FORMATIVE EVALUATION (SUMMARY)

A. Introduction

1. The project seeks to strengthen rural primary health service delivery, as the initial step in the government’s intention is to strengthen all 89 districts in Papua New Guinea (PNG) by 2020. An essential component, to create the foundations for broader system strengthening, will be the strengthening of health districts using the community health post (CHP) concept. The project will initially either establish new CHPs or upgrade existing facilities in 16 districts, but will be seeking to rapidly and readily share the learnings from these initial sites across PNG to other districts embarking on health system strengthening. It is also imperative that these initiatives work with existing actors (including communities, the government, and health providers) and within the existing system, if sustained system improvement is to be achieved. It is therefore vital that the project have a system of feeding the lessons from project implementation back into the local system and to local actors, to assist them in ongoing system strengthening efforts.

B. Purpose of a Formative Evaluation

2. The rationale for formative evaluation in this project is threefold – first, to provide in-progress feedback on how the program is being implemented to enable refinements/changes to be made as soon as possible; second, to share the lessons learned by involving local actors both within and outside of the initial districts as much as possible in the learning process; and third, as a reporting and accountability mechanism for the project.

   1. Enhancing Project Implementation

3. To help the project initiative be as effective as possible in achieving its goals, a feedback system is required to evaluate whether the initiative is being rolled out as planned, whether the logical assumptions underpinning the project are correct, and whether there are unforeseen barriers/gaps that need to be addressed. Formative evaluation will also provide a mechanism for sharing the successes and lessons from different sites in the project, minimizing duplication of mistakes, and improving the efficiency of the learning process.

   2. Capacity Development and Learning for Broader System Improvement

4. The project initiative is part of a broader objective to strengthen the performance of the PNG health system. The process of implementing the project initiatives can be viewed as a learning tool for all actors involved. The formative evaluation will offer a mechanism to maximize the learning/reflections that arise from undertaking this initiative, as well as facilitating a process of relationship building and skill development for local actors who will be working together on an ongoing basis.

   3. Performance Monitoring, Evaluation, Reporting, and Communication

5. The formative evaluation will also provide the core to the performance monitoring, evaluation, and reporting function for the development partners. In addition, it will be the basis for wider communication to stakeholders about the progress of the project. Put simply, the purpose of formative evaluation is learning – to directly improve the implementation of this initiative.
C. What Formative Evaluation Would Include

6. The formative evaluation will focus on health system strengthening in the 16 selected districts, reporting on progress in

   (i) delivery of the six project outputs, based on, but not restricted to, the design and monitoring framework;
   (ii) development and implementation of the relevant district/provincial health services plans;
   (iii) progress being made towards the National Health Plan 2011-2020 and its eight key result areas; and
   (iv) establishing baseline data and targets for key indicators in the project design and monitoring framework and other relevant indicators.

7. The formative evaluation will also monitor and evaluate exit strategies for the project in particular the following areas. Milestones for the exit strategies will be determined at the first formative evaluation.

   (i) Project Support Unit to be fully integrated into DOH’s structures; and
   (ii) Sufficient health function grant and human resources for operational of rehabilitated and new health facilities under the project.

8. Key questions the formative evaluation must address for each 6-month period are:

   (i) What progress has been made?
   (ii) What factors have contributed to the successes observed?
   (iii) What factors have contributed to the failures or challenges observed?
   (iv) What actions need to be taken and by whom (development partner, Project Support Unit, national government, provincial government, district, provider)?

9. The approach should:

   (i) actively involve project implementers;
   (ii) involve local researchers;
   (iii) have short reports (one page per district), and easily accessible by the target audience;
   (iv) focus on trend information over the time of the project;
   (v) in general, not collect new data, but use existing data systems; and
   (vi) focus on different districts at different times, depending on the roll out. The project activity runs over 8 years, so progress and the need for focused evaluation will be spread over this time period. Sixteen district visits will not be required for each evaluation cycle.

9. The formative evaluation will focus on the following areas, including sample research questions:

   1. Evaluating Delivery of Planned Activities

10. Is the project being implemented as planned? Are there unforeseen barriers/problems? Are there differences in the way the project is being implemented between districts? How do different stakeholders view the implementation? Have there been any major deviations from the
timeline and budgets, and why? Are the expected six outputs being achieved (CHP infrastructure built, involvement of communities, women’s participation)?

2. Measuring Project Impacts

11. Is the project achieving its immediate goals, as measured by changes in the indicators or short- and medium-term success (design and monitoring framework, immunization coverage, percentage of births with skilled attendants, closer cooperation between partners, etc.)? Are there areas where better/faster results are being seen, and what factors are behind this? Are there any unexpected (positive or negative) effects from the project? What are the impacts for different stakeholders (communities, health workers, provincial officials)?

3. Measuring Health, Social, and Economic Benefits with focus on the poor, women, and disadvantaged groups

12. What are the broader social and economic benefits/costs of the program so far (to providers, to patients)? Have user fees and other access barriers been reduced? Is the program working less well for some groups or in some areas? How do women and vulnerable groups view the project? What is the impact of the activities on service effectiveness and efficiency?

4. Monitoring the Achievement of District Service Plans and National Health Plan Key Result Areas

13. In the formative stage, the questions here will focus on whether the right data are being collected to report on these goals, how timely and complete they are, how the flow of data from rural areas to the province/central level can be improved, and the flow of information back to frontline workers and communities.

D. Implications for Program Administration

14. A call to tender will be issued to identify suitable providers for overall guidance for the formative evaluation. The formative evaluation needs to be owned by the participants, but structured by an independent group from the project team, and needs to be firmly grounded in PNG to maximize the opportunities to build local capacity and contribute to sustain local system learning. The call to tender will therefore be seeking an internal (to PNG) and external partner to jointly undertake the formative evaluation.

15. The implications are as follows:

(i) Project formative evaluation should begin 6 months after project effectiveness.
(ii) A tender to undertake the evaluation should include PNG health research capacity building, and participation from a PNG university.
(iii) The successful bidder should present an evaluation design report (EDR) within 2 months, which should include its approach to compliance with evaluation standards such as SEVAL (Widmer T, Landert C, Bauman N (2000) Evaluation standards of SEVAL, the Swiss Evaluation Society. www.seval.ch/en/standards/index.cfm).²

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¹ The design and monitoring framework indicators will form the basis of the formative evaluation.
² The EDR will set out how the formative evaluation team will address the evaluation objectives, and the proposed methodology and process.
(iv) The role of the research team is to facilitate the monitoring and evaluation processes in the selected provinces and districts.

(v) Every 6 months, a formative evaluation review meeting will be held, including the leads from each province. The actual attendees for specific meetings will depend on the agenda and stage of the roll-out.

(vi) Each 6-monthly meeting will be followed within 6 weeks by a user-friendly report summarizing the key issues, successes, and challenges identified in the meeting.

(vii) The formative evaluation will run for the life of the project.

(viii) The formative evaluation and its demands on provider information should as much as possible support existing Department of Health data collection, and not duplicate existing information-gathering mechanisms.

(ix) The World Health Organization Health System Expert and Maternal Health Expert will participate in the formative evaluation as technical advisors.