

Independent Evaluation of the Australia Indonesia Partnership for HIV (AIPH) MANAGEMENT RESPONSE

Aid Activity Objective

The eight year (2008-16) AUD 100 million Australia - Indonesia Partnership for HIV (AIPH) in line with national goals, seeks to prevent and limit the spread of HIV, improve the quality of life of people living with HIV, and alleviate the socio-economic impacts of the epidemic.

The main components of AIPH are:

- ***HIV Cooperation Program for Indonesia*** (HCPI) (\$45 million 2008-2013)

Aims to strengthen Indonesian leadership on HIV and reduce HIV transmission among injecting drug users, in prisons, the general population in Papua and West Papua and most at risk groups in Bali. Managed by GRM.

- ***Clinton Health Access Initiative*** (CHAI) *Phase 2* (\$2.6 million 2010-2012)

Improve procurement and supply chain management of anti-retroviral drugs (ARV) and HIV test reagents, build capacity for better care, support and treatment in Papua and strengthen policy implementation for HIV services by health agencies. Managed by the Clinton Foundation.

- ***Indonesia Partnership Fund for HIV*** (IPF) *Phase 2* (up to \$1 million annually 2010-2011)

An important source of financial support for AIDS Commissions at national and sub-national levels. Funds are managed through UNDP and implementation is managed by the National Aids Commission (NAC).

- ***MSM initiative*** (\$1.5 million 2011-2013)

Supports the development of the national Men have Sex with Men (MSM) action plan and piloting MSM outreach programs in 10 locations. The initiative is a collaboration of HCPI and the NAC.

- **HIV mainstreaming** within AusAID programs (no funding implications for AIPH)

Current focus is in the infrastructure and education sectors through provision of technical inputs from the HIV Unit.

AIPH builds on fifteen years of Australian assistance in the HIV sector in Indonesia, and currently operates at the national level as well as in nine provinces (DKI Jakarta, West Java, Banten, Central Java, Jogjakarta, East Java, Bali, Papua and West Papua).

It also supports small scale activities in eight other provinces through contributions to various nationally delivered programs.

AIPH seeks three long-term program outcomes: 1) Strong Indonesian leadership of an effective and sustainable HIV response; 2) An increased and good quality HIV response; and 3) A strategic partnership between Australia and Indonesia that supports the national HIV response.

Aid Activity Name	Australia Indonesia Partnership for HIV (AIPH)		
AidWorks initiative number	INH 251		
Commencement date	July 2007 (Ministerial Approval) April 3008 (commenced implementation)	Completion date	31 December 2016
Total Australian \$	AUD 100,000,000		
Total other \$	Nil		
Delivery organisation(s)	GRM International in consortium with Burnet Institute Clinton Health Access Initiative (CHAI) National AIDS Commission (NAC) for Men who have Sex with Men (MSM) Initiative and Indonesia Partnership Fund for HIV and AIDS (IPF)		
Implementing Partners	Gol - AIDS Commissions at national level and in targeted provinces and districts Gol - Ministry of Law and Justice Gol - Ministry of Health at national and sub national level Diverse range of civil society organisations and academic institutions		
Country/Region	Indonesia		
Primary Sector	Health		

Independent Evaluation Summary

Evaluation Objective:

This Independent Progress Report (IPR) was commissioned to assess: 1) How well AIPH is progressing towards the End-of-Program Outcomes and the enabling or hindering factors influencing this progress; 2) How AIPH should best support the Government of Indonesia in the future to effectively respond to HIV in a sustainable manner; 3) How the individual components of AIPH could be better synchronised both administratively and programmatically; 4) The implications of the Health Services Strengthening program for AIPH; 5) The extent to which the various partnerships contribute to End-of-Program Outcomes and whether there should be any

rebalancing of key partnerships; 6) The relevance and appropriateness of the current response in Papua and West Papua Province and the priority program areas for future investment.

Evaluation Completion Date:

The in-country mission was completed on 9 August, 2011 and the final report was submitted on 18 November 2011.

Evaluation Team:

- Julie Hind – Team Leader and Evaluation Specialist
- David Lowe – HIV Specialist
- Kharisma Nugroho – Governance Specialist
- Judith Woodland – Monitoring and Evaluation Specialist

Government of Indonesia representative

- Dr Suriardi, National AIDS Commission

Key Messages

Overall, the IPR concluded that AIPH has shown good progress across its three objectives. It found clear examples of the strengthened leadership of the HIV response, improved service delivery and working partnerships achieved by AIPH.

While harm reduction remains a core element, the review suggests giving more attention to reducing sexual transmission of HIV. This reflects the apparent shift in the epidemic from one characterized more by transmission through sharing of contaminated needles and syringes to one characterized more by transmission through sexual contact. There is a specific recommendation to continue support for work to reduce transmission of HIV amongst Men who have Sex with Men (MSM). In the Indonesian context, this category is expanded to include the wider gay, lesbian and “waria” (transgender and transsexual) community.

It is argued that such a shift in the epidemic requires a revision of the current subsidiary arrangement between AusAID and the Office of the Coordinating Minister of People’s Welfare to also include the Ministry of Health.

The report expresses concern about the coverage of harm reduction work in Java and Bali and the effectiveness of the communications strategy in Papua. It recommends actions to improve these areas of work.

The report strongly recommends the need to support a scaled-up response to HIV in Papua and West Papua province by improving and expanding programming to support a continuum from prevention to care, support and treatment.

The report advises that strengthening the coordination and integration of various activities of AIPH will improve program implementation effectiveness and efficiency.

This, however, requires an update in program theory/logic to reflect the current context and elements added to AIPH since its original design.

In addition, the report advises AusAID to strengthen coordination and dialogue with other relevant AusAID programs and amongst international development and Indonesian partners.

Management Response

General comment on the Independent Progress Report:

The IPR meets AusAID Monitoring and Evaluation standards. It captures the essential strengths and weaknesses of the AIPH program logic and of the implementation of AIPH components based on available quantitative and qualitative evidence and through sound analysis. It addresses the evaluation questions in the Terms of Reference, provides pertinent recommendations with several offering significant new ways to improve program achievement.

AusAID agrees with most report recommendations, however in a small number of cases this is in-principle and identified actions may deviate from the intentions of the review. In four cases, AusAID either disagrees wholly or partly with the recommendation. In particular, those recommendations with relevance to the capacity of partners to implement actions and to the partnership arrangements between AusAID and the Government of Indonesia (GoI) require careful consideration.

The IPR is structured against five objectives and the management response follows the same structure. Prioritization of actions for each recommendation is an integral part of this management response. The report suggests five year AIPH outcomes against each of the five objectives. These will be useful in any refinement of the AIPH program logic to be carried out later in 2012.

The following lists the recommendations which have not been agreed by AusAID and provides some explanation for this decision.

Recommendation 2.2: ... that HCPI through its support to Provincial AIDS Commissions advocate, and provide technical assistance for, strategies to radically increase VCT for people at risk and that HIV testing be integrated with STI testing.

Agree that, with HCPI support, provincial AIDS commissions in Papua and West Papua should promote HIV and STI testing services *where those services exist* but acknowledge that HIV and STI testing as well as actual care, support, and treatment services, are yet to be established in many areas. The scope of the Strategic Communication Plan for HIV and AIDS already includes promotion of these services. Promotion of STI and HIV testing are included in the current 2011 media campaign and this promotion work could be enhanced.

Disagree with the recommendation that HCPI should provide technical assistance to radically increase availability of HIV and STI testing services as this is more within CHAI's scope of services. Therefore, AusAID will task CHAI to assist the Provincial

Health Offices and to some degree, provincial AIDS commissions to develop strategies to radically increase voluntary counselling and testing (VCT) for people at risk and that HIV testing be integrated with Sexually Transmitted Infection (STI) testing.

However, AusAID notes the strategic importance of promoting a continuum of prevention care, support and treatment services and will encourage stronger coordination between HCPI - that is focused on getting people to the door of the health services, and CHAI - that is focused on strengthening health services and will ensure this is elaborated during the rapid design process for CHAI Phase 3.

Recommendation 1.5: That, because injecting drug users use both outreach and fixed site health services and the absence of any reliable way of tracking such use, AIPH provide technical assistance to the Ministry of Health to establish a common client unique identifier code for injecting drug users to improve the accuracy and completeness of service utilization data.

Disagree because after several consultations with relevant partners, the feasibility of this recommendation is questioned.

The use of a unique identifier will not solve the issue of double counting injecting drug users unless it is accompanied by a complex IT system, capable staff and a standardised data collection system. To have a system that can include data from every service provider is not feasible without a large increase in funding for IT systems and staff, and this would not be sustainable.

Recommendation 3.2: That in order to more fully recognise the importance of all key parties of the partnership and to ensure all necessary high level partnership relationships are developed, AusAID and the Office of the Coordinating Minister for People's Welfare negotiate Memoranda of Understandings with the Ministry of Health, the Ministry of Justice and Human Rights, and the National Development Planning Board that clearly articulate their essential roles in the partnership, and the AIPH Subsidiary Agreement be amended accordingly.

Disagree. While the existing Subsidiary Arrangement is signed by AusAID and the Office of the Coordinating Ministry for People's Welfare it adequately covers the role of line ministries. This Subsidiary Arrangement remains in force until the end of AIPH in 2016.

Recommendation 2.4: That a review of workload of the HIV and Communicable Disease Unit of AusAID be undertaken to enable a stronger presence in Papua and closer oversight and adaptive management of activities related to the Central Highlands project.

The new CHAI design and harmonization of CHAI and HCPI will be done in such a way that allows AusAID Jakarta to receive reporting and monitor program implementation and results in more routine, systematic and integrated manner. Furthermore, AIPH will work closely with the Papua office of the Australia Indonesia Partnership for Decentralization to assist with coordination on the ground.

Recommendation 5.1: That AusAID undertake a joint review of the contract conditions with GRM (the managing contractor) to determine the impact of the suggested changes in emphases contained in the recommendations relevant to HCPI. This review should be undertaken in time for any design changes to be made prior to the conclusion of the current contract (March 2013) to ensure a smooth transition and prevent loss of momentum. .

Disagree. It would be more appropriate for AusAID to conduct the review independently. The current HCPI five-year contract allows for a three year extension to 2016. To avoid losing momentum and for the 2013 HCPI Annual Plan to be finalized in October 2012, the review would need to be conducted in Quarter 2 and 3 of 2012 with delegate approval for any contract extension before October 2012. This will also allow the Partnership Coordinating Committee to consider any recommendations in its expected meeting in October 2012.