

Annual Review of the HIV/AIDS Asia Regional Program (HAARP)

MANAGEMENT RESPONSE

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Approved by:

Date Approved:

Aid Activity Summary

Aid Activity Name			
AidWorks initiative number	ING221		
Commencement date	21 July 2005	Completion date	31 July 2015
Total Australian \$	AUD\$59 million		
Total other \$	- AUD \$6 million (Government of the Netherlands)		
Delivery organisation(s)	Regional: Mott MacDonald		
Implementing Partner(s)	National Government AIDS Control Organisations, Drug Control Organisations, Public Health Agencies, Burma: UNODC Cambodia: FHI, Friends International / Mith Samlan, KHANA, Korsang, WHO, Government of Cambodia China: MacFarlane Burnet Institute for Medical Research and Public Health, Government of China Laos: UNODC, WHO, Government of Laos Philippines: UNDP, UNAIDS, Government of Philippines Vietnam: Government of Vietnam		
Country/Region	South East Asia		
Primary Sector	HIV and AIDS		

Aid Activity Objective: To reduce the spread of HIV associated with drug use among men & women in South East Asia & China.

Independent Evaluation Summary

Evaluation Objective:

The main objective of the annual review was to contribute to program improvements. Three main areas of interest were included:

1. Progress toward achievement of program outcomes (objectives)
2. The efficacy and quality of program deliverables (chiefly through an examination of progress against workplans)
3. Effectiveness and Efficiency of Management Systems

Evaluation Completion Date: July 2009

Evaluation Team: Mr Mike Crooke and Ms Cathy Vaughan

Management Response

Background

The HIV/AIDS Asia Regional Program (HAARP) Annual Review (AR) is an internal program review which was intended to be informed by the annual reviews of individual Country Programs (CP). Due to the delayed start of many of the CPs, this annual review took place before any annual CP reviews have been undertaken. The protracted design phase, resulting from the move from a managing contractor model to a program based approach, and in the absence of country programs, the review focus shifted to the regional program and process.

The AR was undertaken by the two individual contractors who fulfil the function of the HAARP Monitoring and Review Group (HMRG), Mr Mike Crooke and Ms Cathy Vaughan, both are monitoring and evaluation experts. The AR methodology included a review of key documentation including examination of HAARP design, plans and reports from both the CP level and the regional level. Interviews with a range of key informants drawn largely, but not entirely, from the program structure were also conducted.

Findings

The AR Report contained 14 recommendations. The review found that there was significant stakeholder goodwill towards HAARP and that the Program was relevant and needed in the region. The original HAARP design was seen to lack sufficient detail on program implementation mechanisms. Divergent stakeholder views and perceptions of HAARP reflected the lack of clarity in the design and poor communication about the program. Specific elements of the program design that were seen as contentious include: lack of clarity of what flexibility in the program means in practice; the program's geographic and programmatic focus; the form in which advocacy is undertaken; and the involvement of drug users and civil society. The AR acknowledged that implementation decisions were made with a view to addressing deficiencies in the design.

The reviewers noted that it was far too early in program implementation to see any substantial outcomes but that end of program outcomes need to be established.

Management efficiency and effectiveness was a significant focus of the AR; the Report indicated that it was not clear to key informants where roles and responsibilities within the program or its leadership fell. The Report pointed out a lack of communication in the program both internally and externally. Stakeholders expressed a range of views on the focus of the program which were considered unrealistic given current resources. Stakeholders supported the program being a learning, innovative program with the flexibility not available to larger programs. The AR recommended a design clarification process including a refinement of risk analysis and management elements of the program.

Response

The HAARP Advisory Board was provided with a copy of the AR prior to the 4th HAARP Advisory Board Meeting held in Bali during August 2009. Advisory Board members noted that not all objectives of the AR were adequately addressed, specifically the review objective to identify progress towards achievement of the outcomes (objectives). In part this relates to the lack of identified end of program outcomes at that stage of the program, however AusAID believes that sufficient information on program progress was available to be interrogated. The AR report incorporated subjective stakeholder perceptions of the Program. Whilst appropriate to identify stakeholder views this was presented in lieu of a systematic analysis of detailed outputs and delivery against workplans towards the achievement of program outcomes. A set of end of program outcomes have since been developed, to provide a set of predetermined outcomes and outputs which future reviews and evaluations can evaluate the program against. HAARP Advisory Board members and AusAID Posts thank the HMRG for a frank review report.

The Board agreed that AusAID would hold a design clarification workshop with key internal program stakeholders in October 2009 and that a consolidated Management Response to the AR incorporating the views of Board members and the Technical Support Unit (TSU – formerly named the Regional Technical Coordination Unit) managing contractor would be developed.

A Design Clarification Workshop with key internal regional stakeholders as well as representatives of AusAID in Canberra was held on 29-30 October. AusAID Posts were given an opportunity to comment on Workshop outcomes. The outcomes of the Workshop were unanimously adopted by AusAID Canberra, Bangkok Post

and HAARP Country Posts, the HMRG, and the TSU including its managing contractor(s). The design clarification paper will be shared with the Advisory Board at its next meeting.

The Design Clarification Workshop responded to the first three main recommendations of the AR and a number of critical changes have already occurred. The Program Director has relocated to the AusAID office in the Australian Embassy, the HMRG has decided not to renew their contract and the monitoring functions are being folded into the mandate of the TSU. A process is underway to refocus the role of the TSU around four key functions: technical support to CPs; knowledge management; helping AusAID to shape attitudes to harm reduction outside of the program; and, administering the cross border program.

Recommendation 1: That in the four months between mid-August and mid-December 2009 a process of change be undertaken to clarify and refine key elements of the HAARP program that are currently causing confusion, inefficiencies and sub-standard performance.

Response: Partially agree. AusAID agrees that a process of change be undertaken but disagrees that the program is producing sub-standard performance.

Action: A Design Clarification Workshop was held on 29 and 30 October 2009 at which a number of refinements were made to the design. AusAID provided a summary of the outcomes of the workshop to stakeholders that participated in the Annual Review by email on 15 December 2009.

Recommendation 2: That the design of HAARP is further clarified and refined in a way that makes it achievable given the resources available.

Response: Agree – and acted upon.

Action: Subsequent to the Design Clarification Workshop, the following decisions have been taken to ensure HAARP maximises the resources available to achieve the program outcomes:

- HAARP activities in the Philippines will cease at the conclusion of the current research activities.
- The programmatic focus of HAARP will continue to be on service delivery service provision and increasing coverage of services which prevent HIV transmission in male and female injecting drug users. To do this effectively HAARP will build capacity for harm reduction service delivery at locality, district, province or township level.
- The TSU will take on a monitoring role for the program and AusAID Bangkok will directly manage the external evaluations for HAARP.
- The HAARP Performance Assessment Framework will be simplified, and outcome and output indicators for country level and regional level work will be finalised by the TSU by 1st quarter 2010.
- HAARP will not duplicate the regional level advocacy activities of our UN and civil society partners. HAARP's advocacy efforts will be targeted at the national and local levels in the countries and localities where CPs deliver services.
- The most effective contribution HAARP can make to advocacy is to provide programmatic evidence of the effectiveness of harm reduction service implementation.
- The TSU will provide technical assistance to CPs to tailor advocacy messages/strategies specific to their program and context.
- During the first two years of the Lao CP, the program will focus on situation assessments, capacity building and advocacy. During this phase the issue of how to respond to ATS will be assessed.
- Given limited service coverage in Cambodia and HAARP's focus on service delivery, the Cambodia CP will remain centred on scaling-up harm reduction services for people who inject drugs, towards the targets set in Cambodia's national strategic plans. Activities will not include responses to amphetamine type stimulants.

Recommendation 3: That a detailed task analysis be undertaken that may be used as the basis for streamlining management arrangements & deploying appropriate Technical Assistance.

Response: Agree – and acted upon.

Action: The task analysis undertaken in the Design Clarification Workshop will be implemented over the coming months by making adjustments to the programs management configuration and deployment of

resources. Some elements of the regional components of the program structure have already been rationalised by incorporating the HMRG's monitoring and M&E capacity building functions into the TSU (thereby reducing the number of regional entities). The TSU will recruit an additional resource to deliver these functions. The mandate of the Regional Technical Coordination Unit (RTCUC) has been refined to focus on technical assistance to CPs. The RTCUC has accordingly been renamed the Technical Support Unit (TSU). The TSU will be responsible for four key functions: technical support to CPs; knowledge management; helping AusAID to shape attitudes to harm reduction outside of the program; and, administering the Cross Border Program. CPs will determine their TA needs and feed these into the TSU 6 monthly workplan development process. The TSU will share their workplan with Posts prior to it being finalised.

Recommendation 4: That the design of HAARP management arrangements and processes is revisited in order to configure those arrangements and processes in the best possible way to deliver the refined HAARP design.

Response: Partially agree – and acted upon.

Action: A roles and responsibilities matrix (below) for the program has been adopted.

Task/Responsibility	Lead	Support
Relationship development & maintenance (stakeholder analysis)	PD	TSU
High-level national lobbying & advocacy	AusAID/PD	TSU
Attendance at national forums and meetings	Case by case	
Management of efforts to harmonise with other donors (in-country)	PD/AusAID post	TSU
Servicing of the Advisory Board and its information needs on CPs	TSU	PD
Communication and the management of communications tools	TSU	PD
Capacity development of program staff (nationally)	TSU	PD
Administration of program records, management of information	TSU	
Follow-up to actions and feed-back on work/documents	TSU	PD/AusAID
Decision-making roles	AusAID	PD
Overall financial management for the program	AusAID (BKK)	AusAID Post
Reporting responsibilities	TSU/AusAID Post	PD
Oversight of cross-cutting issues, if still important at the regional level	PD	TSU
Monitoring of regional trends in relation to drug use and HIV issues	TSU	PD
Production and dissemination of regional strategic analyses	PD	TSU
Identification of regional data gaps in relation to drug use and HIV	TSU	PD
Program monitoring and evaluation	TSU/PD	AusAID Post
Management of contracts	AusAID	TSU
Ongoing risk management	AusAID Post	AusAID BKK

Recommendation 5: That a strategy is devised for efficiently deploying available human resources, in support of HAARP CPs and other operational aspects of HAARP.

Response: Agree – ongoing.

Action: CPs will define their technical assistance needs and feed these into the TSU 6 monthly workplanning process. The role of the TSU is to deliver technical assistance to the CPs either directly or through the most appropriate short term technical consultant. The TSU will be responsible for technically reviewing all short term assistance provided through them to CPs. AusAID Posts managing CPs and managing contractors will have the opportunity to review the TSU 6 monthly workplan prior to finalisation.

Recommendation 6: That all personnel, permanent staff and short-term TA, who undertake program consultancies or inputs, be required to produce a short plain English report on their work, which may then be used either on the website or in the quarterly newsletter.

Response: Agree – ongoing.

Action: TSU contract amendment (to be finalised by Q1 2010) to require all personnel, permanent staff and short-term TA undertaking consultancies or program input work will to produce a short plain English report on their work. AusAID, the PD and the TSU will be responsible for using the information provided to support implementation of the HAARP communications plan as appropriate.

Recommendation 7: That the time and resources are made available to ensure that the HAARP website remains up-to-date and fresh. This could be monitored by volunteer members of the Advisory Board to ensure that it does not slip in terms of priority.

Response: Partially agree – and being acted upon.

Action: Using a communications consultant the TSU conducted a review of the HAARP website for content and accessibility in December 2009 and consolidated the website architecture. The TSU is responsible for monitoring the website content regularly to ensure it is up-to-date. TA providers' plain English reports as well as similar reports by other program staff conducting travel or technical assistance work will be included on the website or the HAARP newsletter if appropriate. There will be a dedicated section of the website for each CP with information on progress to date including data if appropriate.

Recommendation 8: That a two-step process be undertaken to communicate changes in HAARP to stakeholders, the first step is to circulate the review report, with an estimate of the time it will take for the recommended changes to be made. The second step will be a follow up, brief report in December 2009 to explain action from the review report recommendations.

Response: Partially agree – and acted upon.

Action: The AR report is an internal working document which is used by AusAID in the management of the HAARP Program. Acting under a board recommendation AusAID held a design clarification workshop on 29-30 October 2009 in response to the recommendations of the AR. On 15 December 2009 AusAID circulated to HAARP AR participants the main outcomes of the design clarification process. The Management Response to the AR will be publicly available by Q1 2010.

Recommendation 9: That a stakeholder analysis be undertaken as the first step towards developing a working "Partnership Development and Coordination Strategy", this should be seen as an implementation tool, not a policy document – it is a tool for managing a complex set of relationships. Staff positions should be made clearly responsible for the implementation of different aspects of the strategy.

Response: Partially agree.

Action: The Program Director and AusAID are responsible for mapping program partnerships such internal mapping exercises will be conducted on an ongoing basis with the first to be complete by the end of Q2 2010. The Program Director has a particular role in managing partnerships external to the program including the UN System, regional organisations and the Australian harm reduction sector in particular the Australian National Council on Drugs – ANCD and the ANCD's Asia Pacific Drug Issues Committee – APDIC. The Association for Prevention and Harm Reduction Programs Australia (ANEX) will be invited to provide an expert presentation to an Advisory Board meeting in 2010. On 4-5 December 2009 the TSU together with the Program Director hosted an Advocacy Workshop to map regional level advocacy efforts and review the HAARP Advocacy Strategy With multiple stakeholders engaging in broadly similar activities in the region, the current Advocacy Strategy was reviewed to ensure any duplication of efforts was avoided. The workshop was attended by representatives of UN agencies, APN+, ANPUD, communication and advocacy experts and

Country Program representatives from Guangxi, China. The outcome was a decision to refocus HAARP's advocacy activities on the local and country level. A guidance note to help Country Programs identify key advocacy activities and approaches will be produced by the end of Q1 2010.

AusAID does not consider the potential benefit of developing a "Partnership Development and Coordination Strategy" to be warranted in this regard.

Recommendation 10: That at least one HCCF per year be devoted to gathering the operational-level personnel together from the CP programs to discuss issues relating to implementation of services. This should be held away from other large regional events which are a distraction to discussions of this nature. Delegates should be asked to prepare something specific to the topic of the forum prior to arrival, and would be required to undertake some form of follow-up upon their return to their own programs.

Response: Agree – and acted upon.

Action: The HCCF is already operational in nature and in future will not be linked to regional forums. HAARP's focus is now squarely on implementation at the national level, thus the HCCFs are being used to discuss implementation issues including data collection and analysis and risk management within the program. The 4th HCCF held in Bali, in August 2009 addressed monitoring, evaluation and target setting.

Recommendation 11: That, in order to ease budget pressure, only one or two representatives of CPs be funded to attend large regional forums that are focused on advocacy, networking and high level policy matters (preserving scarce funds for operations focused HCCFs).

Response: Agree – and acted upon.

Action: The design clarification workshop participants acknowledged that there are already a broad range of harm reduction stakeholders (including civil society and UN agencies) operating at the regional level undertaking advocacy work to build an enabling environment for harm reduction. The design clarification process made a clear decision that HAARP's focus will be on country level work. The programmatic focus of HAARP will continue to be on increasing the coverage of services which reduce HIV transmission for men and women who inject drugs.

HAARP will not duplicate the regional level advocacy activities of our regional UN and Civil Society partners. HAARP's advocacy efforts are best targeted at the national and local levels in the countries and localities where the program is working and delivering services. The most effective contribution HAARP can make to advocacy is to provide programmatic evidence of the effectiveness of harm reduction service implementation. As such HAARP will not send large delegations to regional conferences unless there are clear national and local outputs related to that work.

AusAID will inform stakeholders of the programmatic focus of HAARP and the decision to focus efforts on country level work by disseminating the outcomes of the design clarification workshop to Annual Review participants directly and to other HAARP Stakeholders through the HAARP newsletter by Q1 2010.

These messages were also delivered to participants at the TSU convened Advocacy Workshop with key technical experts in December 2009. The TSU will deliver an advocacy guidance note by Q1 2010 to assist CPs in their work-planning process.

Recommendation 12: That the RTCU maintains a schedule of quarterly telephone hook ups with CPs to discuss progress, issues, changes and to keep CP staff across developments in other elements of the HAARP program.

Response: Agree – and acted upon.

Action: The TSU has instigated a regular teleconference with AusAID Posts as a forum to discuss progress, issues and challenges as well as any changes at the country level and provide a briefing on HAARP developments. These meetings are minuted as part of the knowledge management function of the TSU.

Recommendation 13: That the program website includes a secure (password accessible) section that CP stakeholders, regular program consultants, management partners, etc can log in to, and that this section of the website contains all internal program reports, consultant reports, & open memos differentiated by country programs & the regional program.

Response: Partially agree.

Action: AusAID agrees that ensuring program partners and implementers have access to key information is a priority. AusAID and HLSP will negotiate a mechanism to achieve this outcome.

Recommendation 14: That the first independent review of HAARP be postponed until the second half of 2010 to allow change management initiatives to take effect. Assessment of the effectiveness of these changes to form part of the TOR of this first independent review.

Response: Agree.

Action: The first independent review of HAARP will be postponed until the second half of 2010 to allow the change management initiatives as agreed at the Design Clarification Workshop and set out in this management response to the AR to take effect. The effectiveness of these changes on the program will form part of the ToR for the review. HAARP independent reviews will be scheduled as following throughout the program: August 2010, May 2012, February 2014, end of program.