Review of the Strategic Partnership

between

NZAID

the Government of Papua New Guinea

and

Save the Children New Zealand

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We would like to acknowledge the support and assistance provided for this review by Save the Children New Zealand, Save the Children in PNG, NZAID in both Wellington and Port Moresby and the Government of PNG, particularly the Family Health Branch of the National Department of Health.

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Acronyms and abbreviations

AMS	Area Medical Store
CAP	Community action and participation
CBD	Community-based distributor
CBSC	Capacity Building Service Centre
CBO	Community-based organisation
CHS	Church health service
CPD	Country Programme Director
CRC	United Nations Convention on the Rights of the Child
EBC	Evangelical Brotherhood Church
EHFV	Eastern Highlands Family Voice
ESCOW	East Sepik Council of Women
ESWCHP	East Sepik Women and Children's Health Project
FSW	Female sex workers
GoPNG	Government of PNG
HSIP	Health Services Improvement Programme
IT	Information technology
K	Kina
M&E	Monitoring and evaluation
MoU	Memorandum of understanding
MM	Marasin Meri
MSM	Men who have sex with men
NDoH	National Department of Health
NGO	Non-government organisation
NZAID	New Zealand's International Aid and Development Agency
NZD	New Zealand dollar
PCG	Program Coordinating Group
PDD	Project design document
PDoH	Provincial Department of Health
PHA	Provincial Health Advisor
POV	Peer outreach volunteer
PID	Project implementation document
PSP	Poro Sapot Project
SCiPNG	Save the Children in PNG
SCNZ	Save the Children New Zealand
SCA	Save the Children Australia
SOP	Standard operating procedures
SPA	Strategic Partnership Arrangement
STI	Sexually transmitted infection
VBA	Village birth attendant
VCT	Voluntary counseling and testing
VHV	Village health volunteer
YOP	Youth Outreach Project

Summary and recommendations

Summary

NZAID, the Government of PNG (GoPNG), and Save the Children New Zealand (SCNZ) are signatories to a three-year Strategic Partnership Arrangement (SPA) which runs from 2006 to 2009. The review of the SPA has the following three objectives:

- To assess the overall quality of the strategic partnership relationship and the extent to which the partnership has been effectively managed and implemented by all parties (the 'relationship' objective).
- To establish the extent to which Save the Children's programme management systems support the achievement of programme objectives (the 'systems' objective).
- To ascertain results (outputs, outcomes and impacts), and establish the effectiveness, efficiency, relevance, sustainability and 'value for money' of the strategic partnership (the 'results' objective).

Background

SCNZ has supported work in PNG for over 30 years. SCNZ and Save the Children Australia maintain a joint operation in PNG known as 'Save the Children in Papua New Guinea' or SCiPNG. SCNZ serves as the managing member in PNG. The goal of SCiPNG's country programme is to create sustained, child rights-focused improvements in the lives of the most marginalised children, women and communities in PNG. Its purpose is to deliver immediate and lasting improvements to children and women's lives in five provinces of PNG in the areas of health and HIV through networking and capacity building of stakeholders and duty bearers.

The 'relationship' objective

For all partners, there is a sense that the development of the SPA was hurried and promoted without clarity about its particular purpose. Confusion led to delays in signing the SPA with associated frustration and funding delays. The resulting arrangement is essentially a funding agreement through which NZAID funds both SCNZ and the GoPNG (via the Health Services Improvement Programme Trust Account) for specified activities implemented by SCiPNG. It serves as an agreement between the three partners rather than as an agreement around the specific needs of partnership between the organisations, i.e. it has a 'partner' focus rather than a 'partnership' focus.

So far, the arrangement has added limited additional value to the relationships. For various reasons, the timetable specified for particular activities, including dispersal of funding, has not always been met. Although there has been considerable bilateral

communication between the parties, particularly between NZAID and SCNZ, there has been only one formal meeting between all three parties. As a result, the partnership relationship is not as strong as it might be. Nevertheless, the priorities of the three partners provide a solid basis for the partnership, and there is considerable goodwill between the partners who are keen to work together more effectively, but seem unclear on how they might proceed.

The review team considers that any new arrangement should be clear about its purpose and partners' roles and responsibilities in achieving that purpose, and that an advisory group of key players in PNG representing all the relevant branches of government, as well as NZAID and SCiPNG, could usefully be established to advise on the implementation of the programme. This arrangement would provide opportunities for regular discussions at a country level. Discussions between the three parties should begin as soon as possible with a view to developing an agreed strategic approach that can be implemented with effect from 1 July 2009, when the present arrangement expires. If this cannot be achieved, the present arrangement should be rolled over for a further year in order to take the time needed to provide a clear basis for the future.

The 'systems' objective

Although objectives to improve its support systems are included in a number of SCiPNG's planning documents, results have been mixed. Recruitment difficulties have resulted in a number of major gaps during the review period, particularly in positions that might have taken responsibility for some of the much-needed systems developments. At the same time, SCiPNG has grown rapidly, beyond the ability of organisational systems to provide appropriate levels of support for its project work.

SCiPNG is addressing these issues through its efforts in the finance area and establishing a new senior position to oversee organisational system developments. Similar attention is needed to develop appropriate systems and training to support project design, management, monitoring and evaluation, and to improve the quality of its reporting.

Given that gender inequality is entrenched in many aspects of life in PNG and is a contributing factor to many development challenges, ongoing effort in this area is essential. SCiPNG needs to model good gender practice at all levels of the organisation, and could usefully adopt what the UK civil service describes as a 'gender duty' to promote gender equality in all aspects of its work. SCiPNG's gender and HIV/AIDs training is well received and could usefully be expanded.

Training in child rights has been a significant focus and commitment during the review period. This has proved challenging in the PNG context, but the efforts have been well

received and are starting to yield results in terms of reorienting SCiPNG's own projects and the work of its partner organisations to a child rights' approach.

The 'results' objective

NGO capacity building theme

The NGO capacity building theme, co-funded with SCNZ, provides funding for core support and training for the five NGOs. The SPA provides some funding which is used to purchase additional capacity building training for these NGOs, particularly gender and financial management training. All report that this training has helped them to better manage their organisations and provide more effective services.

HIV/AIDS theme

In the HIV/AIDS theme, the Poro Sapot Project (PSP), which is largely funded by AusAID, has been the subject of a recent review. The review reports that PSP provides an effective peer model for preventing HIV in marginalised groups and for distribution of condoms.. Although it is still early days, the Youth Outreach Project also appears to be an effective peer model for preventing HIV and improving sexual health, targeting out-of school, unemployed youth.

Health theme

Although the review encompasses all SCiPNG's projects funded under the SPA, the particular focus of the results objective is on the East Sepik Women and Children's Health Project (ESWCHP) which receives the bulk of the NZAID's funding under the SPA. The SCiPNG's health theme provides the umbrella for the ESWCHP which has operated continuously since 1995, developing and supporting a network of village health volunteers (VHVs). The present phase is due to finish in 2011. Initially funded by SCNZ, NZAID co-funded the project with SCNZ from 1997 to 2003 and has fully funded it since 2004.

Phase II aims to put in place an integrated effective and sustainable basic health service in East Sepik, particularly by integrating responsibility for the management of the VHV scheme into the church health services. The project has established and now maintains a significant rural primary health care infrastructure for the people of East Sepik. The challenges in providing this infrastructure are significant. Many rural villages are only accessible by foot or river and have no easy means of communication. Expectations must be realistic and achievements in face the challenges recognised. Nevertheless there are areas that need attention.

Despite the significant construction programme achieved, the management of the capital programme is a concern. It has been undertaken without any cost/benefit analysis of the

proposed building programme, without agreements with the recipient churches, and using some business practices that are different to those identified in the project design. While the churches report satisfaction with the buildings completed, the building programme has had an unintended impact of disengaging the Provincial Department of Health from the work of the project, as by comparison, it has been only a minor beneficiary.

In terms of human resource development, although a good deal has been achieved, there has been an inadequate focus during the review period on providing refresher training for trainers and for VHVs. This lack threatens the quality and sustainability of the VHV programme, particularly when combined with limited supervision of VHV activities. These shortcomings should be addressed before any further VHVs are trained, as more VHVs will place further pressure on already limited provision for supervision and refresher training.

Problems with provision of medicines and supplies to VHVs also threaten the quality and sustainability of the VHV programme. There is an urgent need to scope the nature of the support needed to best work with the Area Medical Store to improve distribution of medicines and supplies to VHVs.

In terms of ownership, although the work is well 'owned' by the VHVs and the church health services, the lack of village support for VHVs is a concern, as is the reduced engagement by the Provincial Department of Health (PDoH). Present developments in the government health sector provide opportunities for the project and the PDoH to increase their engagement. The nature of any support will need to be negotiated and agreed with the PDoH, but could aim at supporting the provincial government health structures to take on responsibility for VHVs working in their catchments.

The ESWCHP in its various forms has now been operating for 13 years. Although the long engagement has been an important feature in the successes of the project to date, its duration can be something of a two-edged sword. It can lead communities to assume that external support can be relied on forever, and can work against the development of sustainable arrangements. This risk is increased when project support is not accompanied by clear agreements that spell out the roles and responsibilities of partners and specify clear timelines for the engagement. These will need to be features of the final stage of phase II and embedded at the outset of any future work in the province.

Conclusions

Given security risks and problems with day-to-day services in PNG, SCiPNG undertakes its work in an often difficult environment. Moreover, SCiPNG chooses to work in difficult areas such as HIV/AIDs services to marginalised groups, promoting gender equality and children's rights - challenging often strongly-held local views and practices,

and in the delivery of health services in remote areas. SCiPNG faces these challenges with a cadre of dedicated staff, many of whom are long-serving. The review team hopes that any changes made as a result of this review report will serve to better support them in their important work.

Recommendations

It is recommended that:

The 'relationship' objective -

1. The partners ensure that any new tripartite arrangement clearly specifies the purpose of the partnership, the roles, responsibilities and benefits to each partner, how the partnership will be managed, implementation arrangements and the duration of the partnership, identifying the associated review or evaluation process.

2. NZAID, SCNZ and the GoPNG consider establishing an advisory group under the partnership, with membership drawn from representatives of branches of appropriate national government departments with an interest in the work of SCiPNG, NZAID in PNG and key staff in SCiPNG, to provide advice on the implementation of the programme.

3. NZAID, SCNZ and the GoPNG begin work as early as possible to develop an agreed arrangement that will replace the present one when it expires in June 2006, rolling over the present arrangement for a further year if necessary, in order to take the time needed to provide a clear and agreed basis for the future.

The 'systems' objective -

4. SCNZ considers whether SCNZ and SCA representatives could usefully serve as a formal steering committee for the work of SCiPNG.

5. SCiPNG's consolidates planned improvements in its present support systems before taking on any additional project work.

6. In order to promote a programme approach and when it is in a position to expand its NGO support work, SCiPNG considers working with new NGOs whose work supports its activities in other theme areas.

7. SCNZ supports SCiPNG to develop a standardised approach to project design including monitoring and evaluation arrangements, and to provide project/programme staff with training for effective project design, management, M&E and report writing.

8. NZAID clarifies its reporting requirements in relation to SCiPNG projects that it co-funds with other donors to indicate either:

   (i) whether SCNZ should only report on those components funded by NZAID, indicating how these contribute to the outcomes of particular theme areas, while providing an overview of the country programme; or
   (ii) whether NZAID funding will be pooled with that of other donors, and that SCNZ can provide NZAID with the same report on its programme that it provides to other donors.

9. NZAID and GoPNG clarify whether SCNZ reporting/acquittal requirements in terms of SCNZ's eligibility for HSIP funding should be included in the SPA or remain in a separate agreement between GoPNG and SCNZ.

10. SCiPNG considers establishing regular meetings of project/ programme managers to focus programme design, management, M&E, interrelationships and other common issues.

11. SCiPNG extends its work in promoting gender equality and HIV/AIDS principles in its project design and delivery.

The 'results' objective –

NGO capacity building theme

12. The SPA partners note that NGOs supported by the NGO capacity building project report satisfaction with the capacity building services they receive.

HIV/AIDS theme

13. SCiPNG's Poro Sapot Project begins to develop a formal exit strategy based on increasing the capacity of the Provincial Department of Health's clinic to assume responsibility in the longer term for the clinical services that PSP provides at present.

14. SCiPNG's Youth Outreach Project considers ways to increase the number of young women serving in the project as Peer Outreach Volunteers.

Health theme

15. SCiPNG considers how best to ensure that dispensaries are included in the ESWCHP building programme, ideally using NDoH resources.

16. SCiPNG enters agreements with each partner which, as appropriate, identify what buildings have been constructed and what are still to be constructed, what vehicles/equipment have been purchased and what are still to be purchased, what training has been completed and what is still to be provided, with a timetable for completion.

17. SCiPNG reviews its business practices relating to its construction programme to ensure that they are robust.

18. SCiPNG gives urgent attention to:

    (i) introducing refresher training for trainers and VHVs before any further VHVs are trained, and ensuring that an ongoing programme for refresher training is put in place;

    (ii) working with church health services to ensure that VHVs in their catchments receive regular supervision from qualified staff, and that an ongoing programme for supervision is put in place.

19. SCiPNG scopes the nature of the support needed to best work with the AMS to improve distribution of medicines and supplies to VHVs, and seeks funding from appropriate sources to support this work.

20. SCiPNG advocates to the National Department of Health for the inclusion of additional items on the list of supplies that should be routinely available to VHVs.

21. SCiPNG considers how best to address the lack of village support for VHVs, for example, by piloting gender training for leaders in some villages where VHVs practice.

22. SCiPNG considers surveying VHVs with a view to understanding why only 57 percent of those trained remain active.

23. SCiPNG identifies how best to use presenting opportunities to increase it engagement with the Provincial Department of Health.

24. SCiPNG identifies ways to work further with ESCOW to support its gender equality work.

1 Introduction

Purpose and objectives of the review

The terms of reference for the review (see Appendix 1) say that the review is being carried out for accountability purposes and for all the stakeholders to learn lessons and improve the quality of ongoing work. Its purpose is also to satisfy the Strategic Partnership Arrangement's requirement for a mid-term review of the programme of Save the Children in PNG (SCiPNG) since 2006, and to use lessons to improve Save the Children's programme management systems and the strategic partnership relationship. The terms of reference indicate that the findings of the review will be used:

- To further strengthen the capacity of Save the Children (both New Zealand and PNG) to be effective child rights organisations.
- To strengthen the implementation and management of SCiPNG's programme and help focus its efforts to develop an integrated country programme.
- To gain greater awareness of the successes and challenges of the East Sepik Women and Children's Health Project (ESWCHP) and discover areas for its further development, including clarifying the role of key stakeholders.
- To improve engagement between NZAID, SCNZ and the National Department of Health.
- To improve the effectiveness of and guide the future of the Strategic Partnership.
- To feed into ongoing learning within NZAID about the strategic partnership approach.
- To contribute to the learning and practice of all stakeholders including partner organisations and target communities.
- To identify relevant lessons for other groups or organisations who are engaged in similar activities to Save the Children.

The review has the following three objectives:

To assess the overall quality of the strategic partnership relationship and the extent to which the partnership has been effectively managed and implemented by all parties (t**he 'relationship' objective).**

To establish the extent to which Save the Children's programme management systems support the achievement of programme objectives **(the 'systems' objective).**

To ascertain results (outputs, outcomes and impacts) and establish the effectiveness, efficiency, relevance, sustainability, and 'value for money' of the Strategic Partnership (t**he 'results' objective)**.

Although the review encompasses all aspects of SCiPNG's work that are funded under the SPA, its particular focus is on the ESWCHP which receives the bulk of the NZAID's funding under the Arrangement. Because the Poro Sapot Project (PSP) has been the subject of a recent AusAID–funded review, this review focuses on systems to support its work rather than on PSP's 'results'.

The review team

The review team members were Marietta Tovakuta, National Village Health Volunteer Coordinator at PNG's National Department of Health, Gaziul Hassan Mahmood, Technical Advisor for Programme Quality at SCiPNG and Sonja Easterbrook-Smith, an independent reviewer who served as team leader.

Approach taken

The review team developed and used a detailed methodology (see Appendix 2) which was approved by the review's steering group. In addition to documents identified in the terms of reference, the team, looked at a range of SCiPNG's project and programme documents and files, SCiPNG's various handbooks and files relating to the systems and procedures it uses, some financial reports, and minutes of relevant meetings. It looked at several external studies, some of which are identified in footnotes to this report. It also reviewed some additional GoPNG documents including the National Department of Health's latest corporate plan and its standards for village health volunteers in PNG.

The team members consulted a wide range of people. The names of those consulted in New Zealand and in PNG are set out in Appendix 3. Sonja Easterbrook Smith met with Save the Children New Zealand and NZAID in New Zealand. Sonja Easterbrook-Smith and Gaziul Hassan Mahmood met with stakeholders in Port Moresby (particularly Government officials, SCiPNG's other development partners and the Poro Sapot Project). In Goroka, they met with the senior management team of SCiPNG as a group to obtain an overview of the work of SCiPNG before meeting with key managers and various other staff on an individual basis. In Eastern Highlands Province, they met with three of the NGOs that receive support from SCiPNG and with a Government official. They undertook a field visit to Kainantu in Eastern Highlands Province to visit a branch of the Youth Outreach Project.

Marietta Tovakuta joined the team for the visit to East Sepik Province to review the ESWCHP. Here, the team met with the ESWCHP staff as a group to obtain an overview of the project, and had individual meetings with key staff, as well as representatives of several of the church health services, the Provincial Department of Health, the Area Medical Store, the East Sepik Council of Women and a disability support NGO. The team undertook field visits to meet with village leaders, health workers, volunteers (VHVs) and communities in Mersey, Kunjigini and Albinama. Detailed discussions with a broad range of community stakeholders in East Sepik were limited by logistic issues which restricted the time available for consultations in the three communities visited.

Sonja Easterbrook-Smith and Gaziul Hassan Mahmood developed question guides for each individual interviewed, tailored to their particular area of responsibility or interest. The team as a whole developed question guides for the group meetings for the ESWCHP to provide a common basis for discussion with similar groups in different sites. Simply stated, the common thread for all interviews was to find out in relation to the objectives: what is working well; what is working less well; what improvements are needed.

The review team's approach is best described as participative and learning-focused. Individuals and groups were invited to discuss their engagement with the project in their own words, with question guides used only to ensure that key issues were addressed in the discussions. This approach ensured that discussions were not constrained by the team's questions, and proved useful in illuminating aspects of the programme that the team might not otherwise have thought about. The team held a group meeting with peer outreach volunteers in Kainantu working as part of the Youth Outreach Project. Their engagement was energetic and they took the opportunity to ask questions of the project staff, an activity that identified some of their frustrations with and expectations of the project. Lack of time precluded extensive consultation in East Sepik communities, but discussions were lively and informative, and women participated freely. There was no time for separate meetings with women or children or young people.

At the end of its field work, the team held a number of meetings to discuss its preliminary findings. The first was with the staff in the ESWCHP project office. This included a useful discussion which elicited a number of suggestions for improvements in the operation of the project. The team also had a useful discussion with the SCIPNG Country Programme Director and the SCNZ Pacific Programme Manager, and provided feedback to NZAID in PNG and the National Department of Health. Although the terms of reference specified a one-day workshop with SCiPNG staff to share findings and provide input into the country strategy planning process, the time allotted for the team's feedback was only a little over an hour, precluding extensive discussion. In New Zealand, Sonja Easterbrook-Smith met to discuss the draft report with SCNZ and with NZAID.

2 Background

Save the Children in Papua New Guinea

Save the Children has worked in PNG for over 30 years. Initially, Save the Children UK was the main 'Save' agency working in PNG, receiving donations from other Alliance members including SCNZ. From the late 1980s, SCNZ began to look for a more direct role in development work in PNG. This resulted in a project undertaken from 1995 in partnership with the East Sepik Council of Women to revive, expand and support a network of volunteer village women trained to provide basic primary health care services.

From an early stage, SCNZ and Save the Children Australia (SCA) which was also working in PNG agreed to maintain a joint operation in PNG. The terms of this partnership set out in a 1994 exchange of letters, were updated in the 2001 'Memorandum of Understanding Governing the Partnership in PNG between SCA and SCNZ'. This MoU indicates that the partners will maintain a joint country office under single management with complementary programmes and common arrangements for planning and implementation. SCNZ serves as the managing member in PNG. The office, initially known as 'Save the Children New Zealand/Australia in PNG', is now called 'Save the Children in Papua New Guinea' or SCiPNG.

A June 2007 agreement known as the 'Programme Management Operational Agreement between SCNZ and SCA for SCiPNG' expands on the 2001 MoU. Its purpose is to ensure that SCA and SCNZ work well together to provide consultative and inclusive programme planning and decision making for the SCiPNG programme.

SCiPNG is not a registered entity but has operated under a series of agreements with the Government of PNG. The present three-year agreement between the SCA, SCNZ and the Government of PNG dated February 2006 grants the two organisations 'aid status' in terms of PNG's Aid Status (Privileges and Immunities) Act 1977. It identifies the position of County Programme Manager in PNG as SCNZ/SCA's 'duly authorised agent' and notes the joint responsibility of the two organisations for the work of their office.

SCiPNG has its county office in Goroka in Eastern Highlands Province. It maintains project offices five provinces: Eastern Highlands, East Sepik, Madang, Morobe, and the National Capital District. As well as a child rights focus, its programme has a strong health focus with initiatives in primary health and HIV/AIDS. Most of the NGOs it supports also have a health or disability support focus. SCIPNG has a staff of about 170.

SCiPNG's country programme for PNG

The goal of SCiPNG's country programme in PNG is to create sustained child rights-focused improvements in the lives of the most marginalised children, women and communities in PNG. Its purpose is to deliver immediate and lasting improvements to children and women's lives in five provinces of PNG in the areas of health and HIV through networking and capacity building of stakeholders and duty bearers.

The country programme has the following objectives:

1. To transform SCiPNG and its partners into a child rights-based organisation.
2. To strengthen existing partner abilities to design, implement and manage projects effectively.
3. To mitigate the spread as well as effects of HIV and AIDS through preventive STI clinic services and health care for families and communities.
4. To improve the standard of health of rural communities in the Sepik province through capacity strengthening of key partners to assume greater responsibility for service delivery.
5. To enhance SCiPNG programme capacity to provide effective and efficient programme management supporting project implementation and reporting.

SCiPNG's current programme is based on a country strategy plan for 2006-2008. SCiPNG is working at present to develop its country strategy for PNG for 2009-2013.

NZAID's assistance to PNG's health sector

NZAID provides assistance in the health sector in PNG under a November 2004 arrangement known as the 'Partnership Arrangement between GoPNG and Development Partners' which seeks to ensure that development partners take a health sector-wide approach and support common programmes of work to implement the GoPNG's health plans. Under a mechanism known as the 'Health Sector Improvement Programme' (HSIP), donor and government funds are pooled in the HSIP Trust Account to resource aspects of national, provincial and district activity plans.

NZAID and its predecessor have supported the work of SCiPNG, particularly the East Sepik Women and Children's Health Project (ESWCHP), since 1997. Before the SPA, NZAID had a series of grant funding agreements with SCNZ which concluded in July 2006.

3 The 'relationship' objective

The Government of PNG (GoPNG), NZAID and SCNZ are signatories to the three-year 'Tripartite Arrangement between New Zealand Agency for International Development and Save the Children New Zealand and the Government of Papua New Guinea 2006-2009 for Strategic Partnership in PNG' (the Strategic Partnership Arrangement or SPA). The review team is asked to assess the quality of the partnership relationship under the SPA and how well the partnership has been managed and implemented by all parties.

The Strategic Partnership Arrangement

Background

In early 2006, SCNZ began work on developing its strategic plan for PNG for 2006-2008. It approached NZAID to ask it to continue funding the work of the ESWCHP and to expand its funding to support SCiPNG's work in HIV/AIDS. At that time, NZAID was developing 'strategic partnership' arrangements with some NGOs, although without clear statements of what these would entail. Although there was no formal review of the SCNZ project that it had funded for many years in PNG or any assessment of SCNZ's capacity to meet any particular requirements of a strategic partnership, NZAID invited SCNZ to prepare a strategic partnership proposal with a view to entering a strategic partnership arrangement from July 2006. SCNZ's subsequent proposal was accepted by NZAID after considering several versions. The three-year SPA (which took effect from July 2006) was finally signed by all parties in October 2007 after time taken to rectify errors in the document, finalise funding arrangements, clarify the expectations of the parties, and arrange for all parties to sign.

The SPA indicates that the parties have a common understanding in relation to donor-harmonised assistance for the implementation of the strategic partnership, but does not elaborate on this. It sets out a series of principles to underpin the relationship, emphasising for example: sustainability; transparency and accountability; effective use of resources; quality; and effective development outcomes.

Although its title suggests more, the SPA is essentially a funding agreement by which NZAID funds both SCNZ and the GoPNG (via the HSIP Trust Account) for activities to be implemented by SCiPNG which are described in an annex to the SPA. The review team understands that a supporting document was drawn up by NZAID to describe the nature of the partnership in more detail, but that for various reasons, this was not completed.

Funding arrangements

Under the SPA, NZAID provides funding for SCNZ's PNG programme of Kina 13.2m over a three-year period. SCNZ retains a 10 percent management fee. The amount paid through the HSIP increases by K200,000 each year, with funding to SCNZ correspondingly reduced. HSIP does not retain a management fee.

Funding allocated under the SPA 2006/07-2008/09 in PNG Kina

Paid to:	2006/07	2007/08	2008/09	Totals
SCNZ	3,800,000	3,600,000	3,400,000	10,800,000
HSIP Trust Fund	600,000	800,000	1,000,000	2,400,000
Total	4,400,000	4,400,000	4,400,000	13,200,000

The SPA requires SCNZ to exercise 'prudent financial management' of the NZAID funding. It sets out the dates that payments will be made, amounts to be paid and reporting/documentation required. Schedule 2 of the SPA provides SCNZ's budget for the programme for 2006/07 and serves as the approved work plan for that year. The SPA requires SCNZ to submit a work plan and budget for 2007/08 by 31 May 2007 and for 2008/09 by 31 May 2008. The SPA requires financial acquittal reports for previous year funds to be submitted to NZAID and the HSIP by 31 August 2007 and 2008.

The congruent priorities of the parties

Although not spelt out in the arrangement, there is considerable congruence between the priorities of the three parties and this forms a solid basis for the partnership. For example, the GoPNG's Medium-term Development Strategy 2005-2010 is underpinned by a set of principles that include poverty reduction and the need for strategic alliances between key partners such as donors, churches and community-based organisations. It identifies primary health care and HIV/AIDS prevention for expenditure priority. Its efforts in the health sector are also informed by its National Health Plan 2001-2010, the National Department of Health's Medium-term Expenditure Framework, Strategic Plan for the PNG Health Sector 2006-2008, the National Strategic Plan on HIV/AIDS 2004-2008, and its priorities of the HSIP. All include a focus on improving primary health care, reducing the incidence of HIV/AIDS and improving performance of provincial health services. GoPNG is also a signatory to the UN Convention on the Rights of the Child 1989 (CRC).

SCNZ is a member of the International Save the Children Alliance and has adopted its mission statement 'to fight for children's rights and deliver immediate and lasting improvements to children's lives worldwide'. SCiPNG's PNG Country Strategy Plan 2006-2008 includes child rights, HIV/AIDs and health among its priorities. For NZAID, work funded by the SPA with its focus on health sits well with the agency's overarching

goal of poverty elimination and its health policy which is based on the premise that 'ending poverty begins with health'. The policy acknowledges the key role that NGOs play in delivering health services at the grass-roots level. NZAID's Pacific Strategy 2007–2015 is concerned to improve access to primary health services, improve health delivery systems and strengthen the role of civil society. NZAID's country strategy for PNG 2002-2007 had strengthening primary health care and civil society as priorities.

Partners' views of the development of the SPA

For all partners, there is a sense that the development of the SPA was hurried. Although for NZAID, it provided a way of acknowledging a long-term relationship with an NGO experienced in the delivery of development assistance and for SCiPNG a way of securing additional funding for its PNG work, SCNZ reported that it felt rushed into identifying a programme of work for funding, and would have liked a more considered process.

The review team understands that the GoPNG was not as involved in discussions around the development of the arrangement as it might have been. In 2007 before signing the document, the new Director General of Health raised issues about how the National Department of Health (NDoH) could work fully as a partner to the arrangement, what provisions there would be for regular and systematic dialogue, how NDoH would receive information and how its partnership with Save the Children would operate, questions that suggest that these were not already well articulated in the document.

During the development process, there were changes in staff in key positions in all three partner organisations. This loss in continuity also contributed to a lack of clarity about the purpose and operational aspects of the arrangement and to delays in it being signed. The lack of clarity about the purpose of the arrangement, SCNZ's unfulfilled expectation that the arrangement would provide a significant funding boost to its operations in PNG and the 'more haste, less speed' approach without adequate groundwork completed before its introduction, all contributed to an arrangement which has, so far, added limited value to the agreement between NZAID and SCNZ that preceded it. For SCNZ, although it has received additional funding, it has faced an increased reporting burden. For NZAID, there has been considerable investment in staff time in working thought issues arising from the arrangement, particularly in relation to the financial and activity reports from SCNZ. Although this is beginning to change, there has been limited engagement by the NDoH. With the exception of developments in the HIV/AIDs area, SCiPNG's work has tended to remain project based, albeit under theme headings.

Nature of the present partnership

In essence, the SPA has developed as an expanded funding agreement between partners rather than as an agreement around the specific needs of partnership between the organisations, i.e. it has a 'partner' focus rather than a 'partnership' focus. A 'funding only' arrangement can be successful if that is clearly what it is. In the present arrangement, the parties have a good understanding of their primary roles in the arrangement: NZAID provides the funding; GoPNG provides the national planning framework and standards context and the HSIP funding mechanism; and SCiPNG implements the funded projects and programmes - the same roles that the parties had under the former funding agreements between NZAID and SCNZ, and development partner arrangements between NZAID and the GoPNG.

The motivation for the SPA, however, appears to be for benefits or 'value-add' that are broader than a funding arrangement. It does not yet specify what these are beyond indicating a wish to be 'strategic' and to encourage SCNZ to adopt a programme focus in its work in PNG. It gives little guidance on how the partnership will be implemented.

To date, although there has been considerable communication between NZAID and SCNZ, there has been only one formal meeting in April 2008 between the three partners as a group. As a result, opportunities to discuss issues as they arise have been limited. Nevertheless, there is considerable goodwill between the partners who are keen to work together more effectively, but seem unclear on how they might proceed.

Development literature on the nature of partnerships notes that cooperation between organisations is complex and diverse[1]. It suggests that there is a continuum of relationships, contrasting 'free' partnerships based on shared objectives and ownership, with 'imposed' partnerships where the objective is presented by one party as beneficial to the others. It notes that the key ingredients for effective partner relationships are: mutuality; clearly defined expectations, rights and responsibilities; accountability and transparency, and that these are bound together by the principles of trust, respect, integrity, credibility and ownership[2].

Because trust is a product of working together and sharing expectations, values and commitment, effective partnerships take time to develop. And partnerships may have phases that demonstrate different characteristics, suggesting that the characteristics of next phase of the SPA may be different from those of the present.

[1] Vicky Mancuso Brehm, Promoting effective North-South NGO Partnerships, May 2001, Intrac, p11
[2] Ibid, p14

Making the partnership effective

To make the partnership more effective, the partners may wish to consider including the following in any future arrangement:

- The purpose of the partnership, setting measurable objectives.
- The roles, responsibilities and benefits to each partner.
- How the partnership will be managed and what advisory processes will be applied.
- Details of the implementation, with milestones and timelines.
- The duration of the partnership, with the associated review or evaluation process identified.

The partners could usefully consider how to maintain a more effective relationship. Because both NZAID and SCNZ are based in Wellington, the main relationship is between these two agencies in New Zealand - an arrangement that tends to leave out the GoPNG and SCiPNG, the key actors on the ground. For the GoPNG, the SPA is signed by the Secretary of the National Department of Health (NDoH) suggesting that it provides the GoPNG 'face' for the arrangement. However, within the NDoH, several sections relate to the health work of SCiPNG. For example, the Family Branch and Medical Supply Branches relate to the work of the ESWCHP, the Disease Control Branch to the work of the HIV/AIDS projects, and the HSIP to NZAID's funding for health development activities. Work of the NGO capacity building project is more appropriately overseen by the Department of Community Development (DCD) rather than the NDoH.

While there is a high-level and strategic role for NZAID, SCNZ and the GoPNG to negotiate the partnership and maintain a dialogue about it, the present arrangements do not engage the key players on the ground in an effective way and provide little opportunity for SCiPNG to increase its interactions with the GoPNG. The partners will need to consider how best to 'activate' the partnership within PNG where the development work of the partnership will be undertaken.

The review team suggests that this might be achieved by engaging all relevant branches of government that are involved in the implementation of the partnership, together with the PNG-based representative of NZAID and the relevant staff of SCiPNG, in an advisory group established under the auspices of the arrangement. Such a group could provide opportunities for partners: to interact on a regular basis to discuss issues of consistency with GoPNG plans and standards; provide information that the GoPNG might be able to use for policy development purposes; to discuss issues of effectiveness, value-for money, and sustainability of components of the programme and of the programme as a whole; and advise on implementation issues. Developing such

relationships should create opportunities for the parties to follow up with each other informally on matters that arise, and may assist in promoting a programme approach.

A considerable lead time is needed to develop an arrangement that addresses the partnership needs of the three parties. Given that the present arrangement expires in June 2009, discussions between the three parties should begin as soon as possible with a view to having an agreed approach that can be implemented with effect from 1 July 2009. If that cannot be achieved, then the team believes that it would be more useful to roll over the present arrangement for a further year in order to take the time needed to provide a clear basis for the future.

Conclusions

The SPA was developed in something of a rush and without adequate attention to its purpose. It is essentially a funding agreement with a 'partner' rather than a 'partnership' focus. The parties understand their roles which are little different from those that they had under previous arrangements.

So far, the arrangement has added limited additional value to the relationships. For various reasons, the timetable specified for particular activities, including dispersal of funding, has not always been met. Although there has been considerable bilateral communication between the parties, particularly between NZAID and SCNZ, there has been only one formal meeting between all three parties. As a result, the partnership relationship is not as strong as it might be. Nevertheless, the priorities of the three partners provide a solid basis for the partnership, and there is considerable goodwill between the partners who are keen to work together more effectively, but seem unclear on how they might proceed.

The review team considers that any new arrangement should be clear about its purpose and partners' roles and responsibilities in achieving that purpose, and that an advisory group of key players in PNG could usefully be established to advise on the implementation of the programme and engage key partners in regular and useful discussions at a country level. Discussions between the three parties should begin as soon as possible with a view to developing an agreed approach that can be implemented with effect from 1 July 2009 when the present arrangement expires. If this cannot be achieved, the present arrangement should be rolled over for a further year in order to take the time needed to provide a clear basis for the future.

Recommendations

It is recommended that:

1. The partners ensure that any new tripartite arrangement clearly specifies the purpose of the partnership, the roles, responsibilities and benefits to each partner, how the partnership will be managed, implementation arrangements and the duration of the partnership, identifying the associated review or evaluation process.

2. NZAID, SCNZ and the GoPNG consider establishing an advisory group under the partnership, with membership drawn from representatives of branches of appropriate national government departments with an interest in the work of SCiPNG, NZAID in PNG and key staff in SCiPNG, to provide advice on the implementation of the programme.

3. NZAID, SCNZ and the GoPNG begin work as early as possible to develop an agreed arrangement that will replace the present one when it expires in June 2006, rolling over the present arrangement for a further year if necessary, in order to take the time needed to provide a clear and agreed basis for the future.

4 The 'systems' objective

The terms of reference ask the review team to establish the extent to which Save the Children's programme management systems support the achievement of SCiPNG's country programme objectives. These include an objective 'to enhance SCiPNG programme capacity to provide effective and efficient programme management, supporting project implementation and reporting'. Save the Children's intentions are also stated in the SCiPNG's Country Strategy Plan 2006-08 which includes a goal 'to identify and assess management systems and develop and implement a program to improve them e.g. finance, IT, M&E, HR, administration'. Further, each project includes objectives to enhance its capacity to provide effective and efficient programme management, including monitoring and evaluation, and to incorporate principles relating to child rights, gender equality and HIV/AIDS into the design and delivery of SCiPNG's and implementing partners projects.

This section discusses first, Save the Children's organisational systems (human resources, finance, IT etc) and then its project/programme planning and management systems.

Organisational systems

SCiPNG is an outreach office of SCNZ and not an autonomous entity. SCNZ's Pacific Programmes Manager has oversight of the SCiPNG programme through SCiPNG's Country Programme Director (CPD). He describes his role as one of 'accompaniment'- providing technical and management support to SCiPNG.

At present, SCiPNG's senior management team (SMT) members are all expatriate staff. This reflects the nationwide shortage in PNG's national workforce of adequately qualified or experienced people to fill positions at this level. In addition to the CPD, SMT members are the managers/advisors for support services, finance, programme quality, and the managers/coordinators for each of the projects. The SMT meets to coincide with the quarterly visits of the SCA and SCNZ representatives and sees itself as the 'governance and management body' for the office[3]. Although the formal governance role is provided by the SCNZ Board, its visits are infrequent. During the review, SCiPNG staff often indicated that they would like more engagement in their issues by the 'parent' organisations -SCNZ and SCA, and their visits are welcomed.

[3] SCiPNG, 27-31 August 2007, Senior Management Team minutes

Given that SCNZ and SCA representatives visit four to six-monthly, they could usefully take on a more formal role, perhaps serving as a steering committee for the work of SCiPNG at SMT meetings. This approach would help to ensure that emerging issues are discussed with SCiPNG in a systematic way, identifying agreed actions, responsible staff and timelines for addressing any problems

Human resources

SCiPNG has undergone tremendous growth. In June 2008, SCiPNG employed around 170 staff compared with an estimated 140 in June 2007 and 100 in June 2006. In 2002, SCiPNG was reported to have only 20 staff. The CPD is responsible for establishing positions and overall management of staff. All employees have job descriptions which were recently reviewed by an internal job evaluation committee in order to 'calibrate' positions across the organisation. Salaries were also reviewed, resulting in a 10 percent salary increase for staff.

Although these developments were welcome, human resources (HR) policies and support do not appear to have kept pace with the growth in staffing. Although an HR manager and section are responsible for general recruitment, HR policies and training, staff report that the HR service provided is not adequate and as a result, project staff take on a range of HR activities themselves, particularly in relation to recruitment.

In planning its work programme for three to five years, SCiPNG will need to consolidate its HR work to meet present requirements and ensure that appropriate HR arrangements are in place before it takes on any additional work. Some HR improvements identified by managers during the course of the review included the need to:

- provide better support for the recruitment of new staff.
- develop comprehensive orientation programmes/ material for new expatriate staff and explore ways of expediting the process of acquiring work permits for them.
- plan for manager absences to ensure that not too many are away at any one time.
- develop clear and well-promulgated arrangements for deputising and delegation of authority when senior staff are away or seconded to act in other positions.
- ensure annual performance assessments are completed and personal development issues identified are followed up with appropriate training and support.
- update the present HR manual and make it available on line.

During the review period, a number of SMT positions were vacant or filled in an acting capacity, often for long periods. For example, the Project Coordinator for ESWCHP acted as CPD for nearly a year. The finance (filled at present in an acting capacity), monitoring and evaluation and human resources manager positions were each vacant for

about six months. SCNZ needs to consider the costs and benefits of taking managers off their usual work to deputise or to undertake special projects. For example, long absences of the Project Coordinator for ESWCHP while acting as CPD and working on special projects resulted in reduced attention to developing handover arrangements, addressing unintended impacts of the ESWCHP, and in the view of the EU, inadequate leadership and supervision of its water and sanitation work undertaken during that period.

Financial management

The Country Finance Manager position has traditionally been filled by a PNG national. Because of the difficulty in making a suitable appointment, SCiPNG is now recruiting an expatriate to the position. The position is supported in the country office by a finance manager, two senior finance officers and a payroll officer. The project offices in Port Moresby, Wewak and Goroka also have finance staff who provide reports to the Country Finance Manager, although only the finance officer in Goroka reports directly to the Country Finance Manager.

Finance staff handles all payrolls, taxation and GST matters, assets and personal insurance, and is responsible for maintenance of accounts, compliance with financial procedures and reporting standards. It produces and reviews financial reports before submission to donors. SCiPNG accounts are audited annually. The 2006/07 financial statement received a qualified audit which delayed presentation of the annual acquittal. Audit of the 2007/08 accounts underway at the time of the review has been problematic.

In addition to turnover in the Finance Manager position, the finance section of SCiPNG has faced numerous challenges during the review period. In 2006, its staff used MYOB financial software. During 2006, SCNZ introduced ACCPACC to provide SCiPNG with a system compatible with SCNZ and SCA. This decision was apparently taken without adequate consideration of the training and support required to implement the change, assessment of the capacity of staff to cope with ACCPACC's requirements, and the lack of in-country 'help desk' support. As a result, after two years, the system is not working well and financial services for the organisation are not adequate. Most areas maintain shadow general ledger systems because they lack confidence in the central system, and spend considerable time checking ACCPACC reports. Difficulties associated with efforts to audit the 2007/08 finances are generally attributed to the use of ACCPACC.

The question now is whether ACCPACC is appropriate in this environment. The review team believes that SCNZ should consider whether to cut its losses and allow SCiPNG to use a more manageable system. If it decides to retain ACCPACC, then there should be a carefully developed programme of training and support that will be provided within a clear timetable, with appropriate 'help desk' services identified for SCiPNG. Once an

effective system is running, there should be a clear focus on ensuring that the finance group provides the services required by the different project teams on a day-to day-basis. SCiPNG has indicated that it would welcome regular visits from SCNZ's Finance Manager, something that has not been a strong feature in the past.

IT support

Given the difficult environment in PNG with electricity supply, SCiPNG has a reasonably functioning IT system staffed by two IT people in the country office who have provided set-up and 'help desk' training to staff in other locations. Their role is primarily in 'trouble shooting' for a working system rather than in system needs assessment and design. The system appears to need upgrading and some staff expressed concern that it may be very vulnerable to viruses. SCiPNG has asked SCNZ for assistance with an IT audit to provide a basis for sound future developments.

Security

Security is incorporated in the responsibilities of the new Support Service Manager position to be filled from September 2008. In the meantime, security has been the responsibility since 2007 of the Senior Programme Manager, NGO Capacity Building and was a significant workload during the 2007 election period. SCiPNG has adopted a range of practices to ensure the safety of staff. For example, staff receives regular security updates. When traveling, staff provides the office with a clear itinerary and contact details. Most carry cell phones, and road travel is only undertaken in office vehicles.

Given the difficult security situation in PNG, these activities while appropriate, may need strengthening. Recognising this, SCiPNG has arranged for a security and emergency assessment to be undertaken later this year which will form the basis for the development of a security plan to be applied to the office in PNG.

Risk management

While in some areas risks are managed well, they need increased attention in others. Some of these have been discussed above, for example, problems with the introduction of ACCPACC and the need to ensure that there are adequate services to support growing staff numbers. SCiPNG also needs to be careful not to over extend itself given difficulties in recruiting senior staff, and the long gaps when some senior positions are vacant.

The section on the ESWCHP identifies a number of risks that could have been better managed in that project. Although the project is conscientious in identifying risks, it needs to do more to manage risks or mitigate their impact.

Project management systems

Developing a programme approach

Although SCNZ describes the activities funded by NZAID under the SPA as the 'Strategic Partnership Programme', this is something of a misnomer. SCiPNG does not yet operate an integrated programme, although it has made a start.

Since 2006, SCiPNG has organised its work under three themes: NGO capacity building, HIV/AIDS and health. It allocated its existing projects to these themes, and in the main, they continued to function as stand-alone projects. The NGO and health themes continue each to have just their long-running NGO capacity building and ESWCH projects (although the latter expanded to include a water and sanitation component). The exception is in the HIV/AIDS theme where the projects are beginning to interrelate and work in an integrated way, and are seeing the 'combination' benefits of this approach.

Recent training and work to promote a child-rights focus in the organisation have been useful steps in developing a better-integrated approach to the work of SCiPNG, and these will continue to be influential in the design of SCiPNG's work. The programme approach could also be strengthened by looking in future, as funding and capacity allows, to form partnerships with NGOs whose work supports and reinforces that undertaken in the HIV/AIDS and health areas, and by further efforts to incorporate gender equality and HIV/AIDS principles into project/programme design and delivery.

Good practice in project planning, design and management

To be effective, projects require good planning and design. Effective projects are well-conceived and based on reliable baseline data. They have clear goals, and objectives that are specific, measurable, achievable, relevant, and time bound. There is clarity about how they relate to other projects in a programme area. How projects are planned and implemented is also important. For example, risks must be identified in advance and well managed or minimised. Those responsible must have the support, competence, and experience to ensure that projects are well managed and viable.

At present, in documentation available, there is not always clarity between SCiPNG's objectives for the three theme areas and the objectives for the projects that sit under them. For the project objectives, although the general sense of them remains the same, the wording, numbering, and way of presenting them often changes from one year to the next without any explanation making it difficult to tack progress. In some areas, objectives are dropped without explanation, and in others, they are added. The objectives/outputs of

ESWCHP are particularly difficult to track, a problem already identified in an internal monitoring report undertaken for SCiPNG in late 2006[4].

An important first step will be for SCiPNG to develop a better standardised approach to project design and to ensure its routine use for project planning, monitoring and reporting. While this is easily done for any new project work, it could also usefully be applied to existing projects in anticipation on a renewal of the SPA from 2009 and to support moves to better incorporate a child-rights approach into present project design.

SCiPNG also needs to consider how best to support its project/programme staff to ensure that project management is of a high quality. If not part of their academic background and experience, project/programme managers should undertake training in development theory, and in project design, appraisal and management, and their work should receive increased oversight from the CPD. It would also be useful for those staff to meet on a regular basis to discuss common issues relating to project/programme design and management, to identify potential combination opportunities, and to discuss mutual experiences with, for example, use of volunteers in their projects or ways of further linking their work with provincial and national government.

Monitoring and evaluation

Closely related to good practice in project management and design is the development of appropriate systems for monitoring and evaluation (M&E). Ideally, project designs should be based on sound baseline survey information with effective M&E arrangements built in at the outset. This has not been a strong feature of SCiPNG's project design, a shortcoming that was recognised in SCiPNG's Country Strategy Plan 2006-08 which included a goal to develop a high quality and standardised system of monitoring and evaluation that is applied to all projects[5].

In an effort to make improvements, SCiPNG appointed an M&E manager in 2005. He developed a performance measurement framework and provided training on its application. However, for reasons that are not clear to the review team, the framework failed to take root. Meanwhile, projects have continued to collect a range of information relating to their work. Information collected seems to be reasonably well analysed and used in the HIV/AIDs and NGO themes, and less well applied in the health area (although the project is able to satisfy the needs of the National Health Information System with information from Village Health Volunteers on the deliveries that they supervise).

[4] Ruth Heather, October/November 2006, East Sepik Women and Children's Health Project Monitoring Research, Narrative Report, p22
[5] SCiPNG, January 2006, Country Strategic Plan 2006-2008, p4

The M&E manager position has been re-designated as 'Technical Advisor, Programme Quality'. The new incumbent could usefully focus over the next year on working with project managers to strengthen their existing project designs, ensure that objectives have appropriate performance indicators for measuring progress and that there are mechanisms to collect and analyse appropriate information. He will also have a role in working with managers to design new projects, ideally with baseline surveys completed first in order to provide sound information from which progress can be measured. SCiPNG is using the Program Quality Framework developed by Save the Children Australia as its guiding document in this process.

Programme / project reporting

Within the review period, the SPA required SCNZ to provide an interim progress report by 31 August 2007 to NZAID and to the HSIP providing:

- a narrative report of all activities completed and activities underway.
- an assessment of the extent to which the objectives of the partnership are being met.
- a note of any problems or issues which have occurred or any emerging risks affecting the implementation of the partnership.
- an acquittal report providing a full reconciliation of expenditure against budget for the reporting period, detailing the amount of unspent funds.

SCNZ's narrative report for 2006/07 received during the review period was sent to NZAID but not to HSIP. It is dated August 2007, although it was first submitted to NZAID in December 2007. NZAID says that the report was not adequate for appraisal. SCNZ submitted a revised version in February 2008 which was appraised and accepted after two further meetings with SCNZ to elicit additional information on the budget and the annual report and work plan.

Although the SPA is clear about what information is required from narrative reports (see the list above), SCNZ reports that NZAID, with its changes in staff on the PNG desk, has given differing messages about what is required in the reports. Several problems with the report appear to stem from this confusion.

One area that needs urgent clarification is the extent to which SCiPNG's projects and programme need to be discussed in SCNZ's reports to NZAID. SCNZ's 2006/07 report includes extensive discussion on the Poro Sapot Project (which receives about 95 percent of its funding from AusAID) the NGO Project (which receives nearly 60 percent of its funding from SCNZ). Reports of the PSP and the NGO projects do not comment on the particular use made of the SPA funding.

The review team considers that, unless clearly stated as an expectation, is difficult for SCNZ to be held to account to NZAID for the full results of projects to which NZAID contributes only part, and in some cases, limited funding. If NZAID funding is to be pooled with that of other donors and not directed to particular components, then NZAID must be clear about this and the associated reporting requirements. Under a pooled funding approach, SCNZ should be able to prepare the same narrative and financial report for all donors.

An alternative is for NZAID to fund discrete components projects. In its reporting, SCNZ can be asked to discuss how funded components contribute to the overall project, programme or theme outcomes, but without the onus of preparing detailed reports on all activities in these projects. Under this approach, SCNZ could also provide NZAID with an overview of its outcomes of the entire country programme and the place within it of the NZAID funded work.

Some improvements are also needed to the quality of Save the Children's report writing. The 2006/07 report was repetitive, for example, stating four times in the NGO capacity building sections that 140 employees received child rights training. It included some appendices of limited interest to NZAID, and some irrelevant and misleading statements. For example, under the health theme, the opening statement is that Save the Children 'works with partners to immunise all children against vaccine preventable diseases'. Given that the project's only role in immunisation is in delivery of cold chain equipment, that it is a small part of the project's work and that immunisation is carried out by health professionals, not Village Health Volunteers who are the focus of the project's work, it is a strange point to emphasise.

Noting that some projects have generally not been well designed at the outset, it is perhaps not surprising that the annual report struggled to report on activities and the extent to which objectives had been achieved. Investing in improving the design of projects should assist in the preparation of more useful annual reports in future. Clarity from NZAID on what is required will be equally important.

The SPA's requirements for SCNZ's reports to the HSIP are the same as its requirements for SCNZ's reports to NZAID. These requirements are not followed in full. Instead, payments continue to be based on an agreement between GoPNG and SCNZ of November 2004 regarding the use of HSIP Funds which requires SCNZ to prepare 'statements of progress' at stipulated times. In practice, SCNZ submits annual activity plans and acquittal reports to HSIP. It is also subject to regular HSIP audits.
Given that the HSIP only funds the ESWCHP, it may be appropriate to specify that project reporting to the HSIP should only relate to that project. NZAID and GoPNG

should also clarify whether SCNZ reporting/acquittal requirements in terms of SCNZ's eligibility for HSIP funding should be included in the SPA or remain in a separate agreement between GoPNG and SCNZ.

There have been various problems with SCNZ's financial acquittals to NZAID. A table showing when NZAID payments were made to SCNZ and HSIP and reasons for delays is attached as Appendix 4. For reasons outlined above relating to its financial systems, SCiPNG has struggled to provide accurate acquittal reports. It is working to introduce improvements.

As a result of the delays in approving SCNZ's report and acquittals for 2006/07, NZAID only approved the work plan for 2007/08 in April 2008. With considerable improvement in timeliness, SCNZ submitted a work plan and budget for SCiPNG's 2008/09 work to be funded by the SPA in early June 2008.

Components sought for all projects (child rights, gender equality, HIV/AIDS)

SCiPNG has as an objective 'to transform SCiPNG into a child-rights based organisation'. In addition, each of its projects includes an objective to incorporate principles related to gender, HIV/AIDS and child rights into the delivery of its and its partners' projects. The review team is asked to comment on the extent to which these principles are incorporated into SCiPNG's and participating NGOs' work.

SCiPNG has undertaken significant work in the area of child rights training since early 2007. Nearly all its staff has received child rights training as have its partner organisations. This exercise has involved a huge commitment of staff time and resources and a significant commitment of staff time in attending the courses which generally last a week. In addition, SCiPNG has undertaken a number of child rights situation analysis studies in the areas where it works to identify priorities for future work. Although these efforts have not yet resulted in much amendment to existing project designs, the training and research has fed in to a recent workshop to develop SCiPNG's next country strategy which will see child rights centrally placed in its future work. Partner agencies report that training has been both challenging and rewarding, although, as with SCiPNG, the learning may take time to filter into revised project designs.

Although there has been considerable gender training provided, generally by external trainers, both within SCiPNG and to partner organisations, it has not yet had the same funding and attention as child rights. As with child rights' training, gender training has been of a good quality and has been well received. All the NGOs supported by SCiPNG have received gender training. Given that gender inequality is entrenched in many aspects of life in PNG and is a contributing factor to many development challenges, ongoing

effort and resourcing in this area is essential. SCiPNG needs to model good gender practice at all levels of the organisation, and could usefully adopt what the UK civil service describes as a 'gender duty' to promote gender equality in all aspects of its work.

Although this has also been well regarded, HIV/AIDS training which is generally provided by staff working in the HIV/AIDS programme area has been sporadic, benefiting some groups of staff but not others. Given the generalised HIV/AIDS epidemic in PNG, and the need to mainstream HIV/AIDs considerations into all its project work, this training should also receive greater prominence and resourcing.

Conclusions

Although Save the Children has clearly stated intentions to improve its support systems, results have been disappointing. The need to improve SCiPNG's support systems (IT, M&E, and HR) are also identified in the recent AusAID-funded review of the PSP. Recruitment difficulties have resulted in a number of major gaps particularly in positions that might have taken responsibility for some of the much-needed systems developments. At the same time, SCiPNG has grown rapidly, beyond the ability of present systems to provide appropriate levels of support for its work. SCiPNG is seeking to address these issues through its various efforts in the finance area, and through the establishment of a new senior position to oversee organisational system developments. It will need to consolidate its organisational systems to better provide for present needs before it considers taking on further work and potentially exposing itself to further risk. SCNZ will need to provide ongoing support in the development of organisational systems.

The content of SCIPNG's project/programme work seeks to address the objectives of its Country Programme. However, SCNZ and SCiPNG need to give increased attention to developing and maintaining appropriate systems to ensure that project design, management, and M&E are of a high quality, and to provide appropriate training and increased oversight for project management staff. SCiPNG needs to ensure that project risks identified are acted on, especially in the health theme area. SCNZ needs to improve the quality of its reporting.

Training in child rights has been a key focus during the review period. This has proved challenging in the PNG context, but has been well received and is starting to yield results in reorienting SCiPNG's own projects and the work of its partner organisations to a child rights' approach. Training in gender quality and HIV/AIDs principles has also been well received. SCiPNG needs to extend its work on incorporating gender equality and HIV/AIDS principles into its project design and delivery.

Recommendations

It is recommended that:

4. SCNZ considers whether SCNZ and SCA representatives could usefully serve as a formal steering committee for the work of SCiPNG.

5. SCiPNG's consolidates planned improvements in its present support systems before taking on any additional project work.

6. In order to promote a programme approach and when it is in a position to expand its NGO support work, SCiPNG considers working with new NGOs whose work supports its activities in other theme areas.

7. SCNZ supports SCiPNG to develop a standardised approach to project design including monitoring and evaluation arrangements, and to provide project/programme staff with training for effective project design, management, M&E and report writing.

8. NZAID clarifies its reporting requirements in relation to SCiPNG projects that it co-funds with other donors to indicate either:

   (i) whether SCNZ should only report on those components funded by NZAID, indicating how these contribute to the outcomes of particular theme areas, while providing an overview of the country programme; or
   (ii) whether NZAID funding will be pooled with that of other donors, and that SCNZ can provide NZAID with the same report on its programme that it provides to other donors.

9. NZAID and GoPNG clarify whether SCNZ reporting/acquittal requirements in terms of SCNZ's eligibility for HSIP funding should be included in the SPA or remain in a separate agreement between GoPNG and SCNZ.

10. SCiPNG considers establishing regular meetings of project/ programme managers to focus programme design, management, M&E, interrelationships and other common issues.

11. SCiPNG's extends its work in promoting gender equality and HIV/AIDS principles in its project design and delivery.

5 The 'results' objective

The review team is asked to ascertain results and establish the effectiveness, efficiency, relevance, sustainability and 'value for money' in each theme and in terms of the SCiPNG's country programme objectives.

Before discussing the themes and associated projects supported by the SPA, it is useful identify to the SPA funding that SCNZ has allocated for each project during the two years under review. Note that for ESWCHP, figures exclude the additional funding it receives from the HSIP Trust Fund which brings its annual total to about K3m. With the exception of the ESWCHP and the Youth Outreach Project, funding for projects is small.

SPA funding allocated by SCNZ to projects in 2006/07 and 2007/08 in PNG Kina

Project	2006/07	2007/08[6]	Total to date
NGO theme • NGO Capacity Building Project	181,819	172,777	354,596
HIV/AIDS theme • Poro Sapot Project	45,455	136, 364	181,819
• Youth Outreach Project	687,728[7]	1,087,715	1,724,079
Health theme • East Sepik Women and Child Health Project (ESWCHP)	2,318,841	2,494,719	5,031,082
Totals	3,400,001	3,891,575	7,291,576

Sources: Work plans attached to SPA for 2006/07 and NZAID's letter of variation for funding for 2007/08

The NGO capacity building theme

Role of civil society in PNG

Although the civil society sector in PNG is relatively underdeveloped and few organisations are well-placed to design and manage large or complex development projects, many people in PNG are committed to improving the situation of the others.

[6] Excludes K175,878 attributed to 'enhanced capacity to provide efficient management', because it is not split across the projects.
[7] Includes K51,364, some of which may have been used on resources for other HIV/AIDS projects.

Community-based organisations (CBOs), non-government organisations (NGOs) and faith-based organisations play a major role in the delivery of basic services, especially in health and education, but often operate with inadequate resources and support.

The Government of PNG recognises the contribution that civil society organisations make to national development. Its Medium-term Development Strategy 2005-2010 states that strategic alliances with civil society will be strengthened and that 'the government will ensure that churches, CBOs and NGOs that have a sound track record of delivering priority services are provided with adequate funding support through both recurrent and development budgets'[8]. However, despite this worthy objective, budget support for civil society organisations often remains inadequate for the services they provide.

SCiPNG has supported NGOs in PNG since the late 1990s. It Country Programme objective for this theme is 'to strengthen partner abilities to design, implement and manage projects effectively'.

SCiPNG's NGO capacity building project

The goal of the NGO capacity building theme is 'to enhance the capacity of civil society in PNG to effectively design, deliver and manage large, complex projects with a child rights focus. The project is relevant to and consistent with national priorities and with provincial priorities in Eastern Highlands Province where four of the NGOs benefiting from the project are located. Because the team was unable to secure a meeting with the Provincial Administrator in Eastern Highlands Province, it cannot confirm that the support offered to NGOs there is consistent with that province's priorities, but assumes that it is. The work of the NGOs supported by the project is summarised in Appendix 5.

The NGO project has the following objectives[9]:

1. Existing partners are able to report responsibly on project funding.
2. SCiPNG and partners are able to design and deliver projects that reflect child rights.
3. Partners and networks are able to grow, maintain and sustain robust organisations, moving towards independence of SCiPNG.
4. Partners and networks work closely to receive support from government.
5. Principles related to gender, HIV and AIDS and child rights are incorporated into the delivery of Save and implementing partners' projects.
6. SCiPNG's capacity to provide effective and efficient programme management including M&E is enhanced[10].

[8] PNG Medium-term Development Strategy 2005-2010, p45-47
[9] SPA, p37
[10] Ibid

At present, SCiPNG provides capacity building for five NGOs. SCNZ provides about 60 percent of the project funding and this is used to provide training and to fund core and running costs for the partner organisations. The SPA provides about 40 percent of the project's funding and this has been used to provide these NGOs with gender and financial management training. SCiPNG's allocation to this project from the SPA represents about four percent of the NZAID budget provided under the SPA.

NGO capacity building results

It is difficult to assess the impact of the SPA-funded training after just a two-year period. The review team was able to meet with four of the five NGOs that receive training support from the NZAID funding. In all cases, the NGOs spoke of the importance of the training to their ability to manage their organisations and provide effective services to their clients, (and Eastern Highlands NGOs reported that they found the networking opportunities useful). The training provided appears to complement the other activities of the programme well.

The terms of reference ask the review team to consider 'How is Save the Children's partnership with local organisations making a difference to the lives of children?' The primary beneficiaries of this project are the NGOs themselves. Their clients are the secondary beneficiaries. Given time constraints, the team's focus was on the primary beneficiaries and discussing the extent to which their capacity had been built. As a result the team is unable to answer this question except to report that the NGOs are better equipped to do their work as a result of the support of the project, have received child rights training, and provide services for families and children with particular needs.

Some attention has been given to issues of sustainability, with SCiPNG working with NGOs to assist them to diversify their funding base so that they are not reliant on just one donor.

Although not part of the group identified as partners under this theme, the staff in this area has also supported capacity building work undertaken with East Sepik Council of Women, although this was funded from ESWCHP budget. This is a useful model, given the move to a programme approach and the multiplying effect of a range of interventions.

Recommendation for the NGO capacity building theme

It is recommended that:

12. The SPA partners note that NGOs supported by the NGO capacity building project report satisfaction with the capacity building services they receive.

The HIV/AIDS theme

HIV/AIDS in PNG

PNG now has the highest rates of HIV/AIDS in the Pacific. The epidemic 'poses a catastrophic threat to PNG's development prospects'[11]. Unless it is arrested, the growing epidemic will lead to losses to the formal and subsistence economies, weakening capacity at community and household level, increased demands on an already inadequate health service, and a rising number of orphans and vulnerable children. Limited health services, high rates of migrant labour, high prevalence of multiple sex partnering, low condom use, serious gender inequalities, sexual violence against women, sexual activities in exchange for money, goods or services and poverty are all fuelling the epidemic.

SCiPNG's programme for HIV/AIDS

SCiPNG's Country Programme objective for this theme is 'to mitigate the spread as well as effects of HIV and AIDS through preventive STI clinic services and health care for families and communities'. Its work is consistent with and contributes to the GoPNG's National Strategic Plan for HIV/AIDS 2006-2010 which seeks targeted interventions at those most at risk. The goal of SCiPNG's HIV/AIDS programme is to mitigate the negative impacts of HIV and AIDS among young people and PNG's most vulnerable groups. It has these objectives:

1. To reduce risk factors for HIV transmission among female sex workers and men who have sex with men.
2. To reduce risk factors for HIV transmission among young people.
3. To facilitate community–led, targeted behaviour change interventions in settings highly susceptible to HIV transmission.
4. To improve the wellbeing of vulnerable children in communities increasingly affected by the impact of HIV and AIDS.
5. To advocate for and support the development of effective organisations and networks working to address the impact of HIV and AIDS in PNG.
6. To incorporate principles related to gender, HIV and AIDS, and child rights in the design and delivery of SCiPNG' and implementing partners projects.
7. To enhance SCiPNG's capacity to provide effective and efficient programme management including M&E[12].

The programme has five HIV/AIDS projects, all supported by AusAID. NZAID co-funds two of these projects, providing around five percent of the total funding for the Poro Sapot Project (PSP) and over 85 percent of the funding for the Youth Outreach Project[13].

[11] PNG's Medium–term Development Strategy 2005-2010, p27
[12] SPA, p41

The Poro Sapot Project (PSP)

The goal of the PSP is to 'reduce the negative impacts of HIV and AIDS on selected groups in PNG' and its purpose is to 'improve the safe sex behaviour and well being of female sex workers (FSW) and men who have sex with men (MSM). PSP has the following objectives:

1. To increase safe sex practices amongst FSW and MSM and under-aged FSW.
2. Among police, to increase awareness of and sensitivity to issues faced by FSW and MSM.
3. To increase access to clinical services, counseling and other supportive services for FSW, MSM and under-aged FSW.
4. To promote legal rights of target groups.
5. To ensure effective and efficient project management[14].

Only about 3 percent[15] of the SPA funding is allocated to this project, and this funding is not formally tagged to any particular component of the work of the PSP, although the project reports that it is generally spent on additional medicines.

Because the PSP has been the subject of a recent AUSAID-funded review, it has not been separately reviewed as part of this mid-term review, except to discuss the extent to which SCiPNG's support systems support its work. The results of that review are considered in this exercise.

PSP's results

The AusAID-supported review reports that the PSP provides an effective peer model for preventing HIV in marginalised groups. It reports that condom distribution is impressive in terms of high numbers and reach and that the success of outreach activities has proven that it is possible to discuss sexual matters within the supportive environment that PSP provides to its outreach volunteers. It also reports that the project has made strong partnerships with local organisations The report notes that ongoing efforts will be made to build the understanding and capacity of Provincial Department of Health's Heduru Clinic to cater for the needs of PSP's target populations, and notes that potentially, the PSP clinic can be phased out when Heduru Clinic treatment and care services for the target populations improve.

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[13] The proportion of total funding that SPA contributes to the co-funded projects of NGO Capacity Building, PSP and YOP is calculated from project funding figures for 2007/08 provided by SCNZ.
[14] SCiPNG, July 2008, Review of Poro Sapot Project, p5
[15] SCiPNG, Strategic Partnership Annual Report July 2006 – June 2007, p4

The Youth Outreach Project (YOP)

The goal of the YOP is to 'reduce the risk factors for HIV transmission among young people'. Its purpose is to 'empower out-of-school youth to improve their own sexual health'. YOP has the following objectives:

1. To increase safer sexual practices among out-of-school youth in Eastern Highlands Province and Madang Province.
2. To improve access to and use of sexual health services by out-of-school youth in Eastern Highlands Province and Madang Province.
3. To empower vulnerable youth to actively participate in the response to HIV and their own development in Eastern Highlands Province and Madang Province.
4. To develop a community environment more supportive of the sexual health of young people in Eastern Highlands Province and Madang Province.
5. To improve effective and efficient programme management and delivery systems.
6. To increasingly incorporate gender and child rights-based programming principles into YOP management, delivery and strategies.

YOP is the second largest recipient of funding from the SPA, receiving about 18 percent of the annual allocations[16]. The project has established offices and peer education activities in three sites in Eastern Highlands Province: Goroka, Kainantu and Megabo (all funded through the SPA), and one site in Madang Province (funded by AusAID).

The YOP was established by SCiPNG in mid-2004. YOP is a peer-mediated sexual health improvement and HIV prevention project which works with young people (aged 15 – 25 years) who are out-of-school and unemployed. It is delivered through a comprehensive peer education approach with the following features:

- Enhancing links and providing training for service providers, such as STI clinics, VCT and counseling centres.
- Creating more supportive environment for improved sexual health among the youth, by working directly with communities and community leaders.
- Broadening the scope of its peer education approach so as to incorporate life skills and basic counseling in its training and outreach work.
- Improving access to male and female condoms and youth-targeted behaviour change communication materials.
- Developing youth-friendly centres, newsletters, radio programmes and a youth advisory board with the aim of empowering youth to adopt safe sex practices.

[16] SCiPNG Strategic Partnership Annual report July 2006 – June 2007, p3

Each project site is staffed by a YOP coordinator responsible for recruiting, training, supervising and supporting a group of youth peer outreach volunteers (POVs) who have been nominated by their villages to work in that area. Coordinators are provided with written guidelines that clearly set out different aspects of their work, as are volunteers who also receive clear guidelines about their roles and responsibilities. The project takes a systematic approach, linking staff reporting templates to the project log frame with demonstrated links between day-to-day work and the project goal. This serves to improve overall understanding of project and how individual staff members contribute to it.

In terms of sustainability, SCiPNG would like to develop the YOP a replicable model for preventing HIV and improving sexual health among youth. In the longer term, this would see the approach established among local partners, with SCiPNG gradually withdrawing from the role of direct implementation to one of supporting partners with implementation. It is working towards accreditation of the approach and training it has developed, and to identifying appropriate partners for eventual handover.

YOP's results

While it is too early to know what impact the project has had on the practices and health status of its target group, its results have been promising in terms of:

- training of peer outreach volunteers in peer education techniques and basic HIV and STI information using a newly developed peer education manual.
- the establishment and activities of youth advisory committees in each location to provide input into future project activities.
- distribution of IEC materials and of condoms and lubricants.
- establishing a referral systems to STI clinics, voluntary counseling and testing and for anti -retroviral drugs.
- feedback from peers who indicate that this is an appropriate way for them to receive information, supplies, and referrals to STI clinics.
- routine collection and analysis of information for use in assessing project processes and results.

The project has also been more instrumental than others in achieving a child rights focus in that it directly targets people as young as 15 and works with them to improve outcomes for people in this group. The 'incentives' aspect of the project aims to build the skills of the young volunteers involved, many of whom reported to the review team that the training they received and the role they play has increased their confidence. Their views are also sought and valued for input into the future development of the programme.

Although the project seems to be reaching good numbers of young women in the community as recipients of information and supplies, for various reasons including safety concerns in traveling to attend POV training and meetings, the number of young women serving as POVs is limited. The project could usefully consider strategies that seek to increase the participation of young women as POVs.

The project has taken a systematic approach with the result that it will be well placed to make appropriate adjustments to its work, based on sound information collected on a regular basis. Its emphasis on clear roles and responsibilities is also ensuring a high level of ownership by the participants and their commitment to the project's goal.

Recommendations for the HIV/AIDS theme

It is recommended that:

13. SCiPNG's Poro Sapot Project begins to develop a formal exit strategy based on increasing the capacity of the Provincial Department of Health's Heduru clinic to assume responsibility in the longer term for the clinical services that PSP provides at present.

14. SCiPNG's Youth Outreach Project considers ways to increase the number of young women serving in the project as Peer Outreach Volunteers.

The health theme

CONTEXT

PNG's health situation

PNG faces problems common to many developing countries in providing effective health services to its people. Government investment in health is low. Health service coverage is weak and declining. Key performance indicators are at best static, and in most cases declining, creating a crisis situation which includes a serious medical supply problem.

PNG Government and East Sepik community priorities for health

PNG's Medium-term Development Strategy 2005-2010 gives priority to investment in primary health care. Its National Health Plan 2001-10 encourages partnerships with churches and NGOs in the delivery of services. The Health Sector Strategic Plan 2006-2008 identifies as priorities - to fully immunise every child under one, reduce malaria prevalence, reduce maternal mortality, and reduce the rate of increase in HIV and STIs.

A community consultation in East Sepik undertaken before the design of phase 2 of the SCiPNG's East Sepik Women and Children's Health Project (ESWCHP) indicated similar priorities including improved access to formal health services, particularly for maternal and child health, malaria control and family planning. Communities consulted also identified polluted water as a major cause of health problems and diseases[17].

National and provincial health structures

The National Department of Health (NDoH) in Port Moresby provides the overarching health policy framework for delivery of services and developments for the future. It also manages the 19 provincial hospitals. The NDoH is responsible for setting and monitoring standards for service delivery, for example, through its 'Minimum Standards for Village Health Volunteers in Papua New Guinea' issued in 2003.

Within the NDoH, the Family Health Branch relates most directly to the work of SCiPNG's health theme and the ESWCHP. Other national branches also relate directly to the project. The Medical Supply Branch, responsible until recently for the Area Medical Store (AMS) provides medicines and supplies to the Provincial Department of Health for distribution in the province. The Health Service Improvement Programme (HSIP) has a nationally-managed fund of contributions from development partners that are used for development work in the provinces including a contribution to the work of ESWCHP. This programme has recently assumed responsibility for the work managed by the AMS.

[17] ESWCHP, Project Design Document, June 2002, Annex 1

The East Sepik Provincial Department of Health (PDoH) is responsible for rural health services in the province. It works through a system of health centres, sub-centres and aid posts some of which are operated by the PDoH and others by church health services (CHS). The PDoH also has a role in coordinating the provision of government and church services. The senior health position is that of the Provincial Health Advisor whose role is to advise the Provincial Administrator and the Secretary of Health on implementation of the national health plan and compliance with national health standards. Although a provincial board of health should provide policy and budget oversight of rural health services, it is not functional in East Sepik. Local level government is responsible for health sub centre and aid post buildings. The provincial AMS is responsible for distribution of medical supplies to the health centres, sub-centres and aid posts.

PNG's decentralised system of government pushes the burden of service onto under-resourced local level government which struggles to cope[18]. National, provincial and local level government activities are poorly integrated - a problem identified in the PNG Medium-term Development Strategy 2005-2010. Although the strategy says that the Government intends to clarify responsibilities and improve capacity of decentralised government in service delivery, improvements will take years. Efforts underway through recent enabling legislation to create simpler structures through a network of provincial health authorities will combine responsibility for rural health and hospital services in each province under a single management structure. These reforms can be adopted on a voluntary basis are unlikely to take effect in East Sepik in the foreseeable future.

Health funding arrangements

Health funding arrangements are complex. While senior PDoH personnel are funded nationally by the Department of Personnel Management, the PDoH is funded for other recurrent funding from the NDoH and from the provincial budget. Additional funds are made available from time to time in supplementary budgets from the Government of PNG. The NDoH funds provincial hospital services. The Churches Medical Council which receives its funds from the NDoH funds church health services. The HSIP Trust Fund within the NDoH provides funding for particular development initiatives (for example it contributes to the costs of the ESWCHP), while other development work, such as the HIV/AIDS programme of SCiPNG is funded fully by development partners.

Role of church health services

Churches have a long history of providing outreach health services in PNG. Although the PNG Government says that it will ensure that churches that have a sound track record of delivering priority services are provided with adequate funding support, this is not the

[18] NZAID and GoPNG, July 2008, Country Programme Strategy, 2008-2018, p11

reality. However, because of the commitment of health workers employed by churches, planned activities are usually implemented with or without financial support[19].

In East Sepik, church health services provide around 80 percent of rural health services. The Catholic Church provides about 80 percent of these, with the South Seas Evangelical Church providing much of the rest. Other players include the Seventh Day Adventist and Nazarine Churches, and the New Tribes and Pacific Islands Missions.

SCiPNG's health theme programme

SCiPNG's country programme objective for this theme is 'to improve the standard of health of rural communities in the Sepik province through capacity strengthening of key partners to assume greater responsibility for service delivery'. Under this, the goal of SCiPNG's health theme is to 'improve the health of vulnerable groups in selected regions of PNG'. It has the following objectives:

1. To improve basic family health within East Sepik rural communities
2. To improve access to potable water and sanitation facilities
3. To improve management of and access to quality STI services
4. To incorporate principles related to gender, HIV and AIDS and child rights in the design and delivery of our own and our implementing partners projects
5. To enhance SCIPNG's capacity to provide effective and efficient programme management (includes M&E)[20].

It appears that SCiPNG intended to mount several projects under this theme. Objective 1 would relate to ESWCHP, objective 2 to the European Union (EU) supported water and sanitation project, and objective 3 to a new STI project which has yet to be established. As the water and sanitation project subsequently became a component of the ESWCHP, the ESWCHP has been the only project under the health theme.

Background to the East Sepik Women and Children's Health Project

The ESWCHP has operated continuously since 1995 developing and supporting a network of village health volunteers (VHVs), and is now in its 13th year. The project developed from the work of the East Sepik Council of Women (ESCOW). Recognising the important role of women's empowerment in development projects and the need for basic health services, in the early 1980s ESCOW established a system of marasin meri or MM (medicine women) who were women nominated by villages to train in basic primary health care.

[19] Helen Ashwell with Doreen Dawadawareta, November 2006, Evaluation of a programme to improve the interaction between community and health systems in PNG: Its impact on improved maternal child health, AusAID, NDOH, Charles Darwin University, p56
[20] SPA, p45

Although the MM initiative stopped for lack of financial support, the need for MM services continued, and in 1992 ESCOW invited Save the Children New Zealand (SCNZ) to assist in reviving the initiative, resulting in the ESWCH Project based on a partnership between SCNZ and ESCOW[21]. Under this arrangement, ESCOW was responsible for community mobilisation and implementation working through a team of MM, community based distributors (CBDs) of contraceptive supplies, and village birth attendants (VBAs) now known collectively as VHVs. SCNZ provided managerial, financial and technical support. The project also worked closely with the PDoH which provided training, medicines, supplies and contraceptives and access to hospital care.

SCNZ funded the project from 1995-1997 in what is known as 'phase I'. Following a breakdown in the relationship with ESCOW, the project continued from 1997 based on a partnership with the PDoH and some church health services. NZODA/NZAID co-funded the project with SCNZ from 1997 until 2003. NZAID has fully funded it since 2004.

Phase II began in March 2004 when NZAID gave 'in principle' approval to funding the project until February 2011[22]. The first funding grant ran from 1 March 2004 to 30 June 2006. The project is now funded under the SPA for the period from July 2006 – June 2009. Although it had a gender review and an internal review in 2006, the only independent review of the project as a whole is reported to have been in 1998. SCiPNG has actively sought a review of the project for some years. The review was scheduled for 2007 but did not proceed as NZAID was unable to identify a suitable reviewer. NZAID and SCNZ subsequently agreed that the project would be reviewed as a component of the 2008 mid-term review of the SPA.

Phase II seeks to embed the VHV service into the permanent health systems in East Sepik based on the church health services. With a few revisions, it continues to be based on the phase II programme implementation document (PID) of December 2004. When phase II was designed, the project employed 13 staff[23]. It now employs nearly 40.

Goal and objectives of phase II of the ESWCHP

The 2004 goal for phase 2 was to 'improve basic family health within East Sepik rural communities'. Its objective was 'to put in place an integrated, effective and sustainable quality basic health care delivery system in East Sepik'. Project outputs are described as:

1. Strengthened health institutional capacity, especially church health services, and improved integration within and among key rural health service providers, programmes and activities.

[21] Joanna Spratt, July 2003, East Sepik Women and Child Health Project, History 1992 – July 2003, p2-3
[22] SCiPNG, May 2006, ESWCHP Phase II Program Implementation Document, p6
[23] SCiPNG, June 2002, ESWCHP Programme Design Document, p20

2. Human resources developed to provide improved policy, planning, financial administration and management capacity and to overcome shortages in critical skill areas.
3. Critical curative and preventative health services strengthened.
4. Community self reliance in health care strengthened.

The project's goal and objective were expanded in 2006. The goal is now 'to improve basic family health, safe motherhood and rights for women and children in East Sepik rural communities' and its objective is to 'put in place an integrated effective and sustainable quality basic family health care delivery system, especially as regards health services for women and children in six districts of East Sepik province by 2010'.

In essence, as explained by the Project Coordinator, the focus of phase I of the project was on training a cadre of VHVs to deliver rural health services at a village level. Selection was based on need and included training for VHVs in both CHS and PDoH catchment areas. The primary focus of phase II has been to train a wider network of VHVs and to integrate them into the church health services in the province.

Funding for phase II of ESWCHP

The ESWCHP receives about 75 percent of NZAID's funding for SCiPNG under the SPA. The funding for the period covered by the SPA (as allocated through SCNZ and the HSIP Trust Fund) is as follows.

ESWCHP budget (in PNG Kina)

2006/07	2007/08	2008/09
K3,090,910	K3,000,000	K2,909,091

Source: SCNZ

RESULTS OF EAST SEPIK WOMEN AND CHILDREN'S HEALTH PROJECT

The work of the project is assessed by examining the four interlinking dimensions of:

infrastructure development	**Capacity building/ human resource development**
Logistics and supplies	**Ownership**

The report then considers developments in terms of gender empowerment, monitoring and evaluation, exit strategy and sustainability, and health results to date.

Infrastructure development

This dimension of the project has sought both to address physical infrastructure needs, some equipment purchase, and management and coordination arrangements within the provincial health system.

Physical infrastructure

Although the budget attached to the 2006 SPA lists a significant building and capital purchase for this component, there is no mention in the narrative on the health theme that capital expenditure is part of the programme. This is puzzling given the amount of the allocation to ESWCHP used on buildings and other capital expenditure. While the team was not able to obtain a summary of annual amounts spent on capital works, estimates varied between one and two thirds of the allocation for the project.

The project's capital infrastructure programme seeks to address pressing physical infrastructure constraints to providing rural health services. The lack of staff housing, training venues, dormitories, maternity and general wards, outpatient areas, and transport are major constraints. The project has been successful in erecting a number of buildings, often in remote locations with logistic challenges, and in the purchase of boats and vehicles to address transport needs. The main beneficiaries have been the church health services, particularly the Catholic and South Seas Evangelical Churches.

The Project Coordinator indicates that some 30 of a planned 80 buildings have been completed. These figures do not accord with information provided by the church health services which suggest that fewer buildings have been completed (although they report satisfaction with the buildings completed) and that there are more than 50 outstanding building projects. Unfortunately, the capital programme agreed between the project and the church recipients is not documented. Instead, it is based on oral agreements between the parties, an approach that is inconsistent with good development, project management and financial practice, and may create problems based on different understandings of what was agreed.

The review team was told of the urgent need to build facilities for the storage and dispensing of medicines at some health centres. These are an essential component of the service which do not appear to have been factored in to the original building programme. The project indicates that the NDoH may consider funding dispensaries and this option should be explored. If it is not successful, then the present building programme may need to be renegotiated to include these structures.

The June 2002 project design document (PDD) indicated[24] that construction activities for rural health infrastructure would follow accepted best practice, transparent competitive tendering and contracting procedures and would adopt measures to ensure acceptable performance levels and value-for-money. It proposed that the programme coordination group (PCG) would serve as a tender board and that rural construction would maximise the use of labour available at site through the negotiation of community agreements.

Not all these practices were adopted, and decisions on alternative arrangements were taken by the project alone. At most locations, there was apparently insufficient sophistication to have a tendering process. A plan for villages to provide labour as their contribution was deemed impractical because the health facilities serve whole catchments not just individual villages. There were no agreements with individual villages. Instead, although the building programme uses local labour, this is a cost included in contracts with the builders. The contracts specify the scope of works, technical requirements and the schedule of payments, following approval by the works supervisor. Contacts are signed by the builder, CHS and SCNZ. The project pays a standard fee for building particular structures, based on 10 percent of the cost of materials.

There is no evidence of cost/benefit analysis on the present building programme, nor is any planned for additional buildings. As an example, the project is seeking additional funding to build a dormitory for the PDoH to provide accommodation for up to 16 trainees at a time. (In this case, the project *has* signed a MoU with the PDoH to construct the dormitory subject to availability of funding). The review team was told that the dormitory would be used to accommodate VBAs who come for a two-week practical training attachment to the maternity ward at Wewak Hospital. The building is expected to cost around K500,000 (NZD250,000). The following simple cost/benefit analysis shows that there may be other ways to address this issue.

The training timetable for the 2008/09 financial year indicates that 10 two-week training programmes will be held in the year to provide training for 4-6 VBAs per session, or for a total of around 50 VBAs. This means accommodation will be needed for a maximum of 700 bed nights in a year. In the past, the project has accommodated trainees at the dormitory available at ESCOW for K10 per person per night. If this were used exclusively, it would cost some K7000 per year (or less as some churches provide their own accommodation for trainees). The project decided instead to pay a retainer to a Catholic Church dormitory facility of K7200 per year per month for use by trainees.

On present values, the K500,000 sought for the dormitory would pay for alternative accommodation for around 70 years. These annual costs should be considered against the

[24] SCiPNG, June 2002, Project Design Document, p 16

cost of a new building that would provide accommodation in excess of that needed and would attract ongoing maintenance costs for the PDoH. Moreover, using the ESCOW facility could have the benefit in providing income to support its women's empowerment work, a benefit overlooked in moving the funding to the Catholic Church which has already received the majority of the benefits of the project.

If the concern is that after handover, funding may not be available for accommodation for trainees, other arrangements could be considered such as setting up an interest-earning trust fund that could be used only for funding accommodation of VHV trainees.

Management/coordination infrastructure

In addition to physical infrastructure, the project has sought to develop management and coordination structures within the provincial health sector to support the work of the project during implementation and after handover to CHS. To this end, it has established a programme coordinating group (PCG) and a VHV Management Committee.

The PCG was established as an adjunct to the provincial health board to which it theoretically reports, although the board has long been inactive. The PCG is chaired by the Provincial Administrator (or in his absence, the Project Coordinator) and includes representatives from the project office, provincial government, PDoH, and CHS with provision for others to attend in an advisory capacity. While initially, CHS representatives included only those from the Catholic and South Seas Evangelical Churches, representatives from the SDA, Pacific Island and New Tribes Mission churches now attend regularly. Attendance by PDoH staff is less frequent. The PCG meets quarterly to monitor and coordinate project implementation. It provides a useful forum, particularly as the Board of Health has not met for some years.

The project has also established the VHV Management Committee which meets quarterly and is attended by representatives of the project, CHS, PDoH and Area Medical Stores (AMS). It is chaired by a special projects officer seconded to the project from the Catholic health services and works to coordinate VHV activities, bringing issues of concern to the attention of the PCG. It operates well and will continue post handover.

Capacity building/ human resource development

Training for managers and administrators

The 2004 project implementation document (PID) indicated that the project would provide training for PDoH and CHS managers in planning, management and budgeting. This intention did not seem to take account of the active AusAID-supported project known as the Health Sector Support Programme (HSSP) mounted from 2002 which had

similar capacity building objectives for PDoH and CHS staff. In 2005, the HSSP was absorbed into the newly established Capacity Building Service Centre (CBSC) which aimed to develop the competencies and capabilities of individuals, organisations, and systems in the health sector, and which continues to operate. As a result of these initiatives, although it provided computer training to PDoH and CHS staff, ESWCHP did not pursue its planned wider programme of capacity building for managers.

Training for rural health staff

The 2002 PDD[25] laid out an ambitions training programme, indicating that the project would provide health sub-centre staff with continuous training including in finance, management, administration, procurement, planning and information technologies, and solid technical support to improve their capacity to support VHV programmes. It also said that phase II activities would assist in addressing critical skills shortages in key areas, including the shortage of trained midwives.

The 2004 PID was more modest, indicating that training for rural staff would include phase II orientation, VHV programme management and a midwife scholarship programme[26]. The May 2006 PID update indicated only that instead of using scholarships, the project had developed a programme for rural staff of six-week clinical attachments Wewak General Hospital.

Training in management of VHV networks appears to have been limited to the provision of the VHV network manual and some general mentoring by project staff when they visit for identified nursing officers in the 22 facilities with a network of VHVs. In recent times, rural staff has begun to receive training from project staff on a VHV management information system and on the standard operating procedures to ensure that VHVs receive medicines and supplies from the AMS. Some have also received child rights training.

Training of trainers

Some rural health staff members have trained as VHV trainers. To date, 44 people have completed training as VHV trainers. Of these, 23 are active trainers with the others being followed up for recognition. Most trainers have also received gender training.

The NDoH's 'Minimum Standards for Village Health Volunteers in Papua New Guinea' issued in 2003 indicate that active trainers should receive five days of refresher training each year. The 2002 PDD[27] said that the project would provide regular one-week VHV training-of-trainer refresher workshops. This is not happening.

[25] SCiPNG, 2002, Project Design Document, p24
[26] SCiPNG, December 2004, Project Implementation Document, p23
[27] SCiPNG, 2002, Project Design Document, p24

Training of village health volunteers

The project has trained 1,073 VHVs in the last 12 years, with the most intensive training undertaken in the past three years. Three further trainings of new VHVs are planned for this year and will end the initial training of VHVs undertaken under the project. Of those trained, about 615 are active. VHVs are reported to operate in more than 400 villages.

Organising training takes time and is a significant logistic exercise. Volunteers are identified for training by their villages. Contracts are signed between the village leaders, the VHV and the CHS setting out the roles and responsibilities of each before the training is undertaken. Attendance at training involves arranging transport to and from the training centre and accommodation for the training period, as well as running the training programme itself. The training programme takes four weeks. All trainees undertake a common programme for the first two weeks. The MMs and the VBA/CBDs then split in to for a further two weeks training, targeted to their area of work.

Refresher training appears to have been a strong feature in the past with large numbers of VHVs reported to have received refresher training in 2002 and 2004. However, there has been no refresher training for VHVs for four years, despite the 2004 PID[28] observation that continuous in-service training is critical to the success of VHVs, and the NDoH standards which indicate that active VHVs should receive five days of refresher training every year.. This is concerning as it is difficult for VHVs to maintain their skills from such a limited training base.

An added concern is the lack of supervision that VHVs identified during consultations for this review. Although the Catholic health service reported that it used its maternal and child health patrols to provide supervision for its VHVs, VHVs consulted reported that they received little supervision, an issue already identified in the 2006 gender review report[29]. The review team considers that the lack or supervision and refresher training for VHVs threaten the quality and sustainability of the programme. It considers that these shortcomings should be addressed before any further VHVs are trained. It would also be useful to know the extent to which these shortcomings and other problems discussed below have contributed to the fact that only 57 percent of VHVs trained remain active.

Promotion of self reliance in health care

The public health element of capacity building has focused on villages rather than individuals. The December 2004 PID indicated that activities would include CAP training and health projects, training and promotion of the 'healthy islands' concept, and preventive health education. However, the May 2006 PID and the annual report for

[28] Ibid, p 14
[29] Yvonne Underhill-Sem, Basil Peutalo, April 2006, Gender Advisory Support for Grass-roots Health Projects in PNG, UniServices, p21

2006/07 refer only on the 'healthy islands' process which appears now to be the primary activity. The healthy islands training is used to mobilise villagers to implement activities such as improved rubbish disposal, latrines, malaria control activities, and housing. The process also aims to mobilise support for VHVs.

Initially, the project undertook this training at village level. To cover more locations, it shifted to a catchment-level approach whereby each village sends representatives to a central location for training. As a result, the concept has been introduced in five catchments providing training for representatives of 227 villages. Anecdotally, results seem promising with, for example, cleaner villages and reduced incidence of malaria. However, no provision has been made for ongoing follow-up visits once the project finishes as the programme is not incorporated into the Catholic health services. As a result, community efforts in this area are likely to decrease. (Although the SSE church is successfully operating its own 'healthy islands' programme, without project support).

The project reports that the community health workers union has successfully lobbied for funding for many new positions. As a result, the East Sepik Provincial Government is to establish 630 new health positions including a number of health promotion positions. Potentially, these could provide a base in the PDoH for the healthy islands work.

Logistics and supplies

Distribution of medicines and supplies

Problems in PNG with the distribution of medicines and supplies are well documented. While national structures are responsible for ordering and delivery of medicines and supplies to provinces, the provincial Area Medical Store (AMS) is responsible for ensuring that medicines and supplies are available to health facilities in their areas.

Unfortunately, the design of phase II did not identify the need for a formal partnership with the provincial AMS to support its role in proving medicines and supplies for VHVs. In phase I, the project sourced medicines and supplies from the AMS, but the project packaged and delivered them to VHVs on their regular visits. Because the AMS has limited staff capacity and computer support, it has not been able to take on this kit-packaging role. As a result, the project provides labour to the AMS to package individual kits for VHVs, arrangements that are not sustainable in the long term. The project uses AMS supplies where these are available, but also purchases its own when there are shortfalls, or in some cases, e.g. for birthing kits, runs a parallel purchasing system. Again, these are arrangements that are not sustainable.

While delivery of supplies to VHVs working in church health service catchments has generally been managed through the CHS networks, albeit with mixed results, the supply

arrangements for VHVs that work in government catchments is more ad hoc and they are often without supplies. Because VHVs are not a formal paid part of the health services, health workers in some health centres and sub-centres have not always been willing to provide VHVs with the medicines and supplies they need and some VHVs report receiving kits with key medicines missing.

With the focus of phase II on integration of VHVs into existing health structures, the project is now seeking to integrate the order and delivery of supplies to VHVs into the health centre and sub-centre systems[30]. This would see centres placing orders for all their staff including VHVs, and then packaging supplies for delivery during patrol or supervision visits. To this end, the project is training health centre staff in use of the AMS's standard operating procedures (SOP) for planning minimum and maximum supplies, stock orders, supplies and inventory management.

Concerns about delivery of basic supplies needed by VHVs are well documented. They were identified in the April 2006 report for NZAID on gender advisory support to ESWCHP[31] and in SCIPNG's November 2006 monitoring research report on the ESWCHP[32]. The write up of the project's April 2007 lessons learned workshop indicates that the project should provide support to AMS and recognise it as a full partner in the project. SCiPNG's 2006/2007 annual report suggests formally designating AMS as a project partner in order to allocate resources for its field training in information management and construction of dispensaries at church-run health facilities[33]. It suggests that the mid-term review consider project design changes to address these concerns.

Having identified the problem, the project has not taken action, although clearly the whole VHV undertaking is at risk if the VHVs are unable to receive the medicines and supplies needed for their work. SCNZ could have raised the issue with NZAID. Alternatively, it could have sought assistance from the HSIP which supports projects aimed at addressing logistics and supply issues. (Indeed, the Catholic health service reports that it already receives funding from HSIP to support its delivery of medicines to VHVs in some more remote locations).

There is an urgent need to scope the support required to best to work with the AMS and rural health services to improve distribution to VHVs and to consider seeking HSIP funding for the work. The proposal should address needs of VHVs working in both CHS and DoH catchments. Construction of health centre dispensaries should be considered at the same time, either with NDoH resources or as part of the project's capital programme.

[30] SCiPNG, December 2004, Phase II PID, p32
[31] Yvonne Underhill-Sem, p10
[32] Ruth Heather, p14
[33] SCiPNG, July 2006 – June 2007, Strategic Partnership annual report, p20

Content of kits

In addition to basic medicines and supplies, VHVs trained in phase I received and continue to receive what are described as 'incentives'. These include, for example, kerosene for lanterns, bath soap, laundry soap, pens and writing pads – consumables used by VHVs in their daily practice which are not available on the government supply list. The Catholic health service asked the project to discontinue this practice with new trainees because it was not sustainable and raised expectations beyond the church's ability to deliver when the project ends. Nevertheless, the project has resumed delivery of 'incentives', noting that there is no sustainability strategy for this aspect.

The review team is of the view that these supplies are essential for VHVs and should be included in the basic list of supplies provided to them, an issue also identified in the 2006 gender report[34]. The project's one approach the Director of Medical Supplies at the NDoH to have these items recognised as essential supplies for VHVs has not been followed up. More advocacy is needed here, ideally enjoining the support of the Family Health Branch and particularly the National VHV Coordinator.

Ownership

A key element for sustainability is the extent to which the work is 'owned' by the parties that will manage it in the long term. In addition to the commitment of VHVs which appears strong from those consulted by the review team, this project relies on the ownership of the:

- communities that nominate people to train and serve as their VHVs.
- church health services into which the VHV service is being integrated.
- the Provincial Department of Health which has responsibility and oversight for all health services operating in the province.

Community ownership

The 2002 PDD noted a lack of community "ownership" for the project. It reported that discussions with communities often elicited contradictory positions with most saying that they greatly valued the service, while at the same time rejecting suggestions that they should materially support VHVs. Despite the efforts of CAP processes, the use of contracts between villages, CHS and VHVs, and ongoing discussions with village leaders by visiting project workers, the situation described in 2002 persists. VHVs consulted confirmed that the majority of communities do not provide adequate 'in kind' support.

[34] Yvonne Underhill-Sem, p 17 and 20

Without the expected 'in kind' support from communities, women take on VHV work in addition to all their other tasks - gardening, carrying water/firewood, caring for family members and raising children. This workload can cause real hardship, particularly where VHVs spend time attending to long deliveries or travel a distance from their own houses to tend to sick people. Further, the team heard anecdotes of violence against female VHVs by their husbands because they were spending time on VHV work at the expense of family duties. These issues raise the concerning prospect that being part of the project may be exploiting already work-laden women, and in some cases, resulting in harm to them. Concern about the burden on women was also identified in the 2006 gender report.

These issues highlight the fact that the VHV service is something of a hybrid that sits between community development and an outreach service of the formal health services. As an extension of the health services, communities appear to see VHVs as the responsibility of the project or health services rather than as a village concern. The NDoH has indicated that it would like to see VHVs made a formal part of the health workforce with a separate vote to pay for their work. This would obviate the need for 'in kind' support and might have useful gender empowerment implications in the communities in which VHVs work. However, this proposed change may be many years away, and efforts are needed now to improve community support for VHVs.

Given the important role that village leaders play in leading opinion, gender training for village leaders could be a useful starting point, together with an increased focus on gender issues in the project's 'healthy islands' work, a suggestion included in 2006 monitoring research report[35]. Such training might usefully be provided on a pilot basis to assess whether it contributes to improved community ownership of the VHV service.

Church health service ownership

Not surprisingly given that they are the primary beneficiaries of the project in terms of capital investments and training, the Catholic and South Seas Evangelical Church health services demonstrate strong ownership of the work and are keen to assume full responsibility for training of trainers and VHVs in their areas. Several other churches have joined the project in recent years (New Tribes Mission, Seventh Day Adventist, and Pacific Island Mission). The project has provided them with training for trainers and VHVs but has provided no capital support. Interestingly, although they received no capital benefits, these church providers also demonstrate strong ownership of the work.

[35] Ruth Heather, p9

Ownership by the Provincial Department of Health

Throughout phase I, there was close co-operation between the project and the PDoH. However, because government health services in the province were in decline and church health services were effectively providing most rural health services, the CHS rather than the PDoH became the focus of integration of the VHV network. Although the PID of December 2004 identified as a medium-high risk the prospect that the PDoH would provide inadequate commitment to the project, it judged the risk manageable because relationships were strong and the PDoH would receive a refurbished office and training.

The PDoH was initially well engaged with the project, helping, for example, to develop the tally sheets completed by VHVs so that the information could be easily incorporated into NHIS data collection. Over time, however, it has lost interest. This is attributed in part to turnover in the Provincial Health Advisor (PHA) position, the limited training provided by the project, and more directly, to jealousy as the PDoH has seen the extent of building undertaken for the CHS by the project. The jealousy is widespread, and is reported on occasion to have affected the level of service that patients referred from CHS to DoH health facilities receive. This impact is recognised by the ESWCHP in its annual report to June 2008 which notes that the 'project design should have provided material goods to PDoH as well as CHS in order to make partnership stronger'.

That being said, the present PHA seems to take a genuine interest in the project's work. The province has recently received funding to fill 630 new health positions. While most will be used for community health worker positions, as a result of advocacy by the project, the PHA says that he will also create positions for VHV coordinators and health promoters at a district level. This development may provide useful opportunity for the project to offer to work closely with the PDoH using its experiences with integration of the VHV network into the CHS to assist in the integration of VHVs working in government catchments.

The nature of any support will need to be negotiated and agreed by the PDoH, but could form the basis activities aimed at supporting the provincial government health structures. As the new NZAID/GoPNG Country Strategy notes, although improvements to service delivery in the short term have relied on making use of service delivery partners outside government, in the longer term, it will rely on better functioning national, provincial and district government structures[36]. It should be noted that the project has developed strong a relationship with the NDoH's Wewak Hospital which provides regular training attachments for VBAs trained by the project.

[36] NZAID, GoPNG, Country Strategy 2008-2018, p11

Gender equality

In early 2006, NZAID commissioned a review of gender support for health projects in PNG including the ESWCHP. Recommendations of the resulting report (see Appendix 6) were accepted by NZAID which asked ESWCHP to implement them. ESWCHP's PID of May 2006 identified activities it would undertake to address the recommendations. These included training management staff on gender issues and entrenching women's empowerment into the goals and aims of the project documents, recruiting a consultant for proposal development, implementing a village-based recognition programme for VHVs, increasing advocacy for community support for VHVs and developing a strategy for ongoing advocacy and support for women.

Since 2006, the goal of the ESWCHP has been expanded 'to improve basic family health, safe motherhood *and rights for women* and children in East Sepik rural communities'. ESWCHP now has an objective seeking to incorporate principles related to gender into the design and delivery of its work. One of the project's six components specifies that the empowerment of rural women will be strengthened through recognition of VHV contributions and increased networking among local women's groups and NGOs.

Other activities undertaken to address gender issues include provision of gender training for all project staff in 2007, the appointment of a staff member to deal with gender issues, and the provision in 2007 of extensive gender, governance and leadership training for the East Sepik Council of Women (ESCOW). Work to develop badges and certificates for all VHVs who have completed their training is nearly complete and will be presented to them in village ceremonies over the next year.

The project has also continued to replenish medical supplies for VHVs when there are shortages and to expand the content of kits, as discussed above. Although these activities address recommendations of the gender report, in development terms, they create sustainability issues which were not identified in the gender report, and which the project has yet to address.

Because it is Government policy to use the collective of 'VHVs' of to describe the work of MMs, CBDs and VBAs, the project has not formally returned to the use of the terms 'marasin meri' and 'marasin man' as recommended on the gender report. However, these terms continue to be used in the villages where these volunteers work.

Many of the activities undertaken in response to the recommendations of the report have been useful, as has the work of the project generally in developing confidence of women trained as VHVs. Nevertheless, gender equality is not yet integral to the project.

The incumbent of the gender position who comes from a nursing background feels ill equipped for the gender advocacy role of the position, and time was lost when an unsuitable volunteer was appointed for many months to assist in building her capacity. The proposed strategy for ongoing input into advocacy and support for women has not materialised. VHVs are poorly supported by their communities and can be burdened by their VHV role if the community does not provide in-kind support for their services. Although certificates recognising VHVs' work will be helpful, gender education in these villages is also needed to better address gender issues. Moreover, if women serving as VHVs are to be acknowledged and respected in their communities for their work, then provision of regular refresher training and supervision are essential for them to maintain the service quality that will enable them to earn that respect.

The project's relationship with ESCOW, the primary NGO in East Sepik working on gender issues, is tense. Its development is hindered by ESCOW's deep resentment that the MM programme which it started is now operated by CHS. While efforts have focused on encouraging ESCOW into a social support role for VHVs at a village level, ESCOW appears too resentful to work with the CHS in this role. This resentment has been compounded by the loss of income associated with project's decision to stop using ESCOW accommodation for trainees in favour of that provided by the Catholic Church.

ESCOW is now keen to develop its work in the areas of family violence and child abuse. The gender report recommended that the project work more closely with other development NGOs in East Sepik to ensure that issues such as violence against women are addressed. Given the difficulties associated with engaging ESCOW in the VHV work, support for its work in family violence and child abuse may be a useful way for SCiPNG to work with ESCOW again, ideally through SCiPNG's NGO capacity building project.

Monitoring and evaluation

It is clear that the project has collected a good deal of data, including, for example, surveys on incidence of malaria, safe motherhood services provided by VHVs, the impact of the 'healthy islands' work, the number of MM consultations by month, the number of VHVs trained and numbers active. However, most material collected is not frequently analysed or used to inform the development of the project. For example, information collected on MM consultations by month was last analysed in November 2004.

There is no cohesive M&E plan in use and volunteer staff employed from time to time in the M&E position have not be tasked with building the capacity of local staff to ensure appropriate information continues to be collected and analysed. Overall, efforts in this area have been disappointing, particularly given the project's interest in using its work as a model for potential replication in other provinces.

Health results to date

Has the project been successful in achieving its goal to improve family health? There is little verifiable data available to enable this question to be answered with confidence.

The Monitoring and Research Branch of the NDoH produces annual health sector review including reports on provincial performance. For East Sepik Province, the May 2008 report indicates that, in line with the national trend, government aid posts have continued to close. For example, in 2007, only 35 percent of aid posts were open compared with 51 percent in 2006. However, some improvements were recorded for the province including increased ante-natal coverage and family planning acceptance[37]. Given the wide role of church health services, VHVs operating in their areas can clearly take some credit for these improvements. Moreover, anecdotal reports suggest other improvements. These include, for example, reports that good first aid is practiced in participating communities, supervised deliveries have increased, the incidence of malaria has decreased, and that out-patient visits at health facilities have dropped significantly, suggesting an increase in the number of health issues that are being addressed at a village level.

Exit strategy and sustainability

Sustainability of the VHV network has been central to phase II of the project with its aim to integrate the VHV network into the church health services. Although the churches benefiting for capital works have no interest in assuming responsibility for the building programme, both the Catholic and South Sea Evangelical Church are clear that they are now ready to take on responsibility the VHV training and coordination role. Although the project has developed a checklist to ascertain what centres need to do to be ready, the project has yet to develop clear plans or timelines for handover.

While handover of management is one aspect, there are major outstanding issues to be addressed if the work of the project is to be sustained. These include the need for ongoing programmes of refresher training for trainers and VHVs, arrangements for the regular supervision of VHVs and of the healthy islands programme, and resolution of medicine and supply issues. Clear plans are needed to address these issues and the project will need to give them urgent attention if the project is to conclude as planned in 2011.

Overall results of the ESWCHP

The project has established and now maintains a significant rural primary health care infrastructure for the people of East Sepik, often in remote locations and without means of communication. Expectations must be realistic and achievements in face the challenges recognised. Nevertheless there are areas that need attention.

[37] NDoH Monitoring and Research Branch , May 2008,PNG Annual Health Sector Review, p6

Despite the significant construction programme achieved, much of it in difficult locations, the management of the capital programme is a concern. It has been undertaken without any cost/benefit analysis of the proposed building programme and without agreements with the recipient churches. Changes to proposed business practices have been made by project alone. The building programme takes no account of the need for dispensaries in health centres, and without formal analysis on the use of buildings constructed, it is difficult to determine to what extent they represent value for money.

In terms of human resource development, although a good deal has been achieved, there has been inadequate focus on providing the refresher training for trainers and for VHVs. This lack threatens the quality and sustainability of the VHV programme, particularly when combined with limited supervision of VHV activities. These shortcomings should be addressed before any further VHVs are trained, as training of more VHVs will place further pressure on already limited capacity for supervision and refresher training. Problems with provision of medicines and supplies also threaten the quality and sustainability of the VHV programme. The project must determine how best to work with the AMS to develop sustainable arrangements for distributing medicines and supplies to VHVs.

In terms of ownership, although the work is well 'owned' by the VHVs and church health services, the lack of village support for VHVs is a concern that needs addressing, as is the reduced engagement by the Provincial Department of Health. Present developments in the government health sector provide opportunities for the project and the PDoH to increase their engagement and for the project to provide support to the provincial government health structures to manage VHVs working in their catchments.

The project has undertaken a number of activities to promote gender equality. The most important one has been its focus on training village women to serve as VHVs, an activity which has served to give women VHVs some status in their communities while providing much needed primary health care services. Additional activities undertaken to improve gender equality appear to have had only a limited impact so far.

The ESWCHP in its various forms has operated for 13 years. The long engagement which has been an important feature in the successes of the project can be something of a two-edged sword, leading communities to assume that external support can be relied on forever and working against development of sustainable arrangements. This risk is increased when there are no clear agreements that spell out the roles and responsibilities of partners and specify clear timelines for the engagement. These will need to be key features of the final stage of phase II and embedded in any future work in the province.

Recommendations

It is recommended that:

15. SCiPNG considers how best to ensure that dispensaries are included in the ESWCHP building programme, ideally using NDoH resources.

16. SCiPNG enters agreements with each partner which, as appropriate, identify what buildings have been constructed and what are still to be constructed, what vehicles/equipment have been purchased and what are still to be purchased, what training has been completed and what is still to be provided with a timetable for completion.

17. SCiPNG reviews its business practices relating to its construction programme to ensure that they are robust.

18. SCiPNG gives urgent attention to:

    (i) introducing refresher training for trainers and VHVs before any further VHVs are trained, and ensuring that an ongoing programme for refresher training is put in place;
    (ii) working with church health services to ensure that VHVs in their catchments receive regular supervision from qualified staff, and that an ongoing programme for supervision is put in place.

19. SCiPNG scopes the nature of the support needed to best work with the AMS to improve distribution of medicines and supplies to VHVs, and seeks funding from appropriate sources to support this work.

20. SCiPNG advocates to the National Department of Health for the inclusion of additional items on the list of supplies that should be routinely available to VHVs.

21. SCiPNG considers how best to address the lack of village support for VHVs, for example, by piloting gender training for leaders in some villages where VHVs practice.

22. SCiPNG considers surveying VHVs with a view to understanding why only 57 percent of those trained remain active.

23. SCiPNG identifies how best to use presenting opportunities to increase it engagement with the Provincial Department of Health.

24. SCiPNG identifies ways to work further with ESCOW to support its gender equality work.

6 Overall conclusions

The SPA was developed in something of a rush with intentions wider than the funding agreement that it replaced, but without clear articulation of these intentions. As a result, it essentially remains a funding agreement with a 'partner' rather than a 'partnership' focus. The parties understand their roles which are little different from those that they had under previous arrangements, and, so far, the arrangement has added limited additional value to the relationships (although it has increased the reporting burden on SCNZ). Nevertheless, the priorities of the three partners provide a solid basis for the partnership, and there is considerable goodwill between the partners who are keen to work together more effectively, but seem unclear on how they might proceed. The primary lesson here is that, in designing the next phase of the arrangement, it will be important for the partners to have time to develop a clear arrangement which identifies the responsibilities of and benefits for each party, and which provides a clear basis for their future relationship.

Although Save the Children has clearly stated intentions to improve its support systems, results have been disappointing. Recruitment difficulties have resulted in a number of major gaps particularly in positions that might have taken responsibility for some of the much-needed systems' developments. At the same time, SCiPNG has grown rapidly, beyond the ability of present systems to provide appropriate levels of support. The primary lesson here is that adequate support services need to be in place and expanded services planned before new work is taken on. SCiPNG is working hard to address these issues and will need ongoing support from SCNZ in this work.

In terms of its Country Programme objectives, SCiPNG is working hard to transform SCiPNG and its partners into child rights-based organisations. It is working well with its partners to strengthen their abilities to design, implement and manage projects effectively, and with vulnerable people to mitigate the spread as well as effects of HIV/AIDS. Although there is limited formal information available, its work in health appears to be improving the health of rural communities and the ESWCHP is making progress with church health services in assisting them assume greater responsibility for service delivery. SCiPNG's capacity to provide effective and efficient programme management and to support project implementation is effective in the HIV/AIDS and NGO capacity building areas, but needs strengthening in the health theme area. Project reporting could be improved in all SCiPNG's project areas, particularly in the health theme.

The SCiPNG's country programme is relevant and contributes to PNG's national and community priorities. In the HIV/AIDs area, it will take time before the impact of its work can be measured with confidence. In the NGO area, those supported are showing growing confidence in managing their work. Lack of data makes it difficult to determine

with confidence the impact of the health work, although anecdotal evidence suggests that there have been some important improvements. The project has also had some unintended impacts as discussed in the section on the ESWCHP. The need to identify and better manage the risks of any adverse impacts of project work on other stakeholders is a key lesson to be learned from this project.

The results of each project are discussed under each project in the body of the report. While work in the NGO and HIV/AIDs theme areas appear to be effective and represent good value for money, the team has some concerns about the ESWCHP. These relate not only to the building programme which has lacked accountability but also to the lack of refresher training for trainers and VHVs during the review period, the limited supervision provided for those trained, and the need to make adequate arrangements for the supply of medicines to VHVs. Without clear ongoing arrangements in these areas, the initial investment in VHV training to provide effective health services may be lost and the sustainability of the project threatened. A key lesson for this project is the need to focus not only on training and handover of management of VHVs, but also on the related sustainability issues. The other projects could also usefully increase their focus on developing plans for eventual hand over of their activities to national organisations.

Although their situations may be somewhat different, the lesson learning identified in this report is likely to be relevant to the work of other NGOs engaged in similar work.

Given security risks and problems with day-to-day services in PNG, SCiPNG undertakes its work in an often difficult environment. Moreover, SCiPNG chooses to work in difficult areas such as HIV/AIDs services to marginalised groups, promoting gender equality and children’s rights - challenging often strongly-held local views and practices, and in the delivery of health services in remote areas. SCiPNG faces these challenges with a cadre of dedicated and often long serving staff. The review team hopes that any changes made as a result of this review report will serve to better support them in their important work.

Appendix 1

Terms of Reference: Review of Strategic Partnership between NZAID Government of PNG and Save the Children NZ

A. BACKGROUND

In July 2006 Save the Children New Zealand (SCNZ), the Papua New Guinea National Department of Health (NDOH) and NZAID entered into a 3-year Strategic Partnership to provide support towards Save the Children's Country Programme and the priorities of NDOH.

Through the Strategic Partnership (SP), NZAID provides funding totaling K 13,200,000 over three years. This funding is channeled through SCNZ and Health Services Improvement Programme (HSIP) Trust Account. The programme is implemented by Save the Children in PNG (SCiPNG), which is a joint programme of 2 Save the Children alliance members - New Zealand and Australia SCNZ is the alliance member with management responsibility in PNG.

Save the Children in PNG Country Programme[38]

Goal: To create sustained Child rights focused improvements in the lives of the most marginalized children, women and communities in Papua New Guinea.

Purpose: To deliver immediate and lasting improvements to children and women's lives in five provinces of Papua New Guinea in the areas of health and HIV through networking and capacity building of stakeholders and duty bearers

Objectives:
1. To transform SCiPNG and its partners into a Child Rights based Organisation
2. To strengthen existing partner abilities to design, implement and manage projects effectively.
3. To mitigate the spread as well as effects of HIV and AIDS through preventive, STI clinic services and health care for families and communities.
4. To improve the standard of health of rural communities in the Sepik province through capacity strengthening of key partners to assume greater responsibility for service delivery
5. To enhance the capacity of SCiPNG program capacity to provide effective and efficient program management supporting project implementation and reporting.

These objectives are achieved through focusing on three thematic areas, which are funded to differing degrees through the Strategic Partnership:

1. NGO Capacity Building and Networking

Target communities: SCiPNG provides long-term support to at least 6 civil society organizations with a focus on children, and with projects that integrate gender and HIV/AIDS. A small grants fund has also been accessed by several smaller organizations. The support to the local organizations, several of them faith-based groups, aims to: jointly develop systems as well as provide training and mentoring of partner staff in project implementation. This component also

[38] The listed goal, purpose and objectives are not exactly as stated in the Strategic Partnership document. Since the document was signed, Save the Children has revised its programme logic, and this is the most current description available.

provides training in programme management, M&E, finance and human resource management, along with cross cutting issues such as Child Rights, gender equality, and HIV & AIDS prevention, care and support.

As a proportion of the entire Country Programme, this area receives 4% of all funding. Additional funding is provided by Save the Children NZ and KOHA-PICD.

NZAID funding over three years: K500,000

2. HIV and AIDS

Target communities: NZAID's support is focused on the Youth Outreach Project and Poro Sapot, a clinic based intervention in Port Moresby. These projects target Female sex workers (FSW), men who have sex with men (MSM), and young people

As a proportion of the entire Country Programme, this area receives 21% of all funding. Additional funding is provided by AusAID and the Global Fund to fight AIDS, TB and Malaria. The SP support provides counterpart funding to the YOP work in Eastern Highlands Province and to the running and maintenance of the PSP STI and VCT Clinic in Port Moresby.

NZAID funding over three years: K2,500,000

3. Health

Target communities: The East Sepik Women and Child Health Project (ESWCHP) is active in 19 catchments in 5 districts of the East Sepik Province. The health project, started in the mid nineties addresses the deteriorating health status especially of mothers and children. The underlying strategy of the project is to strengthen local health systems and foster stronger linkages among the key health stakeholders in the 19 selected catchments of the East Sepik Province.

The focus of the program's exit strategy is to embed the Village Health Volunteer (VHV) service in the local Church Health Services (CHS) operating in the province. These services are part of the permanent health system and report to the Provincial Division of Health (PDOH). CHS have a proven history of extensive health service delivery throughout the country. As of December 2006, a total of 616 VHS were currently active out of a total of about 900 that had been trained since project inception. About 75% had been partially transferred to the CHS and Government partners. These partners have not yet taken full management of the VHVs.

As a proportion of the entire Country Programme, this area receives 75% of all funding. Additional funding is provided by the European Union (for Water and Sanitation component)

NZAID funding over three years: K9,000,000

A Monitoring and Evaluation Framework has recently been completed for the Country Programme. In addition, the ESCWHP has its own Programme Logframe that was developed prior to the SP Arrangement

B. SCOPE AND PURPOSE OF REVIEW

The review is being carried out for accountability purposes and for all stakeholders to learn lessons and improve the quality of ongoing work. It will satisfy the SP Arrangement requirement for a mid-term review by evaluating the implementation of SCiPNG's programme since July 2006. Lessons will be used to improve Save the Children's programme management systems and the Strategic Partnership relationship.

All thematic areas will be reviewed, as well as the overarching organizational co-ordination / capacity. Particular attention will be paid to ESWCHP, as it has been funded by NZAID for over ten years and is currently operating under an 8-year project implementation phase (intended to be an exit phase for SCiPNG) that runs from 2005 until 2011. The review will focus only on the project's progress since the start of this phase in 2005.

A ESWCHP-specific review was originally planned in 2007 but was postponed. NZAID and SCNZ then agreed to include this review under the overall review of the SPP. It is acknowledged that given time constraints, the review will not be able to provide as in-depth an analysis of the HIV/AIDS and NGO Capacity Building and Networking thematic areas as of the ESWCHP.

The findings of the review will be used:

- To further strengthen the capacity of SC (both NZ and PNG) to be effective child rights based organisations
- To strengthen the implementation and management of SCiPNG programme, and help focus SCiPNG's efforts to develop an integrated country programme.
- To gain greater awareness of the successes and challenges of the ESWCHP, and discover areas for its further development (including clarifying future roles of key stakeholders)
- To improve engagement between NZAID, SCNZ and NDOH.
- To improve the effectiveness of, and guide the future of the Strategic Partnership
- To feed into ongoing learning within NZAID about the strategic partnership approach.
- To contribute to the learning and practice of all stakeholders including partner organizations, target communities
- To identify relevant lessons for other groups or organizations who are engaged in similar activities to Save the Children

C. OBJECTIVES OF REVIEW

Objective 1: Ascertain results (outputs, outcomes and impacts) and establish the effectiveness, efficiency, relevance, sustainability and "value for money" of the Strategic Partnership.

The review should assess and analyse performance against the five objectives of the country programme (as documented in programme designs/log frame and in monitoring and evaluation arrangements). This should include consideration of:

- The relevance of the programme's focus in terms of country and community priorities
- Changes (intended or unintended) in the area SCiPNG is trying to influence (eg child rights orientation of organisations; partners' abilities to design, implement and manage projects; prevention of the spread of HIV/AIDS, improved health status of women and children)
- SCiPNG efforts to contribute to that change – including the quality, quantity and cost of outputs, and any likely contribution to outcomes
- The extent to which the programme approach and interventions represent "value for money" (if possible, in relation to other activities aiming to achieve similar outcomes and in relation to the programmes own cost structures, identifying any cost effectiveness issues).
- Recommended areas where improvements might be made

Some key questions to be addressed in relation to each of the Country Programme thematic areas include:

1. NGO Capacity Building and Networking
    a. How is Save the Children's partnership with local organizations making a difference in the lives of children?
    b. To what extent have organizations' ability to design, implement and manage projects effectively been strengthened through their partnership with SCiPNG?
2. HIV/AIDS
    a. To what extent do the activities align with local and national development priorities?
    b. What progress has been made to mitigate the spread as well as effects of HIV and AIDS through preventive means, STI clinic services and health care for families and communities?
    c. To what extent is peer education an effective methodology in addressing the spread of HIV/AIDS?
    d. To what extent are HIV/AIDS projects adequately addressing gender issues in their strategies?
    e. To what extent is HIV/AIDS mainstreamed across all thematic areas?
3. Health - ESWCHP
    a. How has the integration of key rural health service providers contributed (or is likely to contribute) to an efficient rural health system as regards Provincial Health Information System (PHIS), training, emergency response, strategic planning, distribution of medical supplies, MCH patrols and other field operations?
    b. To what extent has the institutional capacity strengthening of Provincial Division of Health (PDOH) been successful and how is this related to PDOH's commitment to channel more resources to rural health services, especially to Family Health, Health Promotion and Medical Supply programs?
    c. How appropriate is the VHV approach, taking into account the many roles and responsibilities of rural women, and what steps can be taken to address issues of sustainability in the long term?
    d. Has the institutional capacity strengthening of CHS contributed (or is it likely to contribute) to the sustainability of the VHV network and effective VHV services delivery?
    e. To what extent have the recommendations of the Gender Advisory Support Report (Underhill-Sem & Peutalo, 2006) been implemented?

Objective 2: Establish the extent to which Save the Children's programme management systems support the achievement of programme objectives

Tasks include:

a. Assess the appropriateness, clarity and consistency of the Programme logic including in and between the SCiPNG Country Strategic Plan, the Proposal outlined in the Tripartite Agreement, the SCiPNG Country Programme Log Frame and individual component objectives, and project workplans

b. Assess the quality and usefulness of the M&E framework including availability of baseline data and appropriateness of indicators for measuring performance.

c. Assess the management of risk, including planning, mitigation and adaptation.

d. Assess the effectiveness and efficiency of SCNZ/SCiPNG programme and financial management arrangements in relation to the Strategic Partnership

e. Recommend areas where improvements might be needed

Objective 3: Assess the overall quality of the Strategic Partnership relationship and the extent to which the Partnership has been effectively managed and implemented by all parties.

Tasks include:

a. Assess the clarity (within the documentation) and understanding (in practice) of roles and responsibilities of all partners including SCNZ, SCPNG, NZAID, NDOH, PDOH, programme partners.

b. Assess the efficiency of information sharing, disbursement of funds, feedback processes, and overall quality of relationship.

c. Recommend areas where improvements might be made

The Review Team will be expected to refine these key questions and tasks in consultation with the steering group prior to undertaking the review. If additional questions and tasks are identified during the field work, the Team Leader has the discretion whether or not to address these.

D. METHODOLOGY

A detailed methodology and review workplan will be developed by the Review Team prior to undertaking the review, in consultation with the steering group. The Team Leader will co-ordinate this process, using teleconferencing and email communication as appropriate. If changes to the methodology are deemed necessary during the course of the field work, the Team Leader has the authority to make those changes.

The team should ensure that the review is carried out in a manner that fully engages relevant stakeholders and uses participatory approaches. They should ensure gender issues are fully addressed and women are fully involved in the review at all levels. This may include convening separate meetings as necessary.

Save the Children's partner organizations will be available to meet with the Review Team. In East Sepik, the Church Health Services will form an advisory group composed of at most three members representing all the churches in the program. The Review Team will schedule meetings with this group during field work in East Sepik

It is also suggested that the Review Team meets with other key stakeholders and donors including the AusAID and EU representatives in Port Moresby to seek their perspectives on their partnership with Save the Children in the areas of HIV / AIDS and Water and Sanitation. Sanap Wantaim (an AusAID-funded programme) is carrying out reviews of the HIV / AIDS projects. The Review Team should shape the methodology in relation to this thematic area to reflect the work that has already been carried out by Sanap Wantaim.

The following broad approach to the review is anticipated:

- Review of relevant documentation.
- Hold discussions with staff of NZAID in Wellington and Port Moresby, SCNZ in Wellington, and SCiPNG in Goroka

- Spend time in Goroka office of SCiPNG to assess programme documentation and programme management systems
- Hold discussions with key stakeholders and a cross-section of beneficiaries to ascertain programme achievements and their opinions on the programme
- Facilitate review feedback sessions in East Sepik and Goroka

E. MANAGEMENT OF REVIEW AND REVIEW TEAM

A steering group will be established to provide oversight for the review, including to approve the methodology, to provide documentation as required, to comment on the draft report and accept the final report. Save the Children will assist the Review Team with organizational requirements. This group will communicate by email and teleconferencing as required, and be composed of: - NZAID Development Programme Officer, NZAID Health Advisor, SCNZ Pacific Programme Manager, SCiPNG Country Director, NDOH Representative

In line with a participatory and learning approach to evaluation, the Review Team is inclusive and representative of the key Strategic Partnership stakeholders. The team will be constituted as follows:

i. 1x NZAID contractor (Team Leader)

ii. 1-2 x National Department of Health representatives. (Different people may represent NDOH for the different thematic areas of the review)

iii. 1x Save the Children representative – SCiPNG M&E Manager

The primary roles of the members of the Review Team will be as follows:

#	Team Member	Primary Role	Competencies	
1	Representative from NZAID	Team Leader: ensure that ToR are successfully met; keep a wider perspective of evaluative criteria at a strategic level	• Demonstrated experience in reviews/evaluations using participatory methods; • Knowledge/experience of a) Civil society 'partnership projects', b) rural community health and community participation, c) gender issues, and d) institutional strengthening/ organizational capacity building, • Analytical approach, • Leading teams, • Facilitation skills • Report writing, and • Willingness to travel to rural, remote areas	NZAID to identify and contract
		Lead on reviewing SCiPNG organizational systems		
		Lead on debriefing SCiPNG and NDOH on the preliminary outcomes of the review prior to departure		
		Writing the review report. Co-ordinating input from other team members. Co-ordinating feedback to finalize and present the Report		

2	Representative from NDOH	Assist and inform the team from Government health policy/strategy/ priorities perspective	Insights in GoPNG health strategy/policy/priorities and local health delivery mechanisms; local connections/ networks with Health department	Identified by NDOH in discussion with SCiPNG
		Assist in development of review methodology		
		Coordinate with provincial and national health department officials		
		Assist in drafting report		
3	Representative from SCiPNG	Assist in development of review methodology	Expertise in technical issues related to reviews and evaluation	Identified by SCiPNG
		In close co-operation with the Team Leader, arrange team logistics, meetings with key stakeholders and beneficiaries		
		Coordinate with SCiPNG and Church Health Services		
		Assist in drafting report		

F. TIME-FRAME

The Review will be conducted to fit in with the SCiPNG Country Strategy Process (CSP) which runs from 25-29 August. All field work needs to have taken place before the 25th, so that the Review Team can present preliminary findings to the SCiPNG Senior Management Team on the first day of the CSP.

Exact timing will be agreed between the Review Team and the steering group.
The entire review is estimated to take up to 39 working days as broken down below.

Schedule of Activities

Activity		**# of Days**
Team Leader briefing with NZAID and SCNZ		1
Desk Review of Documents		3
Methodology / Review workplan development		3.5
Team leader Travel & preparation		1.5
Field work including travel time		**(up to 20)**
Port Moresby	Review Team prep	1
	Meet with NZHC, EU, AusAID	1

	Field work: NDOH and Poro Sapot Project	2
East Sepik	Field work: ESWCHP	8
	Feedback	1
Goroka	Field work: NGO Capacity building, Youth Outreach Project, Head Office	5
	Feedback	1
Port Moresby	NDOH feedback	1
Team leader travel PNG - NZ		1
Office based data analysis and production of draft Report		6
Report finalization and presentation		3
Total working days		**Up to 39 days**

G. OUTPUTS

A. METHODOLOGY & REVIEW WORKPLAN

B. WORKSHOPS / PRESENTATIONS

1. A one day workshop to discuss preliminary findings with staff and stakeholders in East Sepik
2. A one day workshop with SCiPNG staff in Goroka to share preliminary review findings, and provide input into Country Strategic Planning process (to take place on the first day of the CSP)
3. Meeting to present preliminary review findings to NDOH in Port Moresby
4. Meeting to discuss draft review report with NZAID in Wellington
5. Meeting to discuss draft review report with SCNZ in Wellington

C. REVIEW REPORT

A draft report should be submitted to SCNZ, NZAID and NDOH by email. Feedback should be co-ordinated and once feedback is received, finalized and submitted by email and hard copy to all parties.

F. REFERENCE MATERIAL

Relevant documents will be sent to the Review Team for thorough reading in advance of the review. These documents will include the following:

- Tripartite Arrangement and subsequent Letters of Variation
- 2006-07 Save the Children Annual Report and Financial Report
- Relevant NDOH plans and policies
- Relevant Save the Children plans and policies
- SCiPNG draft Country Programme Log Frame
- SCiPNG Monitoring and Evaluation Framework

- Recent evaluations by Sanap Wantaim, of Poro Sapot Project and Youth Outreach Project
- Review of the Small Grants Program of the NGO Capacity-building Component
- Report of Gender Advisory Support Visit (Yvonne Underhill-Sem and Basil Peutalo)
- Report of ESWCHP Monitoring Research (Ruth Heather)

H. EVALUATION FOLLOW UP

The findings of the Review will be used by SCiPNG in their Country Strategic Planning activity that will be undertaken in August 2008. The new CSP is for a 3-year period covering 2009-2011.

NZAID, Save the Children, and NDOH will discuss findings at the following tripartite meeting, and decide on actions needed to implement relevant recommendations.

NZAID and SCNZ will discuss findings to implement relevant recommendations

Appendix 2

Review of the Strategic Partnership Arrangement: Methodology

Background

The terms of reference for the review of the strategic partnership between NZAID, the Government of PNG and Save the Children New Zealand (the review) ask the review team (the team) to develop a methodology and work plan prior to undertaking the review. This exercise is to be undertaken in consultation with the steering committee established to provide oversight for the review. Steering committee members are the: NZAID Development Programme Officer; NZAID Health Advisor; SCNZ Pacific Programme Manager; SCiPNG Country Director; and a PNG National Department of Health (NDOH) Representative .

Methodology

The approach of the team will be to focus on obtaining information that enables it to address the three objectives of the review. These are:

Objective 1: Ascertain results (outputs, outcomes and impacts) and establish the effectiveness, efficiency, relevance, sustainability and "value for money" of the Strategic Partnership. (The 'results' objective)

Objective 2: Establish the extent to which Save's programme management systems support the achievement of programme objectives. (The 'systems' objective)

Objective 3: Assess the overall quality of the Strategic Partnership relationship and the extent to which the partnership has been effectively managed and implemented by all parties. (The 'relationships' objective)

Approach to review objective 1: The 'results' objective

SCiPNG's country programme is based on the three themes of: NGO capacity building and networking; HIV/AIDS; and health with a focus on the East Sepik Women and Child Health Project (ESWCHP). Although all three thematic areas will be reviewed, particular attention will be paid to ESWCHP activities since the start of the present phase in 2005. The terms of reference acknowledge that the review will not be able to provide as in-depth an analysis of the HIV/AIDS and NGO Capacity Building and Networking themes as of the ESWCHP. Note that NZAID and Save have agreed that the team will not include in the review the Poro Sapot Project (PSP) undertaken within the HIV/AIDS theme as this has been the subject of a recent AusAID review. The team will however consider the PSP review report as it will be relevant to this review.

The review terms of reference ask the team to assess performance against the five objectives of the SCiPNG country programme and to consider:

- The relevance of the programme's focus in terms of country and community priorities.
- Changes (intended or unintended) in the area SCiPNG is trying to influence (e.g. child rights orientation of organisations; partners' abilities to design, implement and manage projects; prevention of the spread of HIV/AIDS, improved health status of women and children).
- SCiPNG efforts to contribute to that change – including the quality, quantity and cost of outputs, and any likely contribution to outcomes.
- The extent to which the programme approach and interventions represent "value for money" (if possible, in relation to other activities aiming to achieve similar outcomes and in relation to the programmes own cost structures, identifying any cost effectiveness issues).
- Areas where improvements might be made.

In assessing "results", the team will consider programme/project plans, reports and reviews, analyse quantitative data where this is available - baseline data and indicators, and seek input/comment from consultations with various stakeholders. Given the issue of sustainability, the review will pay particular attention to capacity building components in the three theme areas.

1 Consideration of the NGO Capacity Building and Networking Theme

As well as discussions with NZAID and SCNZ staff, the team proposes to consult in PNG with the Department of Community Development, SCiPNG Country Programme Director, Project Manager and staff working in the theme area, and community groups that receive support.

The terms of reference ask the team to ascertain:

- How is SCiPNG's partnership with local organisations making a difference in the lives of children?
- To what extent have organisations' ability to design, implement, manage, monitor and evaluate projects effectively been strengthened through their partnership with SCiPNG?

The team will also consider:

- How relevant is the programme in terms of country and community priorities, including the Government of PNG's Medium-term Development Strategy (2005-2010) objectives for strengthening alliances with churches, community-based and non government organisations?
- To what extent has networking between organisations increased as a result of the programme and what have been the benefits of this?

- To what extent have principles related to child rights, gender equity, and HIV/AIDS prevention and support been incorporated into SCiPNG's theme and the design and delivery of participating NGOs' work?
- What plans are in place to ensure the sustainability of the programme in the long term? What work has been undertaken to develop an exit strategy?
- How could the programme be improved to enable it to better meet its objectives?

2. Consideration of the HIV/AIDS Theme

As well as discussions with NZAID and SCNZ staff, the team proposes to consult in PNG with the National AIDS Coordination Secretariat, the SCiPNG Country Programme Director, HIV/AIDS Manager, Project Manager and staff working in the Youth Outreach Project (YOP). It will visit a YOP centre to meet staff and people that receive support from the project, including members of a Youth Advisory Committee.

The review terms of reference ask the team to ascertain:

- To what extent do programme activities align with local and national development priorities?
- What progress has been made to mitigate the spread as well as effects of HIV/ AIDS through preventive means, STI clinic services and health care for families and communities?
- To what extent is peer education an effective methodology in addressing the spread of HIV/AIDS?
- To what extent are the HIV/AIDS projects adequately addressing gender issues in their strategies?

The team will also consider:

- The recommendations of the PSP review report.
- How has the wellbeing of vulnerable children been improved in communities affected by the impact of HIV and AIDS that receive services in this theme area?
- How successfully has the programme advocated for and supported the development of effective organisations working to address the impact of HIV/ AIDS in PNG?
- What plans are in place to ensure the sustainability of the programme in the long term? What work has been done to develop an exit strategy?
- How could the programme be improved to enable it to better meet its objectives?

3. Consideration of the Health Theme (East Sepik Women and Children's Health Project)

As well as discussions with NZAID and SCNZ, the team proposes to consult in PNG with representatives of the Department of Health (particularly the Family Health Branch) at the national, provincial and district levels, the EU which funds the water and sanitation component of the programme, the SCiPNG Country Programme Director, Programme Manager and staff for the ESWCHP, and the secretaries and staff of partner church health service organisations. The team will visit three communities serviced by two different church providers and meet with health workers, trainers, village health volunteers (VHVs) and community leaders.

The review terms of reference ask the team to ascertain:

- How has the integration of key rural health service providers contributed to an efficient rural health system as regards Provincial Health Information System, training, emergency response, strategic planning, distribution of medical supplies, maternal and child health patrols and other field operations?
- To what extent has the institutional capacity strengthening of Provincial Division of Health been successful and how is this related to its commitment to channel more resources to rural health services, especially family health, health promotion and medical supply programmes?
- How appropriate has the VHV approach been, taking into account the many roles and responsibilities of rural women, and what steps can be taken to address issues of sustainability in the long term?
- Has the institutional capacity strengthening of church health services contributed (or is it likely to contribute) to the sustainability of the VHV network and effective VHV services delivery?
- To what extent have the recommendations of the Gender Advisory Support Report 2006 been implemented?

The team will also consider:

- How has the programme improved basic family health within East Sepik rural communities?
- How has the programme improved access to quality sexual and reproductive health services, including sexually transmitted infection services?
- How clear are stakeholders about their various roles?
- To what extent are the activities in this theme area contributing to the Government of PNG's priorities for health as identified in its Medium Term Development Strategy 2005-2010 and its Health Services Improvement Programme?
- How successfully has the programme incorporated the principles of gender equity, HIV/AIDS and child rights in the design and delivery of its own and implementing partners' projects?
- What plans are in place to ensure the sustainability of the programme in the long term? What is the nature of the exit strategy?
- How could the programme be improved to enable it to better meet its objectives?

Approach to review objective 2: The 'systems' objective

The team proposes to consult on this objective at four levels. It will:

- In New Zealand, review the programme management systems that SCNZ has in place to support the country programme of SCiPNG, holding discussions in particular with the Director, Pacific Programmes Manager, Finance Manager and other staff, as appropriate.
- In PNG, look at the programme/project management systems that the SCiPNG Office operates to support its programmes/projects. The team will have discussions with the County Programme Director, managers and key staff in the areas of human resources, finance, monitoring and evaluation, IT support, and other areas as appropriate.
- Meet the Manager of the HSIP Trust Account to discuss funding and accountability arrangements in place between the trust account and SCiPNG for part funding of ESWCHP.
- Look at the systems used in the projects directly delivered by SCiPNG, e.g. YOP
- Discuss with partners how Save's project management arrangements support their work.
- Consider any issues raised in the PSP review in relation to systems and financial management.

The review terms of reference ask the team to ascertain:

- The appropriateness, clarity and consistency of the programme logic including in and between the SCiPNG Country Strategic Plan, the proposal outlined in the Tripartite Agreement, the SCiPNG Country Programme log frame and individual component objectives, and project work plans.
- Arrangements to ensure the quality of project/programme identification, assessment and design including the incorporation of the cross-cutting themes of child rights, gender equity and HIV/AIDs.
- The quality and usefulness of the M&E framework including availability of baseline data and appropriateness of indicators for measuring performance.
- The management of risk, including planning, mitigation and adaptation.
- The effectiveness and efficiency of SCNZ/SCiPNG programme and financial management arrangements in relation to the Strategic Partnership.

The team will also consider:

- The quality and timeliness of financial and activity reporting at a project and programme level.
- The quality and timeliness of systems training for staff.
- Suggestions from stakeholders on further training that would be useful on the application of various project management systems to their work.
- Areas where improvements might be needed.

Approach to Objective 3: (The 'relationship' objective)

The team is asked to assess the overall quality of the Strategic Partnership relationship and the extent to which the partnership has been effectively managed and implemented by all parties. To achieve this, the team will read key policy and planning documents published by the three parties. It will meet with key people in NZAID, SCNZ, SCiPNG and the PNG Government, especially the Department of Community Development and the Department of Health to discuss the partnership relationship, the roles and responsibilities of each partner, and the management arrangements for the partnership. Examples of both effective and any less effective management and implementation activities will be explored for learning purposes.

The review terms of reference ask the team to:

- Assess the clarity (within the documentation) and understanding (in practice) of roles and responsibilities of SCNZ, SCiPNG, NZAID, NDOH, PDOH and programme partners.
- Assess the efficiency of information sharing, disbursement of funds, feedback processes, and overall quality of relationship.
- Recommend areas where improvements might be made.

General approach

Gender

To ensure gender issues are fully addressed and women are fully involved in the review at all levels. Women's views will be particularly sought in consultation meetings, with separate meetings convened with women and discussions held with individual women as necessary.

Participation

Terms of reference for the review were prepared jointly by NZAID and SCNZ in consultation with SCiPNG. Unfortunately, other stakeholders of the SCiPNG programme were not directly involved in developing the terms of reference for the review, and given time constraints, will not be able to be involved in the development of this methodology.

The review team will seek to ensure that the review is relevant to these stakeholders. In meeting with them, the review team will explain what it has been asked to do and will ask stakeholders whether there are other important questions or issues relating to the programme that it should explore. The team will ensure that information is sought on any appropriate additional questions or issues identified. Copies of the methodology and work plan will be sent to key stakeholders as soon as it is approved in order to enable them consider its content.

The team will ensure that the review is carried out in a manner that engages relevant stakeholders and uses participatory approaches. It will seek to ensure that children, young people, women and men all have an opportunity to participate.

Learning

The terms of reference for the review indicate that it is being carried out for accountability purposes and for all stakeholders to learn lessons and improve the quality of ongoing work. The team will seek to identify good practice and strengths that can be applied in other settings as well as areas where improvements can be made. Where appropriate, it will seek to identify ways to:

- Improve the capacity of Save the Children in NZ and PNG
- Improve engagement between NZAID, SCNZ ,NDOH and PDOH.
- Improve the effectiveness of, and guide the future of the Strategic Partnership
- Feed into ongoing learning within NZAID about the strategic partnership approach.
- Contribute to the learning and practice of partner organisations and communities
- Identify relevant lessons for other groups or organisations who are engaged in similar activities to Save the Children

Outputs

The team will provide:

- Feedback on its preliminary findings to key stakeholders in East Sepik and Goroka. The latter meeting will be part of a broader Save Alliance planning meeting and is expected to attract about 50 participants.
- Feedback on its preliminary findings to NDOH and NZAID in Port Moresby.
- A draft review report which will be discussed at a joint meeting with NZAID and SCNZ
- A final review report which will be submitted when feedback has been considered.

Timeframe

The proposed timetable for the in-country consultations is set out in the attached work plan. The draft report is to be submitted by 12 September 2008, with the final report completed and accepted by the Steering Committee by 30 September 2008

Sonja Easterbrook-Smith, Marietta Tovakuta and Gaziul Hassan Mahmood
Team Members
29 July 2008

Appendix 3: People consulted

New Zealand

Wellington

Save the Children New Zealand
Ravi Bastian, Acting Finance Manager
John Bowis, Executive Director
Dennis Uba, Pacific Programme Manager

NZAID
Caroline Newson, Development Programme Officer, PNG
Marion Quinn, Health Advisor

Papua New Guinea

Port Moresby

National Department of Health
Dr Esorom Daoni, Principal Advisor (STD/HIV), Disease Control Branch
Dr Lagani, Acting Director, Health Improvement Branch
Elva Lionel, Manager HSIP
Dr Hilda Polume, Family Health Branch
Enoch Posanai, Manager, Family Health Branch

SCiPNG(PSP)
Oslaii Degena, Clinic Coordinator
Christopher (Topa) Hersey, Project Manager (PSP)
Delvin Kupundu, Monitoring and Evaluation Assistant
Alex Mesluwa, Administration Officer
Monica Pagay, Finance and Administration Manager
Georgina Simborata, Human Resources Manager (PSP)

NZAID
Pati Gagau, Programme Manager

EU
Richard Gillett, Programme Manager, Rural Water /Supply and Sanitation Programme

AusAID
Anne Malcolm, Program Director, PNG Australia HIV & AIDS Program
Peter Izzard, First Secretary, PNG Australia HIV & AIDS Program

Eastern Highlands - Goroka

SCiPNG
Maria Efi, HR Manager
June Hamene, Finance Manager, Goroka
Manish Jain, Country Programme Director
Nyoka Kirori, EA to the Country Programme Director
Ghanshyaminh Jethwa, Manager, PASHIP
Barry Ludin, IT Administrator
Jennifer Miller, YOP Project Manager
Carol Nelson, Manager of NGO Capacity Building Programme
Karen Rasmussen, Programme Manager, Child Rights
Christina Tony, Media Officer, YOP
Geraldine Valei, Senior Project Officer, YOP

Government of Papua New Guinea
John Sari, General Secretary, Eastern Highlands Advisory Committee

NGOs
Naomi Yupae, Eastern Highlands Family Voice
Fiona Cairns, Finance Advisor, Mt Sion
Joseph Land, Community Rehabilitation Officer, Mt Sion
Two people from Faith Mission

Eastern Highlands - Kainantu
Joshua Haggai, Lab technician
Jones Mita, Project Officer, YOP
Elton Tabu, Community Health Worker
Kerina Ulcere, Nursing Officer
23 peer outreach volunteers and their peers

East Sepik - Wewak

SCiPNG
Melinda Gam, Project Officer, Safe Motherhood
Bill Humphrey, Programme Coordinator, ESWCHP
Stephanie Ivan, Project Officer, Accounts
Aina Kaupa, Senior Project Manager, Networks
John Kolip, Special Projects Coordinator, seconded from Catholic Health Services
Selly Kombu, Project Officer, Community Self Reliance
Donna Laki, Finance
Marianne Luan, Personnel Asistant
Mary Malalita , Project Officer, Network Development
Andrew Yuangi, Senior Project Officer, Finance Management
Stella Yuangrum, Project Officer, Network Development
Yvonne Tawia, Project Officer, Women's Empowerment

Cletus Titiou, works Supervisor
Hedwig Winjong, Project Officer, Network Development

Church Health Services
Sister Celine Yakasere, Secretary, Provincial Catholic Health Services
Nickon Sambluap, South Sea Island Evangelical Church
Segela Gagole, SSEC Health Island Coordinator
Domic Niro, VHV Trainer, New Tribes Mission
Stella Imau, VBA/CBD
Kelaesia Woswe, VBA/CBD
Kofere Kwaram, VBA/CBD
Gertrude Kitipa, Health Secretary, Seventh Day Adventist (SDA) Church

Amaki Village
About 20 VHVs

Kunjigini
Lorna Asambani, Community Health Worker, Kunjagini Sub Health Centre
Florence Banda, Community Health Worker, VHV trainer, Kunjagini Sub Health Centre
Sister Remmie Luvakesa, Registered Nurse and Nurse in Charge
Jacinta Majua, Community Health Worker, Kunjagini Sub Health Centre
Traesia Mugowen, Community Health Worker, VHV trainer, Kunjagini Sub Health
About 300 members of the Kunjigini community including 90 VHVs, 8 village council members, 5 village health development committee members and 8 women leaders

Albinama
Wilson Mala, VHV Coordinator
About 200 members of the Albinama community including 5 ward members, 5 councillors, 1 women's leader, 1 village magistate,1 pastor and 24 VHVs

Provincial Department of Health
Albert Bunat, Provincial Health Advisor
Lina Ale, Provincial Family Health Coordinator

Area Medical Store
Edmund Bau, AMS Technical Adviser

East Sepik Council of Women
Nora Kapari, Acting Executive Officer
Sophie Mangai, President
Anna Yengi, District President

Appendix 4

NZAID / Save the Children / NDOH Strategic Partnership Payments

Agreed date of payment	Agreed payment amount	Actual date of payment	Actual Payment amount	Comment
On signing	K3.8 million to SCNZ	19 Dec 2006 15 May 2007	NZ$1,000,000 NZ$800,000 = K3.8 million	Payments made prior to Arrangement being signed, with approval from FSU.
On signing	K600,000 to HSIP Trust Account	12 Dec 2007	K600,000 = NZ$288,530	Remaining payment due for 2006/07 year made after Arrangement signed
By 31 May 2007	No payment. 2007/08 Budget and Work plan due	2007/08 Budget and Work plan, along with the 2006/07 Acquittal and Annual report were first submitted on 6 Dec 2007. However, the documents were not able to be appraised due to inconsistencies in formatting, and unsuitable layout of the budget/work plan. Revised documents were submitted on 18 February 2008. They were appraised and two further meetings held with SCNZ to request additional information on the budget, and discuss issues arising from the Annual Report and Work plan.		
1 July 2007	K800,000 to SCNZ	30 Jan 2008	K800,000 = NZ$395,023	After meeting with SCNZ to discuss issues around financial reports with FSU, and agreeing a clear process to amend reporting, it was agreed to make this payment (note, prior to final 07/08 budget and work plan being accepted)

By 31 August 2007	Up to K2.8 million, on submission of Interim Progress Report and Acquittal	10 April 08 12 June 08	K2.5 million =NZ$1,204,761 K300,000 = NZ$154,798	A nine month pro-rated payment made prior to LOV being signed. Remainder of the tranche payment after signing of LOV
By 31 August 2007	K800,000 to HSIP Trust Account, on submission of Interim Progress Report and Acquittal to HSIP	12 June 08	K800,000 =NZ$412,796	Although HSIP had audited ESWCHP and they had requested the funds, we could not release this payment until the LOV was signed.
By 31 May 2008	Budget and work plan submitted and agreed	Week beginning 26 May, discussion was held between SCNZ and DPO regarding the budget format. > Tues 3 June: draft budget and work plan were submitted (this was the closest day after 30 May, since it was a long weekend) > Thursday 5 June: after Programme team feedback was given on a number of issues, and final budget and work plan were submitted by SCNZ. > 30 June: Budget queries sent to SCNZ, > 10 July: Queries resolved		
1 July 2008	K800,000 to SCNZ	14 July 08	K800,000 = NZ$422,163	This payment is generally tied to the budget & work plan being accepted and the LOV being signed. This year it was paid based only on acceptance of budget
TOTAL PAID at 30 July 2008			K9.6 million = NZ$ 4.7 million	

NB: A payment was made in 2006/07 but for the previous arrangement:

Source: NZAID

Appendix 5

NGOs that are part of SCiPNG's NGO Capacity Building and Networking Programme

NGO supported	Location	NGO's role
Eastern Highlands Family Voice (EHFV)	Eastern Highlands Province	To respond to the needs of women and children suffering violent and abusive situations while promoting the rights of women and children.
Evangelical Brotherhood Church (EBC)	Eastern Highlands Province	To provide literacy and education programmes for adults, young people and children in remote areas.
Mt Sion Community-based Rehabilitation	Eastern Highlands Province	To provide community-based rehabilitation services for children with disabilities in EHP.
Faith Mission Health Services	Eastern Highlands Province	To provide comprehensive community programmes including preventative health, health care and education programmes in the remote Lufa District of EHP.
Haus Ruth Port Moresby City Mission	National Capital District	To provide refuge and support for women and children experiencing domestic violence and sexual assault.
Callan Services for the Disabled	East Sepik Province	To provide interventions for children with disabilities , particularly ear and eye disabilities, in ESP including screening and treatment, referrals and advocacy for inclusive schools

Appendix 6

Recommendations of the Report to NZAID on Gender Advisory Support for Grass-roots Health Projects in Papua New Guinea, April 2006

1. Addressing gender inequity and promoting women's empowerment must be explicitly mentioned in the core aims of the projects. This must be clearly articulated with reference to Millennium Development goal 3 with clear goals on how both gender equality and women's empowerment can be addressed within the project. They cannot just be 'add on'.

2. Project staff, beginning with project managers must have gender skills training from a human rights perspective. Getting it right in the workplace first is critical from a human rights perspective.

3. Place the empowerment of women back in the core aims of the project. Rework the project implementation plan to ensure the empowerment of women is made explicit. Communities are better off with empowered women, but in a PNG setting this need continual external support.

4. Return to using the terms 'marasin meri' and 'marasin man' to describe the grassroots health care workers instead of 'voluntia'.

5. Ensure regular and complete replenishment of medical supplies even if this means another budget line as a fallback for shortages.

6. Expand the basic medical kit to include materials for personal hygiene (both soap, clothes soap, bleach) as well as for night work (lamps and fuel).

7. Pay more attention to advocacy activities such as negotiating and updating village contracts; liaising with grassroots healthcare providers regarding personal issues (illnesses, threats from community, family strains); translating operational challenges into policy frameworks at provisional and national levels (e.g. basic needs for healthcare providers) and liaising with related development activities in the province (e.g. rural water supply, transport and communication structure).

8. Address gender equality and women's empowerment issues within the organisation by closely examining work practices around hiring, capacity building, up-skilling and re-skilling.

9. Work more closely with other development NGOs in East Sepik in order to leverage better development services from donors.

10. Reward grassroots health care providers with service awards presented in their communities.

11. Work more closely with other development NGOs in East Sepik to ensure other cross cutting human rights issues are addressed, especially HIV/AIDS and violence against women.