Final Report

Evaluation of the Halavaka ke he Monuina Development Partnership Arrangement

Niue Strengthened Cooperation Programme between The Government of Niue, Counties Manukau District Health Board and The New Zealand Agency for International Development

Commissioned by
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This report is dedicated to the memory of Nancy Sheehan as leader of the team that undertook this evaluation and who tragically passed away during its preparation. As a consultant Nancy contributed significantly to the work of the NZAID programme over recent years. Staff of NZAID were saddened by Nancy's sudden death and our sympathy is with her family.

Acronyms

CIMOH	Cook Islands Ministry of Health
CCDHB	Capital and Coast District Health Board
CMDHB	Counties Manukau District Health Board
DHB	District Health Board
DOH	Department of Health
EU	European Union
GON	Government of Niue
HBDHB	Hawkes Bay District Health Board
HMIS	Health Management Information System
HkhM	Halavaka ke he Monuina: Niue Strengthened Cooperation Programme
HSV	Health Specialists' Visits Scheme (Cook Islands)
IDF	Inter-District Flows (regarding NZMOH funding to DHBs)
IT	Information Technology
LOV	Letter of Variation
Medivac	Emergency Medical Evacuations
MFAT	Ministry of Foreign Affairs and Trade (New Zealand)
MOH	Ministry of Health (New Zealand)
NDOH	Niue Department of Health
NZ	New Zealand
NZAID	New Zealand Agency for International Development
NZHC	New Zealand High Commission
PBFF	Population-based Funding Formula (re: NZMOH funding to DHBs)
PHO	Primary Health Organisation
PICs	Pacific Island Countries
PIMHNet	Pacific Islands Mental Health Network
PNO	Principal Nursing Officer
PSC	Public Service Commission (Niue)
SCP	Strengthened Cooperation Programme
SOG	Secretary to Government (Niue)
SMO	Senior Medical Officer
SPC	Secretariat for the Pacific Community
SRH	Sexual and Reproductive Health
SRU	Special Relations Unit
STI	Sexually Transmitted Infection
TDOH	Tokelau Department of Health
ToR	Terms of Reference
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

Executive Summary

The Development Partnership Arrangement

The Development Partnership Arrangement ('Arrangement') for the Niue health sector was agreed between the New Zealand Agency for International Development (NZAID), the Niue Department of Health (NDOH) and Counties Manukau District Health Board (CMDHB) for the three year period 2005 – 2007, and subsequently extended to 30.6.10. It supports the health priorities reflected in the whole-of-government Halavaka ke he Monuina Development Partnership (HkhM) between the Governments of New Zealand and Niue and is based on the recommendations of the 2005 Health Report prepared by the New Zealand Ministry of Health and CMDHB ('Health Report')[1].

With development assistance funding from New Zealand, the Arrangement sets out to establish a relationship between CMDHB and NDOH through which CMDHB would assist Niue *"to develop and maintain a health system appropriate to its size, its location, and the status of its residents as New Zealand citizens".* By acting as a single point of contact, it was expected that CMDHB would simplify communication channels for Niue and New Zealand on health and health systems matters.

Purpose and Scope of the evaluation

This is a report of an evaluation of the Arrangement from inception to August 2009. All activities associated with the implementation of the Arrangement were evaluated, including recommendations 4 - 21 and 28 - 38 of the Health Report prepared by the New Zealand Ministry of Health (MOH) with CMDHB in 2004[2]. The design and construction of the new hospital were excluded. The evaluation gave an opportunity for Government of Niue (GON), CMDHB and NZAID to assess their partnership and relationships and to assess how Programme activities have supported the original objectives set. Findings will be used to inform decisions on future support to the Niue health sector.

Evaluation methodology

The evaluation took place in September/October 2009 using methodology informed by a comprehensive Evaluation Plan developed by the Team Leader and approved by the Evaluation Steering Group. Data collection methods were qualitative, including a desk review, key informant and group interviews and an in-country feedback session. The methodology was designed to contribute to learning for all stakeholders.

Evaluation limitations

The objectives of the Arrangement lack specificity and there is no baseline data, clear progress and outcome indicators against which to measure progress. It was therefore difficult to determine the extent to which Arrangement expectations had been met or to adequately assess value for money achieved.

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[1] Health Report: Visit by the Ministry of Health and Counties Manukau DHB, New Zealand Ministry of Health, 2005

[2] Health Report: Visit by the Ministry of Health and Counties Manukau DHB, New Zealand Ministry of Health, 2005

Findings

Arrangement implementation

CMDHB has made a significant investment into the relationship with NDOH, employing a Coordinator backed by administrative support, recruiting Directors for the NDOH and deploying a range of visiting specialist services. It has actively facilitated medical and other specialist visits and enabled Niue patients to be referred to New Zealand for treatment.

The Arrangement required the development of annual plans reflecting the recommendations of the Health Report. These recommendations provided a useful guide for planning. However no initial sector needs analysis and no clear, measurable objectives and indicators against which progress could be monitored, constrained planning.

Recruitment, retention and continuing education of Niue health staff remains a challenge. Service provision is often restricted by unavailability of locally-based, appropriately qualified and skilled staff. Staff morale is low and may have been exacerbated by their limited engagement in the Arrangement. There is no workforce development plan and the Health Report recommendation to implement a training programme was not effectively followed through. The evaluation found that staff development was only minimally addressed by the Arrangement and this was a cause of discontent. Funding available to the health sector for human resource development through the wider HkhM was not accessed.

The short tenure of the expatriate NDOH Directors recruited by CMDHB has had implications for managing the NDOH and constrained efforts to improve administration and other elements of the health system.

Participation

The Arrangement intended a whole-of-government approach be taken especially given that funds for human resource development and asset management had to be sourced outside of the Arrangement. In practice communications were generally between the CMDHB Coordinator and the NDOH Director of Health, and CMDHB and NZAID whilst other agencies were passive supporters of activities. Recently however, the new Minister of Health has introduced formal stakeholder meetings for strategic level discussions between senior Niue Government officials, the CMDHB Coordinator and the NZAID manager at the High Commission.

Annual programme plans and budgets were developed by the CMDHB Coordinator and Director of Health in consultation with health staff although the evaluation found that better communication of the planning process to health staff could have improved staff engagement. Additionally, while NZAID intends that country partners should determine their own priorities, in reality the decisions to prioritise plan activities tended to have been negotiated by NZAID with CMDHB.

Communication

A formal communications process between partners, although planned, was never developed. This may be due to a lack of clarity in the Arrangement document of whose responsibility this was. Government and personnel changes and differing management styles have influenced communication during the Arrangement period. Throughout, the CMDHB Coordinator has remained the point of contact for NZAID Wellington on matters relating to the Niue health sector and she has developed an important role in building networks within the wider New Zealand health sector for accessing specialists and services appropriate to the Niue situation.

Reporting and Accounting

CMDHB was required to provide biannual reports on activities and progress against objectives and risks. Although the first reports to NZAID fell short of the requirements these were accepted. Following the 2007 Audit of NZAID, and with increased staffing levels, NZAID sought improved quality in reports from CMDHB. Over time there has been improvement in report quality but NZAID is perceived to be inconsistent in its reporting requirements and its management of the Arrangement. This, and some problems over payment of fees for services, has occasionally caused some tensions between the two partners.

Effectiveness of implementation

CMDHB has been responsive to the demands of the people of Niue and the evaluation found general agreement that treatment availability has been enhanced by an improved referral system and visiting specialists. The Arrangement has provided the community with better access to in-country specialist services than experienced by residents in New Zealand, and at no cost. CMDHB has continued to support medical referrals and medical evacuations to New Zealand as well.

The design of the Arrangement lacked focus on long-term results and sustainability and a robust monitoring and evaluation framework. This has made it difficult for partners to measure sector improvements, quantify any impact on health outcomes and the health sector and assess the extent to which value for money of this Arrangement has been achieved. It is likely that the clinical service component has reduced morbidity and premature mortality but increased costs may have been incurred through specialists' visits and a possible increase in medical referrals.

The lack of a longer term perspective in the Arrangement has constrained sector development and perpetuated a treatment model of service. CMDBH has attempted to implement some health promotion activities but without a strategic framework the impact of these is likely to have been limited. For this and budget reasons, these activities were removed from plans at NZAID's request.

Conclusion

A strong relationship has been built between Niue and CMDHB and Niue relies on CMDHB to provide services for its people that it unlikely has the capacity to deliver given the size of the workforce. It is therefore appropriate that this relationship is retained and developed so that CMDHB can continue to support NDOH in ways appropriate to its capacity and context. A primary healthcare approach is likely to be the most appropriate model for Niue; a needs-based, developmental approach which is the foundation for the Healthy Islands concept.

Recommendations

General Recommendations

1. A comprehensive sector needs analysis to provide baseline data should be incorporated into the design phase or as an initial activity of the programme. A monitoring and evaluation (M&E) framework should be incorporated in the design of a future phase. A well-functioning health management information system is essential to enable effective monitoring of sector progress. Ensuring an effective HMIS is sustained should be a priority of the next phase.

2. Communication mechanisms should be implemented to enable inclusive engagement and ownership by all personnel. This is likely to improve Programme implementation participation. The establishment of a formal communications plan, clearly outlining the roles and relationships of the parties may better enable effective relationships and improve.

3. Future support should take the whole sector into account and include inputs from other government agencies and development partners such as WHO and SPC. Annual plans should support a costed sector strategic plan which takes the contribution of all actors into account.

4. It is recommended that, if possible, Directors or Advisors to the NDOH be appointed for longer periods. It may be necessary to consider innovative options to retain a good quality Director for longer periods. For example, part time appointments and the use of communication technology could be considered. Efforts to recruit an appropriately qualified local deputy or trainee director should be ongoing.

5. The establishment of a formal communications plan, clearly outlining the roles and relationships of the parties may better enable effective relationships and improve implementation. This should include communication with and between GON agencies external to the health sector.

Recommendations for the Government of Niue

6. The establishment of a formal communications plan, clearly outlining the roles and relationships of the parties may better enable effective relationships and improve Strengthening of the Niue health system will benefit from a well developed, comprehensive, costed strategic plan which integrates all support to the sector.

7. Providing opportunities for health staff development and exposure to other health sector environments, engaging staff meaningfully in planning and decision making and strong human resource management practices are recommended to increase staff commitment and participation. Consideration should be given to developing and implementing a detailed human resource development plan based on a comprehensive needs analysis. This plan should be incorporated into a national public sector human resource development plan.

8. The NDOH should take the lead in planning and coordination of activities, based on sector priorities, in partnership with CMDHB and NZAID staff at Post. Strengthening whole-of-government engagement should be encouraged to facilitate support for the health sector.

9. Renewed consideration should be given to the cost-effectiveness of a range of telemedicine options as a means of obtaining timely diagnosis and appropriate treatment.

10. NDOH and partners should consider prioritising public health measures including budget allocations specifically for prevention strategies.

11. There is a need for a comprehensive and realistic human resource strategy appropriate to the Niue context. A health workforce development plan should include ways to sustain morale and the means to maintain the competency of registered professional staff to ensure quality of care is assured. Given the very small population base in Niue, continuing education is likely to require regular off-shore training and exposure. Opportunities for staff development off-shore are limited by the lack of relief cover.

Future support to Niue health sector might consider a small pool of regular relief clinicians, nurses and allied medical personnel who can fill planned gaps when required.

12. No planned maintenance has been undertaken of the building or equipment since the construction of the hospital was completed. NDOH should develop and submit an asset management plan for funding.

Recommendations for NZAID

13. NZAID should commit to consistent management of Activities including reporting and accounting requirements, monitoring processes and feedback.

14. Designers of Activities should be mindful of the consequences of roles allocated to different implementing partners in terms of ownership, capacity development and sustainability.

15. An implementation framework should enable the responsibilities of each partner for implementation to be clearly defined. This does not preclude, however, the need to maintain clear, open communication critical to good partnerships. The relationship between CMDHB and Niue should be retained with Niue taking greater ownership of the Programme.

16. For all activities, attention should be given to ensuring that contractual arrangements are implemented by NZAID and partner(s) as agreed. Reporting and accounting requirements should be clearly and specifically defined in design documents and in contracts with implementing partners.

Recommendations for the District Health Board

17. An assessment of appropriateness and effectiveness of referrals should be undertaken, including referrals made prior to the Arrangement, to examine the extent to which patient health benefits have been achieved. All costs of patient referrals, including medivacs, should be incorporated into the costed whole-of-health sector plan and funded through the GON health budget.

18. Visiting medical specialists' consultations should be limited to patients who have been appropriately referred. A public awareness strategy will be needed to support this.

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1. Introduction

Since 1974 Niue has been self governing but in free association with New Zealand. The citizens of Niue are also New Zealand citizens and New Zealand has a responsibility to support development in Niue. Niue's population in 2009 is generally accepted to be about 1000 people living on a single raised atoll of 260 square kilometres. The main connection for Niue with other countries is through weekly flights to and from Auckland.

In October 2004 the Governments of New Zealand and Niue signed the Halavaka ke he Monuina Development Partnership Arrangement (HkhM) to cover the period 2004 – 2009. The Arrangement outlines an agreement to work together to strengthen economic development and population growth for Niue. New Zealand would provide an initial five year programme of budgetary support; inter-Governmental Agency cooperation to enhance capacity in the Niue Public Service; and advice and mentoring to enhance the finance, legal, education, law enforcement, and health sectors.

As part of this wider Cooperation Programme, the Development Partnership Arrangement ('Arrangement') was agreed between the New Zealand Agency for International Development (NZAID), the Niue Department of Health (NDOH) and Counties Manukau District Health Board (CMDHB), for the three year period 2005 - 2007. The Partnership was intended to support the health priorities reflected under the HkhM Arrangement and based on the recommendations of the Health Report, dated January 2005, by the New Zealand Ministry of Health and CMDHB ('Health Report')[3]. Funding was made available through NZAID directly to CMDHB for the Arrangement.

The Arrangement objective was to establish a cooperative relationship between CMDHB and the NDOH to facilitate effective cooperation in, and strengthened support to, the Niue health sector. The DHB is responsible for actively assisting Niue to develop and maintain a health system appropriate for its size, its location, and the status of its residents as New Zealand citizens. Priority services under the Arrangement include providing support to NDOH to enhance capacity of the Niue health service under an all-of-government approach.

The Niue Department of Health is responsible for the provision of health services to the Niuean people. It has been headed by a Director of Health, who is also a medical practitioner. During 2009 a separate Chief Medical Officer position has been created to increase the Director's availability to focus on management and administration of services. As well as personal health services, the sector includes Public Health, Environmental Health and Aged Care services. A new, well-appointed, Niue Foou Hospital was opened in March 2006 to replace the facility destroyed during cyclone Heta in 2004. Almost all health services are provided at the hospital. The workforce is made up of approximately 40 personnel including as of March 2009, 3 doctors, 2 dentists, 14 nurses, 2 midwives, a pharmacist, laboratory technician and radiographer. Three staff are employed in public health. Supporting the management of the hospital is a Hospital Manager, administrative staff and maintenance and cleaning staff.

CMDHB is responsible for the health and disability services for the people of Counties Manukau. It covers an estimated population of 464,000 (2007)[4] of which 98,000 are Pacific people. Niueans make up approximately seven per cent of this Pacific population, an estimated 6700 people in 2006. They are the fourth largest Pacific ethnic group in Counties Manukau.

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[3] Health Report: Visit by the Ministry of Health and Counties Manukau DHB, New Zealand Ministry of Health, 2005

[4] Wang K, Jackson G. 2008. The Changing Demography of Counties Manukau District Health Board. CMDHB

Under the Arrangement, CMDHB would work with the Niue government and NDOH to support the health sector by providing visiting specialists/specialist teams to cover public health, primary health, limited secondary and tertiary care, human resource capacity building and health sector strengthening. Patients requiring services that cannot be managed on Niue are referred to CMDHB.

The Special Relations Unit, a combined team of NZAID programme development specialists and Ministry of Foreign Affairs and Trade (MFAT) policy staff manages New Zealand's relationship with Niue.

To facilitate readability and understanding, the format used in the body of this report has been aligned to the main objectives of the evaluation.

1.1 Purpose and Scope of the evaluation

This evaluation is of the Halavaka Ke He Monuina Development Partnership Arrangement (Arrangement) between the New Zealand Agency for International Development (NZAID), Niue Department of Health (NDOH), and Counties-Manukau District Health Board (CMDHB).

The Arrangement has been in place since November 2005 with an extension currently granted to CMDHB until 30 June 2010. The evaluation provides an opportunity for the Government of Niue, CMDHB and NZAID to assess the partnership arrangement to date and identify recommendations for future support to NDOH. The findings of this evaluation will be used to inform decisions on future support to the Niue health sector.

The evaluation covers the period since the implementation of the Arrangement in 2005 until August 2009. The evaluation reviews all activities associated with the implementation of the Arrangement, including Recommendations 4 - 21 and 28 -38 of the Health Report (Appendix 1). It does not include the design and construction of the new hospital. It includes the relationships between stakeholders and how Programme activities have supported original objectives.

The evaluation focuses only on the Arrangement and not on the broader health situation in Niue.

Main users of the report

The findings of this evaluation are addressed to the partners named in the Arrangement, These stakeholder requirements and views have been specifically addressed in our approach.

The secondary beneficiaries are the other stakeholders, individuals and communities that will benefit from the programmes implemented through the enhanced service capacity of the Health Sector in Niue.

1.2 Evaluation objectives

The Evaluation Objectives as listed in the Evaluation Terms of Reference (Appendix 2) are as follows:

1. To assess the extent to which the CMDHB-NDOH-NZAID partnership addressed the original intentions of the Arrangement, as well as the original recommendations from the 2005 health report.

2. To examine the extent to which the participatory process between New Zealand and Niue has been effectively managed.

3. To evaluate the effectiveness of CMDHB's support to and cooperation with NDOH to enhance and supplement the capacity in the Niuean health service/system under an all of government approach.

4. To appraise the role of CMDHB as the point of contact for both the New Zealand government (through NZAID) and the government of Niue (through NDOH) regarding Niue health and health system matters.

5. To assess reporting and accounting systems of the Programme.

6. To provide recommendations for future support to the Niue health service and for the future management of such support.

7. To provide comment and recommendations about the Arrangement

Questions under each of the objectives have been designed to assist the team to assess and analyse the data collected to better meet each objective[5]. This has then informed the Evaluation Tools/Data Collection Methods used in the evaluation.

2. Methodology

The evaluation set out to review the implementation of the Arrangement and sought to identify whether the provision of assistance could be shown to have strengthened support and enhanced the capacity of the Niue health service. The methodology for the evaluation was informed by a comprehensive Evaluation Plan developed by the Team Leader as approved by the Evaluation Steering Committee (Appendix 3).

The evaluation team comprised three members including an independent consultant as team leader, a Health Advisor employed by NZAID and a Policy Advisor with the Niue Premier's Department. The Team Leader coordinated the work relating to the evaluation including arranging meetings, project implementation, individual and group consultations, and took overall responsibility for writing the report.

Data collection was undertaken using qualitative methods. The emphasis of the methodology was participative, with many of the issues raised during the evaluation used to contextualise questions in order to confirm emerging issues and lessons learned. The methodology was designed to contribute to learning for all stakeholders.

Document review

Documents which were provided to the team by NZAID included the original Arrangement contract with the Health Report attached and annual Letters of Variation, annual Programme work plans, six monthly and annual reports and NZAID comments on these, selected correspondence between CMDHB and NZAID and other reports and

[5] The questions provided in the ToR were used as a guide, other questions have been included.

documents which were located on the internet or other sources. Additional information was obtained from NZAID on Medivacs and the New Zealand Ministry of Health (MOH) website. The list of documents consulted is in Appendix 4.

Key informant interviews

Evaluation team members held interviews with over 50 people. Participants included NZAID staff in New Zealand and Niue, NDOH staff and section heads, Niue government officials and the past and present Ministers of Health, the CMDHB Coordinator and key managers and the providers of specialist services to Niue. Some participants provided information by email (please see Appendix 5 for list of key informants).

The Evaluation Team appreciated the sensitivity of the material collected and took steps to ensure confidentiality was maintained. A record of all interviews was made and confirmation of accuracy was sought from respondents before being used in the analysis. This is also in accordance with the quality approach endorsed by OECD/DAC guidelines.

Semi-structured group interview

One semi-structured group interview was undertaken with beneficiaries of referral services and a Red Cross representative.

In-country feedback session

Feedback of preliminary findings of field work to stakeholders provided the evaluation team with an opportunity to substantiate data and for participants to further contribute to information provided.

2.1 Assessment criteria

The findings of the report are based on evidence gathered through this variety of sources and methods and triangulation of data. The Evaluation Team makes its recommendations based on the analysis drawn from these sources and offers them to the Joint Steering Committee for consideration. The findings presented in this report were agreed by all team members.

The Arrangement's objectives lack specificity for measurement purposes; with no baseline data and clear progress and outcome indicators. The evaluation used the Arrangement objective and list of services defined in the arrangement, as well as the Health report recommendations, as assessment criteria.

2.2 Timing of the evaluation

The evaluation took place from September to October 2009. The Evaluation Team completed the field visit in Niue during 5 - 12 September 2009 (Niue calendar 4 - 11 September 2009). Further data gathering in New Zealand and by telephone took place between 14 - 30 September and additional data to clarify specific issues was sought through interviews conducted with the Programme Management at CMDHB and some staff at the Niue Department of Health.

Unavailability of some evaluation team members delayed the submission of the first draft of the evaluation report until late October. The completion of this report has been further delayed due to the Team Leader, Nancy Sheehan passing away in October 2009.

2.3 Limitations of the evaluation

The evaluation field work commenced later than originally anticipated due to internal NZAID processes.

The objective of the Arrangement lacks specificity for measurement purposes and baseline data, clear progress and outcome indicators are lacking. The Arrangement required Niue be provided with assistance to develop and maintain an appropriate health service. The Health report recommendations have been used in this evaluation as proxy indicators for progress. This has presented difficulties in determining the extent to which the expectations of the Arrangement have been met.

The original Arrangement was to be in place for three years and include a mid-term review. This review did not take place and therefore this comprises the only review of the Arrangement undertaken. A mid-term review would have been beneficial in the formative stages of the Arrangement and would have provided opportunities for improving implementation. Relying on an end of term evaluation has limitations in terms of data capture and analysis.

The team faced constraints to assessing value for money due to the lack of clear objectives and indicators and difficulties in accessing plans, reports and financial data.

The leader of the evaluation team passed away soon after completing the first version of the report and the Niue Government representative on the team left the country at the end of 2009 to take up a scholarship. Other work commitments limited the time that the NZAID team member was able to contribute to the completion of this report.

2.4 Changes to the evaluation methodology

Several changes were made to the evaluation plan. The Team was provided with the opportunity to observe the joint partner meeting in Niue during the in-country component of the evaluation. The financial information for the programme was not reviewed, as anticipated within the methodology, because the information available through the reporting was inconsistent. Instead an assessment of the NZAID files on the Arrangement was undertaken to ascertain the reasons behind the delay in payments to CMDHB which have giving rise to a lot of tension.

3. Implementation of the Arrangement

With development assistance funding through NZAID, the Arrangement set out to establish a relationship between CMDHB and NDOH to enhance the capacity of the Niuean health sector through effective cooperation and strengthened support. By acting as a single point of contact, it was expected that CMDHB would simplify communication channels between Niue and New Zealand on health and health systems matters.

The Arrangement intended that CMDHB would assist Niue *"to develop and maintain a health system appropriate to its size, its location, and the status of its residents as New Zealand citizens".* This required the development of an annual Programme Plan, including a detailed costed budget, reflecting the recommendations of the Health Report[6]. Of the 38 recommendations in the Report those specifically relevant to this evaluation are 4 -21 and 28 - 38.

[6] Health Report: Visit to Niue by the Ministry of Health and Counties Manukau DHB, Ministry of Health, 2005

3.1 Arrangement principles

The Arrangement identifies a number of guiding principles which were informed by the special relationship between Niue and New Zealand. Interview findings suggest that the partners have not always retained a top-of-the-mind awareness of these principles although a number of NZAID and NDOH respondents consider that they remain valid. Some of these principles are combined for specific discussion below while others, including quality; relevance and excellence in service delivery; the effective and efficient use of funds and resources; and some elements of governance are covered in other sections of the report.

Partnership approach

The partnership is strongest between CMDHB and the NDOH. The relationship appears, generally, to be one of trust and respect. However, NZAID requirements for accountability, as well as budget limitations, have at times created tensions in relations between NZAID and CMDHB which have had repercussions for the relationship between CMDHB and NDOH staff. CMDHB has not always kept NDOH staff informed and some personnel have perceived the process as lacking transparency and a cause of some tension.

The Arrangement sought a whole-of-government approach but communications until recently have generally been between CMDHB with NDOH and CMDHB with NZAID. Other relevant GON entities such as the Public Service Commission (PSC) and the Secretary of Government (SOG) perceive that they have not been included in the partnership.

Focus on contributing to Niue's development needs

The principle for a development approach to support the Niue health sector requires a focus on sustainability and a common agreement on priorities based on population health needs.

The Health Report advocated for strengthening of the Niue health sector and provided a number of suggested ways to do this including linking annual Programme plans to a health corporate plan. A sector strategic plan would have provided a foundation on which a more developmental approach could have been taken. Both Directors of Health recruited by CMDHB made attempts to develop a corporate plan but this was not completed. There has been no comprehensive identification of need or clear strategic objectives and performance indicators defined. This has constrained long term planning. As a consequence the focus by all partners appears largely to have been on the provision of treatment services.

Commitment to good governance

Governance deals with the processes, institutions and rules through which decisions are made and the way in which authority is exercised.

The Arrangement was intended to take a whole-of-government approach. It required all parties to meet together at least annually to develop an annual programme as well as review progress, identify issues affecting implementation, agree on priorities, budget, monitoring and reporting, and make recommendations to respective Governments or other key stakeholders. No partner took responsibility for convening these meetings although it may have been most appropriate for the NZAID appointed HkhM Strengthening Cooperation Programme (SCP) Coordinator to do so. However, there is no evidence that the SCP Coordinator played any role in the health sector Arrangement.

The construction of the hospital was overseen by a multi-stakeholder Hospital Steering committee and appears to have functioned well. This committee was disbanded when construction was completed. There are suggestions that it could have been retained to oversee the implementation of the Arrangement.

Although there has been considerable demand placed on CMDHB to deliver services, and criticism by staff of unmet needs, there appears to be a tendency for the NDOH to be a passive recipient of CMDHB services. The GON agencies do not appear to have played a role in the Arrangement until quite recently when in 2009 the newly appointed Minister of Health convened two stakeholder meetings.

The Health Report recognised that improving health sector performance is dependent on a strong health system. It recommended CMDHB recruit a new Director of Health to establish a new service and improve health administration. It appeared to a number of Niue and NZAID respondents that the Directors recruited from New Zealand may not have been appropriately equipped for the role. Neither was able to provide the management direction needed to make structural improvements to the sector. This may in part be due to weaknesses of reporting lines. Although the Directors were responsible to the SOG and PSC, there was a lack of assertive management by the Niue Government agencies. This may have been partially undermined by CMDHB's recruitment role. The Directors faced difficulties managing NDOH staff partly because the NDOH organisation structure has poor integration of functions and too many line-reports for the Director to manage effectively. A major constraint to improving systems and processes appears to have been the lack of consequence for personnel poor performance. If reprimanded, some staff complained directly to the Minister of Health or the Public Service Commission (PSC) and the Director was consequently overruled. Since August 2008 the Government of Niue has sought to strengthen the lines of accountability of the Director to the Government of Niue. As there has been no Director in position since early 2009 it was not possible to gauge the impact of this.

3.2 Service delivery

The Health Report provided a number of priority areas for CMDHB to address and recommended additional situational analysis to identify further support needs. A detailed list of activities implemented by the partners to the Arrangement against the Health Report recommendations can be found in Appendix 7.

Appointment of Directors

In consultation with the Minister of Health, CMDHB recruited expatriate Directors to manage the health sector and provide clinical services. The costs to the Arrangement of employing both Directors were considerable, including salary, travel and allowances, refurbishment of accommodation, Continuing Medical Education (CME) and the costs of locum cover when the Directors were out of the country for extended periods.

Although the Health Report recommended that the Director position should be strongly Niue focused, both Directors were frequently out of Niue travelling internationally or undertaking CME in New Zealand. These absences limited their effectiveness and it appears that the Directors were unable to contribute to improving administration in any substantial way. The recommendation to recruit a Deputy Director of Health, whose capacity could be developed to replace the expatriate Director, was declined by GON.

Specialist services

Subject to availability CMDHB has facilitated visits of medical and other specialist to Niue according to needs identified by the Director and staff (this is further discussed later). There is no documented evidence of a structured analysis which provides the rationale for specific specialist services. Some specialist visits planned did not materialise or were sometimes substituted with different specialties. In addition to clinical specialists, teams and individuals with specialist skills have visited Niue to provide advice, services and staff training in a number of areas including patient records management, asset maintenance, diabetes, mental health, and sexual and reproductive health.

The Coordinator has also facilitated the referral of Niue patients to New Zealand for treatment and diagnostic investigations. The referral service commenced prior to 2005 and was not one of the activities included in the Arrangement document.

Workforce development

Strengthening in-country services in Niue is hampered by human resource constraints which include recruitment and retention issues and skills and knowledge maintenance. There has been a high turnover of doctors and allied health professionals, with Niue health professionals moving offshore, requiring NDOH to recruit from the Pacific region on short term contracts. Visiting clinicians provide on-the-job training in current patient management during consultations. However, this is generally limited by the short time allocated to country visits and the high volume of consultations during visits. Visiting specialists suggest that the lack of staff stability severely constrains longer term capacity building of Niue's health services.

CMDHB have also arranged visits by specialists planned to include a significant capacity development element. Examples of this are maternity care, sexual and reproductive health services, patient record management and mental health services. Some specialists find staff attendance to be inconsistent and good practice in accordance with treatment guidelines not implemented.

The absence of a systematic analysis of staff development needs and workforce plan has limited health staff development efforts. There is no strategy to ensure staff remaining in Niue are competent to practice and that good morale is maintained.

Staff training was requested and included in draft annual work plans but, during negotiations with NZAID, was usually cut back due to budget limitations, especially during the early stages of the Arrangement. In fact funding for workforce development was available from the wider HkhM through the PSC but it appears that the partners were largely unaware of this and no training proposals were submitted.

Restoration of birthing services

The implementation of the Health Report recommendation to restore full birthing services in Niue has been constrained by the unavailability of appropriately qualified and skilled staff. It has only been possible to provide full maternity services when there is an anaesthetist and surgeon in Niue and this has been intermittent. There are midwives at the hospital although they have not had appropriate continuing education for some time. For most of the Arrangement implementation period, near-term pregnant women have been transferred to New Zealand for delivery. A visiting midwife provided limited refresher training but this was timed when all pregnant women were being sent to New Zealand for delivery and midwives were unable to put their learning into practice.

Laboratory capacity

Retention of laboratory staff has been an ongoing problem with GON employing short-term non-Niuean staff to meet the shortfall. A self-funded Niuean student is currently studying to be a laboratory technician but it is not known whether he will return.

CMDHB provided a bio-medical technician to provide maintenance and calibration of equipment. As a consequence of problems with some equipment, a wider range of testing envisaged in the Health Report cannot be undertaken. NDOH participate in the web-based laboratory quality assurance programme implemented by WHO however.

Health management information system

The Health Report identified as a priority the need for an integrated health management information system (HMIS) for administration, laboratory and patient management. Accordingly, CMDHB attempted over the course of the Arrangement to implement an electronic patient records management system. In February 2005 Medtech32, a health management system capable of integrating a number of functions, was installed at the hospital. A HMIS advisor visiting in 2007 found difficulties with the system due to power fluctuations and server outages.

Early in 2009 another visiting advisor reported that the electronic HMIS had not functioned for a year. She found that the existing manual system had been developed in an ad hoc manner to suit each separate section and that its operation "*is disconnected, ad hoc, inconsistent and sporadic. Patient information is incomplete and questionable and is a risk to patient care ..... it compromises patient care and the integrity of staff and the entire hospital facility as a whole*"[7]. It was also reported that, although Niue Statistics Department is keen to get better data, it has limited connection with the NDOH. Health information is not disseminated across the rest of government. The extent to which support has been sought from, or provided by, the Niue Information, Communication and Technology Administrative and Services Department since Medtech 32 failed is unclear.

The Health Report recommendation to explore telemedicine options does not appear to have proceeded. A number of informants suggested that internet communications technology could improve opportunities to make early diagnoses and provide services which now require patients to be referred offshore. While there are some challenges due to the limited skills of x-ray and ultrasound operators, it appears that insufficient Internet bandwidth is the major constraint.

Asset management

Asset management was to be funded separately through the wider HkhM Arrangement. The Health Report recommended NZAID take responsibility for assisting NDOH in establishing sound practices, including defining indicators of progress, but it does not appear that NZAID actively pursued this.

Equipment for the new hospital was funded by the European Union (EU). Upgrades and maintenance of the equipment required the NDOH Administrator to develop an asset maintenance plan for submission to NZAID through the wider HkhM maintenance vote. Since construction was completed there has been no planned maintenance of infrastructure or equipment. The CMDHB Coordinator has prompted NDOH to submit maintenance plans and to prepare a proposal for the 2008-2009 financial year. To date no asset management plan has been submitted to NZAID for funding consideration.

3.3 Consultation process

The Health Report recommended that a formal communication system be established to support CMDHB in its role as central contact point. Section 21 of the Arrangement requires CMDHB to develop consultation and formal communication systems for improved coordination and an all of government approach.

The CMDHB Coordinator has had ongoing and close interaction with the Niue health sector and more recently with the Minister of Health. As discussed above, the annual plans and budgets have been prepared by the Coordinator with the Director and in consultation

[7] Stowers, L. 2009, *Patient Record Management Review Report.* p 2 Counties Manukau DHB

with NDOH staff. The plan is then negotiated with NZAID in Wellington. There is no record of the prescribed formal meetings taking place until early 2009. At the instigation of the Niue Minister of Health a meeting was held in New Zealand during her visit to Auckland in November 2008. This was attended by CMDHB Coordinator and NZAID staff. The two joint partner meetings held during 2009 were convened by the Minister of Health during the CMDHB Coordinators visits to Niue and were attended by High Commission NZAID staff, the Minister of Health, the Director or Acting Director of NDOH and representatives of the GON, including the Policy Advisor and the SOG. The meetings have been strategic in nature, providing a forum for issues to be aired, priorities agreed and appropriate actions delegated. All parties have agreed that the meetings have had benefits for partner relations and the SOG reports having a greater appreciation of the operational issues within the hospital.

3.4 Annual Programme planning process

Section 21 of the Arrangement sets out the process for developing and agreeing annual work plans and budgets. The planning process is managed by the CMDHB Coordinator. Draft plans and budgets, made in consultation with NDOH staff, are submitted to NZAID in Wellington for approval. Early annual plans were approved by NZAID with little negotiation even though they did not adequately meet requirements. Some NZAID staff cited low staffing levels led to closer attention not being given to these plans. As staffing levels improved more rigour was applied to assessing the plans for evidence of process, a more strategic development focus and value for money. This change in practice by NZAID gave the CMDHB Coordinator the impression that the *"rules had changed"* and created some tension between NZAID and CMDHB. CMDHB has perceived that, at times, NZAID lacked flexibility which has prevented them from undertaking their responsibilities. NZAID requirements for robust work plans and limiting budgets have frequently resulted in delays having work plans and budgets signed off by NZAID and Niue Government (annual planning is further discussed in section 4.1). The Coordinator contends that this has required CMDHB to carry the financial risk (see also Section 7).

3.5 Patient referral system

While the Health Report acknowledges the work that CMDHB does in facilitating patient referrals from Niue to New Zealand for health services, there is no reference to referral services in either the Arrangement or the recommendations of the Health Report. Referral services are seen by beneficiaries, Niue government officials and health staff as the most valued element of the services CMDHB provides to Niue. Prior to the Arrangement there was no system for referrals. Local doctors did not have relationships with the health sector in New Zealand to support those requiring specialist outpatient services. Consequently patients were sent for general practitioner consultations in New Zealand for subsequent referral to the appropriate specialist.

CMDHB has been the point of contact for all patients referred from Niue into the New Zealand DHB system, including emergency evacuations (medivacs). Patients are referred by NDOH medical staff, in consultation with CMDHB clinicians, or by visiting specialists. The GON provides funding for travel and initial living costs for referred patients, while treatment costs in New Zealand are covered through the overseas adjuster according to the New Zealand Ministry of Health Population-Based Funding Formula (PBFF)[8]. CMDHB receives a higher percentage of this adjuster than any DHB in recognition of the high proportion of non-resident New Zealand citizens using services there.

[8] New Zealand Ministry of Health. 2004. *Population-based Funding Formula 2003*. Wellington, Ministry of Health.

CMDHB has incurred the costs of providing a pastoral care service. However funding requests for this service have consistently been rejected because the referral service is deemed by NZAID to be outside of the Arrangement. This has been a cause of frustration to CMDHB and NDOH staff who are critical of NZAID's stance because they view pastoral care as vital to the referral service.

Several key respondents have the perception that the number of referrals has increased since inception of the Arrangement. This cannot be verified as the NDOH has collected data on referrals only since 2008. Visiting specialists often refer patients to New Zealand for further investigations and interventions that cannot be undertaken in Niue. This may generate higher numbers of referrals than prior to the Arrangement. Some beneficiaries and staff expressed concern that the continuing high rate of referrals may contribute to an undermining of public confidence in local doctors.

Medivacs are funded outside of the Arrangement. Air New Zealand planes operate to and from Niue only on a weekly basis and cannot accommodate stretchers so seriously ill patients and those unable to sit must be evacuated by specialist aircraft. These evacuations are managed by International SOS[9] under contract to NZAID which underwrites the costs with the expectation that countries will reimburse NZAID. The facility is available to a number of Pacific countries where patients cannot be accommodated on commercial flights. Only Niue has taken advantage of the medivac scheme over the last several years, averaging three to four patients annually. The average cost of an evacuation is NZ$104,000. NZAID has not invoiced Niue for costs because the GON has consistently stated an inability to meet them.

3.6 Recommendations

A number of issues have been identified during the implementation of the Arrangement which suggest that improvements could be made to future support to the Niue health sector. The following suggestions are made:

- Implementation of the Arrangement is likely to have been strengthened considerably by the availability of clear, measureable objectives and realistic performance indicators against which performance could be monitored. A comprehensive sector needs analysis should be incorporated into the design phase, or as an initial activity of the programme, to provide baseline data. A monitoring and evaluation (M&E) framework should be incorporated in the design of a future phase. A well-functioning health management information system is essential to enable effective monitoring of sector progress. Ensuring an effective HMIS is sustained should therefore be a priority of the next phase.

- A development perspective requires a long-term perspective and a focus on sustainability and results. Strengthening of the Niue health system will benefit from a well developed, comprehensive, costed strategic plan which integrates all support to the sector.

- The health workforce is a valuable and fragile resource in Niue where maintaining morale is difficult and recruitment and retention of personnel is an ongoing challenge. Providing opportunities for health staff development and exposure to other health sector environments, engaging staff meaningfully in planning and decision making and strong human resource management practices are recommended to increase staff commitment and participation. There is a need for a comprehensive and realistic

[9] International SOS is an international provider of medical assistance and health care

human resource strategy appropriate to the Niue context. A health workforce development plan should include strategies to sustain good morale and the means for maintaining competency of registered professional staff to ensure quality of care is assured. Given the very small population base in Niue, continuing education is likely to require regular off-shore training and exposure. Opportunities for staff development off-shore are limited by the lack of relief cover. Future support to Niue health sector might consider a small pool of regular locum clinicians, nurses and allied medical personnel who can fill planned gaps when required.

- Niue Government support for the Arrangement is likely to be more forthcoming if efforts are made to actively seek the advice of key agencies and engage them in planning. The NDOH should take the lead in planning and coordination of activities, based on sector priorities, in partnership with CMDHB and NZAID staff at Post. Strengthening whole-of-government engagement should be encouraged to facilitate support for health sector operations including human resource development, HMIS and asset management.

- It cannot be assumed that visiting specialist services will necessarily reduce patient referral rates. An assessment of appropriateness and effectiveness of referrals should be undertaken, including referrals made prior to the Arrangement, to examine whether health benefits to patients have been achieved. All costs of patient referrals, including medivacs should be incorporated into the costed whole-of-health sector plan and funded through the GON health budget.

- Renewed consideration should be given to the cost-effectiveness of a range of telemedicine options as a means of obtaining timely diagnosis and appropriate treatment. This will need to include ensuring sufficient, uninterrupted Internet bandwidth availability.

- Relationships have suffered from changes in the NZAID management quality and processes. NZAID should commit to consistent management of Activities including reporting and accounting requirements, monitoring processes and feedback to maintain good relations between partners while ensuring optimal accountability.

- No planned maintenance has been undertaken of the building or equipment since the construction of the hospital was completed. NDOH should develop and submit an asset management plan for funding.

4. Management of a Participatory Approach

"Sustainable development is only achieved through effective partnerships that are based on [fairness], trust, openness, respect and mutual accountability"[10]

A participatory approach to the Arrangement was identified as one of its key principles. The partnership arrangements are detailed in the Consultation, Communication and Reporting sections of the Arrangement document and have been discussed previously in this report. Under the Arrangement, CMDHB was delegated as the focal point for the partnership and for actively assisting Niue to improve its health system. This role included working closely with NDOH and other Niue and New Zealand government stakeholders.

[10] NZAID Policy Statement: towards a safe and just world free of poverty

4.1 Participation in decision making

A participatory approach to annual planning for the Arrangement is critical. The planning and decision making process in the Arrangement can be viewed on two separate levels: the consultations between CMDHB and the NDOH personnel; and those between CMDHB and the wider Niue and New Zealand Governments level. There is no documentation of the consultations with NDOH and information was obtained through interviews with the Coordinator and NDOH staff. Documents held by NZAID and interviews with the Coordinator, Niue and New Zealand government officials provided information on consultations between NZAID and CMDHB.

Annual programme planning has been facilitated by the CMDHB Coordinator working closely with the Director of Health and in consultation with NDOH section 'heads'. In the early years of the Arrangement, planning decisions were made by the Coordinator and the Director, who was seen by NDOH staff to be an employee of CMDHB. Staff did not feel engaged in the process and perceived that plans were supply driven. According to one staff member -"*Some things have been decided for Niue... The New Zealand counterparts [CMDHB] have their own perspective but are not taking account of Niue views."* When prompted, however, some recalled annual meetings of all staff with the Director and the CMDHB Coordinator where ideas and suggestions for priority future activities were discussed. The Coordinator also visited staff individually to canvas their views. In more recent years section heads have been meeting with the Coordinator and the Director to identify needs and discuss the programme for the coming year.

Once the draft plans and budget are developed these are submitted to NZAID for funding and approval. NZAID intends that country partners, such as the NDOH, determine their own needs and priorities and that country support agencies work alongside to assist in developing plans. In reality it appears that decisions to prioritise needs were actually negotiated between NZAID and CMDHB, with little Niue involvement. Decisions were based on the budget and evidence of a strategic process, rather than having been worked through between the two operational partners.

CMDHB's efforts to address systems and staff development needs in annual plans were constrained by the actions and non-actions of other partners. Although NDOH remains responsible for the provision of health services in Niue, and the Coordinator views CMDHB's role as one of support and enhancement rather than of leader, NDOH has not always provided the support necessary to enable CMDHB to implement improvements. There is an apparent passive acceptance of most services provided by CMDHB yet some resentment that services are provided at a time and to a degree that suits CMDHB rather than Niue. One staff member also perceived a "cultural gap" between CMDHB's tendency to move quickly and the slower pace of Niue, suggesting that *"There seems to be a lack of awareness by CMDHB that Niue health has its own responsibilities and workload".*

Most staff interviewed did not feel they had benefited from the Arrangement. Staff priorities, in particular training opportunities, have not been reflected in plans. Staff laid the blame with the first Director for removing training from the work plans. In fact, because the funding for staff development is through another HkhM stream linked to broader public service human resource development planning, NZAID removed the training activities from the plans. However, this was neither communicated to staff nor did they have knowledge of the process for finalising programme plans within a limited budget.

There is no documented evidence of annual planning discussions between CMDHB and other non-health stakeholders in Niue such as the Public Service Commission (PSC), the SOG and the High Commission, although it was reported that the CMDHB Coordinator has

separate stakeholder meetings with each of these bodies It does not appear that Niue Government agencies are assertive participants in health sector planning activities.

4.2 Strengths and weaknesses in participation

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The CMDHB Coordinator has taken active responsibility for the planning process. Her intention has been to consult widely with staff to seek their ideas. This has been hampered by a limited understanding of participatory approaches and the need for open, broad information sharing and communication. For example, the Coordinator recently produced a primary health care concept paper at the request of the Minister of Health. At the time field work was undertaken there had been no consultation with NDOH personnel and they had not had access to the paper, although the existence of it was widely known.

NZAID

NZAID has advocated for a participatory planning process and has attempted to build the capacity of CMDHB to function as a development partner in a more participatory way. However, NZAID may in fact have hampered the participation by making decisions in Wellington. The consultation process was complicated, particularly in the early stages, by NZAID having a manager in both Wellington and at the High Commission and the SCP Coordinator in Niue. This would have made it difficult for CMDHB to be the central point of contact. NZAID demonstrated inconsistencies in management processes (when requirements for plans and reports changed as resources became available) and in in-country engagement by the High Commission NZAID staff. There was poor understanding of the constraints in the relationship between CMDHB and NDOH.

Government of Niue

The Government of Niue has been a passive partner in the Arrangement. It has been open to receiving support from CMDHB, and very keen to enable its citizens to have the best level of health service possible, but it has not sought to actively engage as a partner or take responsibility for decisions. Poor human resource management practices have obstructed development throughout the implementation of the Arrangement and there have been weaknesses in whole-of-government coordination.

4.3 Recommendations

- The NDOH staff's lack of engagement in the Programme may have been avoided if they had been kept informed of processes and programme developments, including NZAID's role in final decision-making on work plans. Communication mechanisms should be implemented which encourage engagement and ownership of all personnel and which are likely to improve Programme implementation participation.

- Country ownership is essential to sustainable development and requires the active participation and leadership of key agencies in Government as well as within the health sector. Allocating CMDHB the lead for implementation of the Programme has resulted in GON assuming a rather passive role in the planning and implementation of Activities. Designers of Activities should be mindful of the effects on ownership, capacity development and sustainability when allocating roles to different implementing partners.

- A further consequence of delegating the lead role to CMDHB appears to have been that CMDHB has been held responsible by other partners for implementation

difficulties and slow progress. All parties have equal responsibility to ensure that the Arrangement meets its objectives. An implementation framework should enable the responsibilities of each partner to be clearly defined. However, this does not preclude the need to maintain clear, open communication that is critical to good partnerships. The relationship between CMDHB and Niue should be retained with Niue taking greater ownership of the Programme.

5. Effectiveness of CMDHB Support to the Niue Health Sector

The Arrangement set out to strengthen the health sector and health service delivery. Many stakeholders interviewed were not aware of the objectives of the partnership, believing CMDHB's role was to provide and supplement services only.

5.1 Achievements

There is general agreement and considerable satisfaction that the availability of treatment has been enhanced by improved referral services and visiting specialists. There is less certainty of the contribution it has made to strengthening of the sector as a whole. Possibly, as one NDOH staff member suggested *"it is too early to identify CMDHB's contribution to the sector or to health [in Niue]".* CMDHB support to Niue health services has improved patient access to services, has increased public confidence in services available on Niue and, to a limited extent, the services provided by the Niue health sector, such as mental health and diabetes management.

Some NDOH staff suggest that establishing the relationship between CMDHB and Niue has developed a reliance on CMDHB expertise to fill a capacity gap for Niue. Medical staff have established relationships with individual clinicians in Auckland whom they feel confident to communicate with over patient management.

Despite CMDHB's attempts to give attention to implementing the Health Report recommendations related to the patient management system, asset management and laboratory strengthening, there has been little progress in improving systems performance. This is largely due to the lack of progress by NDOH in developing and implementing an asset management plan.

5.2 Responsiveness of services

CMDHB has attempted to accommodate the needs of the Niue health sector and patients identified by the Directors and the Coordinator and through consultation with section heads and visiting specialists. Given the absence of a sector needs analysis, the extent to which activities address the actual needs of the population and the sector can only be guessed at.

NDOH staff have a sense that CMDHB has significantly improved services for individual patients. The CMDHB coordinator asserts that care is taken to select specialists who have empathy with the people and visiting specialists are observed to work very hard to address the demands of patients while in-country. Many of the specialists are available to Niue clinicians by telephone to provide advice. The provision of specific specialist services documented in CMDHB work plans depends on the availability of the specialists.

There is a general perception that specialist doctors' visits are not long enough for the volume of work and that there was no flexibility to respond to emerging issues. Patients are referred to visiting specialists by Niue clinicians (or are repeat consultations at the request of the specialist as appropriate) yet many people expect to see visiting specialists without prior referral. Whilst these patients' needs have not been assessed there are both staff and public expectations that if an individual wishes to see a specialist they should have the right to do so. This is frustrating for specialists, who cannot give adequate time to patients in real need, while many staff complain that specialists' visits are too short for the number of consultations. Both groups regret the consequent lack of time for staff development.

As discussed above, NDOH respondents have a perception that the Programme planning and service provision has been driven by CMDHB with insufficient input from Niue regarding its needs or clear attention given to identifying capacity development and that CMDHB has sought to impose initiatives and services on Niue. The Coordinator's suggestion that Niue can be viewed as *"an extension of CMDHB referral system … like another GP practice"* may foster this perception and may explain the observations of some respondents who perceive a lack of real strategic level dialogue and planning between CMDHB and NDOH.

By rejecting items in the work plan, NZAID has also been seen as constraining CMDHB ability to be responsive to addressing Niue health sector needs. Largely due to budget limitations, items which lacked clear justification or evidence of a prioritisation process have not been agreed for funding by NZAID.

5.3 Appropriateness of support

The appropriateness of the support provided by CMDHB to NDOH must be viewed against the responsibility of NDOH to determine its own needs and against Niue's expectations, given health workforce constraints and the size of its population. While the Arrangement has provided a range of services there remain significant gaps in the management and functioning of the Niue health system due to in part the lack of a strategic plan, the non-existence of an information system, high turnover of staff, and the lack of consistent managerial leadership and clear accountability mechanisms. The support provided to Niue through the Arrangement has largely been informed by available resources within CMDHB and the NDOH.

CMDHB support has been viewed by some NDOH and NZAID staff as a medically-driven response with little attention to wider health sector development, including public health. This view does not acknowledge CMDHB's attempts to include health promotion and disease prevention activities in annual plans.

Most visiting specialist services provided to Niue appear to have been appropriate to the known disease burden of the country. There are, however, gaps in priority services such as orthopaedics where CMDHB has been unable to get specialists to visit regularly. A number of NDOH and visiting specialists suggested that, if patient consultations were better prioritised and staff development was scheduled into visit programmes, greater use could be made of time available to build staff capacity so that quality of care by local staff could be improved.

A number of non-medical specialist visitors have provided services essential to the smooth functioning of, and quality of care provided by, NDOH. These are very unlikely otherwise to be available to the GON, given the small health workforce of the country. These include a medical engineer, health information experts and a mental health nurse. There are other non-medical specialists whom staff do not consider provided appropriate,

priority support. In particular these included occasions where training was provided which could not be put to immediate practical use.

Short-term locum relief for the Director, when s/he was away from Niue, was considered by NDOH staff as a *"waste of money"* because different people were recruited each time and were not in Niue long enough to become oriented, and therefore useful, to the NDOH and Niue. There was also discontent that while cover was available for the Director to have regular continuing education these same opportunities were not available to local staff.

5.4 Extent of development focus

CMDHB was required to provide annual funding requests, comprising *"a Programme Plan and providing a work plan of specific inputs, description of activities and initiatives….. performance indicators, objectives, outputs and a detailed, transparently costed budget",* reflecting, at least, the recommendations contained in the Health Report. The Arrangement document lacks clear and measureable performance, progress and outcome indicators or a monitoring and evaluation framework which deprives it of a development focus. The absence of a systematic assessment of health need has been a continuing weakness in the planning processes of both the NDOH and CMDHB.

In the absence of a health needs analysis and a national health plan, annual plans have remained largely service-focused, providing a list of inputs and outputs and an itemised budget. The contribution of activities to improving health and health systems development outcomes is not clear and the impact cannot be measured.

Evidence supports the criticism that oversight by NZAID, to ensure that activities addressed the Health Report recommendations, were based on sound rationale, were sequenced and had realistic, measurable indicators was patchy in the initial implementation period. For 2007/8 plans onwards NZAID has sought to have strengthened performance indicators although there continue to be difficulties. This may be due to a lack of understanding by CMDHB and NDOH of how to develop indicators for results-focused activities.

5.5 Contribution to Niue health sector

A range of respondents questioned what Niue can realistically expect of a health service, particularly given the very small population base and the size of the health workforce. CMDHB has, through the Arrangement, supplemented services provided by local staff. Availability of some specialist services to Niuean patients has been greatly improved, both in Niue and New Zealand. Given that key specialist visits are relatively regular and consistent, and that Niue doctors are provided with current information on best practice, it is possible that the quality of treatment has also improved. However, some staff and patients suggested that the high availability of visiting specialists and ease of referral may be undermining public confidence in the local staff and services.

The Arrangement has also attempted to improve some non-service elements of the sector but, as discussed above, has been constrained from doing so. The short term tenure of the Directors appears to have restricted the opportunity to improve administration practices. Suggestions of staff resistance to change were countered by one staff member: "*The turnover of Directors with different management ideas has lacked consistency. The Directors have changed but local staff are always there...*"

NDOH personnel are very disappointed that the Arrangement did not provide for more staff development, particularly for doctors and nurses many of whom have not had

continuing education of any significance since graduating. NZAID suggested that a health staff development proposal be submitted to PSC and this has recently been done. However, there remains an absence of a comprehensive training needs assessment and plan for the sector.

5.6 Contribution to the health of the people of Niue

It is not possible to quantify the impact of the Arrangement on the health of the people of Niue due to the absence of statistical information or baselines. Nevertheless, a number of services provided by CMDHB are likely to have contributed to some improvement in individuals' quality of life. These include visiting eye specialist teams which have treated cataracts and other vision defects and regular visits by general physicians providing improved management of patients with non-communicable diseases such as diabetes and gout. Mental health service support was given particular mention by NDOH staff which has contributed to the development of individual patient care plans and ongoing guidance to staff in managing mentally ill patients.

NDOH staff, patients, and Niue Government officials interviewed were unanimous in expressing their satisfaction with the level of treatment services provided by visiting specialists, the referral service and the Coordinator's 24 hour on-call availability to Niue to accept patients for referral and medivac to New Zealand.

NDOH staff, visiting specialists and others raised concerns about the high rate of non-communicable diseases, including diabetes, hypertension and heart disease, and the accompanying complications of these diseases. As one NDOH respondent pointed out, *"General health problems continue to increase because of not enough awareness." S*everal CMDHB clinicians suggested that the provision of specialist services to NDOH may be perpetuating a treatment model instead of more cost-effective primary health care including health promotion and disease prevention. Until very recently there has been little attention by the health sector to address the prevention, early diagnosis and management of these conditions. Very recently the public health team, with support from the WHO/SPC Pacific Regional Non-Communicable Disease Prevention and Control Programme, has begun to implement activities.

5.6 Unintended consequences of Arrangement

A number of unexpected consequences of the implementation of the Arrangement were identified during the course of this evaluation.

For CMDHB a positive consequence has been the development of a stronger Pacific *'regional intention'* through its work with Niue, as well as with other Pacific countries such as the Cook Islands and Samoa. Senior CMDHB clinicians acknowledge that a significant benefit of the Arrangement for CMDHB is the goodwill it generates among the many Niueans residing in the Counties-Manukau region. This in turn provides the potential for the Pacific Team at CMDHB to develop innovative approaches for Niue that can be translated to, and complement, what is provided to the New Zealand Niuean community residing in South Auckland.

The Niue public expect that they can and will receive health services when they want them, free of charge and with no waiting time. This expectation is also applied to the services of visiting specialists. The whole community is aware of a specialist's visit to Niue and, as discussed above, individuals expect to be able to consult with the doctor without referral or health justification. This creates a burden on the service. Open and inappropriate access to visiting specialists has been undermining confidence in the local system and

displacing local doctors' services. A visiting consultant noted with concern that local staff may suffer job dissatisfaction as a consequence and choose to leave. The already high turnover of medical staff and nurses reduces the specialists' ability to build capacity over time and ensure consistency of practice.

The Arrangement has provided Niue doctors with a reliable and responsive system for making patient referrals to appropriate services. Some Niue respondents suggested that the implementation of the Arrangement had reduced the number of politically influenced patient referrals.

NZAID staff report that the management of the Arrangement has been time consuming and therefore costly. The absence of clearly defined objectives and performance indicators has been a constraint to NZAID's ability to monitor and manage the Arrangement effectively.

5.7 Comparison with support to similar countries

The support provided to the Niue health sector by New Zealand can be compared with that provided to the other realm countries - the Cook Islands and Tokelau - and to the Chatham Islands. There are some similarities between arrangements.

Niue's population of about 1,200[11] people compares with those of Tokelau (approximately 1,000[12]) and the Chatham Islands (600), but is considerably less than that the Cook Islands (13,000[13]). The Chatham Islands and the Cook Islands are accessible by air from New Zealand several times each week and Niue is serviced by a regular weekly flight. Tokelau is dependent on sea travel from Samoa.

Funding arrangements

The large proportion of funding for the Niue and Tokelau health sectors is through direct budget support from NZAID to respective governments. The Cook Islands receive general budget support from New Zealand and allocates funding to health from this. Only Niue currently receives additional targeted assistance for sector development and supplementation of services although the Cook Islands has received funding from time to time for specific small projects. The Chatham Islands are within the Hawkes Bay DHB (HBDHB) catchment and funding to HBDHB is through bulk funding from the Ministry of Health (MOH), with the cost of treatment for patients accessing other DHBs funded through inter-district flows. Public service treatment costs in New Zealand for patients from Niue, Tokelau and the Cook Islands are covered by DHBs which are funded by the MOH according to a weighted Population-Based Funding Formula (PBFF)[14].

[11] Census 2006: 1625 (pattern of steady reduction over time) New Zealand Ministry of Foreign Affairs and Trade website

[12] Census 2006: 1466 (20% reduction since 2001 census) New Zealand Ministry of Foreign Affairs and Trade website

[13] Estimated 2008: 13,000, New Zealand Ministry of Foreign Affairs and Trade website

[14] Ministry of Health. 2004. *Population-based Funding Formula 2003*. Wellington: Ministry of Health.

Institutional support

Under the Arrangement, CMDHB assists the Niue health sector with CMDHB costs met by NZAID. Tokelau Department of Health (DOH) has an unfunded Memorandum of Understanding (2004) with Capital and Coast DHB (CCDHB) to support the Tokelau Patient Referral Scheme only. Both Niue and Tokelau seek and receive advice from MOH on public health matters. The Cook Islands receives in-country specialist services from a variety of sources including other donors, charities and volunteers. Additionally, NZAID funds the Health Specialist Visits Scheme (HSV), entirely managed by the Cook Islands MOH (including selection of specialists, patients and timing). NZAID funding covers visiting specialists' costs, hire of equipment, materials, supplies and diagnostic tests as recommended by the specialists. The total cost of the HSV is agreed annually in advance. In addition the Cook Island MOH has an Arrangement for Health Cooperation with the New Zealand MOH to support the capacity and capability of the Cook Island MOH. This arrangement has no funding implications.

Referral system

Patients are referred to New Zealand by Niue medical officers and visiting medical specialists. Travel costs and initial living costs are met by the GON. The costs of medivacs are met by NZAID with the understanding that these will be reimbursed by the GON. Patients requiring referral from Tokelau are assessed by the Tokelau Department of Health (TDOH). Only a small number of Tokelau patients are referred to New Zealand as most are treated in Samoa. Tokelau DoH covers the costs of travel and transfer, including medivacs, as well as initial living allowances. The Cook Islands Ministry of Health (CIMOH) manages and funds medical referrals to New Zealand, including medivacs.

CMDHB currently meets the cost of pastoral care for patients sent to New Zealand from Niue for treatment. Since October 2008 Tokelau has had a contract with a Porirua-based primary health organisation (PHO) which has provided pastoral care to referred patients through a contract with TDOH. Referred patients of each country are entitled to Work and Income New Zealand (WINZ) assistance after an initial stand-down period. CMDHB, the CIMOH and the Porirua PHO have facilitated relationships with WINZ to enable easier access to allowance entitlements for Niue, Cook Islands and Tokelau patients respectively.

The Chatham Islands population has unrestricted access to treatment facilities in New Zealand. The islands have a part-time general practitioner (GP) and medical specialists visit from HBDHB. Prioritisation of specialists is based on previous service provision and GP and nurse advice. The costs of transferring patients to the mainland are covered through the MOH National Travel and Accommodation Policy. Those patients who access mainland services without the Island GP's referral must meet the costs themselves.

5.8 Contribution of regional health programmes to Niue

In the absence of a health sector strategy and sector-wide annual plan the implementation of the Arrangement has not been able to take advantage of the support provided to Niue by the various regional health initiatives in the Pacific. Programmes include, but are not limited to, the Regional Programme to Prevent and Control Non- Communicable Diseases, the Regional Blindness Prevention Programme; UNFPA Regional Sexual and Reproductive Health Strategy; Pacific Immunisation Programme; and Strengthening Health Workforce Capacity.

Reference was not made to regional health programmes in Arrangement documents and it does not appear that NDOH or NZAID made CMDHB aware of the full extent of these programmes. Consequently the work plans did not attempt to support the work of these

programmes and there has been some duplication of effort in a number of areas, in particular sexual and reproductive health and non-communicable diseases.

Mental health services

Support to mental health services is an example of where the CMDHB consultant was aware of the Pacific Islands Mental Health Network (PIMHNet) and acknowledged the need for Niue to align with the work of this regional programme. Niue is a member of PIMHNet, established in 2006 as a WHO initiative with support from New Zealand Ministry of Health (NZMOH) and NZAID. The consultant worked with a psychiatrist and NDOH towards developing mental health guidelines and procedures.

Sexual and reproductive health

During the period of the Arrangement a specialist sexual and reproductive health (SRH) nurse has made two visits to Niue to analyse the SRH health needs, SRH services and training. The nurse provided valuable services but appears to have been unaware of the work of UNFPA, UNICEF and SPC in providing health sector capacity building support on SRH. Each agency works with Niue to develop a country work plan. UNFPA, for example, has developed, with NDOH, a comprehensive, costed, three-year forward plan to promote safe motherhood. The inputs of CMDHB and NZAID are included in this plan. The nurse could have built on these efforts, aligning with Pacific protocols and processes, rather than duplicating or perhaps offering conflicting messages.

Non-communicable diseases

All partners acknowledge that lifestyle-related health problems are increasing in Niue and the prevalence of risk factors for chronic diseases (such as diabetes and hypertension) is high. Arrangement activities have included some screening services, village level education and clinics undertaken by a diabetes specialist in 2006 and support for the implementation of the Niue Smoke Free Plan and assistance to staff to establish a smoking cessation service by two tobacco control consultants. CMDHB proposed a healthy eating programme in the 2008-09 work plan but this was not supported by NZAID because of the high cost of consumables, the lack of a strategic perspective, and the lack of integration with activities of the regional programme.

5.9 Non-Niue Residents' access to health services

There are reportedly no difficulties for non-Niueans (including short-term non-residents and other residents of non-Niuean ethnicity) accessing services in Niue. A notice at the hospital informs non-residents of user fees for medication and services. Patients who are residents receive free health care including visiting specialist services.

Non-Niue residents must pay for referral services, including travel to New Zealand. As non-New Zealand citizens they are not entitled to receive PBFF-funded DHB services. They must also meet the costs of their health care. However, there is evidence that the NDOH has paid for treatment of referred patients for at least some non-Niuean residents. The NDOH sometimes pays referral costs and then seeks to recoup the cost of care from the family or the country of origin. Community informants and New Zealand High Commission staff verified that non-Niue residents do not face barriers to accessing health services and the referral system. The consular division facilitates visa processes as long as the DOH meets the cost of care.

5.10 Value for money

The Arrangement set out to facilitate strengthened support to enhance the capacity of the Niuean health sector so that Niue can develop and maintain a health system appropriate for its population. The expenditure (NZD) on the Arrangement up to 30.6.09 was $1,420,900 across four financial years as shown below:

Financial Year	05/06	06/07	07/08	08/09	Total
Budget	304,000.00	294,000.00	550,000.00	595,000.00	1,743,000.00
Expenditure	148,261.44	420,292.08	504,256.94	348,090.29	1,420,900.75
Variance	155,738.56	-126,292.08	45,743.06	246,909.71	322,099.25

New Zealand provides direct budget support for recurrent government health costs. However, this evaluation has focused on the targeted support to the health sector via the Arrangement to CMDHB as well as through the wider HkhM for asset management and human resource development. This is in addition to the $700,000 per annum currently being spent on medivacs via the NZAID Pacific regional programme.

The extent to which value for money of this Arrangement can be measured is restricted by the lack of baseline information or an early sector situational and needs analysis. Consequently this assessment is based on the opinions and observations of those interviewed and of reports submitted to NZAID.

The Arrangement has provided the people of Niue with increased access to quality services, and has provided Niue doctors with contacts for appropriate advice and patient referrals that did not previously exist. The closer relationship has brought an increase in visiting specialists to Niue, particularly to address the disease priorities identified by CMDHB and the NDOH. It is probable that improved access to specialists has enabled more timely diagnosis and treatment, thereby reducing the need for a high level of care, greater levels of disability and perhaps even premature death. However, the inadequacies of the HMIS make it impossible to confirm this.

It is also likely that the increased ease of access to specialists has added to costs. As patients are able to see specialists without referral they have easier access to these services than patients would in New Zealand unless paying private consultation fees. Consequently specialists' consultation time for those most in need is reduced, with a potential reduction in quality and restriction on opportunities for teaching local doctors and nurses. There is also a perception that the ease of access to specialists reduces the confidence of the public in local doctors. This has potential costs for the GON if there is reduced patient contact time with local staff.

The lack of a long term vision is likely to have reduced the potential for the Arrangement to have achieved its potential sustainable development. For example, the *ad hoc* fashion in which the HMIS was addressed has been costly in terms of infrastructure, specialist visits and staff training for little positive outcome. This lack of a strategic approach has reduced the opportunity for cost effective system improvements as well as for addressing population behaviour changes to reduce the prevalence of costly chronic diseases.

5.11 Recommendations

- The Arrangement design did not easily facilitate strengthening the sector as a whole. Future support should take the whole sector into account and include inputs from other government agencies and development partners such as WHO and SPC.

Annual plans should support a costed, sector strategic plan which takes the contribution of all actors into account.

- The focus of the Health Report and the Arrangement, on addressing the demand for treatment services, particularly for lifestyle-related conditions, missed opportunities to focus on more cost-effective health promotion and disease prevention interventions. NDOH and partners should consider prioritising public health measures including allocating budget specifically for prevention strategies.

- The Arrangement appears to be perpetuating a treatment model. Future support to the Niue health sector should promote a primary health care (PHC) model that is more appropriate to the size of the population and the health sector. PHC offers an evidence-based and anticipatory response to health needs as well as people's expectations. The PHC model is developmental and can be contextualised to the setting.

- The Arrangement has provided the people of Niue with a level of access to specialist services which they would not have in New Zealand and at no personal cost. This has constrained time available to provide longer consultations for those most in need and for staff training. Visiting medical specialists' consultations should be limited to patients who have been appropriately referred. A public awareness strategy will need to be implemented to support this.

- The short term tenure of Directors recruited through the Arrangement has had implications for continuity in managing NDOH. It is recommended that, if possible, Directors or Advisors to the NDOH be appointed for longer periods. It may be necessary to consider innovative options for retaining a good quality Director for longer periods. For example, part time appointments and the use of communication technology could be considered. Efforts to recruit an appropriately qualified local deputy or trainee director should be ongoing.

6. Lines of Communication

This section describes how the communication channels for consultation align with the original intention of the Arrangement and then how they were managed between partners by CMDHB.

6.1 Communication channels

Under the Arrangement, CMDHB agreed to *"Act as the central point of contact for both New Zealand government (through NZAID) and the Government of Niue (through NDOH) regarding Niue health and health system matters"* in order that NDOH avoid multiple communication channels with New Zealand and to establish a formal communication system with both parties. Section 21 of the Arrangement laid out the form that communication processes should take. CMDHB was expected to develop a formal communication system with NZAID and NDOH to support an all-of-government approach. The table in Appendix 8 summarises the extent to which the requirements of section 21 of the Arrangement have been implemented against Arrangement requirements.

The CMDHB Coordinator has developed an important role in building networks within the wider New Zealand health sector to access specialists and services appropriate to the Niue situation and match these with the health needs identified for Niue. She is also the point of contact for NZAID Wellington on matters relating to the Niue health sector. The NZAID

Manager at the High Commission has an important role to monitor the country programme and as such has communicated directly with NDOH from time to time, particularly on matters concerning the wider GON.

Over time communication between the three partners has undergone changes, mainly influenced by the management styles of the Directors, the change of personnel at the High Commission in Niue and NZAID SRU in Wellington and the change of government in Niue. An all-of-government approach has never been realised.

Communication between CMDHB and GON has strengthened since the change in government in 2008 and a strong relationship has developed between the Coordinator and the Minister of Health. The Minister of Health appears to have filled the NDOH Director role since his departure in early 2009 and the Coordinator has begun to provide an increasing level of strategic advice to the Minister of Health. However, this does not always include consultation with NDOH personnel.

6.2 Effectiveness of communication management

The Coordinator has a sense that it has not been possible for CMDHB to be the central point of contact for NZAID and NDOH in the Arrangement. Nevertheless, NZAID has the impression that almost all communication regarding the Arrangement and the health sector has been with CMDHB. A formal communications plan was never developed and NZAID does not appear to have taken steps to ensure this contract requirement was implemented. CMDHB contact with NZAID has been with the Wellington desk and the NZAID Manager at the High Commission.

Both NZAID and CMDHB admit that communication has not always been constructive. The Coordinator has found NZAID bureaucratic, with too many rules, and has complained about inconsistencies in planning, budgeting and reporting requirements. CMDHB suggests that the relationship with the High Commission has improved over recent times.

Communications between CMDHB and the Niue health sector tend to have been, until recently, largely between the Coordinator and the Director and, although staff and section heads have always been consulted, they have not been kept informed of the developments in the programme.

Recently implemented partner meetings, chaired by the Minister of Health appear to have considerably improved communication and relations between the parties. The SOG, PSC and the former Minister of Health would have appreciated regular communication, including being provided with annual work plans and reports by the Director or CMDHB from the outset of the Arrangement. Meetings of all parties in Niue have brought the notion of a whole-of-government approach to health closer to being realised.

6.3 Recommendations

- Communication within the Arrangement has not always been constructive. Ensuring a formal, functioning communication system will foster the more effective participation of each party. The establishment of a formal communications plan, clearly outlining the roles and relationships of the parties may better enable effective relationships and improve implementation. This should include communication with and between GON agencies external to the health sector.

7. Reporting and Accounting

This section of the report considers the reporting and financial management processes implemented for the purposes of the Arrangement and the extent to which these met the agreed requirements.

7.1 Arrangement reporting processes

The Arrangement required CMDHB to provide biannual summary reports to the SCP Coordinator on activities and progress against objectives and risks, as well as more comprehensive annual reports to partners with additional information on quality of services, risks, third party issues, and proposals for efficiencies.

It is reported that biannual progress reports were submitted by CMDHB to the SCP, and annual and semi-annual reports were received by NZAID. The SPC response to reports is not documented. The first two reports to NZAID fell short of the requirements of the Arrangement but were accepted by NZAID. These included information of inputs only with little narrative explanation of activities. They did not discuss the activities of the annual Programme plan or progress in addressing the Health Report recommendations, and there was no explanation of the use of funds. Following an Audit of NZAID in 2007, and with increased staffing, NZAID sought improved quality in reports from CMDHB.

There has been improvement in the quality of reports over the period of the Arrangement. More recent reports include useful narrative and description of activities, variations against budget explained, and reports of specialist visits attached. Although the referral system is not included in the Arrangement, recent inclusion of referral and medivac statistics has been welcomed by NZAID as useful in providing a more comprehensive picture of the Niue health situation. But weaknesses in formal reporting remain and reports have continued to focus on inputs and outputs rather than analysis of how activities have contributed to progress against the Arrangement recommendations and health and health systems outcomes. The Coordinator recognises that improvements have been made but that there is more to learn about NZAID's expectations.

7.2 Financial accounting

The Arrangement required the programme plan and budget to be agreed annually by all parties. According to the Arrangement, NZAID would pay CMDHB the agreed annual budget amount and CMDHB would provide services as per the plan as agreed in annual contracts (Letter of variation (LOV)) with NZAID. CMDHB acknowledged that in receiving public funds to deliver these services NZAID would require a high level of accountability. A greater than 10 per cent variation to the agreed budget would require an additional formal LOV. NZAID was entitled to withhold any payment if it was not satisfied with service performance.

In managing the Arrangement, NZAID has not provided funds to CMDHB in advance of activities being implemented. Instead, CMDHB has been submitting invoices to NZAID after services have been provided. This has led to claims by CMDHB that it has carried the financial risk of the Arrangement. The Coordinator also contends that the full costs of implementing the Arrangement have not been adequately covered by NZAID, in particular for the Coordinator and Administrator.

Accounting processes have caused considerable tension between NZAID and CMDHB, generally the consequence of delayed payment of invoices by NZAID, the reasons for which

are various. In one instance, in 2007 there was a 6 month delay in payment when NZAID misplaced three invoices. Payments have been delayed where there has been insufficient supporting documentation or where the supporting documentation has not matched invoices. A 10 month delay in all parties agreeing the LOV for the 2007-2008 financial year caused major delays in payment made. The reasons for the late completion of the LOV were complex and included questions of quality and content of the plan and budget, GON concerns of the size and content of the budget, and problems with under-costing of activities. While the contract was outstanding invoices could not be paid and tensions increased over this time as CMDHB continued to provide services for Niue while carrying the cost of these. There have also been disputes over claims for expenditure which were not agreed in annual Programme LOVs nor agreed in advance of implementation, and when items agreed in the LOV were under-budgeted. NZAID reports having received duplicate invoices from CMDHB on occasion.

7.3 Recommendations

- There have been inconsistencies in NZAID's reporting requirements over the period of the Arrangement. Disputes over payment to CMDHB for services are the result of NZAID's payment mechanisms having been different to those described so that CMDHB carried the financial risk of the Arrangement and of inadequate financial reporting processes by CMDHB. For all activities, attention should be given to ensuring that contractual arrangements are implemented by NZAID and partner(s) as agreed. Reporting and accounting requirements should be clearly and specifically defined in design documents and in contracts with implementing partners.

8. Conclusion

Niue is a small, remote country whose people are New Zealand citizens and as such are entitled to a level of health service similar to that available to other New Zealanders. Limited human resource capacity makes delivery of a full range of services a challenge.

Through the Arrangement CMDHB has contributed to supplementing the services of the NDOH by recruiting a Director to manage the sector in Niue and facilitating visits by a range of specialists, including clinicians and other health and non-health professionals, to provide health services and improve the performance of the sector. Most appreciated by all sections of the Niue community has been the increased availability of medical specialist services which have been prioritised by CMDHB, the Director and staff. This has provided people with the opportunity to have access to the services of health specialists in Niue free of charge, and for staff to be exposed to current treatment practices. The needs of mental health patients in particular have benefited from visits of mental health professionals who have supported Niue staff to improve care. Whether or not the provision of specialist services in-country has improved health outcomes or reduced medical referrals to New Zealand is unknown.

Assistance to develop and strengthen the health system has not been as successful as inputs used to improve services. Lessons have been learned of the imperative for a comprehensive analysis of the workforce and sector needs, and a strategy for providing a longer term direction for the sector. A well functioning HMIS is essential to identify needs and monitor performance. There have been attempts from time to time to improve the HMIS but these have not had sustained success. Integrating Arrangement programme planning into a whole-of-sector plan, which incorporates all anticipated contributions to the sector including that of other government agencies and development partners, will prevent

duplication and enable synergy of efforts. Ongoing communication with the health workforce and relevant government agencies on planning and decision making is essential to ensure their active engagement in improving health sector performance.

A strong relationship has been built between Niue and CMDHB and Niue relies on CMDHB to provide services for its people that it is unlikely to have the capacity to deliver itself given the size of its workforce. It is therefore appropriate that this relationship is retained and developed further and that CMDHB assist NDOH to develop the NDOH appropriate to its capacity and the context. A needs-based, developmental, primary health care approach is likely to be the most appropriate model for Niue.

9. Recommendations

9.1 General Recommendations

1. A comprehensive sector needs analysis to provide baseline data should be incorporated into the design phase or as an initial activity of the programme. A monitoring and evaluation (M&E) framework should be incorporated in the design of a future phase. A well-functioning health management information system is essential to enable effective monitoring of sector progress. Ensuring an effective HMIS is sustained should be a priority of the next phase.

2. Communication mechanisms should be implemented to enable inclusive engagement and ownership by all personnel. This is likely to improve Programme implementation participation. The establishment of a formal communications plan, clearly outlining the roles and relationships of the parties may better enable effective relationships and improve.

3. Future support should take the whole sector into account and include inputs from other government agencies and development partners such as WHO and SPC. Annual plans should support a costed sector strategic plan which takes the contribution of all actors into account.

4. It is recommended that, if possible, Directors or Advisors to the NDOH be appointed for longer periods. It may be necessary to consider innovative options to retain a good quality Director for longer periods. For example, part time appointments and the use of communication technology could be considered. Efforts to recruit an appropriately qualified local deputy or trainee director should be ongoing.

5. The establishment of a formal communications plan, clearly outlining the roles and relationships of the parties may better enable effective relationships and improve implementation. This should include communication with and between GON agencies external to the health sector.

9.2 Recommendations for the Government of Niue

6. Strengthening of the Niue health system will benefit from a well developed, comprehensive, costed strategic plan which integrates all support to the sector.

7. Providing opportunities for health staff development and exposure to other health sector environments, engaging staff meaningfully in planning and decision making and strong human resource management practices are recommended to increase staff commitment and participation. Consideration should be given to developing and implementing a detailed human resource development plan based on a

comprehensive needs analysis. This plan should be incorporated into a national public sector human resource development plan.

8. The NDOH should take the lead in planning and coordination of activities, based on sector priorities, in partnership with CMDHB and NZAID staff at Post. Strengthening whole-of-government engagement should be encouraged to facilitate support for the health sector.

9. Renewed consideration should be given to the cost-effectiveness of a range of telemedicine options as a means of obtaining timely diagnosis and appropriate treatment.

10. NDOH and partners should consider prioritising public health measures including budget allocations specifically for prevention strategies.

11. There is a need for a comprehensive and realistic human resource strategy appropriate to the Niue context. A health workforce development plan should include ways to sustain morale and the means to maintain the competency of registered professional staff to ensure quality of care is assured. Given the very small population base in Niue, continuing education is likely to require regular off-shore training and exposure. Opportunities for staff development off-shore are limited by the lack of relief cover. Future support to Niue health sector might consider a small pool of regular relief clinicians, nurses and allied medical personnel who can fill planned gaps when required.

12. No planned maintenance has been undertaken of the building or equipment since the construction of the hospital was completed. NDOH should develop and submit an asset management plan for funding.

9.3 Recommendations for NZAID

13. NZAID should commit to consistent management of Activities including reporting and accounting requirements, monitoring processes and feedback.

14. Designers of Activities should be mindful of the consequences of roles allocated to different implementing partners in terms of ownership, capacity development and sustainability.

15. An implementation framework should enable the responsibilities of each partner for implementation to be clearly defined. This does not preclude, however, the need to maintain clear, open communication critical to good partnerships. The relationship between CMDHB and Niue should be retained with Niue taking greater ownership of the Programme.

16. For all activities, attention should be given to ensuring that contractual arrangements are implemented by NZAID and partner(s) as agreed. Reporting and accounting requirements should be clearly and specifically defined in design documents and in contracts with implementing partners.

9.4 Recommendations for the District Health Board

17. An assessment of appropriateness and effectiveness of referrals should be undertaken, including referrals made prior to the Arrangement, to examine the extent to which patient health benefits have been achieved. All costs of patient referrals, including medivacs, should be incorporated into the costed whole-of-health sector plan and funded through the GON health budget.

18. Visiting medical specialists' consultations should be limited to patients who have been appropriately referred. A public awareness strategy will be needed to support this.

Appendices

Appendix 1: Health Report Recommendations

APPENDIX ONE – SUMMARY OF RECOMMENDATIONS

Action	Lead Responsibility
FORMAL AGREEMENT WITH NIUE	
1. note that the recommendations of this report have been discussed with the Premier of Niue, who was in agreement. It was further agreed at the meeting with the Premier (on 15 December 2004) that following agreement amongst New Zealand Ministers that New Zealand would:	Note only
seek formal agreement on the proposals in this report with Niue; this is to include agreement regarding clear decision-making processes	NZAID
STRENGTHENING THE NIUE HEALTH SYSTEM	
Stage I (principally January 2005 to the opening of the new hospital)	
It is recommended:	
2. that CMDHB fulfil the role of partner DHB to the Niue health system (subject to Niue's agreement)	HEALTH
3. that the role of CMDHB should be formally defined as: "Partner DHB to Niue, with responsibility for actively assisting Niue to develop and maintain a health system appropriate for its size, its location, and the status of its residents as New Zealand citizens"	HEALTH
4. that CMDHB costs as a consequence of its role as partner DHB to Niue, be transparently costed by CMDHB and, if agreed, funding sought from the Niue Strengthened Cooperation Programme	NZAID
5. that New Zealand offer to second a Doctor with health administration experience to be the next Niue Director of Health	HEALTH / CMDHB
6. that Niue be encouraged to reactivate the position of Deputy Director of Health for Niue	CMDHB / Niue Director of Health

	Action	Lead Responsibility
7.	that a locum Doctor be provided for a period of four to eight weeks in January or February 2005 (note; an initial appointment has already been made for a locum in January 2005)	HEALTH / CMDHB / NZAID
8.	that CMDHB appoint a liaison officer to manage the relationship between the Niuean health services and CMDHB	CMDHB
9.	that a series of specialist visits be arranged on either a regular or as needed basis, at the request of the Director of Health. The feasibility of a team visiting early in 2005 should be considered by CMDHB	CMDHB
10.	that further needs analysis be undertaken to determine the type and timing of future specialist visits to Niue	CMDHB
11.	that CMDHB scope the possibility of sending a diabetes team including a nurse specialist to train the existing workforce in a chronic care approach and up-skilling of the workforce in diabetes management	CMDHB
12	that the hospital laboratory establish a wider range of testing than is currently available	CMDHB / Niue Director of Health
13	that the current biochemical analyser be upgraded	CMDHB / Niue Director of Health
14	that continuing education of the dedicated laboratory technician be arranged	CMDHB / Niue Director of Health
15	that the CMDHB procurement arm (healthAlliance) purchase clinical supplies and equipment for Niue	CMDHB
Stage II (principally from the opening of the new hospital onward)		
16	that full birthing services are restored to the island. This will require the recommencement of an anaesthetic service and the ability to perform caesarean sections	CMDHB / Niue Director of Health

17.	that priority should be given to recruiting a doctor with obstetric and/or anaesthetic skills in addition to further training for medical and nursing (midwifery) staff currently employed	CMDHB / Niue Director of Health
18.	that implementing administration, laboratory and patient management IT systems be a priority following commissioning of the hospital	CMDHB / Niue Director of Health
19.	that the new Director of Health advise on telemedicine opportunities	Niue Director of Health
20.	that a comprehensive staff training programme be implemented up as part of the workforce development of health department staff on Niue	CMDHB / Niue Director of Health
21.	that biomedical engineering support be provided to Niue on a regular basis. Such support would include regular maintenance of equipment as well as possible visits to the island for training local staff	CMDHB / Niue Director of Health

DESIGN OF THE NEW HOSPITAL

22	note that to avoid a problem of a lack of information sharing in Niue that AC Consulting will circulate widely the next stage of the hospital design, including the steps and timeframes to completion	AC Consulting
23	note that Taoga Niue will be mandated by the Niue Government to make a key contribution to the new hospital. In particular in areas such as, art, signage, carvings, landscaping, name (Mataginifale?), chapel and whanau room requirements, in creating a 'health' centre focus and dealing with graves near the site (tapu raising)	Note only
24.	note that Taoga Niue also agreed to forward Niuean designs, forms and motifs to architect Jane Carthey for inclusion into the refined concept plan	Note only
25.	that Niue Health be asked to make an urgent decision as to the location of the aged care unit and that they provide a definition of the scope and operation of the unit, including the criteria for admission, proposed staffing profile, source of operating funds, etc	AC Consulting

26.	note that a detailed equipment list has been developed, the EU has agreed to fund equipment purchases to the level of euro 600K and that a meeting between CMDHB and AC Consulting will be arranged in Auckland for the beginning of December 2004 to discuss an updated equipment list. A meeting with the WHO regarding equipment is also planned for 15 December 2004 in Wellington	Note only
27.	that CMDHB cost items on the equipment list via its shared purchasing agency (healthAlliance) to determine if better prices can be obtained	CMDHB
28.	note that the following steps have been discussed with the Niue government, the staff of the hospital, AC Consulting and BC Construction. There is agreement by all those parties as to the merit of the actions proposed and the timeframes planned. None of these steps necessarily involve substantial change, or down-sizing, of the hospital	Note only

Step	Timeframe	Status at 20 Dec 2004
Development of a set of design principles (including cultural principles)	29 November to 17 December	Achieved
Completion of a 1:200 refined concept plan	29 November to 17 December	Achieved
The above two steps will be informed by further discussion between, Jane Carthey, AC consulting, CMDHB, the Ministry, BC Construction and Avery Architects	29 November to 17 December	Achieved
Refined concept plan widely shared with Niue when AC Consulting next visit	Beginning of February 2005	
Meeting when AC Consulting next visit with Hospital Steering Group, hospital staff and Taoga Niue representatives to discuss progress and next design phase	Beginning of February 2005	
BC Construction and Avery Architects proceed with developed design phase as planned	End of December to beginning of February 2005	Underway

Developed design confirmed with Hospital Steering Group and hospital staff and Taoga Niue representatives	Second week of February 2005	
Formal sign-off of developed design by Niue Cabinet	Third week of February 2005	
Detailed design completed (detailed design and build can overlap)	End of February 2005	
Construction commences (site clearing and foundation work)	End of February 2005	
Taoga Niue further develop cultural components (landscaping, art, significant carvings, signage, name etc)	During 2005	
Project assurance review meeting, based, in general, on the standard Ministry of Health (MoH) project assurance methodology. To include; MoH, CMDHB, AC Consulting, BC Construction, Avery Architects, NZAID, Jane Carthey and Niue Director of Health	Mid 2005	
Construction completion (preliminary estimate)	December 2005	

	Action	Lead Responsibility
ALL OF (NZ) GOVERNMENT APPROACH		
29.	that Niue Health not face multiple communication channels back to the New Zealand public health system	NZAID
30.	that CMDHB be the central point of contact for both New Zealand government and Niue Health dealings regarding health and health system matters	NZAID
31.	that a formal, regular system of communication be established by the all of government approach that includes CMDHB as a core participant and supports the DHB in its new role	NZAID

32.	that a system of annual funding requests to the Inter-government Agency Cooperation component of the Niue Strengthened Cooperation Programme be established as part of the all of Government approach to assisting Niue	NZAID
33.	that payments be made from the Niue Strengthened Cooperation Programme directly to the New Zealand agencies providing services for Niue	NZAID

ALL OF (NIUE) GOVERNMENT APPROACH

34.	that a key responsibility of the new Director of Health be to lead an improvement in the health administration of Niue, in close cooperation with the all of (Niue) government approach to improved governance	CMDHB / Niue Director of Health
35.	that this responsibility include, defining and agreeing clear accountabilities and relationships across the Niuean health system, prioritising the actions proposed by the current National Health Improvement Plan (2003) for Niue and assisting the Hospital Steering Committee to become a fully functioning and accountable body to oversee the development of the new hospital	CMDHB / Niue Director of Health
36.	that the matter of timely payment of accounts and a methodology to mitigate the credit risk to CMDHB (as a purchaser on behalf of Niue) be part of the all of government review of Niue	NZAID / Don Hunn
37.	that the hospital, including furniture, fittings and equipment be depreciated according to normal accounting practice and asset management introduced	NZAID / Don Hunn
38.	that the cost of depreciation be fully funded by Niue and sound asset management practices established around the resulting fund	NZAID / Don Hunn

39.	that asset management for the hospital, and the question of the source and management of the funds for depreciation be part of the all of government review of Niue and that Don Hunn or Treasury advise on options for both	NZAID / Don Hunn
40	that 'indicators of progress' be determined around management of depreciation and asset management planning for Niue.	NZAID / Don Hunn

Appendix 2: Evaluation Terms of Reference

TERMS OF REFERENCE

Evaluation of the
Halavaka Ke He Monuina
Development Partnership Arrangement – Niue Strengthened Cooperation Programme
Between
The Government of Niue, Counties Manukau District Health Board, and the New Zealand Agency for International Development

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Background

The Development Partnership Arrangement ("Arrangement") was agreed between the New Zealand Agency for International Development (NZAID), the Niue Department of Health (NDOH) and Counties Manukau District Health Board (CMDHB) in November 2005, for the period 2005-2007. This Partnership supports the health priorities reflected in the Strengthened Cooperation Programme under the Halavaka Ke He Monuina Arrangement, signed between the Governments of Niue and New Zealand in October 2004, and covering the period 2004-2009 (refer Annex 1). It is also based on the recommendations of the Health Report, dated January 2005, by the New Zealand Ministry of Health and CMDHB.

A priority under the Arrangement is to strengthen the Niuean health system and ensure delivery of an appropriate level of essential health services, recognizing Niueans' status as New Zealand citizens. The Niuean Department of Health is responsible for the provision of health services to the Niuean people. The services are mainly primary health with limited secondary services provided through the Arrangement by way of Visiting Specialists.

The Niue Department of Health is headed by a Director of Health who is also a medical practitioner. The new Niue Foou Hospital was opened in March 2006 following the destruction of the original hospital during cyclone Heta in 2004. Clinical staff include doctors, nurses and allied health workers. The sector includes Public Health, Environmental Health and Aged Care services. Supporting the management of the hospital is a Hospital Manager and administrative staff as well as maintenance and cleaning staff.

Under the Arrangement, CMDHB, as the partner DHB in New Zealand, works with the Niue government and NDOH to support the health sector by providing visiting specialists/specialist teams to cover public health, primary health, limited secondary and tertiary care human resource capacity building and health sector strengthening. Health care that cannot be managed on Niue is referred to CMDHB.

Purpose of Evaluation

The Arrangement has been in place since November 2005 with an extension currently granted to CMDHB until 30 June 2010. The evaluation will be an opportunity for the Government of Niue, CMDHB and NZAID to assess the partnership arrangement to date and identify recommendations for future support to NDOH.

The evaluation results will be reported to all three parties to the Arrangement, and will inform decisions regarding future support to the Niue health service.

Scope of the Evaluation

The evaluation will cover the period from the start of the Arrangement through until August 2009. All activities associated with the implementation of the Arrangement will be reviewed including the relationships between stakeholders as well as how the work programme activities have or have not supported the original Arrangement objectives.

Niue has identified the need to look more broadly at the direction of its health sector. While cognisant of broader health sector issues which could be the subject of a follow-on but separate exercise in order to better inform future support, the current evaluation will focus only on the Development Partnership Arrangement.

Objectives

Section 13 of the Arrangement defines the support that was to be provided by CMDHB to the NDOH **(Annex 1**). The objectives were as follows:

a. Provide strengthened support to and cooperation with the NDOH to enhance capacity in the Niuean health service under an all of government approach. To provide such assistance, facilitation and services more fully described in the Programme Plans as agreed, from time to time, with NDOH and NZAID;
b. Act as the central point of contact for both New Zealand government (through NZAID) and the government of Niue (through NDOH) regarding Niue health and health system matters. This is to avoid the government of Niue managing multiple communication channels with New Zealand;
c. Establish a formal, regular system of communication with NDOH and NZAID to support this all of government approach.

The evaluation will comply with the DAC Evaluation Quality Standards (Annex 3), with particular focus on the five DAC criteria for evaluating development assistance: relevance, efficiency, effectiveness, impact and sustainability.

The evaluation will be informed by NZAID's Evaluation Policy and Tools, and guided by the NZAID evaluation principles of partnership, independence, participation, transparency and capacity building.

The **key objectives** of this evaluation reflect the above requirements, and are as follows:

Objective 1:

To assess the extent to which the CMDHB–NDOH-NZAID partnership addressed the original intentions of the Arrangement, as well as the original recommendations from the 2005 health report.

Objective 2:

To examine the extent to which the participatory process between New Zealand and Niue has been effectively managed.

Objective 3:

To evaluate the effectiveness of CMDHB's support to and cooperation with NDOH to enhance and supplement the capacity in the Niuean health service/system under an all of government approach.

Objective 4:

To appraise the role of CMDHB as the point of contact for both the New Zealand government (through NZAID) and the government of Niue (through NDOH) regarding Niue health and health system matters.

Objective 5:
To assess reporting and accounting systems of the Programme.

Objective 6:
To provide recommendations for future support to the Niue health service and for the future management of such support.

Objective 7:
To provide comment and recommendations about the Arrangement

Some evaluation questions relating to each of these objectives are included as **Annex 2**, although the evaluation team should not be limited to these questions.

Management

A Steering Group, comprising representatives from each of the partners will provide governance for this evaluation, including clarifying issues for the evaluation team and making decisions at key points during the evaluation.

The Steering Group will be the first recipient of all outputs produced during the evaluation.

Membership: Niue's Minister of Health O'Love Jacobsen, NZAID Evaluation Advisor Simon Williamson, and Chief Advisor Pacific Health, New Zealand Ministry of Health Api Talemaitoga.

Team composition

The evaluation will be conducted by a team comprising a team leader who has extensive experience in evaluation of partnership arrangements, a team member with relevant experience in health sector service delivery and planning, and a team member representing Niue. The team will have the following characteristics:

Strong research and analytical skills

Expertise in evaluation and evaluation methodologies

Knowledge of health sector issues in the Pacific

Excellent reporting writing skills

Methodology

The evaluation will take place between August and November 2009. It will include a field visit to Niue Island in August or September 2009. The Team Leader will develop and manage a timetable for the team's activities and, with other Team members, guide the development of a structured framework to guide consultations.

The evaluation will include:

1. In New Zealand, attendance at briefing/s and discussion/s of the Terms of Reference with NZAID and CMDHB; and have a teleconference with the NDOH before commencing work (Team leader)
2. Review of literature and relevant documents (Team leader)
3. Preparation of an evaluation plan (Team leader, in consultation with team) for approval by the Steering Group
4. In Niue, attend briefing/s with Niue Minister of Health, NDOH and NZHC Niue (Team)

5. Undertake a consultation process with all relevant stakeholders, including, but not limited to (Team):
    - Premier of Niue
    - Minister of Health
    - Niue Foou Hospital DOH during the identified period and Staff
    - Niue Public Health personnel
    - Niue Public Service Commissioners
    - Niuean citizens who have accessed the services
    - Other Government Departments
    - New Zealand Ministry of Health
    - CMDHB programme manager
    - Selected CMDHB health specialists
    - NZAID Manager and High Commissioner (NZ High Commission)
    - Health advisor, NZAID
    - Director, Special Relations Unit (MFAT/NZAID)
    - Regional partners e.g. WHO, SPC, UNICEF, and UNFPA
6. Presentation of initial findings to Niue-based Stakeholders at the conclusion of the field visit (Team).
7. A report which will include an overview of the process used in the evaluation, reporting against objectives and recommendations

Milestones and Reporting Requirements

The principal output of the Evaluation will be a comprehensive report, which will include recommendations based upon well-argued and substantiated findings and experience.

The approximate timing of reports and stakeholder responses is as follows:

Approximate timing	Milestone Events & Deliverables
21 August 2009	Initial briefing (Wgtn) for Team leader on terms of reference
28 August 2009	Draft **Evaluation Plan** to be submitted
5-12 September 2009	In-country visit to Niue, with oral presentation of initial findings at completion of visit
28 September 2009	Submission of 1st **draft report** submitted by email to the Steering Group
16 October 2009	Comments provided by Steering Group and stakeholders to Team Leader for incorporation into report. Opportunity for discussion if required
31 October 2009	Submission of **final report** submitted by email to Steering Group and interested stakeholders

Outputs

1 A written evaluation plan

2 Oral presentation of initial findings to Niue-based stakeholders

3 A draft study report including:

1. Title Page
2. Executive Summary
3. Main body of the report which includes:
   - Background of the evaluation and the main users of the findings
   - Methodology used
   - Timing of the evaluation
4. Findings and conclusions
5. Recommendations
6. Appendices
   These should include:
   - Glossary of acronyms
   - Terms of Reference for the evaluation
   - Evaluation plan
   - List of data sources including literature and persons/groups interviewed
   - Question guides and calendar of activities.

4 Final report

Confidentiality

All key documents relating to the arrangement will be available to all team members and partners. The team leader will retain sensitive documents such as interview notes or consultation correspondence.

Dissemination of the Evaluation Report

The final copy of the evaluation report will be provided to the Steering Group and interested stakeholders. A summary of the report will be published on the NZAID website and the full report available on request.

Annex 1 – excerpts from key documents

Halavaka Ke He Monuina Arrangement: Section 3.1, f, i:

> "Completion of a new hospital will be given urgent consideration by the [Government of New Zealand]. A package of health support will be developed to include the provision of a doctor, health management support, and effective referral services into the New Zealand public health system, including the issue of welfare entitlements."

Development Partnership Arrangement: Halavaka Ke He Monuina Arrangement Section 13:

d. Provide strengthened support to and cooperation with the NDOH to enhance capacity in the Niuean health service under an all of government approach. To provide such assistance, facilitation and services more fully described in the Programme Plans as agreed, from time to time, with NDOH and NZAID;
e. Act as the central point of contact for both New Zealand government (through NZAID) and the government of Niue (through NDOH) regarding Niue health and health system matters. This is to avoid the government of Niue managing multiple communication channels with New Zealand;
f. Establish a formal, regular system of communication with NDOH and NZAID to support this all of government approach.

Annex 2

Potential questions to consider under each evaluation objective.

Objective 1:
To assess the extent to which the CMDHB–NDOH partnership addressed the original intentions of the Arrangement, as well as the original recommendations from the 2005 health report.

Evaluation questions:
1. Do the original intentions of the Arrangement remain relevant?

2. To what extent have the Principles of the Arrangement been addressed?

3. To what extent have the services as described in the Arrangement (if still relevant) been delivered?

4. Is the consultation process prescribed in the Arrangement followed?

5. How effective has the planning, approval and funding process been for the development of the Annual Programme work plan and budget?

6. How effective is the patient referral system between Niue Foou Hospital and CMDHB?

Objective 2:
To examine the extent to which the participatory process between New Zealand and Niue has been effectively managed.

Evaluation questions:
1. To what extent has the Niue Health Partnership Arrangement been a participatory partnership between New Zealand and Niue?

Objective 3:
To evaluate the effectiveness of CMDHB's support to and cooperation with NDOH to enhance and supplement the capacity in the Niuean health service/system under an all-of-government approach.

Evaluation questions:
1. What assistance, facilitation and services have been provided by CMDHB and how has this contributed to the health of the people of Niue?
2. How well are services coordinated by CMDHB as the partner DHB to NDOH?
3. To what extent has the capacity of the Niue health service been strengthened by support from CMDHB?
4. If applicable, compare the Niue arrangement with support provided to other similar Pacific nations or similar entities.

Objective 4:
To appraise the role of CMDHB as the point of contact for both the New Zealand government (through NZAID) and the government of Niue (through NDOH) regarding Niue health and health system matters.

Evaluation questions:

1. How effective is CMDHB in managing communication between CMDHB and NZAID and between the government of Niue and NZAID?

2. Is there a formal, regular system of communication with NDOH and NZAID in place to support the all of government approach?

Objective 5:
To assess the reporting and accounting systems of the Programme.

Evaluation questions:
1. How adequate are financial management systems?
2. How well have reporting systems functioned?

Objective 6:
To provide recommendations for future support to the Niue health service, and for the future management of such support.

Evaluation questions:
1. How can reporting and accounting processes be improved?
2. How can strategic partnerships and relationships between NZAID, NDOH and CMDHB be further strengthened?

Objective 7:
To provide comment and recommendations about the Arrangement.

Evaluation questions:
1. Are the original intentions of the Arrangement still being addressed by the work of CMDHB?
2. Are the original intentions still relevant?

General questions for consideration
What has the programme achieved?
What are the consequences of the Programme - positive and negative, intended and unintended, qualitative and quantitative?
What effect has the programme had for women and men?
What impact has the programme had on human rights?
What have the costs of the programme been for all stakeholders?
How do costs compare with programme results?
Have partners/stakeholders obtained value for money?
What are the implications of the findings for the future?

Appendix 3: Evaluation Plan

Evaluation Plan for the

Halavaka Ke He Monuina Development Partnership Arrangement

August 2009

1.0 Project Description

The evaluation is of the Halavaka Ke He Monuina Development Partnership Arrangement agreed to in November 2005 between the Government of Niue (GoN), Counties Manukau District Health Board (CMDHB) and the New Zealand Agency for International Development (NZAID).

The scope of the evaluation is to review all activities associated with the implementation of the Arrangement including the relationships between stakeholders and how programme activities have supported original objectives. The evaluation covers the period since the implementation of the Arrangement in 2005 until August 2009. The Arrangement has been extended to June 30 2010.

The Evaluation will use a mixed method design – using both qualitative and quantitative tools. It will review any assumptions implicit in the implementation phase as stated in the Agreement and seeks to identify whether the provision of assistance can be demonstrably shown to have supported and maintained a health system as described in the Arrangement. The evaluation will attempt to make explicit any causal links in its design to the desired outcomes.

1.1 Evaluation Team Roles and Management

The evaluation team is led by an independent evaluator Nancy Sheehan (Team Leader) with two team members Josie Tamate (In-country Advisor/Economist) and Christine Briasco (Health Sector Specialist). Their roles are defined as follows:

The **Team Leader** coordinates all work relating to this evaluative inquiry and is responsible for arranging meetings, project implementation, individual and group consultations, as well as overall responsibility for writing the report.

The **Team Members** will provide support to the team leader role as follows:

In-country Advisor/Economist – Provide economic technical advice and analysis as required, liaise with all Niue stakeholders prior to the fieldwork to setup meetings and after feedback workshop to ensure all parties feel consulted, ensure protocols are followed, conduct interviews and contribute to team meetings, briefings and stakeholder feedback workshop. Assist in developing and reviewing the feedback workshop presentation and the written report (as allocated by team leader) prior to submission to the NZAID Development Programme Manager.

Health Sector Specialist - Provide technical health advice and sector analysis as required, conduct interviews and contribute to team meetings, briefings and stakeholder feedback workshop. Assist in developing and reviewing the feedback workshop presentation and the written report (as allocated by team leader) prior to submission to the NZAID Development Programme Manager.

The management of the evaluation contract deliverables will be the responsibility of the Team Leader Nancy Sheehan reporting directly to the NZAID Development Programme Manager Niue and Joint Steering Group representing each partner.

2.0 Proposed Approach to Independent Review

Nancy Sheehan & Associates is a specialist in organisational development and performance and incorporates processes for client issues on knowledge creation, synthesis and transmission. The approach adopted is in line with the NZAID policy on Participatory Evaluation and supports a learning opportunity for all stakeholders and the Evaluation Team. The central and most important source of information in developmental external evaluation is the people themselves their perceptions are valid material for any evaluation. The processes being evaluated are human processes, so the measures must be human too. Seen in this way, a "perception" of impact is a form of impact in itself. To this end three additional questions have also been developed to help inform the evaluation research approach.

- How developmental is the evaluation approach? Does it link to learning and accountability?
- Short-term monitoring and longer-term evaluation are both critical to efficiency and effectiveness, so how can the evaluation process also serve as a form of learning and social transformation?
- Will the evaluation challenge the programme in a strategic manner?

Evaluation is the rigorous and systematic application of research methods, statistical methods, analytical techniques and listening skills. Also critical are sound judgment and effective communication skills. Methodological rigour is an important control for ethical bias in the conduct and the communication of results. The report format will follow the NZAID Guidelines based on the DAC Evaluation Quality Standards.

The following quality assurance processes will be incorporated in the evaluation design. These are based on established international principles in conducting an evaluation adopted by Nancy Sheehan & Associates in all evaluative inquiry and has been used effectively to strengthen its work in evaluation design to ensure client and stakeholder ownership and satisfaction.

2.1 Quality Assurance

Evaluation is a tool for quality assurance and quality control and as such must satisfy its own quality requirements this is incorporated through four broad sets of quality standards – propriety, feasibility, accuracy and utility.

STANDARDS	INCORPORATED BY
Propriety Working according to ethical standards that give due regard for the rights and welfare of affected people	The Evaluation Team will work according to ethical standards based on the code of ethics and standards set by a number of international evaluation associations this is in line with the guidelines recommended by the Development Assistance Committee of the OECD (DAC/OECD). All evaluations are conducted using the principles of open and transparent provision of information and informed consent.
Feasibility Ensuring the evaluation is realistic and efficient	All evaluations are based on practical procedures to ensure they do not unduly disrupt normal activities and are planned in such a way to ensure the co-operation of all stakeholders is obtained.

Accuracy Ensuring the information produced through the evaluation is factually correct, free of distorting bias and appropriate for the issues at hand	This is ensured by checking all assessment material gathered is signed off by the evaluands before including in the evaluation report analysis.
Utility Ensuring that evaluation serves the information needs of their intended users	This is achieved by ensuring evaluations are responsive to the interests, perspectives and values of stakeholders, through timely feedback and reports, methodological robustness and useful recommendations; using culturally competent evaluators/processes and an impartial approach. This is achieved through the inclusion of democratic governance processes - through peer support, use of advisory groups (including evaluands) and client reference groups.

In accordance with the Propriety Quality Standard, strict confidentiality is ensured. All professional evaluation association codes require that strict confidentiality is maintained about our findings, our clients and stakeholders. Under these codes we are also obligated to protect the privacy of any respondents who may be interviewed during the course of the project.

All members of the evaluation team are experienced specialists. Nancy Sheehan is a member of several international evaluation associations as well as holding a board position on the Aotearoa-New Zealand Evaluation Association.

2.2 Stakeholder involvement including their roles in the evaluation

The primary beneficiaries of the evaluation are the partners named in the Arrangement, being the main users of the evaluation, these stakeholder views have been specifically addressed in our approach. The Evaluation Team also appreciates the opportunity this project offers as a strategic learning tool for the other components of the Arrangement.

The secondary beneficiaries are the other stakeholders, individuals and communities that will benefit from the programmes implemented through the enhanced service capacity of the Health Sector in Niue.

We would like to ensure the evaluation initial findings are used as a strategic learning tool for all program stakeholders and propose that the Evaluation Team holds a feedback workshop prior to completing the in-country component of the project. This supports local ownership and learning through discussion about and verification of the findings, allowing space for reflection and builds capacity for learning. Notes from this meeting will then be returned to the stakeholders, this then strengthens the utility of the evaluation findings.

2.3 Evaluation Objectives

The Evaluation Objectives are as follows:

Objective 1: To assess the extent to which the CMDHB–NDOH-NZAID partnership addressed the original intentions of the Arrangement, as well as the original recommendations from the 2005 health report.

Objective 2: To examine the extent to which the participatory process between New Zealand and Niue has been effectively managed.

Objective 3: To evaluate the effectiveness of CMDHB's support to and cooperation with NDOH to enhance and supplement the capacity in the Niuean health service/system under an all of government approach.

Objective 4: To appraise the role of CMDHB as the point of contact for both the New Zealand government (through NZAID) and the government of Niue (through NDOH) regarding Niue health and health system matters.

Objective 5: To assess reporting and accounting systems of the Programme.

Objective 6: To provide recommendations for future support to the Niue health service and for the future management of such support.

Objective 7: To provide comment and recommendations about the Arrangement

Questions under each of the objectives have been designed to assist the team to assess and analyse the data collected to better meet each objective[15]. This has then informed the Evaluation Tools/Data Collection Methods used in the evaluation provided in more detail in Attachment 1: Evaluation Tools/Data Collection Methods and Questions by Objectives.

2.4 Evaluation Design, Tools and Methods

The key to a well-implemented evaluation starts with preparation and a solid design phase. The evaluation has two important feedback loops to ensure a participatory and strategic learning approach. The Evaluation has three (3) distinct phases using four (4) evaluation tools. The document review, key informant interviews and consumer focus groups are largely qualitative in nature, with the financial analysis being quantitative.

Phase 1: Preparation and Pre-fieldwork

- Design Evaluation Plan and tools and test data collection instruments
- Evaluation Tool: Document Review
- Evaluation Tool: Key Informant Interviews
- Evaluation Tool: Financial Analysis

Phase 2: In-country fieldwork

- Evaluation Tool: Document Review
- Evaluation Tool: Key Informant Interviews
- Evaluation Tool: Consumer Focus Groups
- Feedback Workshop: Key findings workshops with in-country stakeholders

Phase 3: Post-fieldwork

- Evaluation Tool: Document Review
- Evaluation Tool: Key Informant Interviews
- Feedback Workshop : of Key findings workshops to Steering Group
- Draft and Final Report: includes recommendations and lessons learnt for key stakeholders as a result of the evaluation findings

Note: (1) Some of the document review and key informant interviews will need to be scheduled to take place after the fieldwork.

[15] The questions provided in the ToR were used as a guide, other questions have been included.

(2) The Team Leader will take responsibility for providing the feedback notes from the workshops to the participants.

(3) Robust critique of the findings and the draft report is encouraged.

(4) The Team Leader will then take all the comments from all stakeholders on the draft report and in discussion with the team members provide the final report.

2.5 Value for Money Framework

Evaluating value for money in healthcare is a complex but critical challenge. More and better evidence to guide decision-making will help reduce variations in practice, support the focus on achieving outcomes, lead to greater use in standards of care, ensure appropriate models are adopted and in turn continue to qualify and then help enhance value for money. Achieving an appropriate yet high-level of healthcare services in Niue is the desired outcome for the Arrangement but must be sustainable.

A healthcare policy framework that defines 'value for money ' is not yet available in either New Zealand or Niue. The evaluation team will therefore use the following framework, it will focus on two areas for the Arrangement, Relevance and Performance, to provide a synthesis of the information collected to meet the objectives of the Evaluation.

Relevance – are we doing the right things?

- Need - Does the arrangement address a demonstrable need?
- Consistent - Is it consistent with the Niue Government objectives?
- Appropriate - Is it appropriate/responsive to the needs of its citizens?

Performance – Are we achieving value?

- Economy - Are resources well-utilised?
- Efficiency – Are programme services/outputs achieved in an affordable manner?
- Effectiveness – the extent to which the objectives have been met in a cost-efficient well managed manner?

3.0 Limitations and Risks

This evaluation covers a specific partnership within a larger government to government arrangement set within a healthcare environment within a small developing country context and therefore will have a number of important limitations. These limitations will be identified in the final report. There are also some risks in the implementation of this evaluation, mitigation strategies for how the team will address these challenges are noted in the following table.

RISKS	MITIGATION
1. Availability of Team Members and Stakeholders.	The members of the Review Team have varying levels of availability to undertake this Evaluation. Solid preparation, clear expectations and flexibility will be necessary to work around the limitations on availability. The Team Leader is responsible for the contractual deliverables.
2. Project Management Risk	Nancy Sheehan is an experienced Team Leader and often leads multi-cultural teams; she works in a collaborative manner with all clients ensuring the best results are achieved and has a proven track record as an independent consultant. Open communication between all stakeholders and clarity in direct reporting of the Team Leader to the NZAID DPM Niue will ensure communications channels are clear.
3. Timeframe and	The timeframe for the independent evaluation is August – November 2009.

	Project Creep	This project is constrained somewhat by the need to have the in-country component during 5-12 September (NZ time) or 4-11 September (Niue time) due to the availability of the team. As the contract was signed mid August lead time for preparation and interviews prior to the in-country fieldwork will be impacted. Some of these interviews will therefore be completed post the in-country fieldwork phase. This may also impact on the delivery date of the draft report. We look to reduce any chance of this extending past this time by ensuring the scope of work is not expanded beyond reasonable expectations and that a timetable for each phase and output noted in this Evaluation Plan is monitored with regular communication with NZAID DPM Niue and the Joint Steering Committee. Although the final report is planned to be submitted at the end of October, the completion date for this project is the end of November allowing some leeway without the need for a variation to contract.
4.	Quality and accessibility of information	The evaluation plan has a defined preparation phase. There may be an issue with obtaining sufficient representation of the population information from the consumer focus groups. It is proposed that the NDoH Administrator at Foou will make contact with consumers and that there is full disclosure of how we will use the information. Incorporating a clearly stipulated approach using established practice standards and working with a Joint Reference Group will also allay fears and help to establish protocols for entry and information use that provides a realistic expectation for all concerned about access to information and confidentiality.

Attachment 1: Evaluation Tools/Data Collection Methods and Questions by Objectives

This evaluation provides a useful opportunity for the Government of Niue, CMDHB and NZAID to assess the Halavaka Ke He Monuina Development Partnership Arrangement to date, to recommend any improvements to the Arrangement and identify recommendations for future support to the Niue health service and the future management of such support to ensure the partnership program continues to meet the expectations of all key stakeholders. This independent evaluation will be conducted between August and November 2009.

Objectives	Evaluation Tools/Data Collection Methods	Key Questions
Objective: 1 – To assess the extent to which the CMDHB-NDOH-NZAID partnership addressed the original intentions of the Arrangement as well as the original recommendations from the 2005 Health report.	**Key Informant Interviews** • Current and former staff of each partner responsible for the Partnership **Document Review** • Analysis and Planning documents including MoH 2005 Health Report • Arrangement Documents • Meeting notes • Management reports • Work Plans • Provider Reports	1.1 Describe the original intentions of the Arrangement? Are these still relevant? 1.2 Describe the Principles of the Arrangement? Have these been addressed? 1.3 To what extent have the services described in the Arrangement been delivered? 1.4 Is the consultation process prescribed in the Arrangement being followed? 1.5 What assistance, facilitation and services have been provided by CMDHB? To what extent has this assistance met the original intentions of the partnership agreement? Has this changed since the inception of the Partnership? What explains any areas of divergence?

Objective 2: To examine the extent to which the participatory approach between New Zealand and Niue has been effectively managed	**Key Informant Interviews** • Current and former staff of each partner responsible for the Partnership **Document Review** • Arrangement Documents • Meeting notes • Management reports • Work Plans	2.1 Describe the approach between New Zealand and Niue? 2.2 To what extent has the approach been participatory? What has the extent of involvement been for each entity in planning, decision making, monitoring reporting, etc? Has this changed over the period of the Arrangement? 2.3 How has the relationship been managed by each party? 2.4 What have the strengths and weaknesses been of the management approach taken by each party?

Objective 3: To evaluate the effectiveness of CMDHB's support to and co-ordination with NDOH to enhance and supplement the capacity in the Niuean health service/system under an all of government approach	**Key Informant Interviews** • GoN/NDoH Politicians, Management and Clinicians; CMDHB Management and Clinicians; NZAID/MFAT staff • NZ WINZ contact • Regional Organisations **Document Review** • Arrangement Documents • Meeting notes • Management reports • Work Plans • Provider Reports • Regional Health Reports **Consumer Focus Groups** • To be determined would prefer 1-3 but will take mixed group, to be arranged by NDoH Administrator	3.1 How responsive have the services been to the needs of Niue and the NDoH over the period of the Arrangement? 3.2 How effective has the planning, approval and funding process been for the development of the Annual Programme workplan and budget? 3.3 How effective is the patient referral system between Niue Foou Hospital and CMDHB? 3.4 How effective and appropriate is the support provided by CMDHB given the level of resources and capacity in CMDHB and NDoH? 3.5 How far was the planned support sufficiently results-focused and measureable? 3.6 How have the services provided through CMDHB contributed (directly or indirectly) to improvements in the Niue health sector? 3.7How have services provided by CMDHB contributed (directly or indirectly) to improvements in people's health in Niue? 3.8How effective are services co-ordinated by CMDHB as the partner DHB to NDOH? 3.9Have there been any unintended consequences of the programme? 3.10 Assess the extent to which the non-Niuean, particularly non-Niuean residents on Niue, have been able to access health services under the Arrangement? Can short-term visitors also get access to health services under the Arrangement? 3.11 If applicable, compare the Niue arrangement with support provided to other similar Pacific nations?[16] 3.12 If applicable, review the Arrangement support's direct contribution to regional health strategies delivered in Niue?[17] 3.13To what extent has the arrangement provided value for money for stakeholders? (Value for money framework) – refer section 2.5 above[18]

[16] The Health Sector Specialist on the Evaluation Team has agreed to take responsibility for answering this question, as it is outside the scope of the objective but will be useful to answer as a comparison to the support CMDHB provides the Niue Health Sector.

Objective 4: To appraise the role of CMDHB as the point of contact for both the New Zealand government (through NZAID) and the government of Niue (through NZAID) regarding Niue health and health system matters.	**Key Informant Interviews** • Current management and staff of each partner responsible for the Partnership • GoN/NDoH Politicians, Management and Clinicians; CMDHB Management and Clinicians; NZAID/MFAT staff **Document Review** • Arrangement Documents • Meeting notes • Management reports • Work Plans • Providers Reports	4.1 Describe the communication channels between the partners? 4.2 How effective is CMDHB in managing communication between CMDHB and NZAID and between the government of Niue and NZAID? 4.3 What is the formal system of communication with NDOH and NZAID in plans to support the all of government approach? 4.4 Are there areas for improvement in communication and reporting channels?

[17] Regional Organisations will be interviewed to gain a better perspective of the regional health programmes and how the Arrangement is supporting/complementing them and how this can be improved and where the learning can be shared refer question 6.3.

[18] The value for money framework will provide a synthesis of information taken from all of the above based on the framework provided in section 2.5

Objective 5: To assess reporting and accounting systems of the Programme	**Key Informant Interviews** • CMDHB Management and staff • NZAID country staff and DPM • NZAID Finance Services • Niue Health management and staff **Document Review** • Arrangement Documents • Meeting notes • Management reports • Work Plans • Providers Reports **Financial Analysis** • Variance reporting: Budget vs Actual by year • Trend Analysis • Invoicing system • Payment schedule	5.1 Describe the reporting and accounting systems of the Programme? 5.2 How adequate are the financial systems? 5.3 How well have reporting systems functioned?
Objective 6: To provide recommendations for future support to the Niue health service and for the future management of such support	Analysis of information gathered from objectives 1-5 and Key Findings Workshops (Niue and NZ)	**POSSIBLE RECOMMENDATIONS TO INCLUDE BUT NOT TO BE LIMITED TO** 6.1 Are there any changes to the prioritisation and sequencing of the Arrangement work plan needed to better align it against the national plan? National Health Plan? 6.2 Are there any additional resourcing needs including capacity building, staffing levels and skills within the NDOH that will support the effectiveness of the Arrangement? 6.3 Are there any improvements necessary in the monitoring, evaluation and reporting by all partners to other key stakeholders? 6.4 How can reporting and accounting systems be improved?

Objective 7: To provide comment and recommendations about the Arrangement	Analysis of information gathered from objectives 1-5 and Key Findings Workshops (Niue and NZ)	**POSSIBLE RECOMMENDATIONS TO INCLUDE BUT NOT TO BE LIMITED TO** 7.1 How can strategic partnerships and relationships between NZAID, NDOH and CMDHB be further strengthened? 7.2 How can value for money be improved for all partners in the future? 7.3 Where can improvement of the functions for which each partner is responsible be made? 7.4 What lessons (from positive and negative findings) can be drawn for the future with the Arrangement?

Attachment : Information Sheet

Introduction
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We wish to include you in an interview/meeting with the Review Team members. We expect the interview will take approximately 1 to 1.5 hours. Your interview notes will be given to you to check prior to being used to prepare the Evaluation Report.

Scope of the Evaluation
The scope of the evaluation is to review all activities associated with the implementation of the Arrangement including the relationships between stakeholders and how programme activities have supported the original objectives. The evaluation will then make recommendations to a Joint Steering Group.

Altogether over 40 people will be taking part in the Evaluation in New Zealand and Niue. The in-country fieldwork will take place between the 4th and 11th of September 2009.

Confidentiality
We will acknowledge you in the list of participants (attached as an appendix). Information gathered through the interview process is confidential to the Evaluation Team although your specific comments will not be attributed to you. However, if there are any comments that you do not wish to be noted, please advise the Evaluation team at the time you meet them.

Evaluation team members:
Team Leader – Nancy Sheehan – Evaluation Specialist
Nancy is Fijian and was raised in New Zealand. She is a Business and Economic Development consultant and an experienced evaluator. Nancy has worked across the Asia-Pacific Region for a range of clients on projects across the private, public and civil society sectors.

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Objective 2: To examine the extent to which the participatory process between New Zealand and Niue has been effectively managed.

Objective 3: To evaluate the effectiveness of CMDHB's support to and cooperation with NDOH to enhance and supplement the capacity in the Niuean health service/system under an all of government approach.

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Objective 6: To provide recommendations for future support to the Niue health service and for the future management of such support.

Objective 7: To provide comment and recommendations about the Arrangement

Contact Details

If you have any further questions about the Review, please feel free to contact the team members

Nancy Sheehan on nancysheehan@clear.net.nz
Josie Tamate on josie@niue.nu
Christine Briasco on christine.briasco@nzaid.govt.nz

Alternatively you can contact the NZAID Development Programme Manager:
Don Will on don.will@nzaid.govt.nz

Appendix 4: List of Data Sources

Programme Internal Reports and Documents

- CMDHB: Niue Report, June 2006
- CMDHB: Bi-annual Report June 2007
- CMDHB: Bi-annual Report December 2007
- CMDHB: Niue Report September 2008
- CMDHB: Bi-annual Report 30th June 2009
- CMDHB Workplan Final to June 30 2010
- Halavaka ke he Monuina an Arrangement between the Government of Niue and the Government of Niue for a Programme of Strengthened Cooperation, 2004 – 2009
- Halavaka ke he Monuina Development Partnership Agreement between NZAID and NDOH and CHDHB, Niue Strengthened Cooperation Programme, Letter of Variation #1, Three year Arrangement 2005-2007
- Halavaka ke he Monuina Development Partnership Agreement between NZAID and NDOH and CHDHB, Niue Strengthened Cooperation Programme, Letter of Variation #2
- Halavaka ke he Monuina Development Partnership Agreement between NZAID and NDOH and CHDHB, Niue Strengthened Cooperation Programme, Letter of Variation #3
- Halavaka ke he Monuina Development Partnership Agreement between NZAID and NDOH and CHDHB, Niue Strengthened Cooperation Programme, Letter of Variation #6
- Joint Meeting Minutes, Fale Fono, Niue, 9 September 2009
- Ministry of Health Report 2005, ref no. 20047317

Discussion Documents (developed by CMDHB Coordinator for Minister of Health)

- Developing Primary Health Services on Niue
- Niue Foou Hospital Asset management Programme Proposal
- Restructure of Niue Health Services

Visiting Specialist Reports

- Dr Bob Eason, Visiting Medical Specialist Visit, April 25th – May 1st , 2008
- Dr Bob Eason, Visiting Medical Specialist Visit, March 30th – April 4th, 2009

- Dr Brandon Orr-Walker, Diabetes Clinics in Niue (July 2006)
- Hekau, Angeline and Vaka, Sione, June 2007, Needs Assessment and Provision of Mental Health Clinics in Niue Island and Mental Health Training for Niue Foou Hospital
- Hekau, Angeline, May 2008, Provision of Mental Health Clinics in Niue Island and Health Staff Training for Niue Foou Hospital
- Hekau, Angeline, June 2009, Moving on the Niue Island Mental Health Reports
- Maintenance Visit to Niue Hospital 2008
- Medtech use and status at Niue Foou Hospital – September 2007
- Niue Teaching Report: 10th – 17th November 2006
- Ophthalmology Visit, CMDHB NZ Eye Team, Niue Foou Hospital, June 30th – July 6th, 2006
- Paediatric Visit Report, Niue Hospital 19/1/09 – 23/1/09
- Powell, Lesley, Niue Island Trip April/May 2009: Sexual Health Training, Education and Clinics
- Provision of Mental Health Clinics in Niue Island and Health Staff Training for Niue Foou Hospital,
- May 2008
- Report on visit to Niue Foou Hospital by Ron Evans
- Report on Ophthalmology Visit, 23– 27th February 2007
- Stowers, Lani, February 2009, Patient Record Management Review Report: Niue Foou Hospital,
- Visiting Orthopaedic Consultant, Mr G D Tregonning: Niue Foou Hospital, Niue Island, November 14th – 20th, 2008

NZAID Documents

- NZAID Guideline on Participatory Evaluation
- NZAID Guideline on the Structure of Review and Evaluation Reports
- NZAID Policy Statement: towards a safe and just world free of poverty
- Assessment of NZAID Internal File

Other Sources of Data

- Halavaka ke he Monuina – A Prosperous Niue: Niue Integrated Strategic Plan 2003 – 2008
- Ministry of Health, 2004, *Population-based Funding Formula 2003,* Ministry of Health, Wellington
- Niue National Strategic Plan 2009 – 2013" Niue ke Monuina, A prosperous Niue

Appendix 5: Interviewee List

Partner/Key Stakeholder	Name	Title/Organisation	Contact Detail
		NEW ZEALAND	
NZAID/MFAT	David Payton, Tiffany Babington or Charlotte McElwee	Special Relations Unit (MFAT/NZAID)	
	Financial Services Officers (e.g. Lance Fowler, Budget Adviser)	Financial Services Unit, NZAID	
	Michael Hartfield	NZAID/MFAT	
CMDHB	Elizabeth Powell	Programme Manager	09 262 9532/0212710805 Elizabeth.Powell@cmdhb.org.nz
	Doleen Raj	Programme Coordinator & Administrator	09 262 9560/021816729 Doleen.Raj@cmdhb.org.nz
CMDHB Management	Margie Apa	Ex-GM Pacific	021?
	Manu Sione	GM Pacific	09 262 9500 x3125/021965613 Manu.Sione@middlemore.co.nz
	Lani Stowers	Programme Manager – reviewed Patient Information Management System	09 262 9500 x3137/021583811 Lani.Stowers@cmdhb.govt.nz
CMDHB Medical Specialists	Don Macky	CMO	09 2760 000 x7607/021656000 Donald.Mackie@middlemore.co.nz
	Bob Eason	Gen Physician	Bob.Eason@cmdhb.org.nz
	Angeline Hekau	Mental Health	09 276 0000 x5365/021784121 Angeline.Hekau@middlemore.co.nz
	Leslie Powell	Sexual Health	021555792 Leslie.Powell@middlemore.co.nz
	Garnet Treggonning	Orthopaedics	09 276 0000 x7652/021898808 Garnet.Treggonning@middlemore.co.nz
	Jo Koppins	Ophthalmology	021408641 Jo.kop@xtra.co.nz
	Teuila Percival	Paediatrician	0212630113 Teuila.Percival@middlemore.co.nz

Partner/Key Stakeholder	Name	Title/Organisation	Contact Detail
	Heather Wright	Ex NZAID Manager, NZ High Comm. - Niue	
Other	Junior Manapouri	WINZ contact for Niue referral clients	
		NIUE	
NZ High Commission	Brian Smythe	NZ High Commissioner	
	Tauaasa Taafaki	NZAID Manager	
GON	Hon Toke Talagi	Premier of Niue	
	Hon Young Vivian	Former Premier of Niue	
	Hon O'love Jacobsen	Minister of Health	
	Hon Fisa Pihiia	Ex-Minister of Health	
Niue Foou Hospital DoH	Kara Gafa	Ex-Director of Health	09 262 9500 Kara.Gafa@middlemore.co.nz
	Sitaleki Finau	Ex-Director of Health	
	Alex Reckovtiz	SMO	00 683 4100
	Dr Marina Pulu and/or Dr Viwa Lailai	Medical Doctor	00 683 4100
	Dr Dykson Hansel and/or Dr Ima Solofa	Ex-Medical Doctor	00 683 4100
	Keti Fereti	Principal Nurse	00 683 4100
	Mine Pulu	Public Health Nurse	00 683 4100
	Colleen Kulatea	Health Administration Officer	00 683 4100 malolotino@mail.gov.nu
	Bob Talagi	Acting Director and Health Manager	00 683 4100

Partner/Key Stakeholder	Name	Title/Organisation	Contact Detail
	Chief Dental Office	Asu Pulu	00 683 4100
		Langley Tasmania	00 683 4100
	Public Health	Manilla Nosa and Crizelda Mokoia	00 683 4100
		Consumer Focus Groups	
GON (other Govt Depts)	Richard Hipa	Secretary to Government	
	Fapoi Hekesi	Dept Community Affairs	
	Poni Kapaga	Public Service Commission – Chair	
	Malua Jackson	Public Service Commission (ex-Chair, current Commissioner, PSC)	
	Cherie Morris-Tafatu	Public Service Commission (Training and Development)	
	Eddie McEachan	Strategic Planner	
	Michael Wearne	Ex-Senior Policy Advisor	

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Appendix 7: Summary of Health Report Recommendations Progress

#	Recommendation	Responsibility	Findings
	Strengthening the Niue Health System:		
4	CMDHB costs as partner to Niue, costed by CMDHB and funding sought from Niue SCP	NZAID	Payments have not been made in advance as per the arrangement but on presentation of invoices.
5	NZ second doctor with health administration experience to be Niue Director of Health	HEALTH CMDHB	First Director did not have health administration background. Second lacked recent clinical experience
6	Niue encouraged to reactivate the position of Deputy Director of Health Niue	CMDHB NDOH	First Director stated position not needed. Also in line with a GON cost cutting strategy where many DD positions were removed
7	A locum doctor be provided for a period of 4-8 weeks in January or February 2005	HEALTH CMDHB NZAID	Locum Doctors provided GP cover until GON appointed Doctors from Samoa commenced in March 2006.
8	CMDHB appoint a liaison officer to manage relationship between the Niuean health services and CMDHB	CMDHB	CMDHB appointed Coordinator early 2006, Administrator early 2008. GON requests a pastoral care position to assist referral patients in Auckland with appointments, follow-ups. NZAID expect Niue to fund as referrals not included in Arrangement
9	A series of specialist visits be arranged on either a regular or as needed basis, at the request of the Director.	CMDHB	Range of specialist visits planned and implemented annually in response to needs identified by Director and CMDHB in consultation with NDOH staff, according to availability and as agreed with NZAID
10	Further analysis to be undertaken to determine the type and timing of future specialists visits to Niue	CMDHB	No evidence of formal needs analysis and HMIS not functioning. Specialist visits in response to local doctor requests, visiting specialists and patient needs. Director and doctors review the patients presenting over the year and make recommendations.
11	Scope possibility of sending diabetes team including nurse specialist to train existing workforce in chronic care approach and up-skilling staff in diabetes management	CMDHB	Visit by diabetes team in 2006 found 12% of adult population have diabetes. Screening and treatment clinics and education and media activities undertaken. Visits by general physician has provided standard treatment guidelines for Niue doctors
12	Hospital laboratory to establish wider range of testing	CMDHB Director	Lab tech employed but wider range of testing not achieved as biochemical analyser not working.
13	The current biochemical analyser to be upgraded	CMDHB Director	The EU funded purchase of the equipment. There has not been an Asset Management Plan presented to NZAID for funding to date
14	Continuing education of the dedicated laboratory technician be arranged	CMDHB Director	Retention of lab staff ongoing problem. One staff undertaking training. Unclear whether he will return.
15	The CMDHB procurement arm (Health Alliance) to purchase clinical supplies and equipment for Niue	CMDHB	Not required by GON
	Stage II (principally from the opening of the new hospital onward)		
16	Full birthing services restored to island. This will require recommencement of anaesthetic service and ability	CMDHB Director	First Director obstetrician and anaesthetist available birth service in place. Since early 2008 no birthing service. All near-term pregnancies referred to NZ. Services in Niue

#	Recommendation	Responsibility	Findings
	to perform caesarean sections		re-commenced mid-2009 with appointment of expat general surgeon.
17	Priority should be given to recruiting a doctor with obstetric and/or anaesthetic skills and to further training for medical and nurses/midwives currently employed	CMDHB Director	First Director obstetrician. Anaesthetic training for other staff reviewed and action taken by 2007. Formal training commenced. High turnover of doctors since end of 2007 has left skills deficit. Has contributed to the increase in referrals to CMDHB
18	Implementing administration, laboratory and patient management IT systems to be a priority.	CMDHB Director	2006 MedTech32 installed, staff trained. Since 2007 unusable due to server breakdown. Manual record system in use. Consultant report concluded patient care compromised. Decision and action to restore system discussed Sept 2009. Provision in the 2009/10 work plan for visit by Cook Islands IT specialist experienced with MedTech32, familiar with small island health environment to assist in restoring system and providing training for the staff
19	Director of Health advise on telemedicine opportunities	Director	Limited bandwidth is the main constraint for telemedicine. Staff take photos with digital camera and these can be sent to CMDHB by .jpeg file. Seen by specialists as rudimentary and insufficient to make useful diagnosis. .
20	Comprehensive staff training programme be implemented as part of the workforce development of health department staff on Niue	CMDHB Director	No documented comprehensive training needs analysis. No formal continuing education programme for health professionals. Training removed from early annual plans. All training should be aligned to national HRD strategy and funded through Niue whole-of-government approach.
21	Bio-medical support to be provided to Niue on regular basis. Such support to include regular maintenance of equipment and possible visits to Niue for training of staff	CMDHB Director	In the first year of the hospital operation the equipment was under a 12 month warranty. Biomed engineer visited to provide equipment maintenance. No asset management plan in place.
	Recommendations 22-28 are for the redesign of the hospital		
27	CMDHB cost items on the equipment list via its shared purchasing agency	CMDHB	Done on request, some equipment provided to Niue Foou free of charge from CMDHB when available
	All of (NZ) Government Approach:		
29	Niue Health not to face multiple communication channels back to NZ health system	NZAID	CMDHB agreed as central point of contact for NZ with regard to other DHBs.
30	CMDHB be central point of contact for NZ government and Niue Health regarding health and health system matters	NZAID	NZAID Wellington communicates on health with CMDHB. High Commission in Niue sometimes in direct contact with NDOH. NZAID recently worked directly with Minister of Health to recruit next Director
31	Formal, regular system of communication be established by the all-of-government approach that includes CMDHB as core participant.	NZAID	No formal communication system established. The Arrangement contradictory on responsibility for this. Refer section 6.
32	A system of annual funding	NZAID	Annual planning process coordinated by

#	Recommendation	Responsibility	Findings
	requests to the Inter-government Agency Co-operation component of the Niue SCP be established as part of the all of Government approach to assisting Niue		CMDHB. Costed plan submitted to NZAID. Plan negotiated on budget and priorities. More recently submitted to GON for discussion as significantly over-budget. Further negotiations until budget agreed. Refer section 3.4
33	Payments be made from the Niue SCP directly to the New Zealand agencies providing services for Niue	NZAID	Agreement that funding provided to CMDHB in advance of activities not implemented. CMDHB funded for invoices submitted. Refer section 7.2
	All of (Niue) Government Approach		
34	Key responsibility of Director be to lead an improvement in the health administration of Niue, in close co-operation with the all-of-government approach to improved governance	CMDHB Director	Reporting lines over the period of the Arrangement have been confused by actions taken by CMDHB in the recruitment of the Director and weak oversight by GON and NZAID. Poor implementation and ambiguities through the process. Key NDOH resistant to changes
35	Director's responsibility include defining and agreeing clear accountabilities and relationships across Niue health system, prioritising actions proposed by National Health Improvement Plan (2003), assisting Hospital Steering Committee to be fully functioning and accountable body overseeing development of the new hospital	CMDHB Director	Director's role and responsibilities never fully realised. Difficult to direct personnel as resistant to change and lack of accountability processes. Staff seek support of PSC to override Director's authority. Steering Committee disbanded on completion of hospital construction
36	Timely payment of accounts and a methodology to mitigate the credit risk to CMDHB (as a purchaser on behalf of Niue) be part of the Whole of Government review of Niue	NZAID	Payments not made in advance of expenditure but on presentation of invoices. A number of reasons for delays in payment including NZAID mislaying invoices, insufficient documentation from CMDHB, delay in agreeing contracts.
37	Hospital, including furniture, fittings and equipment be depreciated according to normal accounting practice and asset management produced	NZAID	Part of the wider Niue government asset management programme. Although NZAID is responsible for ensuring implementation of this recommendation, CMDHB has attempted with limited success to prompt NDOH to prepare and present a plan to NZAID. NZAID has sought to obtain the plan from NDOH but at the time of this Evaluation no plan had been submitted
38	That the cost of depreciation be fully funded by Niue and sound asset management practices established around the resulting fund	NZAID	

Appendix 8: Implementation of Arrangement Communication and Reporting Requirements

Communication	Detail	Due Date	Extent implemented
Annual Progress Discussions	CMDHB to prepare the brief, and NDOH and NZAID contribute; to include a summary of the previous year's activities for the following year with a budget forecast	By end of October each year [this assumed calendar year implementation]	CMDHB prepares draft annual plans with the Director and in consultation with section heads. An annual report is provided separate to the plan, after the end of the financial year outlining implementation of the year's activities. In March 2009 the first meeting of all partners in Niue was held. A further meeting took place in September. The meeting focused on strategic issues. Programme activities' details and annual plans were not discussed.
	Meet and agree Programme Plan and budget for the following calendar year	By 15th December each year [this assumed calendar year implementation]	CMDHB develop with NDOH an annual work plan. The costed plan submitted to NZAID submitted before the start of the financial year. Negotiations between NZAID and CMDHB to agree final plan and budget. NDOH not involved in this negotiation. In 2008-09 NZ High Commission and SOG included in work plan discussions because of size of proposed budget.
Risk Management	CMDHB to provide notice to NZAID, NDOH of any potential risk relating to the Services under the Arrangement	Ad hoc as required	From 2008 CMDHB reports included a risk management section. Some discussion of risks and management strategies included in recently implemented trilateral meetings.
Agency Co-ordination	Parties to consult on any improvements to coordination and communication under this Arrangement	Ad hoc as required	A meeting of all parties was held at the request of the Niue Minister of Health in Auckland in November 2008. Following this, at the instigation of the Minister, 2 meetings of all parties including the High Commission and SOG have taken place in Niue to coincide with the Coordinator's visit.
Communication	CMDHB act as the central point of contact with NZAID and NDOH regarding Niue health system matters. CMDHB establishes a formal system of communication with NDOH and NZAID to support this all	Regular communication and as required	CMDHB Coordinator does not believe that CMDHB has been the central point of contact with NZAID and for NDOH in the Arrangement. However NZAID, to the extent possible, has communicated on matters regarding the Arrangement only with CMDHB. It has been necessary in some instances for the High Commission to communicate with GON on the health sector. A formal communication system has not been established. Communication between CMDHB and NZAID was mainly around programme reports and the

Communication	Detail	Due Date	Extent implemented
	of government approach		annual plan. Formal meetings in Niue were established in March 2009.