



Health Resource Facility

Establishment Phase Report

22nd January to 21st April 2009

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Acronyms

AusAID	Australian Agency for International Development
CPA	Contractor Performance Assessment
GIPA	Greater Involvement of People living with HIV/AIDS
HRF	Health Resource Facility
HER	Humanitarian and Emergency Response
HHTG	Health and HIV Thematic Group
IDSS	International Development Support Services
PDS	Professional Development Services
TOR	Terms of Reference
QA	Quality Assurance
UNAIDS	Joint United Nations Program on HIV/AIDS
WHO	World Health Organisation

1. Introduction

This report describes the progress of the AusAID Health Resource Facility (HRF) during the three month establishment phase period, from 22nd January to 21st April 2009. The format of this report approximates the format which will be adopted for the four monthly narrative reporting to AusAID. Key aspects of the HRF's services and activities are addressed followed by a discussion of staffing issues, performance management and assessment and finally a section on further issues to be raised. It is anticipated that the key issues introduced in this report will be put on the agenda and considered during the May 13th 2009 Steering Committee meeting.

The achievements of the HRF during the period have been considered in close liaison and consultation with the AusAID Health and HIV Thematic Group (HHTG) and specifically the HRF Program Manager. They include:

- Mobilisation of Facility Director and Help Desk Manager
- Recruitment, training and induction of Operations Manager
- Establishment of the HRF office and the Help Desk
- Induction for HRF staff on AusAID and key policies, including specific child protection training with Child Wise
- Development of systems, processes and procedures for core and non-core activities including monitoring, reporting and quality assuring.
- Development of a detailed Operations Manual, including:
 - Financial Management and Reporting system
 - Process notes for HRF Services and Quality Assurance
 - Risk Management Framework
 - HRF Child Protection Policy with support from Child Wise and inputs from AusAID's Child Protection Officer
 - HRF Fraud Policy and Plan
- Development of a Communications Strategy and Action Plan, with the web site going live on the 24th April
- Draft Concept Notes for Discussion on Knowledge Management and Professional Development
- Development of the HRF Management Information System and the HRF Consultants database as a record of nominated and contracted consultants
- Development of the Performance Assessment and Evaluation Plan

- Relationship building and networking with AusAID, other AusAID funded health and HIV initiatives including technical support mechanisms, and organisations and independent consultants
- Sourcing and prequalification of consultants. A total of thirteen (13) requests received – which are either completed, ongoing, in the pipeline or cancelled (see Table 1)
- A total of 314.5 days have either been contracted or requested

2. Sourcing of Technical Assistance and Help Desk

Despite being in the establishment phase, the HRF was able to be responsive and consequently sourced and prequalified consultants throughout the period as requested. A total of thirteen (13) requests have been received as shown in Table 1. Of these:

- Two have been cancelled
- One is completed
- Four have been contracted under separate Service Orders
- Two have been confirmed and are awaiting Service Orders and
- Four are in the pipeline, with two of these four (Greater Involvement of People living with HIV/AIDS and Strengthening Legal and Policy Enabling Environments with regards to HIV) recently becoming full requests after being postponed

In summary a total of 131.5 consultancy days have been contracted by the HRF with an additional 183 days (+ travel) in the pipeline. That makes a total of 314.5 days either contracted or requested during the establishment phase – or nearly one third of the maximum of one thousand (1000) consulting days per year against which the maximum amount payable under Service Order 1 is based.

It has proved useful in the development of the operational processes for the HRF to have the practical experience of working on requests and Service Orders. Processes and systems have been developed accordingly and a number of useful lessons have been learnt, which are discussed in Section 10.

Table 1: HRF Non-Core Activities undertaken in the Establishment Phase (22nd January to 21st April 2009)

Service Order [name and number]	Short description	Requesting AusAID section	Consultant contracted [name]	Period of work [dates]	Number of days (inclu. travel)	Status
	Indonesia Health Systems Strengthening	Indonesia				Cancelled
	Technical Advisory Group - Regional HIV/AIDS Capacity Building Program	HHTG - HIV				Cancelled
HIV MSM Scoping Phase 1 (SO2)	HIV MSM Scoping Exercise Phase 1	HHTG - HIV	David Lowe	17 th Feb – 3 rd March 2009	4.5	Completed
HIV MSM Scoping Phase 2 (SO3)	HIV MSM Scoping Exercise Phase 2	HHTG - HIV	David Lowe	6 th March – 4 th June 2009	34	Ongoing
Part-Time Advisor HRH (SO4)	Part-Time Advisor HRH - Vanuatu	HHTG	Bronwyn Hine (Fields)	18 th April – 15 th May 2009	21	Ongoing
Part-Time Advisor CD (SO5)	Part-Time Advisor CD	HHTG	Rob Condon	April 2009 – April 2010	Up to 50*	Ongoing
Part-Time Advisor NCD (SO6)	Review of Pacific NCD “2-1-22” Program	HHTG / Pacific Desk	Tony Lower	22 nd April - 29 th May 2009	22	Ongoing
	Part-Time Advisor HRH	HHTG	James Buchan	TBC	Up to 40* - TBC	Pipeline
	Part-Time Advisor NCD	HHTG	Rob Moodie	TBC	Up to 20* - TBC	Pipeline
	Pacific Seasonal Worker Pilot Scheme- Health and Wellness Training	Pacific Desk - Canberra		TBC	11 (+ travel)	Pipeline (CV's submitted 29 th April)
	Scoping - Greater Involvement of	HHTG - HIV		TBC	42	Pipeline

Service Order [name and number]	Short description	Requesting AusAID section	Consultant contracted [name]	Period of work [dates]	Number of days (inclu. travel)	Status
	People living with HIV/AIDs (GIPA)					
	Scoping – Strengthening Legal and Policy Enabling Environments with regards to HIV	HHTG - HIV		TBC	55	Pipeline
	Solomon Islands – HIV & STI Prevention Project – Mid-Term Review	Solomon Islands Country Office		TBC	15 (+ travel)	Pipeline
SUMMARY	13 Service Orders sourced for during establishment phase		Contracted days: 131.5 days Pipeline: 183 (+ travel) days Total : 314.5 (+ travel) days contracted or requested			

* Over 12 month period

TBC = To be confirmed

3. Knowledge and Professional Development Services

At the request of the HHTG, and as part of the establishment phase, the HRF has prepared two short concept papers for Steering Committee discussion which explore possible approaches for the Knowledge Services and Professional Development Services (PDS) Programs. As professional development and knowledge management work together, and complement each other, the concept notes should be read in conjunction with each other.

For Steering Committee approval the papers propose target audiences, objectives and outputs, initial approaches to knowledge and professional development services for the first 6 months of operation to October 2009, and a methodology for establishing the needs of the suggested target audience. They also introduce a range of outputs, mediums and product types and recommend a linked and thematic approach.

Due to the complementarity of these services, it is proposed that the needs assessment is combined into one process to be led by the HRF. It will involve an e-survey and semi-structured interviews to identify gaps and needs alongside the rapid identification of existing initiatives and activities.

Based on the results of the assessment, the HRF proposes to develop a TOR, work plan and budget for the two annual plans for consideration by the next Steering Committee meeting in October 2009.

4. Services for non-AusAID clients

The HRF is committed to working with the HHTG to facilitate access to HRF services by non-AusAID clients. It is envisaged that HHTG may task the HRF on behalf of a third party by issuing a separate Services Order. All consulting days contracted in this way will contribute to the maximum of 1000 consulting days under Services Order 1.

So far no provision of services for non-AusAID clients has been made and no specific requests are in the pipeline. However the HRF Director and HLSP staff have been contacted directly by the WHO Western Pacific Regional Office and UNAIDS Regional Support Team Asia Pacific expressing interest. For example, Dr Alvaro Alonso-Garbayo, Technical Officer

in Health Services Development and Health Care Financing, WHO Office for the South Pacific has contacted the facility expressing interest in accessing services.

5. Communication Activities

A key deliverable of the establishment phase is the HRF Communications Strategy and Action Plan for Steering Committee approval. Effective communication is a priority concern to the HRF. To achieve its objective of assisting AusAID staff to make the highest quality and well informed policy and operating decisions, the HRF needs to generate demand for its services and be well-known, well-regarded and easily identifiable. It is important that the HRF maintains its profile beyond the first six or twelve months of the contract. The strategy has been developed as a three year strategy, but it will require review and update.

The primary target audience for communications is AusAID staff who may commission the HRF to provide services, and other potential clients of the HRF. The secondary target audience includes broader collaborators and key external stakeholders, together with consultants and potential consultants. The strategy outlines objectives, key messages by target audience and mediums and channels of communication. It includes a twelve month (Feb 2009 to Jan 2010) work plan which maps key activities and timeframes for each main medium or channel.

Certain aspects of the workplan have been implemented during the establishment phase:

- Finalisation of the HRF brand identity with agreement of the title 'AusAID HRF' and creation of standard email addresses.
- Development of the HRF logo and style guide which is being used for business cards, letter heads, report covers and office signage.
- Completion of phase 1 and 2 of the web site – www.ausaidhrf.com.au – which went live on 24th April 2009.
- Development and ordering of promotional materials to be used at the 15th May Canberra launch, including presentation folders, a colour printed HRF leaflet and promotional materials such as fridge magnets and post-it notes.

HRF and HLSP / IDSS staff have been holding opportunistic meetings with AusAID staff to introduce the facility, both in Canberra and in-country by adding extra meetings onto existing country visits. In this way meetings have been held with AusAID staff from Pakistan,

Cambodia and East Timor. Meetings with staff in Geneva, Thailand and Vietnam are planned before July. HRF staff have also been opportunistic in using events to meet with external stakeholders to introduce HRF services. For example meetings were held with the Burnet and Nossal Institutes surrounding the AMREP Global Health Conference last month. More structured introductions of the HRF are planned for AusAID staff and other stakeholders as detailed in the Communications Strategy.

6. Staffing Issues

The staffing of the HRF has proceeded as contracted. From the outset of the establishment phase, the full-time HRF team has been based in Canberra and operational. This includes the Director (Jackie Mundy), Help Desk Manager (Andrea Neale) and Interim Operations Manager (Katie Thorne). A successful recruitment process was conducted for the Operations Manager and, with AusAID approval, Alia Stanley was confirmed in the post and started working on the 17th March 2009. Following training and induction of the permanent Operations Manager, Katie Thorne departed for the UK on 26th April. These timeframes are all in accordance with the original proposal and contracted personnel costs.

The original proposal also included provision for an administrative position to commence at beginning of the implementation phase. The recruitment process for the Operations Officer is ongoing. Following a selection process an offer was made to the preferred candidate on 6th April (with AusAID approval). Unfortunately the candidate withdrew her application the following week and the position has been re-advertised. In the meantime the HRF and the AusAID HRF Program Manager have agreed that the HRF will secure temporary support up to the limit for administrative support in the contract.

The staffing level and configuration is based on the maximum of one thousand (1000) consulting days for year through separate Service Orders. The maximum amount payable under Service Order 1 is based on this volume of consulting days. Within this work load the HRF is flexible and can adapt staff levels in response to fluctuations and surges in demand for core services. Flexible technical support is provided by a part-time Health and HIV Specialist (Henrietta Wells) based in Bangkok for the equivalent of two days per week.

The HRF is regularly reviewing its staff situation with a focus on its ability to fulfil requests for core and non-core activities. Given that almost one third of the maximum days have either been contracted or requested during the establishment phase, it is likely that the

equivalent of 1000 days / year will be reached in the coming months. If this trend continues the HRF will submit a proposal to the HHTG to supplement staffing levels to respond to demand. This may include an increase in Health and HIV Specialist input and / or administrative support. Staffing issues will be on the agenda for the Steering Committee in May to discuss the process for taking this issue forward.

7. Performance Management and Feedback

The HRF has received one Contractor Performance Assessment (CPA) form for its one completed assignment. The comment on the form noted that the “task complete on time to a high quality, all requests and feedback responded to promptly and appropriately.” This CPA will be included in the analysis for the first full HRF report.

The experience of doing this CPA has, however, allowed for some reflection on the CPA. In discussions with the client, the applicability of all the questions in the Management & Administrative and Logistics section has been raised. This is specifically in relation to the first question copied below and the capacity of the client to comment on this aspect of the HRF work. Often the client may not have the information to assess the adequacy of the logistical support provided for the consultant.

Management & Administrative and Logistics
Was the logistical support provided adequate for the assignment (including security briefings, inoculations, travel details and accommodation for the Consultant)?

This issue has been discussed with the AusAID HRF Program Manager and Officer and the Team Leader of the Education Resource Facility. As a result of these discussions it is proposed that a request is made to the Steering Committee and Contracts to include some guidance for the AusAID Activity Manager or staff member completing the assessment. This could either take the form of a covering sheet or notes inserted at the bottom of the form. It is recommended that this guidance should make it clear that if the client is unable to comment on a particular question, including the question mentioned above, then they should mark it Not Applicable rather than giving a number rating.

8. Risk Management Framework

To accompany the Operations Manual, a Risk Management Framework was submitted as part of the establishment phase deliverables for Steering Committee approval. The framework submitted has been through a number of drafts and prepared in close consultation with the AusAID HRF Program Manager.

9. Performance Assessment and Evaluation Plan

The Performance Assessment and Evaluation Plan (PAP) was submitted as part of the establishment phase deliverables for Steering Committee approval. The PAP is intended to provide information that will allow the HRF and AusAID to evaluate the effectiveness of the HRF in meeting the goal, objectives and outputs of the HRF. The HRF will operate a continuous learning and improvement approach and will maximise all opportunities for feedback. Clear and measurable indicators related to the two HRF outputs are included in the PAP for Steering Committee discussion and approval.

At the objective / outcomes level, it is recommended that the Steering Committee assesses the ‘evaluability’ of the HRF at the earliest opportunity, and then on an ongoing basis, making any adjustments as required. The Steering Committee will also need to consider and agree criteria to enable progress to be assessed at this level. Indicators will also need to be developed to create a baseline and allow monitoring.

10. Issues and Discussion

This section of the report starts by discussing issues and lessons learnt identified during the establishment phase. These are issues which need to be taken into account to ensure effective operation and value for money of the HRF – especially ensuring that HRF resources are used in the most effective way to achieve the HRF’s objectives. It then outlines some additional issues which have arisen over the last three months.

Lessons Learnt

AusAID is undergoing organisational growth with a geographically diverse workforce, ongoing staff recruitment, relatively high staff movement between roles and increasing devolution of responsibility to posts. The HRF may either be liaising with a health and HIV adviser or a program professional with little technical knowledge of health issues and / or limited experience of working with a facility.

As senior staff and advisors have demanding workloads, and often heavy travel schedules, they need to rely on junior staff to take work forward. However, junior staff often do not have the knowledge or the authority to negotiate TOR and are often waiting for senior staff to make key decisions or supply key information. It has sometimes proved difficult to speak to the correct person who can move things forward although issues can be sorted very quickly when contact is finally made. AusAID is seeking to move away from a reactive culture to one of more proactive planning and it is hoped that the HRF can contribute to this process.

These experiences have enabled the HRF to learn a number of key lessons that are integral to the successful operation of the facility. The key points have been integrated into the process notes for working with the HRF.

- It is valuable for the facility to be given advance warning of future requests. However it is acknowledged, given AusAID processes, that situations do change and that often TOR take a while to develop and get agreed. Sometimes it is inevitable that work gets cancelled or postponed.
- The HRF will therefore not start sourcing consultants until the TOR is finalised and agreed in writing with the requesting client. This will be following the completion of all negotiations with other areas within AusAID.
- The requesting client needs to be clear on requirements and have the authority to negotiate the TOR. The HRF has a role in agreeing to the TOR with the client prior to sourcing and this will be communicated as part of the communication strategy. The TOR is the critical tool to enable clear specification and agreement on what is required, including the skills and experiences of the consultants required.
- Often wide consultation processes for TORs mean that, by the time they get to the HRF, clients are not really interested in negotiating the TOR again. It is important to have established and communicated processes for all aspects of the HRF's work.

- Clients need to provide and agree sufficient lead times for identifying consultants for Service Orders. Once supplied with a choice of consultants, clients need to make any selection promptly.
- Establishing clear channels of communication is vital - all communications should be through the Help Desk Manager and requesting client. Before consultants are contracted there should be no direct communication between the client and consultant.
- The Service Order must be signed before the consultant is contracted and starts work.
- Once consultant is engaged, there should be technical communication only with the AusAID client - all email correspondence should be copied to the HRF. All contractual communications with the consultant must be through the HRF.

The risks of not taking these lessons into account are:

- Core HRF resources are compromised and not used effectively meaning poor value for money for AusAID.
- The inappropriate engagement of the HRF, for example through protracted negotiations on TORs followed by cancellation, impacts on its capacity to be responsive to a range of clients. The success of a light staffing structure depends on its effective use and working to agreed processes.
- Unrealistically short lead times mean that quality consultants are not available when required.
- Repeatedly cancelled or delayed assignments mean quality consultants potentially lose interest in working with the HRF / AusAID (ie goodwill is compromised).
- Delays in clients choosing consultants may mean that the consultants may no longer be available and assignments are delayed.

Additional issues

Consultant Diversity

AusAID has established the HRF to enable access to a more diverse range of health and HIV expertise than has been traditionally sourced and contracted. The HRF reports will provide statistics on the source, nationality, gender and category of all nominated and contracted consultants.

Consultants who bring specific regional knowledge, especially Pacific experience, and a tested understanding of aid effectiveness and implementation of internationally recognised principles for improved aid management are in short supply and high demand. There may well remain the tendency for AusAID to choose previously known consultants who AusAID feel meet their requirements.

The HRF will seek to expand this supply and ensure diversity in the expertise sourced and nominated. However AusAID needs to be aware that not all these consultants will have the same level of country and regional experience as those above.

Sustaining Quality

Sustained quality is a critical success factor of the HRF. Repeat requests from the same clients will only be forthcoming if they have a good experience the first time round and received a quality service and output. Quality consultants are in high demand. They need to be booked up in advance and the HRF will be able to provide a higher quality service when leads times are longer.

It is recognised that sometimes a rapid response is required and there will be requests received with a short turn around. The HRF is committed to responding to these with the recognition that quality processes can not be compromised and consultants will only be put forward if they are prequalified.

In February, the HRF and HHTG met with a representative of Humanitarian and Emergency Response (HER). It was recognised that the HRF is well placed to respond to requests associated with ongoing programmes, such as the potential forthcoming appraisal of the mental health programme. However, it was agreed that the HRF has not been designed to respond to emergency situations and that HER is considering alternative mechanisms.

AusReady

The HRF was notified at the start of the establishment phase that AusReady would be phased out and that assignments relating to the delivery of the Emerging Infectious Diseases Strategy would be directed at the HRF. The links between the HRF and AusReady have been a challenging issue of the establishment phase. It was agreed in February 2009 that:

- There are 3 categories of assignments that have previously been managed by AusReady:
 1. Those which fall in the remit HRF and will be responded to under normal processes
 2. Those that fall in the remit but will require additional specialist input for QA to be funded by HHTG. Where such expertise is required beyond the HRF's scope of services (for example significant animal health component in an assignment) the HRF will liaise with the HHTG and agree to engage specialist expertise under a separate Service Order to be funded by HHTG.
 3. Those which fall outside the scope of the HRF and will be managed under a different mechanism.
- The HRF will not be processing the animal-health CVs onto the HLSP database. They will be kept secure to be drawn upon when a category 2 assignment is requested. The need for additional specialist expertise will be agreed early on so the specialist can participate in the prequalification and CV selection process within the broader QA function.

There has been some communication issues which have resulted in the HRF receiving a copy of the letter sent to AusReady advisers three weeks after it was distributed. The final letter sent out was not the same letter as agreed with the HRF. The HRF received the AusReady database on the 23rd April. The database contains details related to the advisers (Cvs, references) and five synthesis reports.

Management Reporting and 2nd Steering Committee Meeting

The HRF will submit four-monthly narrative and financial reports to the HHTG prior to each Steering Committee meeting. The reports are to be submitted two (2) weeks prior to Steering Committee Meetings, and no later than two (2) weeks after the end of the four month reporting period. The proposed management reporting schedule can be found in Annex J of the Operations Manual. In order to streamline reporting and invoicing timeframes, the first

four monthly financial report will be submitted for the period to 21st May. The second four monthly financial report and the first narrative report will be submitted for the period to 21st September. This makes the earliest date for next Steering Committee meeting to be 19th October 2009.

Contract Novation

Andy Brock (Contractor Representative and Asia Pacific Regional Manager for HLSP) has written to the HRF Program Manager regarding the novation of the contract from Mott MacDonald Limited (MML) to Mott MacDonald Australia (MMA). The Deed is being sent to AusAID. Andy Brock has informed HHTG that the advice Mott MacDonald has been given is, in order to make a complex situation as simple as possible, to delay invoicing AusAID until the novation has taken place.

Creating a Pipeline

The HRF would like to work closely with the HHTG to develop a prioritised forward plan of potential requests across the health and HIV programme. This will enable the HRF to ensure a balance of resources and focus between strategic priorities for the overall programme and meeting short term and ad hoc requests. Equally a balance is required between generating demand for services and expectations which can not be met.