

DFAT: Transformative Agenda Mid Term Review

Recommendations and DFAT response

April 2021

The Transformative Agenda for Women, Youth and Adolescents (2018-2022) (TA) is a \$30 million initiative funded by DFAT and delivered by the UN Population Fund (UNFPA). The TA has the primary aim of reducing unmet need for family planning towards zero. To strengthen sustainability, the program also aims to build capacity to continue essential sexual and reproductive health services, including family planning, in emergencies and to expand knowledge of, and demand for, these services.

The TA delivers tailored bilateral assistance to six countries in the Pacific (Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu) under a regionally cohesive approach. It is an interlocking investment with DFAT's support for the global UNFPA Supplies program which, in the Pacific, provides an estimated 97 percent of family planning commodities and works to strengthen supply chain management.

Consistent with program management requirements, DFAT commissioned and directly managed an independent Mid Term Review (MTR) of the TA over August to December 2020. The evaluation covered the period between June 2018 and August 2020, with the report finalised and circulated to all partners in January 2021. The MTR process was adapted to reflect constraints arising from the COVID-19 pandemic. Discussions with key interlocutors were conducted by phone and no field visits were possible. Multiple roundtable discussions with key government partners were conducted virtually.

Most recommendations have been accepted at least in-principle, noting that the extent to which some recommendations can be implemented is subject to national conditions and agreement by the relevant government authority. Most agreed recommendations are already under implementation. DFAT's management response to the MTR recommendations, developed in consultation with UNFPA, follows:

Effectiveness

Recommendations	Response	DFAT comment
Recommendation 1: Strengthen and support intersectoral National Health Sector Committees, Sexual and Reproductive Health (SRH) Committees or Reproductive, Maternal, Newborn, Child, Adolescent Health (RMNCAH) Committees to maintain the role of planning and coordination for priority, needs-based Family Planning (FP)/SRH activities across sectors. This may require hiring a temporary TA Program	Agree	National health sector/RMNCAH/SRHR committees are critical to supporting integrated and sustainable family planning and broader sexual and reproductive health services. UNFPA has commenced discussions with each country to determine what additional support is required to further strengthen these key fora. This may include hiring

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Coordinator or other Support Staff, contracted through the MOH using TA funds.		coordinators or other support as identified at the country level.
<p>Recommendation 2: As part of their TA planning, it is recommended that Ministries of Health (MOH) give consideration to contracting existing in-country trainers (such as Member Associations (MAs) of the International Planned Parenthood Federation (IPPF), Medical Services Pacific in Fiji, or others) to conduct training on FP methods (particularly Long Acting Reversible Contraceptives (LARCs) and emergency contraception (EC)); and integrated SRH (youth-friendly services, Gender-Based Violence (GBV) care, disability inclusiveness) to global best practice standards. The benefit of MOH consideration of using contracted service providers is that it would reduce pressure on MOH medical staff for important, but non-critical work. A model using non-government FP trainers would also allow for follow up work and quality control efforts related to cascade training (which has inherent limitations), without overburdening government services. This will need to be a decision for each government to make based on its circumstances.</p>	Agree	Implementation is subject to the views of relevant ministries and the capacity of non-government service providers and will be tailored to national context.
<p>Recommendation 3: UNFPA negotiate with Nursing Councils and/or the South Pacific Board of Educational Qualifications (SPBEQ) to make all efforts towards ensuring that in-service FP/SRH training can be registered to enable a recognised certificate (across the Pacific) to be issued upon completion, as occurred in Solomon Islands for the Jadelle Rollout.</p>	Agree	It is noted that there are several complexities in seeking recognition for health workers already trained under the TA, and that it will be the decision of relevant educational bodies on whether such certification can be adopted in future.
<p>Recommendation 4: UNFPA work closely with the UNFPA Global Supplies Program to ensure that contraceptives are 'pushed' out to Service Delivery Points (SDPs) for the duration of the TA program using the 'informed push' using relevant data provided by SDP staff to improve access, avoid wastage and ease the workload on SDP staff. Efforts should be made to ensure that implants (including both Jadelle and Implanon), Intra-Uterine Devices (UIDs) and ECs are included in the 'informed push' effort. Consideration could be given to using funds no longer required for</p>	Agree	Informed push has the potential to alleviate regular stock-outs, particularly at primary health service level, while avoiding commodity wastage.

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low priority interventions to bolster support for commodity availability, particularly for training and capacity building, and for ensuring commodity supply personnel are centrally engaged in MOH TA program steering committee discussions. This may require a contract amendment.		
Recommendation 5: DFAT consider enabling UNFPA to place more people into in-line positions in critical ministries to expand SRH activities quickly.	Partially agree	Implementation of this recommendation is subject to demand and to careful planning on sustainability and transition arrangements post 2022.

Efficiency

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Recommendation 6: The nine Regional Implementing Partners (IPs) meet as soon as possible, and regularly thereafter, to discuss strategies and share data with a view to improving monitoring of important indicators, preventing data collection duplication, reducing the impost on MOH time; and improving the coordination and efficiency of their technical assistance.	Agree	Strengthened collaboration between IPs will help to support improved coordination. There are monthly IP meetings and regular meetings between IPs working on common areas. Six monthly meetings will be held with all IPs.
Recommendation 7: By the end of 2020, after careful review and prioritisation of outputs, one regional (PSRO) (which includes the Regional IP plans) and six national master workplans (January 2021 – December 2022 – or August if DFAT cannot consider a four month implementation extension) (which includes all activities from all partners) be developed for the remainder of the program. The TA should also facilitate 24-month work plans developed by MOHs and other participating Ministries, and funds disbursed prior to February 2021 and February 2022. In addition, repayment of unspent funds should not be required during the 20-month period. Normal acquittal processes can apply but PSRO finance assistants (where they exist) should be	Agree	A consolidated workplan for each country covering the remainder of the TA will help to reduce workloads and streamline processes for all partners. Disbursement and acquittal processes will need to satisfy regular UNFPA financial requirements. DFAT will continue to monitor UNFPA efforts to address global financial policies that create bottlenecks at the country level. This is underway.

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responsible for increased support to IPs. This should be feasible if the number of IPs is reduced.		
Recommendation 8: DFAT and UNFPA assess the roles and responsibilities of the PSRO SRH Specialists in field offices, as well as the RIPs, given the changed operating environment. For example, an assessment is needed of: the Regional IPs progress to date; feasibility of remote work in the COVID-19 context; what in-country resources exist; and determining if their work should continue, be paused temporarily, or strengthen the model of capacity building and support to national partners.	Agree	This review is underway and will largely be implemented through development of the 2021-2022 workplan.
Recommendation 9: Due to the necessary reliance on in-country skills and resources given COVID-19 travel restrictions, PSRO and IPs and RIPs reconsider the original approach regarding SRH/FP and BCC activity implementation. This may require a heavier reliance on using and strengthening existing national capacity and resources, rather than full reliance on external Regional Implementing Partners. Health Facility Readiness Assessment (HFRA) assessment data provides updates on MOH progress in developing SRH tools and resources. This data should be used to inform any future activities related to training (which may have been provided) and the development of guidelines and policies (which may already exist). See Annex 6 for HFRSA assessment data.	Agree	This recommendation and will largely be implemented through development of the 2021-2022 workplan.
Recommendation 10: PSRO in-country staff be tasked with compiling an inventory of local SRH resources, guidelines, policies and training courses related to FP/SRH that already exist in the health sector (MOH, MAs, community civil society organisation), as well as in the education, women's and youth sectors; and assess the extent to which these resources meet international standards, and consider the feasibility of immediate use.	Agree	This has commenced and is being conducted on a country by country basis.

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Recommendation 11: The TA program needs to focus predominantly on the two outcome areas of FP <i>supply</i> and FP <i>demand</i> generation for the remainder of the program and should set aside some of the activities focused on strengthening the enabling environment (See Annex 9). All activities should be assessed for their value in contributing to a direct impact on individual FP use. This will help ensure that unmet need for FP decreases by program end.	Agree	Scope refinement will be key to improving program outcomes. This process is under implementation through the development of the 2021-2022 workplans.

Monitoring and Evaluation

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Recommendation 12: The Monitoring and Evaluation Framework (MEF) should be revised and finalised as an urgent priority to ensure that output, outcome and impact indicators are included and measurable; that relevant FP data can be collected and reported by the MOH Health Information Systems (HIS); and that the strategic interventions are allocated indicators to ensure advancement of these activities. Some indicators may require national tailoring to accommodate differences in SRH data currently collected by the country-level HIS.	Agree	UNFPA has commenced revision of the M&E Framework in consultation with partner governments (MoH, MoE, MoYS, MoWY) this will be completed in May 2021.
Recommendation 13: PSRO contract a senior level monitoring, evaluation and learning (MEL) technical specialist as soon as possible to manage TA Program MEL and create and enable a results-oriented MEL institutional culture within UNFPA.	Agree	UNFPA has commenced recruitment of the M&E specialist who is expected to commence in late May.

Governance

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Recommendation 14: The TA Technical Team (UNFPA Technical Advisers and Programme Specialists, DFAT Canberra, DFAT Suva, IPPF, WHO, UNICEF, Council of Regional Organisations - CROP agencies etc.), meet every six months to	Disagree	This recommendation is not a priority given capacity constraints, logistical challenges and the later stage of this program. Many of these partners are normally engaged in the annual planning meeting held in around October each year

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review technical inputs into the final years of the TA program, particularly SDP SRH training, BCC strategies and dissemination, ¹ and MOH Health Information System (HIS) strengthening.		which provides an existing opportunity to provide technical input into Annual Workplan development and strengthen coordination with progressive outreach/ engagement throughout the program.
Recommendation 15: Given the slow implementation of the TA program in the first two years of implementation, DFAT consider a four month implementation extension to enable two year work programs and also agree an option for a 12 month no-cost extension to the program for the period January to December 2023. If a 12 month no-cost extension is granted, funds for workplans for 2023 should be disbursed before February 2023 and repayment of unspent funds from 2022 should be allowed to be rolled over. The trigger for a decision on exercising the 12-month extension period would be DFAT’s decision based on 2021 and 2022 performance reports and should be made no later than 30 April 2022.	Agree	This recommendation is supported subject to UNFPA providing an acceptable revised monitoring and evaluation framework, support by relevant national authorities and agreement on revision to the scope of services.

¹ as planned in the PDD