MFAT Management Response to New Zealand's Health Sector in Kiribati Evaluation.

Evaluation Report Recommendation	MFAT Response and Action (Agree, Partially Agree, Reject)
1. Maintain an approach to funding NCD programmes that **prioritise Prevention and a Primary Health Care approach**, including increased attention to community-level engagement in health promotion for behaviour change (with a focus on youth and the family unit), and the strengthening of civil society, including better connection between community and primary level of care.	**Agree**
2. **Continue support to SRHR and RMNCAH initiatives**, including funding supplies, and funding programmes that incorporate system strengthening and capacity development for long term sustainability, in addition to service provision and advocacy; and activities that target youth/adolescents (teen pregnancy/youth-friendly spaces).	**Agree**
3. **Support implementing partners to take a more intentional approach to inclusion,** particularly regarding people with disabilities in Kiribati, LGBTQIA+ and other vulnerable groups, as well as to mainstream Gender Based Violence (GBV) considerations more systematically across health programmes.	**Agree**
4. Continue the sustained support to the **development and retention of Human Resources for Health (HRH)** to better address NCDs, SRHR, and the need for community health workers in remote locations.	**Agree**

Evaluation Report Recommendation	MFAT Response and Action (Agree, Partially Agree, Reject)
5. Develop an MFAT Kiribati Health strategic framework, including a theory of change and MERL framework, to improve reporting, coherence and complementarity across bilateral and regional/multi-country health support. The framework should align with available data, the KNHSP, and relevant SDG 3.8.1 indicators. It should also strengthen outcome monitoring, provide clearer strategic oversight, support multisectoral collaboration, and ensure all health investments have fit-for-purpose monitoring and reporting arrangements.	**Agree**
6.Provide tailored support to strengthen the functionality of the MHMS PPU, based on priorities identified by MHMS. This could include funding for a MERL or leadership role, targeted consultancy support, and a more programmatic MERL position to improve administration, project management, monitoring, reporting and data quality	**Partially agree.** MFAT's support to MHMS will be subject to the design of a new phase of health sector programming, taking into account MHMS preferences and other donor support in this area.
7. **Introduce annual MFAT Kiribati health sector meetings** to strengthen collaboration, including strategic policy dialogue and an annual partner mapping exercise to improve coordination across MFAT's bilateral and regional health support.	**Agree**
8. **Integrate workplans by MFAT** for its health activities by country. This would include both bilateral and multi-country/regional funded activities.	**Agree**
9. **Improve alignment across MFAT's multiple funding streams to strengthen coordination.** Implementing partners do not always see bilateral and regional or multi-country support as well coordinated, and clearer communication would help reduce the donor coordination burden on MHMS. This could include annual partner mapping and regular progress discussions between MFAT and implementing partners.	**Agree**

Evaluation Report Recommendation	MFAT Response and Action (Agree, Partially Agree, Reject)
10. **Move to a higher-level outcomes-based modality** to allow MFAT to engage with MHMS at a strategic level. This could be through fewer output GFAs to support MHMS to deliver the KNHSP. This would allow MHMS to take a 'whole of basket' approach and integrate NCD and RMNCAH services with other services to be able to better reach the outer islands. It would still allow MFAT to **directly support implementing partners, in particular local NGOs and CSOs, at a community level.**	**Agree**
11. **Commit to longer-term investment** in NCDs and RMNCAH (in particular maternal and child health), and a programmed approach to infrastructure support. This would confirm New Zealand's long-term commitment and enable the Government of Kiribati to better coordinate and negotiate infrastructure priorities with other funding partners.	**Agree**
12. **Fund a strategic health policy adviser role** to leverage its special relationship with Kiribati. This role would focus on governance, policy, and leadership for HRH and health strategy. It would be embedded in MHMS with its senior counterparts and also support the review and coordination of HSCC.	**Partially agree.** MFAT's support to MHMS will be subject to the design of a new phase of health sector programming, taking into account MHMS preferences and other donor support in this area.