Success Factors, Barriers and Implications	Q.5 What factors influenced / deterred the achievements of the outcomes for the Impact Project and how might they be addressed?	<p>5.1 What are the barriers faced by vulnerable groups including adolescents in accessing SRHR care?</p> <ul style="list-style-type: none"> -Testing social & cultural barriers -Testing cost limiting access barriers <p>5.2 What are the successes and main challenges faced by staff in implementing and monitoring the project?</p> <p>5.3 What are possible strategies and methods to capitalise on successes, or address barriers and challenges, to better achieve Impact Project outcomes?</p>
	Cross Cutting Issues			<p>5.4 Do program planning, implementation and governance process include meaningful opportunities for the involvement and consideration of women, people with disability and currently underserved groups?</p> <p>5.5 Are women, the disabled and disadvantaged benefitting from project activities proportionate to their needs?</p>
Review Process:	<p>Preparatory briefing</p> <p>DFAT will provide a verbal briefing by phone of the key issues and priority information to the Team Leader at home-base before s/he prepares the draft Evaluation Plan. The draft plan will be shared with the ESWG for their feedback before the evaluation plan can be finalised before the work commences. The briefing will discuss the background, issues and priorities for the evaluation to focus on and clarify the expectation of the GoA's Aid Program and the GoS's desire for improvement of SRHR outcomes for the people of Samoa.</p>			

	<p>Evaluation Methods</p> <p>The evaluation approach will entail a combination of qualitative and quantitative methods and document review, field visits and stakeholder consultations including the end beneficiaries – such as adolescents and people with disabilities.</p> <p>In addition the evaluation approach will include the review of the Impact Projects Indicator Framework, its current baseline and targets and make evidence based recommendations.</p> <p>While the evaluation will be independent, the final report needs to acknowledge and take into account that SRHR is an investment in partnership between SFHA and IPPF. Therefore the evaluation method and the process for finalising the report needs to ensure that key findings and recommendations are owned by and able to be implemented by the SFHA as the main implementing agency.</p> <p>Document Review</p> <ul style="list-style-type: none"> • Review available and relevant documentation (a non-exhaustive list of reference documents is provided at Annex A); • Collate quantitative data (e.g. numbers trained, training costs, etc.) for verification as part of the review; • Collate qualitative information that informs the review and secondary questions for interviews; <p>Field Visits</p> <p>Undertake in-country visits and consultations with the key implementing partner and with relevant stakeholders including the SFHA marginalised clients (adolescents and people with disabilities).</p> <p>Data collection and analysis</p> <p>Data collected by the team during field work and collated from document review and other meta-data will be systematically analysed using rigorous methods to provide evidence, wherever possible, or to inform professional judgement in other cases. The resulting information will be interpreted and presented in the evaluation report.</p> <p>Management and Governance of the Review:</p> <p>An Evaluation Stakeholder Workgroup (ESWG) will be established to provide expert advice and feedback on the approach, focus and key products of the DFAT-led independent evaluation. The ESWG will not always be involved in day to day visits, management decisions and correspondence but their key responsibilities include:</p> <ul style="list-style-type: none"> • Discuss and provide feedback on the draft evaluation ToR; • Discuss and provide feedback on the draft evaluation plan within 5 days of receiving the document • Discuss and provide feedback on the draft Aid Memoire within 5 days of receiving the document. • Discuss and provide feedback on the draft mid-term evaluation report within 10 days of receiving the draft document.
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	<ul style="list-style-type: none"> As and when required, participate in briefings at the beginning and at the end of the review. <p>DFAT will lead and co-ordinate activities of the ESWG and provide support including the circulation of key evaluation products for consultation in a timely manner.</p> <p>See Appendix B for a list of key reference documents and Appendix C for the ESWG membership</p>
Duty Statement:	<p>The evaluation team will be configured as follows:</p> <ul style="list-style-type: none"> Team leader/ Evaluation Specialist; DFAT Senior Program Manager, Health <p>The evaluation team will be accompanied by DFAT's Health Program Manager for meetings and in-country field visits. In addition, will assist the team in co-ordinating in-country meetings, provide stakeholder contacts, and input into discussions as required.</p> <p>See Appendix D for duties of the rest of the team members</p>
Specific Duties	<p><u>Team leader/ Evaluation/ SRHR Specialist:</u></p> <p>Duties</p> <ul style="list-style-type: none"> Lead the evaluation process including facilitating a one day inception workshop, leading the field visits, ensuring evaluation efficiency; Presentation of initial evaluation finding in an aide memoire and reporting on the findings for validation; Review the draft Evaluation Plan (TL may reference a draft plan developed by DFAT – open to discussion) and finalise this to also include any surveys or outline of any proposed consultations etc. which sets out the design and conduct of the independent evaluation. This should outline the analytical approach and methodology using social development/social-political analysis; The analysis should include interviews with a number of different key actors, proven methodology for data collection and analysis which the consultant will propose upon application. The interviews will be a mix of face-to-face and virtual through surveys and telephone/web-based means; Propose cost-effective field mission options; Collect evidence relating to relevance, impact, efficiency, effectiveness, sustainability, inclusiveness and value for money of the Impact Project on SRHR and their specific capacity development and institutional strengthening activities to Samoa; Collect evidence relating to the efficiency of management arrangements; Supervise, collect and analyse primary and secondary data as it relates to the Impact Project's four outcomes, SRHR and implications for the relevance of the DFAT supported approaches and make recommendations; Draft and finalise the aide memoire;

	<ul style="list-style-type: none"> Facilitate and present preliminary findings to the ESWG at a one day end-of-evaluation wrap-up workshop; Draft and finalise a final draft report for feedback; Deliver a quality evaluation report to DFAT which responds to and incorporates feedback; and Other duties in TOR and as directed by DFAT. 		
Performance Outcomes and Deliverables, with dates:	Indicative Date	Milestone	Verification Indicator
	6 Sep 2019	1. Evaluation Plan	Acceptance of milestone/report by DFAT
	25 Sep 2019	2. Aide Memoire	Acceptance of milestone/report by DFAT
	9 Oct 2019	3. Draft Evaluation Report	Acceptance of milestone/report by DFAT
	30 Oct 2019	4. Final Evaluation Report	Acceptance of milestone/report by DFAT
	<p>Deliverables:</p> <p>2. The key outputs of the evaluation to be prepared and submitted by the evaluation are;</p> <ol style="list-style-type: none"> The development of a draft evaluation plan to be submitted to the ESWG for approval at least 2 weeks prior to the in-country mission. The evaluation plan shall include the main evaluation questions, the data collection methods, proposed list of stakeholders to be interviewed or consulted and the report structure. It should be no longer than 10 pages. The review will be conducted according to the approved evaluation plan. The draft evaluation report and initial findings will be verified at a start-up workshop with the ESWG and other stakeholders to be invited as appropriate. Evaluation Mission Aide Memoire to be presented to the ESWG at the completion of the in-country visit at a wrap-up workshop with the ESWG and other stakeholders to be invited as appropriate. The Aide Memoire will be no more than 5 pages. Feedback on the aide memoire will inform the draft report on recommendations for improving implementation of the SRHR program so that the program can successfully achieve its end-of-program outcomes; 		

	<p>3. Draft Evaluation Report – to be provided to DFAT Post within 10 working days of completion of the in-country visits and interviews with stakeholders. Feedback from DFAT and other stakeholders will be provided including any Management Response by DFAT and SFHA;</p> <p>4. Final Report - The report will be no more than 15 pages (plus annexes and a stand-alone executive summary). A clear analysis of the initiative's progress, key lessons and recommendations should be clearly documented in the report. This report will be published on the DFAT website.</p> <p>All deliverables should have regard to the relevant quality requirements set out in the DFAT Monitoring and Evaluation standards.</p> <p>Details of the requirements for the evaluation plan, aide memoire and draft reports are in Appendix E</p>
Reporting and Payment:	<p>The Adviser will submit an activity report and invoice at the following points:</p> <ul style="list-style-type: none"> ○ Acceptance by DFAT of Milestone 2, Aide Memoire ○ Acceptance by DFAT of Milestone 4, Final Evaluation Report <p>The total inputs (days and reimbursables) claimed for each milestone should not exceed the indicative inputs as per the adviser inputs schedule provided in this ToR.</p> <p>Each input will be paid on acceptance by DFAT of the relevant milestone.</p>
Policy context:	<p>Advisers are expected to align their work with DFAT's Health for Development Strategy 2015-2020 and to incorporate the priorities of DFAT's cross-cutting strategies Gender Equality and Women's Empowerment Strategy (2016) and Development for All 2016-2020 Strategy for Strengthening Disability-Inclusive Development in Australia's Aid Program. Advisers should seek advice from the DFAT commission area about the most appropriate ways to align the tasks to these policies. Advisers should also discuss whether there are other DFAT policies relevant to this task.</p>
Conditions:	<p>Conditions of engagement may include completing and signing the following documents:</p> <p>The Deed of Confidentiality</p> <p>The Declaration of adviser status</p> <p>The Child Safe Code of Conduct</p> <p>As per the requirements an Adviser Performance Assessment will be undertaken at the completion of the assignment.</p>

Key Selection Criteria

Required	<p>1. At least 10 relevant years of technical experience in the monitoring and evaluation field.</p>
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Experience	2. At least 10 relevant years of technical experience in the Sexual and Reproductive Health and Rights field with understanding of issues pertaining to the Pacific context 3. Experience in research, analysis, planning and report writing. 4. Experience in monitoring and evaluation of development programs and has strong facilitation skills 5. Experience engaging with marginalised stakeholders in the Pacific (including adolescents and PDP) on topics that are sensitive to their cultural context. 6. Experience in managing teams
Required Skills and Qualifications	7. Sound knowledge of DFAT reports, documents and policies
Cultural/Language Requirements	8. Is culturally sensitive 9. Fluency in English and demonstrated ability to express verbally and in writing complex ideas in clear and simple language.

The evaluator will be appointed on the basis of skills demonstrated in the team composition, approach to the Terms of Reference, costs and drawing on DFAT's Aid Advisory Services. Skilled evaluators with disabilities will be considered and reasonable accommodation provided as relevant.

Appendix A: Proposed inputs by activity (see final list in Annex 2, Evaluation Plan)

Appendix B (see Evaluation Plan in Annex 2 for the final list of documents reviewed)

Appendix C: Composition of the ESWG (see Evaluation Plan Annex 2 for the final list)

Appendix D

DFAT Program Manager will:

- Provide information, advise and other assistance to the Evaluation team regarding;
 - Broader policy advice and inputs on the interconnection of the Impact Project to the Australia Development for All Strategy and other relevant Australian investments for Samoa;
 - Australian government priorities and intersection of the political objectives with the program and how these can be mutually reinforcing;
- Co-ordinating the evaluation process in consultation with the ESWG;
- Providing advice, relevant documentation from DFAT and an understanding of DFAT processes;
- Assistance to the TL in providing contact details and making appointments meetings for the in country visits with relevant key stakeholders as requested by the TL.

Appendix E

Evaluation plan and Reporting requirements

The Evaluation plan should:

- Describe the appropriate methods proposed to collect data for each primary question

- Identify any constraints or limitations of the evaluation (e.g. time, resources, availability of stakeholders)
- Describe and propose appropriate sampling methods and ways to triangulate data collection to strengthen confidence in the findings.

The evaluation team will provide the Aide Memoire presentation at the end of the field work stating the initial findings and progress against the evaluation plan. The Aide Memoire will be presented to ESWG on a date to be finalised.

A Draft mid-term evaluation report shall be submitted to the ESWG through DFAT on a date to be agreed. The draft report will include all necessary annexes and be consistent with Australia's Aid Monitoring and Evaluation Standards. The draft evaluation report must:

- Orient readers by including background information such as the total value of Impact Project and its duration; key outcomes of the program; and the key issues identified with recommendations provided;
- provide a brief summary of the methodology employed;
- describe key limitations of the methodology and provide any relevant guidance to enable appropriate interpretation of the findings;
- include an executive summary that provides all the necessary information to enable primary users to make good quality decisions based on evaluation findings;
- clearly address all questions in these terms of reference;
- fully describe each of the issues identified so that the reader feels they have been given the full picture;
- communicate the relative importance of the issues;
- present an appropriate balance between operational and strategic issues;
- clearly establish that the evidence supports the arguments posed;
- consider alternative points of view where appropriate;
- fully explore complex issues;
- explore the role of the context in program performance;
- use appropriate methods/language to give the reader confidence in the findings and conclusions;
- explore the factors that have influenced the issues identified and conclusions drawn;
- explore the implications of key findings;
- make clear the overall position of the team and its professional judgments;
- ensure conclusions and recommendations logically flow from the presentation of findings and any associated analyses;
- make recommendations that are feasible, based on validation with DFAT;
- allocate responsibility to stakeholders for responding to recommendations.
- Ensure members of the review team undertake this review in an ethical manner throughout the duration of the process.
- Note any requests from the evaluation team in regard to accommodation/accessibility needs that were actioned.

The ESWG will review the draft mid-term evaluation report and return comments within the stipulated days to enable the final report to be completed by a date to be agreed to by the ESWG. The final evaluation report will be provided within 10 working days of receiving the feedback, incorporating feedback from stakeholders. The Final Report will be no more than 15 pages (plus executive summary and annexes). This shall include an Executive Summary, which could act as a standalone summary of main findings and recommendations for DFAT, SFHA, IPPF and other key stakeholders. Findings, lessons, and recommendations should be clearly documented in the report. The final evaluation report will be published on DFAT Aid Program website.

Annex 2: Evaluation Plan

Impact Project:
Catalysing Sexual and Reproductive Health Rights in Samoa

Independent Mid-Term Evaluation Plan

FINAL

20 September 2019

Strategic input on health to the Australian Government

**Specialist
Health
Service**

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1. Introduction

1.1. Background and context

The Government of Australia (GoA) commissioned an independent evaluation consultant to conduct a mid-term review of the Impact Project being implemented by Samoa Family Health Association (SFHA) in partnership with the International Planned Parenthood Federation (IPPF). The four year Project is expected to run from June 2017 to June 2021, with a total budget of AUD1,000,000; it is now midway through the cycle.

The purpose of this Evaluation Plan is to outline the approach and methodology to complete the mid-term review (MTR) of the *Impact Project: Catalysing Sexual and Reproductive Health Rights in Samoa*. It has been prepared by the Adviser in collaboration with the Department of Foreign Affairs and Trade (DFAT) Samoa following initial scoping discussions and in response to the mid term review (MTR) Terms of Reference (ToR) of 26 August 2019. It will be reviewed by the DFAT Senior Program Manager Health (Samoa) and the Evaluation Stakeholder Working Group (ESWG) in Samoa; all comments will then be considered and incorporated as necessary.

1.2. Impact Project

The Impact Project aligns with the Government of Samoa (GoS) *Health Sector Plan*¹⁰ (2018-2030) and national SRH policy (MOH, 2011) and supports key strategic areas relating to sexual reproductive health (SRH) service delivery, information, education and awareness and capacity building. The project also aligns with the DFAT's *Aid Investment Plan for Samoa* for 2015-16 to 2018-19, which includes a strategic priority of progressing health and education outcomes. Specifically, the project supports the Plan's goal of improving the quality of the health system including health information, and to some extent, supports reducing violence against women and girls. From a governance standpoint – another strategic priority under the Plan – the project is a core example of a civil society initiative to address Samoa's development challenges.

The Impact Project's Theory of Change (Annexe A) built on international evidence and frameworks for developing SRH programs and improving SRH outcomes with a focus on society, culture and health systems (WHO, 2010, 2011; Guttmacher 2012; Measure Evaluation 1996; Lancet 2018).

The intention of the Impact Project is to catalyse the impact of past efforts, including through the Pacific Partnerships for Health and Rights Program (PHRP), and make a marked contribution towards addressing stagnant national SRHR indicators relating to an unmet need of married and unmarried women for family planning, total fertility rates, teenage pregnancies and total contraceptive prevalence rates.

The Impact Project seeks to enhance collaboration between SFHA and DFAT during the design, inception and implementation of the project. The MTR will assess the status of the collaboration and how it is viewed by both parties. In addition, the Ministry of Health (MoH) is to be closely engaged throughout the project and the strength of that relationship will be important to explore. For example, the graduate nurses training within SFHA clinics needs to be assessed from differing

¹⁰ e.g. 'This Sector Plan will increase the contraceptive prevalence rate to 80% by 2030.' p.17

viewpoints, as it is a key strategy to enable sustainability through a strengthened public health sector.

The project will also assess the strength and quality of existing partnerships with a number of key stakeholders at the local and national level. These include the Ministry of Education, Sports & Culture; Ministry of Police; Samoa Red Cross Society; civil society organizations; faith-based organizations; as well as research and academic institutions. In particular, the Ministry of Women Community and Social Development (MWCSD) is identified as a core partner for this project. The MWCSD is the government focal point mechanism for gender equality and social inclusion in Samoa, especially for consolidating programs to communities. The MTR will engage with key stakeholders to assess current and future partnership and collaborations, and will specifically schedule a visit to Savai'i where partnership is critical in ensuring sustainability of the new service

2. Evaluation Purpose and objectives

2.1. Scope and approach of the evaluation

The intention of the Impact Project is to build on past projects, however the MTR will focus on the funded period 2017-2019, while still taking into account past efforts. The approach and principles underpinning the Impact Project MTR are participatory to ensure transparency and independence. A highly consultative approach will be used and key stakeholders such as DFAT, SFHA, IPPF, target communities and other stakeholders will be engaged from the start.

This MTR will also consider how cultural and social norms could affect the quality of the data collected especially as SRHR is a sensitive topic in the context of the Samoan culture. It is also important to recognise the dynamics of power imbalances and understand how to empower marginalised groups as this evaluation is focused on health behaviour change especially for adolescents and people with disabilities in order to improve their SRHR outcomes.

The MTR also recognises that efforts in changing social and cultural norms and capacity building are long-term in nature and that results derived at this stage may be difficult to determine. Flexibility should be maintained to identify areas and approaches that are positive and value add to the development context.

2.2. Purpose of the evaluation

The primary purpose of the MTR is to assess the continued relevance of activities and the progress made towards achieving the Impact Project's planned objectives. The MTR provides an opportunity to suggest modifications to ensure the achievement of these objectives within the lifetime of the project. In addition the MTR provides an opportunity to ascertain that interventions are still coherent and useful to key stakeholders, relevant to DFAT and GoS strategic objectives and to assess whether the interventions are being conducted in an efficient manner as per DFAT standards and the agreed project design. The MTR will also provide an opportunity to learn and improve implementation towards achieving the end-of-project outcomes.

As stated in the TOR the independent mid-term review of the Impact Project will:

- Make an overall assessment of the performance of the Impact Project with particular attention to the effectiveness and efficiency against the four key outcome areas of the Impact Project;
- Assess implementation against DFAT's evaluation criteria relating to relevance, impact, sustainability, effectiveness, efficiency, inclusiveness and value for money;
- Assess the performance of the SFHA as the key Implementing Partner;
- Identify the issues and challenges of the Impact Project during the implementation, monitoring and management phases;
- Identify key lessons and propose recommendations to improve implementation of the remaining two years of the Impact Project.

2.3. Primary users

The Primary users of the evaluation are:

- DFAT as the funder and also the evaluation commissioner;
- SFHA in partnership with IPPF as the main implementing partner; and
- Other key members of the ESWG including MOH as collaborators and beneficiaries of the project.

3. Evaluation Methodology

3.1. Key Evaluation Questions

In line with the overarching DFAT Aid Development Policy and Performance Framework Australian Aid: *Promoting prosperity, reducing poverty and enhancing stability*, the MTR will focus on the following five key evaluation questions:

- To what extent are the applied SRHR strategies relevant to achieving the outcomes of the Impact Project?
- What are the impacts of the project thus far on achieving the identified outcomes?
- In what ways will the benefits of the Impact Project be sustained?
- How effective and efficient was the Impact Project?
- What factors influenced/hindered achievements of the outcomes of the Impact Project?

The priority focus of the MTR is to collect data and evidence against the five key evaluation questions above (and DFAT criteria of relevance, impact, sustainability, effectiveness and efficiency) including inclusiveness and value for money. Annexe B provides a detailed breakdown of the evaluation questions and includes additional secondary questions as well as data sources.

The MTR will also consider the Project alignment with DFAT's Health for Development Strategy 2015-2020 and the priorities of DFAT's cross-cutting *Gender Equality and Women's Empowerment Strategy* (2016) and Development for All 2016-2020 Strategy (for Strengthening Disability-Inclusive Development in Australia's Aid Program).

3.2. Data Collection

As noted, the evaluation approach is participatory and all stages will be discussed with primary users in order that findings and recommendations are accepted and owned by the implementing partner and DFAT. The methodology will entail a combination of qualitative and quantitative methods - document review, field visits and stakeholder consultations, focus group discussions and surveys including with the end beneficiaries – such as adolescents and people with disabilities.

In addition the evaluation approach will review the Impact Projects Indicator Framework, its current baseline and targets and make evidence based recommendations.

The main priority is the collection of data and information to address the key evaluation questions. A number of sub-evaluation (or secondary) questions are proposed to further explore and consider aspects of the Impact Project in greater detail (Annexe B).

3.3. Detailed evaluation strategies

3.3.1. Preparatory briefing

DFAT provided a verbal briefing by telephone to the Adviser of the key issues and priority information on August 26th, prior to preparation of the evaluation plan. The draft plan will then be shared with the ESWG for their feedback before it is finalised prior to in-country fieldwork. The briefing discussed the background, issues and priorities for the evaluation to focus on and clarified the expectation of the GoA's Aid Program and the GoS's desire for improvement of SRHR outcomes for the people of Samoa.

3.3.2. Document review

The Adviser has been provided with key documents to review (Annexe C) and has sourced additional materials. Quantitative data (e.g. numbers trained, training costs) plus other qualitative information from progress reports will inform review questions and will be collated prior to arriving in-country.

3.3.3. Consensus workshops

An initial participatory workshop will be facilitated for the ESWG to present the results from the document review, including the evaluation approach and methodology. This will provide key stakeholders the opportunity to input and shape the evaluation design and also to ensure that the data collection tools and engagement processes are appropriate in the context of the Samoan culture and existing politics around SRHR.

3.3.4. Field visits, interviews and group discussions

A wide range of information sources will be used, in order to gain as comprehensive a picture as possible in the limited timeframe (see Annexe D for timeline of MTR). The methodology will be primarily qualitative with **open-ended/semi-structured interviews and group discussions** to address the key questions and to explore and gain insight into the 'why' and 'how' questions. Views, opinions and perceptions of a range of stakeholders are critical to assessing the relevance, sustainability and also effectiveness and efficiency. Qualitative information from interviews, focus groups, clinic assessments and participant observation will be critical to informing the evaluation, and will be analysed through thematic analysis.

Observations, interviews and discussions will be scheduled at all SFHA clinics to gain insights from staff and SFHA clients (including adolescents and people with disabilities). The selection criteria for field visit sites includes all three SFHA clinics in Upolu and Savai'i and outreach services in both islands plus Apolima. To complement the interview process up to two small case/client studies are proposed (subject to time availability and appropriateness) in two identified clinics (to be confirmed on the first day of the in-country mission). The purpose of these client case studies is to provide insight into how the program is operating and performing at different field sites and to identify issues and constraints that impede performance. The selection of two sites will allow for basic comparisons to identify common themes and issues that support findings from other aspects of the review (i.e. triangulate findings). Client confidentiality and anonymity will be assured at all times (see section 3.7 on ethical considerations¹¹).

The methodology (semi-structured interviews, group discussions (including focus groups) and case studies) is selected so as to minimise inconvenience and to maximise time and resources to address the purpose of the MTR.

Quantitative data will be analysed in the report to demonstrate progress towards outputs and outcomes. This will be sourced from IPPF/DHIS2 Monitoring and Information System (MIS) and M&E system and associated progress reports. This provides a level of triangulation in findings. The MTR will also draw upon the data and analysis collected from other studies and assessments (e.g. UNFPA 2015; DHS 2015).

The Adviser will consult widely, with representatives of Government Agencies, DFAT, ESWG, and SFHA project staff in Apia and Savai'i, local authorities and beneficiaries, and will crosscheck all findings to ensure that the information has a high degree reliability and accuracy.

3.4. Data analysis

¹¹ The feasibility of a youth survey was discussed at the inception ESWG meeting and the Ministry of Health representative explained the ethics clearance required to conduct such a survey and the timeframe needed to go through the process. As time did not allow, the decision was taken not to proceed with a youth survey.

Time is allocated in the schedule for daily summarising, review and consideration among the MTR team. This is an important element in synthesising and analysing data and information and identifying areas for follow-up. In-depth analysis of consolidated data will be completed at the end of data collection to prepare preliminary findings. These findings and recommendations will be tested and discussed with the ESWG in a Wrap-Up workshop. This process will check the accuracy of the findings and ensure that the recommendations made are feasible, implementable and sustainable.

Flexibility is also maintained in the methodology and scheduling to refine the approach or consider new information or priorities that may emerge. Required and suggested refinements will be discussed immediately with DFAT/SFHA team before proceeding.

In terms of data processing and analysis, the Adviser will consolidate notes and findings through internal discussions and agreements and will identify key trends and findings and prioritise results so as to ensure key points are raised, discussed and analysed. The Adviser will facilitate this process and will meet daily where possible with the Senior Program Manager, to discuss pertinent findings and results and, if necessary, adjust schedules, revise questions and perhaps seek additional information or feedback. Stakeholders will have the opportunity to comment on findings, conclusions, recommendations and lessons learned from this evaluation to strengthen rigour.

3.5. Reporting

The draft report will be presented during the wrap up workshop with the ESWG and the final report will reflect comments and acknowledge any substantive variation of views or disagreements.

3.6. Management and Governance of the Review

An Evaluation Stakeholder Work Group (ESWG) has been established to provide expert advice and feedback on the approach, focus and key products of the independent evaluation (see Annexe C for ESWG membership).

The ESWG will not be involved in day to day visits, management decisions and correspondence but their key responsibilities include to:

- Discuss and provide feedback on the draft evaluation ToR
- Discuss and provide feedback on the draft evaluation plan within five days of receiving the document
- Discuss and provide feedback on the draft Aid Memoire within five days of receiving the document.
- Discuss and provide feedback on the draft mid-term evaluation report within ten days of receiving the draft document.
- participate in briefings at the beginning and at the end of the review (as and when required).

DFAT will lead and co-ordinate activities of the ESWG and provide support including the circulation of key evaluation products for consultation in a timely manner. Two meetings of the ESWG are scheduled during the in-country phase of work – at inception and a debrief at the end. The draft report will be circulated to the ESWG who will then have two weeks to comment.

3.7. Ethical considerations

The MTR will adhere to clear ethical standards during the course of the review, namely the Australasian Evaluation Society's (AES) Guidelines for the Ethical Conduct of Evaluations. This MTR evaluation plan is the initial step in meeting the requirements of those guidelines. The MTR team will ensure that findings are discussed and presented in an accountable and transparent manner and ensure that all dealings with GoS, SFHA, DFAT and key stakeholders are conducted in a professional and mutually respectful manner. Ethical considerations will also be addressed through a number of processes:

- All participants will have explained to them, the purpose of the evaluation, how the information they provide will be used in the report and whether they prefer to provide such information confidentially and anonymously (if possible).
- Informed consent will be obtained verbally at the start of each interview and focus group, and recorded by facilitator.
- Participants will be asked if they would like to have their names recorded as having contributed to the evaluation and report.
- Participants will be asked if they would like to have comments attributed to them, or to remain confidential in the body of the report.
- It is unlikely that there will be any harm from the evaluation process, but clients/ participants will have explained to them that their relationship with SFHA and health facilities will not be affected by their participation (either positively or negatively).
- Issues around gender norms and power dynamics in focus groups will be addressed with the ESWG and SFHA at the start of the MTR in-country.
- Photographs are a useful means of documentation and permission will be sought from relevant leaders and from community members.

4. Limitations, Risks and Constraints

All evaluations and reviews have limitations. While building on past efforts, the Impact Project has been operating for just over two years. Contributions to longer-term outcomes (e.g. to TFR, CPR, unmet need) remain to be seen; however, the evidence from the progress reports and other program documentation indicate considerable progress has been made.

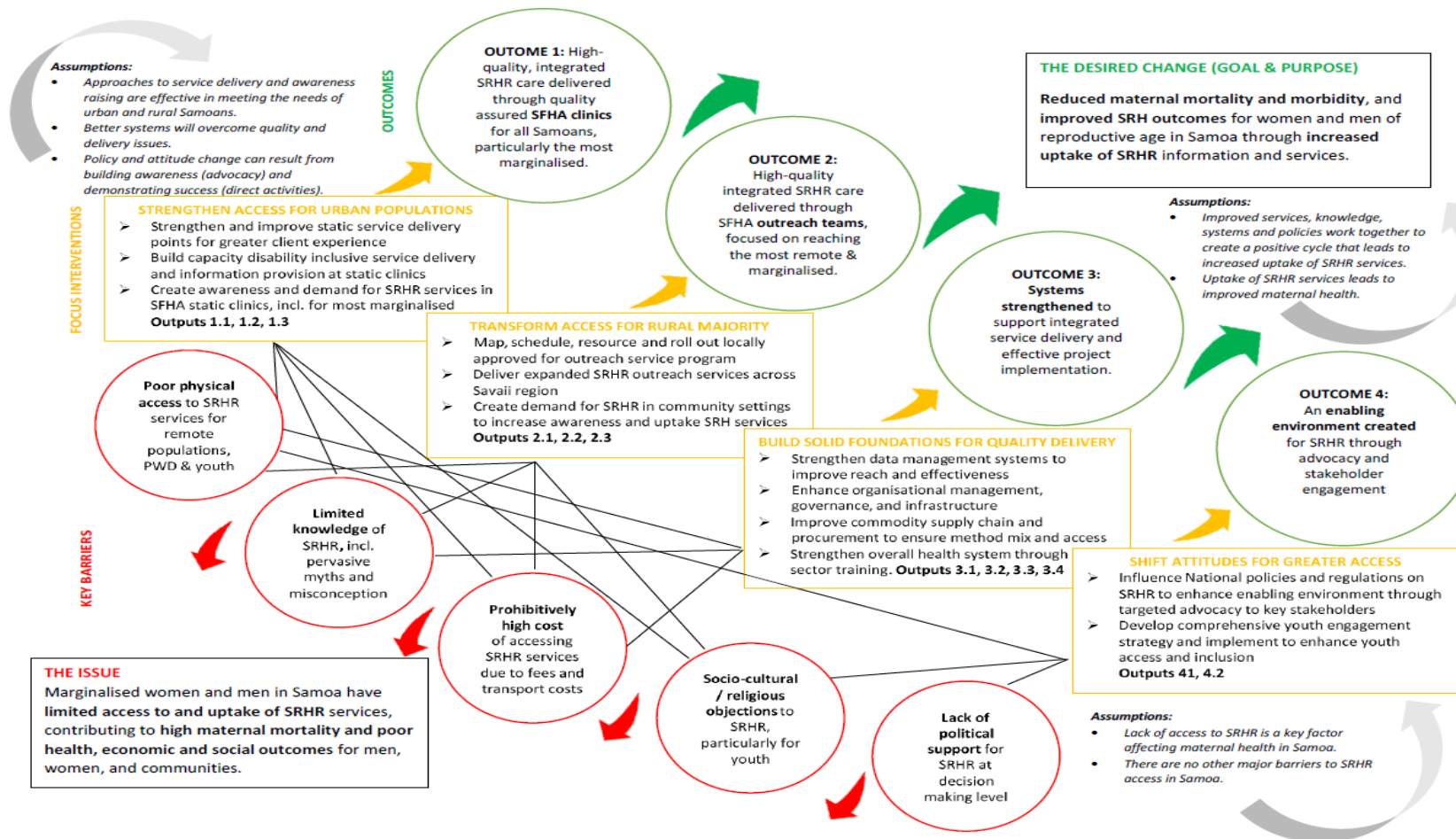
With any evaluation there are potential risks. This table outlines potential or actual risks, limitations and constraints.

Table 1: Risks and mitigation

Risk/limitation/constraint	How this will be managed/mitigated
Key stakeholders not available	Seeking early set-up of meetings through local staff
Quality of instruments used to collect quantitative data	Consult with SFHA/IPPF on data quality

Quality of instruments used to collect qualitative data	Consult with SFHA and ESWG on local considerations and phrasing of questions
Local clients especially young people unwilling to participate	Local SFHA involvement critical. Explanation of importance of MTR so participation is well-informed and ensure anonymity. Use de-identified methods (e.g. blank sheets survey)
Quality of data collected	Ensure a feedback mechanism is in place to cross-check findings during daily reflections and with ESWG. Triangulation of sources and conflicting views will be assessed and cross-checked with ESWG
Confidentiality of data	Participants will be asked for their consent and whether their views can be attributed to them, or will be confidential. This will be noted and adhered to

Annex A: Impact Project Theory of change



Annexe B: Key evaluation and additional questions and data sources

Key Evaluation Questions	Additional Questions	Sources of Data: Existing data to be analysed and new data to be collected	Method:	Data and information sources
Q1. To what extent are the applied SRHR strategies relevant to achieving the outcomes of the Impact Project?	1.1 Are the activities of the Impact Project relevant in achieving the key objectives of the GoS guiding documents and international strategies on SRHR?	<u>Existing:</u> Alignment of the activities with the national SRHR policy and with international strategies for SRHR <u>New:</u> Stakeholder perceptions regarding how well the Impact Project is performing in relation to national and international SRHR policies and strategies	-Literature review -Interviews with GoS and key stakeholders (ESWG)	Annexe C -Interviews with all ESWG members - Interviews with key MoH staff
	1.2 Are the SRHR strategies relevant and modality appropriate in meeting the needs of women, men and LGBTQI gender groups? 1.3 Are the activities relevant and appropriate in meeting the needs of adolescents and people with disabilities?	<u>Existing:</u> Monitoring data from SFHA on indicators relating to access for the different genders and vulnerable groups Anonymous client satisfaction surveys <u>New:</u> Perception of women, men, LGBTQI, youth and people with disabilities on the relevance and appropriateness of the modality used by the Impact Project in meeting their SRHR needs	-Review & analysis of project reports & surveys -Interviews with marginalised clients	-Annual Reports -6-monthly Reports -IPPF annual dashboards -Satisfaction surveys - representative Samoa Fa'afafine Association - representative NOLA

Q2. What are the impacts of the SRHR project on achieving the outcomes of the Impact Project?	2.1 What changes have been achieved against the four outcome areas of the Impact Project?	<p><u>Existing:</u></p> <ul style="list-style-type: none"> -Project reports on Impacts -Project reports on outcome indicators against agreed baseline indicators <p><u>New:</u></p> <p>Evidence drawn from and analysed under evaluation question 4.</p>	<ul style="list-style-type: none"> -Review & analysis of project reports -Interviews to understand data and reports 	<ul style="list-style-type: none"> -Annual Reports -6-monthly Reports -IPPF annual dashboards -Client success stories -Triangulate with staff and stakeholder views
Q3. In what ways will the benefits from the Impact Project be sustained?	3.1 What elements hinder the sustainability of the Impact Project activities and approaches?	<p><u>Existing:</u></p> <p>Project reports on Sustainability</p> <p><u>New:</u></p> <p>Evidence drawn from and analysed under evaluation question 4&5</p>	<ul style="list-style-type: none"> -Review & analysis of project reports - Interviews with stakeholders/MoH 	<ul style="list-style-type: none"> -Annual/6-monthly Reports -Client success stories -Interviews with MoH, GoS, IPPF, SFHA Board/ED
Q4. How effective and efficient was the SRH project?	<p>4.1 Did the Project effectively reach the targeted population in an efficient way?</p> <p>4.2 Was there effective uptake of SRHR care?</p> <p>4.3 Are the activities performed in an efficient manner that is in line with activities and budgets articulated in the project work plan?</p>	<p><u>Existing:</u></p> <ul style="list-style-type: none"> -Project reports on reach and uptake -Volunteer outreach reports <p><u>New:</u></p> <ul style="list-style-type: none"> -Focus-groups with staff and clients on what worked and what didn't <p><u>Existing:</u></p> <ul style="list-style-type: none"> -Financial reports on budget utilisation against the agreed project work-plan <p><u>New:</u></p> <ul style="list-style-type: none"> -Interviews with project staff on rationale for any activity change 	<ul style="list-style-type: none"> -Review & analysis of project reports -Focus group interviews with SFHA staff including Volunteers & clients -Review & analysis of financial Reports -Interviews with SFHA staff & volunteers 	<ul style="list-style-type: none"> -Annual Reports -6-monthly Reports -Client success stories Grp1- SFHA staff Grp2- SFHA Volunteers Grp3- 1 school if feasible Grp4- women & mothers committee– Annual & 6-monthly financial reports -SFHA permanent staff - SFHA Volunteers

	<p>4.3 Are the awareness and promotion efforts provided to clients effective? – is it changing practices, cultural norms and behaviours of clients in accessing SRHR care?</p> <p>4.4 Are the Capacity Building provided to project staff effective?</p> <p>Are the trainings changing the behaviour of staff towards providing SRHR care?</p>	<p><u>Existing:</u></p> <p>-Knowledge of staff and clients pre &post awareness, promotion and capacity building efforts</p> <p><u>New:</u></p> <p>Changes in the client and staff learning and behaviour following the awareness and promotion efforts (e.g. through IEC materials & consultations) and from capacity building (e.g. trainings) through training/learning evaluation tool.</p>	<p>-Knowledge pre/post staff tests and client awareness</p> <p>-Training assessment interventions</p>	<p>-Triangulate with staff and stakeholder views</p> <p>-Interview FPNSW</p>
Q5. What factors influenced / deterred the achievements of the outcomes for the Impact Project?	<p>5.1 What are the barriers faced by vulnerable groups including adolescents in accessing SRHR care?</p> <p>5.2 What are the successes and main challenges faced by staff in implementing and monitoring the project?</p>	<p><u>Existing:</u></p> <p>Project documents outlining barriers experienced by marginalised clients (to access SRHR care. Reports on SRH in Emergencies outlining barriers caused by traditional mind-sets</p> <p><u>New:</u></p> <p>Perception of marginalised clients of whether the Impact Project is removing barriers and meeting their SRHR needs.</p> <p><u>Existing:</u></p> <p>Project Reports articulating Successes and Challenges</p> <p>Client success stories</p> <p><u>New:</u></p>	<p>-Review & analysis of project reports</p> <p>-Review & analysis of project reports</p>	<p>-Annual Reports</p> <p>-6-monthly Reports</p> <p>-Client success stories</p> <p>-SRH in Emergencies reports</p> <p>-Annual Reports</p> <p>-6-monthly Reports</p> <p>-Client success stories</p> <p>-Feedback provided anonymously through the SFHA service suggestions box</p>

	<p>5.3 What are possible strategies and methods to capitalise on successes, or address barriers and challenges, to better achieve Impact Project outcomes?</p> <p>5.4 Do program planning, implementation and governance process include meaningful opportunities for the involvement and consideration of women, people with disability and currently underserved groups?</p> <p>5.5 Are women, people with disability and disadvantaged benefitting from project activities proportionate to their needs?</p>	<p>-Interviews with project staff on effective, efficient and sustainable ways to improve implementation and monitoring</p> <p>-Recommendations received from project stakeholders to improve project implementation and monitoring</p>	<p>-Interviews with SFHA staff</p> <p>-Feedback provided directly from staff & clients</p>	<p>-Interview SFHA permanent staff & volunteers</p> <p>-All feedback received & analysed to be relevant & feasible</p> <p>Interviews with Ministry of Women Community and Social Development (MWCSD)</p> <p>FGD with women committee and NOLA, Fa'afafine Association</p>
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Annexe C: Documents Reviewed in the Evaluation

Impact Project Documents and Reports:

- Program Design Document
- Six-Months Reports
- Annual Reports (2017-18 and 2018-19)
- Project Tracker

DFAT/AusAID documents:

Strategies

- Relevant Policies on DFAT website regarding SRHR
- Australia-Samoa Aid Partnership Agreement 2016-2019
- Aid Program Performance Report 2015-2016 Samoa
- Aid Investment Plan, Samoa 2015-2019

Previous evaluations

- Evaluation of the Pacific Health Partnerships on SRHR
- Evaluation of Samoa Health Sector Management Programme (Health Swap) 2015

Guidelines and templates

DFAT (2013) *DFAT Monitoring and Evaluation Standards* – DFAT, Canberra, Australia.

- <http://aid.dfat.gov.au/Publications/Pages/monitoring-evaluation-standards.aspx>
- Foreign Policy White Paper

Government of Samoa Documents:

- Health Sector Plan 2008-2018
- Health Sector Plan 2019-2030
- Government of Samoa, National SRHR Policy 2014-2018
- National Public Inquiry into Public Violence in Samoa, 2018
- Samoa Development Strategy 2016-2020

International/Regional documents:

- Sexual and Reproductive Health Needs Assessment, Samoa
- Final evaluation of Civil Society Support Programme in Samoa

International Frameworks for SRHR

- Evaluating family planning programs, Bertrand, Magnani, Rutenberg, 1996
- WHO Developing sexual health programmes: a framework for action, 2010
- WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries, 2011

- Costs and benefits of investing in contraceptive services in the developing world, Guttmacher 2012
- Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission, 2018
[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)30293-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)30293-9.pdf)

Annexe D: Timeline

This table shows the timing of key activities and deliverables

Indicative Dates 2019	Activity	Location	INPUT: Maximum # of Days Team Leader/ Evaluation Specialist
26 Aug	Briefing with DFAT and Consultants	Teleconference	0.5
26 Aug- 9 Sep	Document Review / Desk review/ Country Visit Preparation	At Base	5.5
	Evaluation Plan and Tools incorporating feedback	Via Email	4
11-26 Sep	Travel to Samoa		1
	Briefing/ Field Work/Aide Memoire	Samoa	10
	Travel to home base		1
27 Sep-9 Oct	Submission of draft Evaluation report to ESWG for comments	At base	9
10-23 Oct	Review and send comments to team	Via email	-
24-30 Oct	Re-draft evaluation report based on feedback	Via Email	5
TBC	Confirmation of acceptance of Evaluation Report	At base	-
Total			36

Annexe E: Preliminary Questions

Interview questions are designed to collect experiential information from stakeholders about the impact of the Project on key outcomes (See KEQ). They will be conducted fluidly as ‘conversations with purpose’ in which participants are treated as expert partners in the research. Different questions will be asked depending on the role and knowledge of the informants.

PREAMBLE: Your views will help us to assess the Impact Project and its continued relevance in Samoa – in terms of activities and the progress made towards achieving its planned objectives [have ToC available to refresh].

Please consider this as an opportunity to educate us (the evaluation team) and also to educate the Ministry and SFHA so that, collectively, we can contribute to strengthened SRHR in Samoa. There is evidence that TFR, CPR and unmet need is pretty well stagnant and teenage pregnancy rates are high – as is the case in several countries.

Basic prompt questions for ESWG

I’m interested in what you think is the current political and social environment for SRHR in Samoa... explore barriers and opportunities [esp teen pregnancy and unmet need]

How well do you think that the Impact Project is able to influence the SRHR environment... explore barriers and opportunities

What is the role of your organisation in SRHR? Is it seen as an important issue or more marginal?

What impact do you think SFHA has in improving SRHR in Samoa... explore barriers and opportunities

What are your views on how SFHA clinics operate, especially for the most marginalised (young people and those with disabilities)... explore barriers and opportunities

Have you experience with what the outreach teams are doing? What are your views?

How sustainable do you think the Impact project is? Are there other options for providing SRH services through government providers?... explore barriers and opportunities

Are there other activities or approaches that could have an impact on SRHR? Is changing social norms possible in Samoa – how might this be helped along?

Additional specific questions will need to be explored with MoH, WHO and UNFPA re MOU, medicines, integration into public health systems and training of government nurses.

Focus Group SFHA staff

Clarify M&E framework and indicators – describe their views on inception, progress; data collection; barriers and opportunities.

What would help implementation of Project?

Explore issues/ views relating to providing services for unmarried young people.

Most significant change from Project? Stories from clients?

Any suggestions for efficiencies?

Any suggestions for increasing uptake of SRHR services?

What are views on how best to communicate with young people? Is social norm change possible in Samoa – what are suggestions for how this might be helped along?

Clinical staff – explore training provided; explore how well remembered; whether used etc.

Focus Group SFHA volunteers (gather demographics and ice breaker)

Describe your role and what you do as volunteers? Explore

Where do you think young people get most of their information about sex and SRH? Are there common myths and misconceptions that you hear? How do you address those (role play?)

What are views on how best to communicate with young people? Is social norm change possible in Samoa – what are suggestions for how this might be helped along?

What do you know about [list specific SRH questions to pose]? – ask to write down anonymously

What would you like to know more about [explore gaps in knowledge] - anonymous

Focus Group/interview SFHA young clients (gather demographics and ice breaker)

Where do you think young people get most of their information about sex and SRH?

Are there common myths and misconceptions that you hear?

What do you know about [list specific SRH questions to pose]? – ask to write down anonymously

What would you like to know more about [explore gaps in knowledge] - anonymous

What was your experience at the clinic? Describe if prepared to talk [if not then smiley face]

What are views on how best to communicate with young people? Is social norm change possible in Samoa – what are suggestions for how this might be helped along?

ADD: How do you think that LGBTQI feel about coming to SFHA? Have any of your members accessed services? Feedback?

ADD: How do you think that people with disabilities feel about coming to SFHA? Have any of your members accessed services? Feedback?

Focus Group/interview mothers and women (gather demographics and ice breaker)

If ok to ask in a group - How many of you have used SFHA clinics? Explore experience as appropriate

What was your experience at the clinic? Describe if prepared to talk [if not then smiley face]

Where do you think young people get most of their information about sex and SRH?

Are there common myths and misconceptions that you hear?

What do you know about [list specific SRH questions to pose]? – ask to write down anonymously

What would you like to know more about [explore gaps in knowledge] - anonymous

What are views on how best to communicate with young people? Is social norm change possible in Samoa – what are suggestions for how this might be helped along?

Youth client survey questions

Where do you think young people get most of their information about sex and SRH?

Are there common myths and misconceptions that you hear?

What do you know about [list specific SRH questions to pose e.g. HIV, STI, contraception]?

What would you like to know more about?

What was your experience at the clinic? [include smiley face]

What are views on how best to communicate with young people?

Is social norm change possible in Samoa – what are suggestions for how this might be helped along?

Annexe F: Composition of the Evaluation Steering Working Group

Name	Position	Organisation	Email
Julia Wheeler (chair)	First Secretary	DFAT	Julia.Wheeler@dfat.gov.au
Kassandra Betham	Senior Program Manager		Kassandra.betham@dfat.gov.au
Lealaiauloto Liai Siitia	Executive Director	SFHA	Liai.siitia@sfha.ws
Leiloa Asaasa	Project Manager		Leiloa.asaasa@sfha.ws
Alapati Anoaia	Clinical Manager		Alapati.anoia@sfha.ws
Siauvale Schwalger	Finance Manager		mss_sau@yahoo.com
Seiuli Pepe Maualaivao	President SFHA Board of Directors		mpseiuli@ombudsman.gov.ws
Kika Paiena	SFHA Volunteer (SFHA board member)		kpaiena8@gmail.com
Dr. Robert Thomsen	Deputy Director General for Public Health	MOH	RobertT@health.gov.ws
Marsietenor Schmidt	Senior Community Development Officer, Division for Social Development	MWCSO	mschmidt@mwcsd.gov.ws
Louisa Apelu	ACEO Division for Social Development		lapelu@mwcsd.gov.ws
Samasoni Moala	Secondary Curriculum Officer	MESC	s.moala@mesc.gov.ws
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Leota Valma Galuvao	ACEO and Head of Curriculum		v.galuvao@mesc.gov.ws
Faatino Utumapu	Office Manager	NOLA	manager.nola@nola.org.ws
Vaitoa Toelupe	Samoa Fa'afafine Association Representative	SFA	suaalexander@gmail.com
Ibironke Oyatoye	SRHR Specialist to Samoa	UNFPA	oyatoye@unfpa.org
Faleasi Loto	President	Samoa Deaf Association	Deafassociation.samoa@gmail.com
Josefa Sokovagone	Vice President		
Namulauulu Tautala Mauala	Secretary General	Red Cross Samoa	tala.mauala@yahoo.com

Annexe G: Proposed Agenda for ESWG meetings

12th September 2019

Welcome and Introduction to DFAT programs in Samoa	Deputy HC
Introduction to purpose of MTR	Kassandra/Julia
Key issues in Samoa summarised	Anna
Summary of Impact Theory of Change and data	Anna
Evaluation Plan	Anna
Discussion – gaps/concerns/issues	All

24th September 2019

Welcome and Introduction	Deputy HC
Methods: who was interviewed etc?	Anna
Key findings summarised: what did we find?	Anna
Key issues/themes raised	Anna
Discussion – What are ESWG views on findings	All
Key recommendations – next steps	Anna
Discussion – What are ESWG views on next steps	All

Annex 3: Schedule of meetings for the MTR of the Impact Project

Date	Meetings Scheduled
Thursday, 12 September, 2019	
9:00 – 10:00am	Meet and Greet with DFAT – Julia Wheeler, Kassandra Betham <i>Location – Australian High Commission</i>
10:00 – 1:00pm	Evaluation Stakeholder Work Group Meeting (Introduction, clarification of review TOR, confirmation of the draft Evaluation Plan, opportunity to verify findings of the literature review and set additional individual meetings) <i>Location – Samoa Family Health Association (SFHA)</i>
1:00 – 2:00pm	Lunch
2:00 – 3:00pm	Executive Director for Samoa Family Health Association Lealaiauloto Liai Siitia <i>Location – Samoa Family Health Association</i>
4:00 – 5:00pm	Review Team Planning Anna Whelan and Kassandra Betham
Friday, 13 September, 2019	
9:00 – 11:00am	Samoa Family Health Association Staff Siauvale Schwalger (Finance Manager), Gene Sapati (Data Analyst) and Paga Misilei (Program Officer) and Kalolo Sene (Youth Officer) <i>Location – Samoa Family Health Association</i>
11:00 – 12:00pm	ACEO Health Information, M&E, Ministry of Health Rumanusina Maua <i>Location – Ministry of Health</i>
12:00 – 1:00pm	Lunch
1:00 – 2:00pm	Chair, SFHA Board Seiuli Pepe Maualaivao <i>Location – Samoa Family Health Association</i>
2:00 – 3:00pm	Principal PHC Nurse, Ministry of Health Avai’a Tuilaepa <i>Location – MOH, Motoootua</i>
3:00 – 5:00pm	Samoa Family Health Association Youth Volunteers FGD Kika Paiena and volunteer team <i>Location – Samoa Family Health Association</i>
Saturday-Sunday 14-15 September, 2019	
4:00pm	Travel to Savaii
9:00am to 6:00pm	Additional time with SFHA staff – Leiloa Asaasa and Executive Director

Site visit to mobile outreach; discussion with DFTA Education Design team
Evaluation Team focus on data analysis and further checking needed

Monday, 16 September, 2019	
8:00 – 2:00pm	Observation of SRH clinic and opportunity to discuss with staff and clients <i>Location – Salelologa</i>
2:00 – 5:00pm	Community Outreach Team at MT2 referral hospital, Ministry of Health Henry T (Principal Nurse) and Fuaselela (Principal Administration Officer) and Pili Aliisolia Alatimu (Manager Savaii Hospital) <i>Location – Tuasivi Hospital</i>
6:00 – 9:00pm	Additional time with SFHA staff – Leiloa Asaasa (Project Manager) and ED
Tuesday, 17 September, 2019	
6:00am	Travel back to Upolu
12:00 – 2:00pm	AVI Volunteer for SFHA Annika Tierney <i>Location – Nourish</i>
3:00 – 5:00pm	Principal SRH Officer and Adolescent Health Coordinator, Ministry of Health Selaupasene Ualesi (Perive Lelevaga by phone on 1/10/19) <i>Location – Ministry of Health</i>
5:30pm	Meeting with Education Design Team Sally Baker and Ian <i>Location - Taumeasina</i>
Wednesday, 18 September, 2019	
9:00 – 5:00pm	Visit with SFHA outreach program Alapati Anoia (SFHA Clinical Manager) and SFHA education team, ED <i>Location – Apolima Tai</i>
Thursday, 19 September, 2019	
8:00 – 9:00am	Meeting with representative AFP Fiona Moore <i>Location – Nourish</i>
10:00 – 12:00pm	Representative Samoa Fa’afafine Association Vaitoa Toelupe and ? <i>Location – SFA Office, Maota Tina</i>
12:00 – 1:00pm	Lunch
2:00 – 4:00pm	Ministry of Women, Community and Social Development Team Marsietenor Schmidt (Senior Community Development Officer) and Louisa Apelu

Friday, 20 September, 2019		
8:00 – 12:00pm	Fagaloa Primary School Program	
	<i>Location – Fagaloa</i>	
12:00 – 1:00pm	Lunch	
1:30 – 2:30pm	NOLA Office Manager	
	Faatino Utumapu	
	<i>Location – NOLA Office, Pat Ah-Him Building</i>	
3:00 – 4:00pm	Ministry of Education Sports and Culture Team	
	Levaopolo Failautusi Sealiimalietoa (Primary Curriculum Officer) and Samasoni Moala (Primary Curriculum Officer)	
	<i>Location – Ministry of Education Sports and Culture, Malifa</i>	
4:00 – 5:00pm	Ministry of Health - Visit to Pharmacy Warehouse	
	Sibeso Nkwilimba (MOH Pharmacy Procurement Adviser)	
	<i>Location – MOH, Motootua</i>	
SUNDAY 22	WHO Resident Representative	
9am	Dr. Rasul Baghirov	<i>Location – Forest Café Vailima</i>
Monday, 23 September, 2019		
9:00 – 12:00pm	Visit SRH clinic and opportunity to meet with clients and staff	
	<i>Location – Savalalo SFHA clinic</i>	
12:00 – 1:00pm	Lunch	
1:00 – 2:00pm	Secretary General, Samoa Red Cross	
	Namulauulu Tautala Mauala	<i>Location – Red Cross Togaimato</i>
4:00 – 5:00pm	UNFPA SRHR Specialist	
	Ibironke Oyatoye and La Toya Lee	<i>Location – UN Headquarters, Togaimato</i>
Tuesday, 24 September, 2019		
10:30 – 1:00pm	Evaluation Stakeholder Work Group Debrief (presentation of Aide Memoire)	
	<i>Location – Samoa Family Health Association</i>	
1:00 – 2:00pm	Lunch	
Wednesday, 25 September, 2019		
4:00 – 5:00pm	Adviser Debrief with DFAT	

Julia Wheeler – First Secretary, Development

Location – Australian High Commission

-END-

Annex 4: Baseline Indicators at year 2 and targets for years 3 and 4

Indicator (revised wording)	Year 2 baseline	Year 3 target	Year 4 target
Increased number of SRH services provided through quality assured SFHA static clinics by EOP	42,609	5% increase = 2,130 44,739	5% increase=2,236 46,975
Increased number of contraceptive services provided through quality assured SFHA static clinics by EOP	4,160	5% increase =208 4,368	5% increase = 218 4,586
Increase in number of clients served by SFHA quality assured SFHA static clinics by EOP	8,215	3% increase = 246 8,461	3% increase = 253 8,714
Increased number and proportion of clients served by SFHA static clinics who are young people by EOP (40% of total)	3,280	5% increase = 164 3,444	5% increase =172 3,616
Increased number of clients served by SFHA static clinics who are marginalized . Increased number of clients served by SFHA static clinics who are PWD by EOP.	805 (clarify if PWD only)	3% increase = 40 845	3% increase = 42 887
Increased number of villages where awareness raising activities are run. Increased number of people attending awareness raising activities.	55 villages 2,877 people	10% increase = 5.5 60-61 villages (if feasible) 3,164 people	10% increase = 6 66-67 villages (if feasible) 3,480 people
Increased number of SRH services provided through SFHA quality assured outreach by EOP	11,255	2% increase = 225 11,480	2% increase =230 11,710
Increased number of contraceptive services provided through SFHA quality assured SFHA outreach by EOP	1,196	2% increase = 24 1,220	2% increase = 24 1,244
Increased number and proportion of clients served by SFHA outreach who are young people by EOP	1,837	2% increase = 37 1,874	2% increase = 37 1,911

Annex 5: Proposed Indicator changes (to be resolved with IPPF/SFHA and DFAT)

	Current wording	Recommended change	Rationale
Outcome 1 Static clinics	Increased number of contraceptive services and/or CYPs provided through quality assured SFHA static clinics by EOP.	Increased number of contraceptive services provided through quality assured SFHA static clinics by EOP.	Delete CYPs. Data have been reported as # services, so changing to CYPs would only confuse. Report on same data source till EOP.
	Increased proportion of population in target districts served by SFHA quality assured SFHA static clinics by EOP	Increase in number of clients served by SFHA quality assured SFHA static clinics by EOP	Delete as unnecessary. It is hard to calculate % of population without a clear catchment area. Important to collect number of clients seen. 5% increase/year.
	Increased number and proportion of clients served by SFHA static clinics who are young people by EOP	Increased number and proportion of clients served by SFHA static clinics who are young people by EOP	Remain the same, but do not double count them as marginalized.
	Increased number and proportion of clients served by SFHA static clinics who are marginalized/PWD by EOP	Increased number of clients served by SFHA static clinics who are marginalized . Increased number of clients served by SFHA static clinics who are PWD by EOP.	Separate categories if possible Define marginalized [remote, but not young if counted already] Define PWD. Calculate % from total clients
Output 1.3 Shift to 2.3	Increased number of people attending awareness raising activities conducted in villages surrounding clinics	Increased number of villages where awareness raising activities are run. Increased number of people attending awareness raising activities.	Separate # villages Separate # people attending Shift this to 2.3 (demand generation)
1.3.1	Increase in awareness of at least 3 family planning methods amongst clients	Increase in awareness of at least 1 family planning methods (DHS)	All clients have 4-5 FP methods explained in order to make an informed choice. The DHS reports on 'at least 1' and this could be an indicator to monitor over time; albeit only some % is attributable to SFHA.
Output 3.4	Number of government graduate nurses trained in comprehensive SRHR by EOP	Number of government graduate nurses provided an orientation to SFHA's approach, services and referral pathways.	Too ambitious to train govt nurses in comprehensive SRHR – that would be a major initiative to develop with MOH in a future design.

Annex 6: List of documents reviewed for MTR Impact Project

1. Impact Project: Bilateral Program Design Document
2. Impact Project: Six-Monthly Progress Report July-December 2017
3. Impact Project: Six-Monthly Progress report January-June 2018
4. Impact Project: Six-Monthly Progress Report July-December 2018
5. Impact Project: Six-Monthly Progress report January-June 2019
6. Impact Project: Financial reports and invoices
7. Impact Project: Client satisfaction survey form
8. Impact Project: M&E Framework and reports
9. SFHA: Code of conduct for the protection of children and vulnerable adults
10. Impact Project: Annual Report 2017-18
11. Impact Project: Annual Report 2018-19
12. Impact Project: Project Tracker
13. FPNSW: Facilitator manual training: follow up of TOT, 2019
14. FPNSW: Participants workbook: Facilitating activity-based SRH education, 2019
15. IPPF/SROP: Quality of care assessment report, SFHA, 2018
16. IPPF report: Gender-based violence fundamentals training, 2018 IPPF statement on LGBTIQ+ including in humanitarian action, 2019
17. IPPF/FPA: Building the capacity of Family Health Associations in the Pacific, 2014
18. IPPF/FPA: Building the capacity of Family Health Associations in the Pacific, Samoa Country report
19. Samoa Health Sector Plan 2008-2018
20. Samoa Health Sector Plan 2019-2030
21. Government of Samoa, National SRHR Policy 2017-2022 DRAFT (2016)
22. Ombudsman NHRI Samoa, National Public Inquiry into Public Violence in Samoa, 2018
23. Samoa Development Strategy 2016-2020
24. Samoa Bureau of Statistics, 2016 Census Brief No.1, 2017
25. Samoa Bureau of Statistics, Demographic and Health Survey 2014, 2015
26. Australia-Samoa Aid Partnership Agreement 2016-2019
27. DFAT Aid Program Performance Report 2015-2016 Samoa
28. DFAT Aid Investment Plan, Samoa 2015-2019
29. MWSCD Gender Implementation Strategy for Reproductive and Sexual health of Women in Samoa 2014-2018
30. UNFPA, NZFAT Samoa Sexual and Reproductive Health Rights Needs Assessment, 2015
31. Final evaluation of Civil Society Support Programme in Samoa

32. Program completion report: Partnerships for Health and Rights Program: Working for Sexual and Reproductive Health and Rights for All in the Pacific, 2019
33. Mid-term review: Partnerships for Health and Rights Program, 2017
34. Final Evaluation of the Pacific Partnerships for Health and Rights Program
35. Evaluation of Samoa Health Sector Management Programme (Health Swap) 2015
36. DFAT Aid Development Policy and Performance Framework Australian Aid: *Promoting prosperity, reducing poverty and enhancing stability*
37. Development for All 2015–2020: Strategy for strengthening disability-inclusive development in Australia’s aid program, 2015
38. Women’s Economic Empowerment and Gender Equality Strategy’
39. DFAT (2017) *Monitoring and Evaluation Standards* – DFAT, Canberra, Australia.
40. Foreign Policy White Paper
41. EU, Final Evaluation of Civil Society Support Program in Samoa, 2015
42. SPC, Fertility trends in the Pacific Island Countries and Territories, 2019
43. UNFPA PSRO, A Transformative Agenda for Women, Adolescents and Youth in the Pacific: Towards Zero Unmet Need for Family Planning 2018- 2022
44. CHOICE for Youth & Sexuality, Investing in youth impact: a toolkit on youth-friendly funding, 2019
45. Evaluating family planning programs, Bertrand, Magnani, Rutenberg, 1996
46. WHO Developing sexual health programmes: a framework for action, 2010
47. WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries, 2011
48. Guttmacher, Costs and benefits of investing in contraceptive services in the developing world, 2012
49. Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission, 2018
[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)30293-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)30293-9.pdf)
50. Neha S. Singh, James Smith, Sarindi Aryasinghe, Rajat Khosla, Lale Say, Karl Blanchet, Evaluating the effectiveness of sexual and reproductive health services during humanitarian crises: A systematic review, PLOS ONE, 2018
51. G. Lambert-Messerlian, M.B. Roberts, S.S. Urlacher, J. Ah-Ching, S. Viali, M. Urbanek, and S.T. McGarvey, First assessment of menstrual cycle function and reproductive endocrine status in Samoan women, *Human Reproduction*, 26(9): 2518–2524, 2011
52. Caroline Bollars, Take Naseri, Robert Thomsen, Cherian Varghese, Kristine Sørensen, Nanne de Vries& Ree Meertens, Adapting the WHO package of essential noncommunicable disease interventions Samoa, *Bull World Health Organ* 2018; 96:578–583
53. Menon et al. Sero-epidemiological assessment of Chlamydia trachomatis infection and sub-fertility in Samoan women, *BMC Infectious Diseases*, vol.16:175, 2016
54. Engenderhealth, Reality Check: A planning and advocacy tool for strengthening family planning programs, User’s Guide version 2, USAID Project Respond 2010

