

Evaluation Title: *UNICEF Pacific Health and Nutrition Program 2018-2022 Evaluation in the Pacific*

Region: *EAPR*

Office: *Fiji (Pacific Multi Country Office)*

Evaluation Year: *2021*

Person-In-Charge for Follow-up to Management Response: *Ahmadu Yakubu*

Overall Response to the Evaluation:

The evaluation assessed the relevance, coherence, effectiveness, and sustainability of three strategies of the UNICEF Pacific Health & Nutrition Program in the 2018-2022 cycle: 1) Cash assistance to Ministry of Health on plan, on budget and on system, 2) Institutionalizing approaches to improving the quality of primary health care (PHC) – supportive supervision, 3) Institutionalizing approaches to improving the quality of PHC – health worker engagement with communities. Geographic focus was on three countries: Kiribati, Solomon Islands, Vanuatu. For the first strategy Cook Islands, Niue, Tonga and Tuvalu were also included in the scope. While the evaluation occurred during extreme conditions and overlapping crises, including cyclones, earthquake, civil unrest, all alongside the COVID-19 pandemic and its associated restrictions, the evaluation team managed to collect primary data through key informant interviews, focused group discussions, and surveys with national, provincial, and community members in the seven focus countries, which is commendable. As with all evidence generation activities, there are limitations, and these are acknowledged by the evaluation team in the final report. The findings and recommendations are solidly in line with global Health System Strengthening principles and generally agreeable to the UNICEF Pacific Health & Nutrition Section. However, some challenges presented that are out of the control of the team and will make it difficult to fully action all the recommendations in the short-term. First, the leadership of the Health & Nutrition Section is in transition, with the departure of the former Section Chief in late 2021, and the post being subsequently reprofiled to a higher grade and advertised to fill. Since then, the officer in charge, Dr Yin Yin Aung, and the ad interim Section Chief, Dr. Ahmadu Yakubu, have been very ably leading the team. However, understandably, actions detailed here are those that can be delivered on in as far the foreseen transition period or those that they are confident to be accountable for, and not commitments to actions against the recommendations that have long term consequences for the wider team and for the Pacific. Second, the COVID-19 pandemic arrived late in some Pacific countries, after strict border controls were removed. In the coming months the UNICEF Pacific health team, and the national health responses, may need to prioritize their response to these emergencies over the longer term HSS actions.

Planned Use of Evaluation:

The evaluation report was shared with respective Governments and development partners within the scope of the evaluation in line with UNICEF evaluation procedures. The findings and recommendations of the evaluation were presented to UNICEF Pacific management and at other relevant external forums, and the subsequent feedback and discussions helped sharpen the thinking on - and prioritize actions based on credible evidence in - the development of the UNICEF Pacific health & nutrition strategies, and to improve the quality of primary health care services in the Pacific in the new multi-country program 2023-2027. Elements of the evaluation, particularly the ToC that was developed and consulted on in late 2021, was instrumental to the strategic prioritization and ToC for the next UNICEF Pacific multi-country programme document. The evaluation will also have lateral benefits to other sections and country offices with similar programmes.

UNICEF Evaluation Management Response Template

Allowed Editors: Roshni Basu, Deputy Representative, UNICEF Pacific Multi Country Office

RECOMMENDATIONS and ACTIONS:

Evaluation Recommendation or Issue 1:

Establish an evidence informed GESDI strategy in line with the suggestions in EQ2, including investment in internal training and technical expertise. The strategy should encompass a work plan with short to medium term priorities, and an evaluation plan (H).

a) *Better understand the role gender plays within PHC and the impact on how supportive supervision and community engagement are implemented, especially in Solomon Islands, for example through supportive supervision (L)*

Suggested actors:

UNICEF Pacific

Timeframe:

12 months

Management Response: (Agree, Partially Agree, Disagree):

Agree

If recommendation is rejected or partially accepted, report reasons: N/A

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents
Include explicit gender equality, disability, and social inclusion (GESDI) strategy in planning, drawing on a deep understanding of current practice and the needs of vulnerable and marginalised groups.	UNICEF Pacific	Ahmadu Yakubu, Acting Health and Nutrition Chief	October 2023	Not started		

Evaluation Recommendation or Issue 2:

As per the findings under EQ6a) and b), and EQ10, continue to utilise and support PICT national planning, budgeting and financial systems:

- a) Assess UNICEF Pacific's resource capacity to effectively support the approach across PICTs. Prioritise effective implementation in Kiribati, Solomon Islands and Vanuatu, drawing on lessons learned from recent experience (H);
- b) Continue to adapt UNICEF processes to support the timely provision of funds to national, then subnational levels, including by expanding the timeframes for each transfer and tagging funds to the D/PHO rather than the MCH department (H);
- c) Engage technical expertise within UNICEF to better contribute to dialogue on planning, budgeting, including resource allocation, and financial management in each of the three countries. Consider whether this expertise is readily available within UNICEF or needs to be supplemented (M); and
- d) Clearly define and communicate with MoH and D/PHO, on resources available to fund specific activities for supportive supervision and community engagement over the next MCP and discuss transition financing arrangements (H).

Suggested actors:

UNICEF Pacific

Timeframe:

a) 6 months, b) 6 months and ongoing, c) 6 months, d) 12 months and ongoing

Management Response: (Agree, Partially Agree, Disagree): Agree

If recommendation is rejected or partially accepted, report reasons:

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents
<ul style="list-style-type: none"> • Participate in the technical working group meetings in the MNCH and Adolescent Health and Nutrition in Solomon Islands. 	UNICEF Pacific	H&N Chief	12 months	Underway	UNICEF staff participates in the RMNCH TAG in Solomon Island	
<ul style="list-style-type: none"> • Facilitate in establishing technical working group where planning, costing, and budgeting are discussed and agreed upon. 	UNICEF Pacific	H&N Chief	12 months	Not started		

• Engage with social policy for technical support.	UNICEF Pacific	H&N Chief	12 months	Not started		
• Recruit health economist for additional capacity	UNICEF Pacific	H&N Chief	12 months	Not started		

Evaluation Recommendation or Issue 3:

Strengthen the M&E framework in line with the suggestions in EQ7, with a focus on analysis and utilisation of data at the D/PHO and MoH levels, and dissemination to health workers at facilities and local governance structures. As noted in Recommendations 4 and 6, develop plans to strengthen D/PHO capacity to analyse and utilise data (M).

a) In all countries, for all strategies, adopt a learning approach, by which a deep dive is taken during implementation in specific sites to better understand the effectiveness, extent, and impact of implementation. Specific focus could be on: (1) D/PHO challenges in utilising UNICEF funds, and undertaking PHC stewardship role, including monitoring; (2) health worker response to and D/PHO support and follow up after supportive supervision; and (3) health worker prioritisation, planning and implementation of community engagement, as well as their relationship with communities and caregiver and community responses to visits (H)

Suggested actors:


UNICEF Pacific.




Timeframe:

Main recommendation 6 months; sub-recommendation 3a, 12 months.

Management Response: (Agree, Partially Agree, Disagree): Agree

If recommendation is rejected or partially accepted, report reasons:

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents
• UNICEF HSS consultants to support System Strengthening and follow up actions till end of contract period	UNICEF Pacific	H&N Chief	11.5 months	Underway	Supportive supervisory visits to health facilities	 Trip summary to health facilities from

• Recruit two additional HSS consultants (for Kiribati and Vanuatu)	UNICEF Pacific	H&N Chief	11.5 months	Underway	ToR development and recruitment	 SS Refresher Training Report.doc
						 Revised Integrated Supportive Supervis
						 Review exercise of Malaita provincial h

Evaluation Recommendation or Issue 4:

Continue supportive supervision in Kiribati, Solomon Islands and Vanuatu, in accordance with the findings under EQ1, EQ4, EQ6b) and EQ10:

- a) *Advocate with MoHs and D/PHOs to set standard for supervisors to undertake supportive supervision twice annually. Work with D/PHOs and MoHs to monitor delivery and performance, specifically learnings, outcomes and follow up, against the standard (H);*
- b) *Pilot the use of simple electronic tools for the input of data relating to the supportive supervision checklist and monitoring of follow up actions (M);*
- c) *Develop and implement a plan to strengthen capacity of the D/PHO to analyse, synthesise and formulate action plans based on checklist data. Also to disseminate summaries both to MoH, relevant Members of Parliament, across provincial governments and to health workers at facilities and community level governance structures to share updates on progress and priorities for action, as well as promote accountability for change (H);*
- d) *Define roles, responsibilities and accountabilities of MoH, D/PHO and local level stakeholders in supportive supervision and follow up actions (H);*
- e) *In Kiribati, evolve from a focus on readiness of facilities to deliver quality PHC to the next phase (H); and*
- f) *In Solomon Islands and Vanuatu continue current areas of geographical focus until the current approach is institutionalised (M)*

Suggested actors:

UNICEF Pacific

Timeframe:

a) 6 months and ongoing b) 12 months, c) 6-12 months, d,e,f) 6 months

Management Response: (Agree, Partially Agree, Disagree): Agree

If recommendation is rejected or partially accepted, report reasons:

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents
a) Pilot the use of simple electronic tools for the input of data relating to the supportive supervision checklist and monitoring of follow up actions – using T4D with support of Yumiko	UNICEF Pacific	H&N Chief	12 months	Not started		
b) Develop and implement a plan to strengthen capacity of the D/PHO to analyse, synthesise and formulate action plans based on checklist data. Also, to disseminate summaries both to MoH, relevant Members of Parliament, across provincial governments and to health workers at facilities and community level governance structures to share updates on progress and priorities for action, as well as promote accountability for change (H);	UNICEF Pacific	H&N Chief	12 months	Not started		

Evaluation Recommendation or Issue 5:

To address the findings under EQ4, EQ6 and EQ10, at the sub-national level, where feasible in all countries, continue to provide technical assistance to strengthen D/PHO capacities to steward the PHC system, and to enhance a level of flexibility in planning and resource allocation to enable more responsiveness to local requests deemed to reflect important priorities (H).


Suggested actors:
UNICEF Pacific

Timeframe:
12 months

Management Response: (Agree, Partially Agree, Disagree): partially agree.

If recommendation is rejected or partially accepted, report reasons:

Measurable progress to enable more responsiveness will not be achievable with the indicated time frame.

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents
Provide technical assistance to strengthen sub-national capacity to improve PHC.	UNICEF Pacific	H&N Chief	12 months	Underway	Sub-nation system strengthening to improve PHC initiated during current CPD and will continue in 2023-2027. The work has slowed down during COVID-19 epidemic	 Report on Implementing Comm

Evaluation Recommendation or Issue 6:

Drawing on the findings relating to community engagement set out in EQ1, EQ2, EQ4, EQ6c) and EQ10, consider differentiating strategies between and within PICT.

- a) *In all countries, advocate with MoH to define the aims, objectives and targets for health worker engagement with communities so as to more effectively shape the means and foci for community engagement, including how community engagement, including how community needs and priorities can be captured and processed. The overall aim would be to enhance responsiveness to community needs (H);*
- b) *In Kiribati, continue the approach while also engaging in dialogue with the MoH about developing a community engagement approach more specific to the needs of urban populations, to be piloted in Tarawa (M);*
- c) *In Solomon Islands and Vanuatu, generate evidence on the scope and quality of existing community engagement practice, through collaborative research with a sample of health workers. In collaboration with MoH, revise the strategy and associated plan based on this*

evidence. Initiate training as needed once resources can be confidently assured to staff and fund increased travel to all communities within catchment populations to enable wider scale roll out of engagement plan (H);

- d) In all countries, develop and implement a plan to strengthen the capacity of D/PHO to improve MoH routine data capture and reporting of community engagement activities and reach in accordance with agreed aims and targets. Work with D/PHOs and MoHs to monitor and review outcomes and performance against targets (H);
- e) In all countries, seek to institutionalise community engagement health worker training into pre- and in-service curricula, in accordance with scope of agreed community engagement strategies (M); and
- f) In Kiribati, advocate for a national approach to engaging communities so as to standardise and communicate incentive structures for community participation (L).

Suggested actors:

UNICEF Pacific

Timeframe:

a) 6 months, b,c) 12 months, d) 6 months, e) 12 months, f) 24 months

Management Response: (Agree, Partially Agree, Disagree): Agree

If recommendation is rejected or partially accepted, report reasons: partially agree. We have success with

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents
<ul style="list-style-type: none"> • Discuss with the MoH to mobilize volunteers in engaging with communities 	UNICEF Pacific	H&N Chief	12 months	Underway	In context of Malaita province in 2022, most of risk communication and community engagement (RCCE) work is done on Covid-19 vaccinations rollout and routine immunization. Awareness related activities are led by health promotion unit staff by engaging volunteers from NGOs, young public health graduates, community based volunteers/influencers and nurses (health facilities with	

					sufficient staff) through rollout modality.	

Evaluation Recommendation or Issue 7:

In line with the findings under EQ4, EQ6 and EQ10, better understand and reflect in programme strategies, the division of responsibility between MoH and other government ministries in each country for oversight of community governance mechanisms that impact health, and the ways in which these mechanisms can potentially be supported and strengthened to complement and facilitate health worker efforts. Together with MoH, engage relevant ministries outside MoH to collaborate and lead community engagement in line with their mandates, and promote sharing of resources and cross learning (M).

Suggested actors:
UNICEF Pacific

Timeframe:
6 months

Management Response: (Agree, Partially Agree, Disagree): agree

If recommendation is rejected or partially accepted, report reasons:

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents
<ul style="list-style-type: none"> Engage with planning department of the MoH in developing strategies to work with other departments and ministries in oversight of the community governance mechanism. 	UNICEF Pacific	H&N Chief	12 months	Not started		

Evaluation Recommendation or Issue 8:

Deepen collaboration with MoHs and DPs for PHC, in accordance with the findings under EQ2, EQ4, EQ5, EQ6 and EQ10.

- a) Mandate all UNICEF team members to proactively share information, both formally and informally, on the UNICEF programme design, monitoring and learning, as well as financing for PHC with MoHs and DPs (M); and
- b) Assess opportunities for UNICEF to work with MoHs and other DPs to establish PHC performance funds that incentivise improvements to quality and coverage of PHC (M).

Suggested actors:

UNICEF Pacific

Timeframe:

24 months

Management Response: (Agree, Partially Agree, Disagree): Agree

If recommendation is rejected or partially accepted, report reasons:

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents
<ul style="list-style-type: none"> Monitor MNCH performance at PHC level at health centre level using score card and award/incentivise staff 	UNICEF Pacific	H&N Chief	24 months	Not started		