# Partnerships for a Healthy Region Guidance on Partner Progress Reporting PHR Mid-Year Update

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| **Form Overview** | |
| The PHR Smarty Grants system uses three forms:   1. Partner Overview Form (completed once at the project outset) 2. Partner Annual Update Form (covers reporting January to December each year) 3. Mid-Year Update Form (program highlights for period January to June each year).   **Note:**   * For certain fields, your Mid-Year Update Form is pre-populated drawing data from your Partner Overview Form. If any details in your Partner Overview Form have changed since you last submitted it, please advise your program manager. They will arrange for the Partner Overview form to be re-opened for you to make these changes. Once finalissed, a new link for your Mid-Year Update Form will be sent to you.   **Important tips:**   * Save the form on each page to avoid data loss. * To move to the next page, please **click ‘>’ (the forward arrow)**. * At the end of the form, once all details have been provided, click ‘Review and Submit’ form. | |
| **Page 1 - PHR Mid-Year Update** | |
| **Project details** | Section 1  This section is read-only and pre-populated based on the response provided in the Partner Overview form. |
| **Report details** | Section 2  Provide the report start and end date for the current reporting period.  Include the name of the person drafting the report on behalf of your organisation/project. |
| **Organisation details** | Section 3  This section is read-only and pre-populated based on the response provided in the Partner Overview form. |
| **Financial details** | Section 4  Provide total DFAT PHR funds received and total DFAT PHR expenditure during the current reporting period (Jan-June).  Financial data must be reported in AUD. If the amount is in a foreign currency, use the exchange rate as at 30 June 2025 ([Currency Converter | Foreign Exchange Rates | OANDA](https://www.oanda.com/currency-converter/en/?from=EUR&to=USD&amount=1)) |
| **GHD Themes** | Section 5  This section is read-only and pre-populated based on the response provided in the Partner Overview form. |
| **Summary of project achievements** | Section 6  Provide a summary of the project’s key achievements during the current reporting period (limit 200 words). |
| **Country report** | Section 7  Select a country and enter the following information:   * Key achievements for that country during the current reporting period. Can use dot points (limit 200 words). Annex A of this guidance provides an example of how to present achievements. * Total (in country) expenditure during the current reporting period (January to June). * A summary of activities planned for the next reporting period (next 6 -12 months) (limit 100 words). Annex B of this guidance provides an example of how to capture planned activities. * Primary partner government contacts in country for this program – Name, position and email (e.g. from Ministry of Health, Ministry of Agriculture etc.)   **PLEASE NOTE**: The Regional (Pacific or SEA) options should only be selected if there is *no* specific activity attributable to a specific country. Eg. If your program provides regional training opportunities or technical guidance to Ministries – please select the relevant countries and provide details – who, what, when. |
| **Page 2 - Certification** | |
| **Certification** | This section seeks formal approval of the report. The Certification is completed by an authorised person on behalf of the organisation. This section is completed once the report has been quality assured and internally approved/agreed by the partner organisation.  Ensure all details provided are correct i.e. name/position/contact details and date of certification. |
| **Page 3 - Attachments** | |
| **Attachments** | In this section, upload the following documents:   1. **Required documents (for most partners)**  * Risk register * Financial progress report  1. **Documents that have been updated since the last submission (if applicable)**  * GEDSI Analysis * GEDSI Strategy and Action Plan * MEL Framework * MEL Plan * Risk Management Plan  1. **Supporting documents**  * Case studies – refer to [PHR Resources Hub](https://indopacifichealthsecurity.dfat.gov.au/PHR-Hub) for case study guidance * Communication materials * Any other relevant supporting documents   **Note:** as stated above under each heading (e.g. case studies), you can upload multiple documents by marking all documents you wish to upload and then clicking ‘upload document’. |
| **Submission** | Review your mid-year update and then submit. |

## Annex A: Example of Country achievements

General guidance:

* The country level achievements should clearly and succinctly present the key results achieved and/or activities delivered. Beyond focusing on immediate results, include ‘why’ activities were undertaken and ‘what’ the achievements mean for the project. This information will be extracted for DFAT briefs and speeches regarding our development program, provide information to partner governments and develop public communications materials.
* Where there is limited progress, use this as an opportunity to:
  + Highlight key planning activities completed as part of the ‘inception’ period.
  + If there are delays and challenges, provide a brief overview of these and how they are being managed.
* Where possible, include the name and type of any in-country program delivery partners. This helps DFAT to understand other partners we are working with across different countries / the region. DFAT Posts also find this information helpful, especially when preparing to meet with country partners in-country.
* Use plain English, avoid acronyms and abbreviations, and minimise overly technical language. Refer to: [Plain language and word choice | Style Manual](https://www.stylemanual.gov.au/writing-and-designing-content/clear-language-and-writing-style/plain-language-and-word-choice).

Example:

*Achievements from January to June 2025 are:*

* *The Human Papillomavirus Virus (HPV) program officially launched in May2025, with HPV screening and treatment being provided for the first time in Nauru. 149 women were screened to end of June2025.*
* *The Public Health Department of the MHMS developed an integrated point of care HPV self-collection model through workshops and technical working groups. Women aged 30-49 years are encouraged to attend the Integrated Women’s Health Service Clinic for self-screening and are treated with thermal ablation on the same day where relevant. Women are also offered other services such as family planning, STI testing and breast screening.*
* *Key activities during the year that contributed to the establishment of the cervical cancer elimination program include:*
  + *9 Nauru MHMS clinicians (7F/2M) received training from FPA on Cervical Screening Testing (CST); 3 were certified to provide thermal ablation treatment.*
  + *26 health promotion Nauru Department of Public Health staff (24F/2M) received training on health promotion principles / CST.*
  + *IEC materials for cervical prevention and screening and breast health were adapted to the local Nauru context.*
  + *8 lab staff/clinicians (5F/3M) were trained in GeneXpert machine usage.*

## Annex B: Example of Planned activities over the next reporting period

Guidance:

* To enable better planning, DFAT Posts and/or Ministries of Health have expressed interest in seeing a summary of forward plans in each country i.e. key activities that are in the pipeline over the next 6-12 months.
* These can be captured in narrative form or in bullet points. The example below illustrates the level of detail and the type of updates we are seeking.

Example:

* *Daintree will send 2 technicians to the Solomon Islands in Nov 2025 to undertake laboratory quality training.*
* *Partner X is planning their next regional outbreak response training for Mar 2026. Partner X will contact project focal points in MHMS in Oct 2025 to request nominations for participants from Solomon Islands.*
* *Two surgical visits, cardiology in Sep 2025 and urology in Nov 2025, have been planned with the National Hospital.*
* *A national assessment of community-based mental health programs will be undertaken with the National Directorate for Mental Health services in Tonga, commencing in Sep 2025.*