Independent Review Mechanism Progress Report on Tingim Laip 2 Phase 1

MANAGEMENT RESPONSE

Prepared by: Health and HIV Program

Approved by: Michelle Lowe (ADG/MC)

Date Approved: 1 September 2012

Aid Activity Summary

Aid Activity Name			
AidWorks initiative number	ING 953		
Commencement date	2010	Completion date	30 June 2012
Total Australian $	$9,530,602		
Total other $			
Delivery organisation(s)	Cardno Emerging Markets Australia Pty Ltd		
Implementing Partner(s)	National AIDS Council Secretariat (NACS)		
Country/Region	PNG		
Primary Sector	HIV		

Aid Activity Objective:

Effective Response to the HIV Epidemic

Evaluation Objective:

The purpose of the Independent Review Mechanism (IRM)'s Progress Report is to assess the progress of TL2 from 01 August 2010 to 31 December 2011 and make recommendations to inform AusAID's decision on whether and how to extend the program.

Stated objectives were to:

1. Evaluate the performance and management of Tingim Laip Phase 2 (TL2) against targets set out in the Annual Plans and M&E framework (including contractor performance criteria) and additionally, review the extent to which affected populations, especially sex workers (female and male) and people living with HIV are reached as beneficiaries and participate. As well the evaluation should review the effectiveness of activities in light of international evidence, and the quality of interventions, particularly outreach to most at risk in high risk settings (most needed and most difficult).

2. Conduct assessment against AusAID's quality criteria (effectiveness, efficiency, impact, sustainability, gender equality, monitoring and evaluation, analysis and learning,) and additional criteria for HIV-AIDS Program in relation to TL2 goal, purpose and objectives (in 3 above)

3. Provide recommendations for Tingim Laip 2 improvement – its performance and management and how it might be strengthened in the next 12 months.

Evaluation Completion Date: 24 May 2012

Evaluation Team:

1. Keith Tuckwell – Team Leader
2. Veronica Magar– Gender and Most at Risk Populations Expert
3. Dr Moale Kariko – NACS representative (Deputy Director)
4. Prudence Borthwick - AusAID representative (observer)
5. Jennifer Miller – TL2 Program Manager (observer)
6. Ea Tobi (AusAID Evaluation Manager**)**

Management Response

AusAID and NACS welcome the findings of this IRM Progress Report on the Tingim Laip HIV prevention and care program.

Tingim Laip is one of the few programs in PNG designed to target the most vulnerable populations in settings of risk throughout the country where HIV transmission is known or likely to be high. Its design aligns with four of the National HIV and AIDS Strategy 2011-2015 (NHS) top ten interventions and AusAID's funding priorities for HIV (also drawn from the NHS): prevention for most at risk populations (MARPs), prevention for mothers and babies, and prevention linked to treatment for people living with HIV, with a focus on links to health services, especially in high prevalence areas.

The IRM has analysed Tingim Laip activities and concluded that during the later stages of Phase 1 (Tingim Laip 1) the program drifted from its original mandate and target groups to serve the general population including youth, church groups and whole communities while activities tended to be large mass awareness and education sessions, for example messages at sporting events. This drift was still apparent in Phase 2.

The IRM considers TL2's original mandate remains relevant, and with the judicious changes suggested, the program will meet its goal by 2015.

The IRM has made a number of useful recommendations for steps the Program can take in the 3 remaining years to ensure it meets the program goal, which they have articulated as follows:

The objective of TL2 is to ensure that Key Affected Populations (KAPs or MARPs) from selected sites will engage in safer sex by using condoms regularly, obtain regular treatment for STIs, know their HIV status and access HIV treatment and support if living with HIV. By June 2015 TL2 will be focused on selected sites where there is a higher level risk of convergence. Friendly STI, VCT and HIV care clinical services will be accessible and available. Best practices on risks and drivers will have been tested in key sites and scaled-up with local partner and network support.

AusAID and NACS look forward to seeing the recommendations implemented in full. We note that the current TL2 management team has also identified the drift away from the original purpose, and are taking steps to correct this, as their Quarter 1 report for 2012 shows. Our responses to the recommendations incorporate the Managing Contractor's responses and are as follows.

Recommendation One

Recommendation: Broaden HIV prevention messages whilst narrowing the target group.
To reduce HIV message fatigue, TL2 should promote a range of complementary interventions that includes peer education and small group discussions on sexual reproductive health, gender, structural drivers, and issues relevant to the community. Condoms and STI/HIV management will be integrated in the discussions throughout. Staff and volunteers should receive specialized training, tailored to their community needs. Characteristics such as empathy and commitment should be cultivated among staff.

Response:

Agree - HIV education should be conducted in the context of broader sexual and reproductive health However-promotion of health seeking behavior (seeking testing and treatment for STIs and HIV) is an important part of this and has been underplayed in previous iterations of Tingim Laip.

A focus on most at risk populations will mean that more resource intensive activities which would not be cost effective in a broader population can be used but close targeting will be essential. We note that structured discussions on structural drivers for the *general community* such as Stepping Stones and Community

Conversations can be resource intensive and have not been shown to deliver reductions in HIV risk in PNG as yet.

Tingim Laip SMT agrees with this recommendation and observes that their STEP model promotes delivery of HIV prevention and care messages within a broader package of sexual reproductive health messages, and seeking testing and treatment for STIs and HIV are the focal point for steps 3 and 4 and a crucial component of the model.

Actions:

Contractor to broaden HIV prevention messages by integrating within sexual reproductive health context but focus on reaching most at risk populations with these messages.

Recommendation Two

Popularize the female condom. Specific female condom promotional strategies should be introduced as a priority. The female condom can be popularized using small group and demonstration approaches, while framing messages around pleasure, sex and sexuality, so that women feel comfortable discussing their bodies and practice among themselves. Men will be supported to use and understand the effectiveness of the female condom.

Response:

Agree- PNG is one of the few countries in the world, where men and women (albeit in small numbers) have shown an interest in using female condoms. We should build on this. TL needs to have baseline/end line data from its working sites to support it.

Actions:

Contractor will engage STA to identify those populations whom might more readily accept female condoms, drawing on work of PSI and engaging partners to identify select populations to target for this intervention.

Recommendation Three

Strengthen homogeneous KAP groups on sites. Based on global experience, collectives consisting of KAPs that share the same background, history and experiences, will be more effective in behaviour change among their peers, than village elites currently dominating the volunteer landscape in TL2. That is, a single mother engaged in frequent transactional sex will be more effective in encouraging other single mothers to use a condom and seek STI services than a big man in the village. Therefore, we recommend that TL2 recruit KAPs on fulltime and/or casual basis as staff. In addition, they could be recruited on to site committees by developing homogenous KAP groups who share similarities. In doing this, the TL2 team must consider how target group members will lead site interventions and how they will be integrated into site strategies and work plans. Volunteers and peers within the site committees should continue to reach out to the affected communities through one-to-one counseling, group discussions, coffee nights and video nights.

Response:

Agree –engagement with KAPs and the employment of KAP peer educators has been shown to work in the Poro Sapot program for sex workers and MSM.

Actions:

Contractor is exploring staff roles that will support project transition to focus on KAPS.

Recommendation Four

Strengthen volunteer support policy and practice. TL2 should now develop appropriate volunteer support policies to include: orientation and training; code of conduct; transport; food allowance; out of pocket expenses; and competency testing and certification. TL2 should also consider whether it can provide any performance based incentives.

Response:

Agree- however, the program may need to investigate part-time employment or other incentives to take activities to scale.

Actions:

Contractor currently has STA underway to establish volunteer advisory committee, volunteer policy documents, volunteer recruitment strategy and volunteer performance based incentive program.

Recommendation Five

Strengthen use of site strategies and plans. To enhance and effectively communicate renewed TL2 focus, once sites, target KAPs and interventions are identified TL2 must develop and present individual site strategies and plans to the team, site committee, volunteers, relevant local networks and the Steering Committee to ensure understanding and ownership of the support to be provided, and that desired integrated Step outcomes are being targeted.

Response:

Agree- however these should be concise and their development prioritized in order to avoid delays in implementation

Actions:

As part of the transition of sites to greater focus on KAPS, TL will introduce a series of tools for site committees to improve planning and strategies in their work. Field staff, coaches and technical staff will support this.

Recommendation Six

Reinforce the Annual Plan approval process. AusAID, the NAC Secretariat and all Steering Committee members should engage to jointly review the Annual Plan as an approval process. They should also review and discuss progress reports. TL2 should have a communication plan to consult with all members and develop a support strategy to facilitate this stronger engagement.

Response:

Agree

Actions:

AusAID will coordinate joint review of plan with NACS and Steering Committee. Contractor will support this engagement.

Recommendation Seven

TL2 now focuses all support into at least 20 priority sites. TL2 must now produce a priority listing of current sites basing selection on the following criteria: social mapping findings; KAPS; NHS alignment; access to STI and VCT support; surveillance data; networks and linkages; and other key factors that may be opportunistic and local. TL2 will need to develop at least 20 full site strategies and implementation plans with inputs from AusAID and relevant PAC's. TL2 needs to advise AusAID, the NAC Secretariat and the Steering Committee when they will have this schedule in place. This provides an opportunity to refer some existing sites over to alternative support partners and to reduce TL2 support to less relevant sites.

Response:
Agree

Actions: Contractor will capture this in the revised 2012 annual plan with new indicators (upon receipt of contract).

Recommendation Eight

TL2 now focuses on KAPs in priority sites. In order to attain an approximate 80% reach and 50-60% condom use, TL2 will need to focus, as described in the effectiveness and monitoring and evaluation sections. Those individuals and groups engaging in sex most frequently and those who are the easiest to capture, located in identified convergence-of-risk areas should be a focus of TL2's intervention since it will yield the best results. In addition, KAPs that are difficult to find and are hidden, such as women engaged in

regular transactional sex, should also be prioritized since they represent the majority of women engaging in paid sex.

Response:
Agree

Actions:

See Actions for Recommendation 7, above.

Recommendation Nine

TL2 focuses to ensure clinical support linkages on all sites. Much more needs to be done to ensure that KAP referrals are provided to clinical services that do not discriminate and that do offer a variety of services. Once appropriate and well trained staff and volunteers are on the team and a referral system is in place, TL2 will be able to show impact. The IRM recommend that strong STI, VCT and HIV care services and referral systems should be in place at all sites. This will require more one-to-one counselling. Mobile clinics may be a preferred option. TL2 will work with government, donor and civil society partners to ensure that clinics are friendly, accessible, and well stocked. This is critical to ensure the success of the TL2 program in creating demand for these services.

Response:

Agree – however, it is not clear what capacity building and support will be required at local health facilities and how much of this TL2 will engage in. This should be included in the site strategies.

Actions:

Contractor will establish referral mechanisms with service providers for each site committee. This will be informed by Stakeholder Mapping and field teams will work closely with site committees to establish and maintain working relationships and referral pathways with service providers and partners.

Recommendation Ten

TL2 focuses on strengthening KAP centric site committees with the aim towards organizational autonomy. To accomplish this, part of the site strategies and plans should include whole of site strengthening. This will require organizational development inputs not previously envisioned. Site committees can learn how to raise funds from local PAC's, Provincial Administrations or other civil society mechanisms. Perhaps there is flexibility for the NAC to quarantine funds from its small grants or attract a recurrent budget – this should be explored. Funding should not become donor dependent. The impact of these site committee strengthening inputs should have measurable indicators in order to be monitored accordingly. An example of an indicator may be: twenty sites are sustainable and have access to grants through the PAC's, national and provincial government and civil society networks support.

Response:

Agree all committees should have integrated KAP membership and sites should aim for sustainability.

Actions:

TL STEPS model is designed to encourage logical progression in interventions and capacity development required to deliver these interventions. In the next year, Contractor will focus on ensuring the transition of sites to targeting KAPS. In addition, TL will recruit site level casual workers who will receive extensive capacity building in governance, finance and administration skills. TL will also explore working with SPSN Community Development Worker Association towards accreditation of casual workers.

Recommendation Eleven

TL2 select three to five pilot sites to test gender equality and alcohol reduction approaches. These approaches are designed to address structural drivers such as gender, violence and alcohol to reduce unwanted health outcomes. Instead of developing visible sex worker rights groups, a measured approach to

support women at risk may be called for. For example, organizing “problem” mothers, who engage in regular transactional sex, to take leadership in site committees or generate their own volunteer groups may prove to be more successful then sex worker rights groups with explicit mandates. Similarly, running parallel men’s groups among men acting as gate keepers may complement and strengthen the empowerment work done with women. These will be learning sites to empower women engaging in transactional sex while also engaging with men on masculinity. This will complement the work on female condom promotion described in the ‘effectiveness’ section. Care must be taken that the scope to reduce violence and alcohol does not dominate the program, rather that it supports TL2 target outcomes to reduce HIV risk and improve health outcomes as the endpoint.

Because alcohol use is closely associated with gender-based violence, the IRM suggests drawing from internationally recognized approaches as a starting point. That is, integrating self-help group methods into the volunteer and site committees may be the best starting point. Much can be learned from Alanon family groups literature and practice which helps wives and family members of alcoholics to become aware, detach from alcoholic’s behaviour, build self-esteem, and focus on themselves rather than attempting to control the alcoholic’s erratic behaviour. These steps alone can reduce the level of violence women encounter.

If funds permit, we suggest conducting impact studies that take into account structural drivers, particularly gender based violence and alcohol use, in its theory of change. This will add to a much needed body of knowledge in PNG and worldwide, on complex HIV prevention interventions.

Response:

Agree. It is wise to trial the interventions in pilot sites before rolling them out to all sites

We note that programs addressing structural drivers are hard to evaluate in terms of impact on HIV incidence and are still largely untested in PNG-and globally. The Commission on AIDS in Asia, for instance, classifies poverty reduction and gender interventions as low impact because of the lack of data on their effectiveness in reducing HIV and their long term nature. However, small scale programs are more likely to have an impact when addressing ‘closer’ drivers of risk like alcohol use or gender violence than more ‘distant’ drivers of vulnerability (lack of education, gender inequality) in a community (UNAIDS,2008).

There is room for innovation- eg PSI has had some success with Marital Training Programs in reducing family violence in the Highlands, at least 6 months after the intervention.

Actions:

Contractor has already developed an alcohol discussion guide and this has been rolled out to field staff**.** Contractor will further test gender equality and alcohol reduction approaches in selected pilot sites.

Recommendation Twelve

TL2 should establish a clearly defined program objective and target outcomes. These will drive site selection and KAP interventions, and which could be developed into a theory of change and program logic (if desirable);

Response:

Agree – Reporting to date has focused on project management indicators this has possibly drawn attention away from actual interventions. While Tingim Laip management has been reporting on the interventions – condom distribution, outreach activities, referrals, etc, this comprised less than 10 per cent of the recent Quarter 1 report..

Actions:

Contractor will refine the program objective and target outcomes. TL will build on progress made in quantitative output data collection and expand to include qualitative and outcome data collection.

Recommendation Thirteen

TL2 complete the monitoring and evaluation framework and implementation plan. This will ensure that all stakeholders understand the data and case studies that TL2 will be collecting to demonstrate delivery of the goal and purpose.

Response:

Agree- TL2 M and E Framework includes plans to develop outcome targets in Q3 2012 following collection of baseline data. Quantitative indicators developed in 2011 should be revised and prioritized in light of IRM review recommendations. Long-term projects like TL should have very clear logical-model including outcomes level indicators, baseline and target for each outcomes indicator.

Actions:

Contractor will build on existing M&E Framework plan to include theory of change of logframe elements. TL will review existing indicator sets which were developed according to UNGASS and NHS indicators and develop data collection plan.

Recommendation Fourteen

TL2 should keep enhancing the sharing of implementation lessons. Research and analysis remains a priority and the progress being made should continue. The IRM recommends more focused attention on implementation of lessons gained from the findings. To successfully integrate what has been learned over the past 18 months, participatory-learning activities must take place to allow staff and volunteer teams to internalize and make personally meaningful knowledge retrieved from the multiple studies, reviews and reflective sessions. Because adult learning is best accomplished when it is experientially based, such exercises should anchor learning processes, followed by action planning. This is best achieved via the established iterative learning cycle in place which where actions are reflected upon, analyzed, changed, and then implemented. Secondarily, as TL2 has done, drawing on local and international experts associated with particular subjects will continue to help provide their insights needed. Strong process-documentation will help draw out lessons and best practices.

Response:

Agree

Actions:

TL will continue quarterly planning team reviews and will seek opportunities to include casual workers, stakeholders and partners as relevant. TL will continue to support Steering Committee meetings on a regular basis.

Recommendation Fifteen

Introduce site partner engagement strategies. *Each site strategy and plan must integrate a comprehensive and relevant international, national sub-national network and partner engagement strategy that allows consistent and effective engagement with all KAP target groups.*

Response:

Agree. Sites should identify appropriate partners and networks to improve engagement with KAPs. NACS would like this to include partners engaged in Community Conversations (a methodology for participatory community action currently supported by PNG Sustainable Development and used by Anglicare in some sites).

Actions:

Informed by current Stakeholder Mapping, Contractor will improve and strengthen stakeholder and partner establishment and maintenance. As part of site level strategies, TL will support site committees to identify key local partners and strategies to maintain working relationships with these partners.

Recommendation Sixteen

Introduce an effective push communication strategy. TL2 must introduce an effective push communication strategy and plan that allows all relevant stakeholders to be kept informed and understanding of TL2, whilst at the same time prioritising the protection of the KAP target groups.

Response:

Agree

Actions:

Contractor will improve efforts to communicate project objectives, strategies, achievements and good practice to stakeholders and partners. Relevant staff will be tasked with data collection and information sharing and will be supported by strategic STA inputs.