

Evaluation Management Response Document

Region: EAPR

Office: Fiji (Pacific Islands)

Evaluation Year: 2022

Evaluation Title: Multi-Country Evaluation of the Health and Nutrition Program Outcome

Person In Charge For Follow Up to Management Response: Kathleen Letshabo

Overall response to 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 the 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.

Recommendations and Actions

No.	Recommendations/Actions	Responsible Section (Action)	Responsible Person Name (Action)	Expected Completion (Action)	Mgt Response / Implementation Stage	Reason/Action Taken
1	Establish an evidence informed GEDSI 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)				Agree	
1.0	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.	UNICE Pacific - Health & Nutrition Section	Yuki Suehiro	6/29/2024	Completed	GEDSI strategy integration has been incorporated into the PHC planning guide and community engagement 'How To' guide, as part of the next phase of sub-national HSS consultancy TORs for Solomon and Kiribati. This was already incorporated into the HSS consultancy for Vanuatu which is currently underway. In addition, the UNICEF Health and Nutrition review meeting is scheduled for end of October 2023 where a draft GEDSI strategy for the program in three countries will be developed including a workplan with short to medium term priorities, and an evaluation plan.

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).			Agree		
2.1	Participate in the technical working group meetings in the MNCH and Adolescent Health and Nutrition in Solomon Islands.	UNICEF Pacific - Health & Nutrition Section	Geoffrey Acaye, Stephen Mucunguzi	9/19/2023	Completed	UNICEF staff participated in the RMNCH TAG in Solomon Islands. In addition; Solomon Islands MoHMS has a number of technical working groups (Family Health Committee, National Immunization TWG, National Food Security Food Security (FSFS) and nutrition TWG) where UNICEF is represented and these do the detailed planning, costing and discuss budgets for programs.
2.0	Facilitate in establishing technical working group where planning, costing, and budgeting are discussed and agreed upon.	UNICEF Pacific - Health & Nutrition Section	Yuki Suehiro	6/29/2024	Completed	Vanuatu (underway): There is planned decentralization by the Government of Vanuatu which has implication on planning, costing and budgeting. In this light, a Health Committee Act is being drafted to establish mechanism for the provincial government units to convene stakeholders on health for planning and budgeting purposes, among others, including emergency coordination. UNICEF is contributing to the process technically as necessary. Kiribati (completed): UNICEF is actively engaged in the Health Sector Coordination Committee (HSCC) in reviewing the planning and monitoring of the Ministry of Health annual plan. UNICEF additionally supported the Ministry of Health by revising the RMNCAH committee's Terms of Reference (ToR), and the development of the National Health Strategic Plan (2024 - 2027) In 2023, UNICEF will facilitate the public health program's annual review meeting. Solomon Is (completed): at national level, UNICEF is actively engaged in the health sector coordination committee

2.3	Engage with social policy for technical support.	UNICEF Pacific - Health & Nutrition Section	Yuki Suehiro	9/19/2023	Completed	H&N section worked with Social Policy Specialist in Suva to do preliminary analysis of health financing / budgeting process in 3 countries. This will continue. For Solomon Is, the field office has recruited a social policy specialist and the Health and nutrition team is working closely with the staff member
2.0	Recruit health economist for additional capacity	UNICEF Pacific - Health & Nutrition Section	Yuki Suehiro	9/29/2024	Completed	Vanuatu: The MoH Director of Corporate Services has recently returned after completing his studies on Health Economics. This resource is now available that UNICEF can tap into and leverage in terms of dialogue and action on Health Financing. Solomon and Kiribati: there is a possibility of engaging a short-term consultant to do analysis on PHC budeting and expenditure tracking from national and provincial level to the health facility level.
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)				Agree	
3.0	UNICEF HSS consultants to support System Strengthening and follow up actions till end of contract period	UNICEF Pacific - Health & Nutrition Section	Yuki Suehiro	9/5/2023	Completed	HSS consultants continued to support sub-national health system strengthening and support to follow-up actions till the end of their contracts
3.0	Recruit two additional HSS consultants (for Kiribati and Vanuatu)	UNICEF Pacific - Health & Nutrition Section	Yuki Suehiro	12/30/2023	Completed	Kiribati: The recruitment of an international consultant and six national officers to assist the HSS is in process. Vanuatu: Recruitment is on its final stages; an offer to the selected consultant should be issued by the end of September 2023, and the consultant will be on-boarding thereafter. 25/04/2024: confirmation received that action has been completed.

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)				Agree	
4.1	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 - Health & Nutrition Section	Yuki Suehiro	9/19/2023	Completed	Vanuatu: The EPI digital supportive supervision checklist has been developed and introduced to all six provinces. The data visualization dashboard has been also developed and a training for the use of dashboard will be planned in Q1-2 2024. Solomon Islands: The digital supportive supervision checklist and its data visualization tool have been developed. Solomon Islands MHMS EPI team is planning a supportive supervision trip to pilot the tool starting with Honiara and Guadalcanal Province.
4.0	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	UNICEF Pacific - Health & Nutrition Section	Yuki Suehiro	6/29/2024	Completed	This will be prioritized by the HSS consultants based on the results of the baseline assessment and needs analysis.
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).				Partially Agree	
5.0	Provide technical assistance to strengthen sub-national capacity to improve PHC.	UNICEF Pacific - Health & Nutrition Section	Yuki Suehiro	6/29/2024	Completed	Kiribati: The HSS consultant will lead this action Solomon Island: HSS consultants will focus on sub national capacity building for PHC Vanuatu: In addition the international HSS consultant, 3 Australian Volunteers will be arriving on March 2023 to support HSS in Malampa, Penama, and Sanma provinces.

6	<p>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).</p>				Agree	
6.1	<p>Discuss with the MoH to mobilize volunteers in engaging with communities</p>	<p>UNICEF Pacific - Health & Nutrition Section</p>	<p>Ahmadu Yakubu</p>	<p>9/19/2023</p>	<p>Completed</p>	<p>Solomon Is: 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. Kiribati: There is an indicator for supportive supervision scoring linked to the community volunteers within the catchment area for each clinic. The difficulty is finding active volunteers. UNICEF supported the Ministry of Health by developing guidelines that outlined the best methods to interact with the community and volunteers. Vanuatu: There has been a move by the Government of Vanuatu through the Vanuatu Qualifications Authority for the professionalization of Village Health Workers requiring Level 3 certification (similar to Nurse Aid post). With this,</p>
7	<p>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).</p>				Agree	

7.0	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 - Health & Nutrition Section	Yuki Suehiro	6/29/2024	Completed	Solomon Is: UNICEF, UNDP and the Provincial Government are implementing a joint program for Governance improvement and UNICEF H&N has added HSS component in this program Vanuatu: There has been a move by the Government of Vanuatu through the Vanuatu Qualifications Authority for the professionalization of Village Health Workers requiring Level 3 certification (similar to Nurse Aid post). With this, there is need to rethink the strategy focusing more on informal community-focused systems and structures outside of the health system while the certification process is underway.
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).				Agree	
8.0	Monitor MNCH performance at PHC level at health centre level using score card and award/incentivise staff	UNICEF Pacific - Health & Nutrition Section	Yuki Suehiro	9/19/2024	Completed	Solomon Is: UNICEF currently does not have log access to DHIS2 for Solomon Island to monitor scorecards Vanuatu: VFO H&N Team is re-engaging all Master Trainers supporting IMNCI, EENC and nutrition training to review training package, plan scale up in all health facilities, and agree on strategy for quality assurance with scorecard as a potential tool. Kiribati: Five outer islands have been visited by using the supportive supervision-three-star approach.