

HIV/AIDS Asia Regional Program

Terms of Reference – Advisor

HAARP Monitoring and Evaluation

1. Introduction - HIV/AIDS Asia Regional Program

The sharing of needles and syringes among injecting drug users (IDUs) is a major cause of HIV transmission in many countries of South East Asia. The failure to address HIV transmission among, and from, IDUs has resulted in the continued expansion of the HIV epidemic in countries of the region. Harm reduction interventions have been shown to be effective in reducing transmission of blood borne viruses related to unsafe injecting. The scale up of harm reduction interventions is an urgent priority in Asia.

The HIV/AIDS Asia Regional Program (HAARP) is an Australian Government (AusAID) funded program that works to effectively implement harm reduction strategies to reduce the spread of HIV associated with drug use among men and women in South East Asia and China.

HAARP has a strong focus on service delivery and aims to scale up coverage at the local and provincial levels and contribute to Universal Access Targets. It is implemented in Burma (Myanmar), Viet Nam, Cambodia and Lao PDR. Country Programs (CPs) are managed by the AusAID posts and are implemented through a range of government, UN and civil society partners.

As its **key objectives**, HAARP aims to;

- Build the will and commitment of the governments to respond to HIV/AIDS among people who inject drugs
- Prevent HIV/AIDS among people who inject drugs and their sexual partners by providing high quality harm reduction services

The guiding principles of HAARP are as follows:

1. Nothing for us without us: HAARP recognises the importance of meaningful involvement of drug users and other affected communities in all areas of programming – design, implementation and monitoring.
2. Effectiveness: emphasizing the importance of partnership and cooperation of all stakeholders – governments and communities alike.
3. Evidence to Action: emphasizing the need for good quality, evidence based approaches to scaling up of harm reduction.

4. Respect and protection: advocating for social change, the respect for human rights (including the right to health and treatment), and protection of people who use drugs.
5. Reducing vulnerability: creating and enabling environments that address the criminalisation of drug use and reduces the stigma and discrimination faced by drug users.
6. Gender awareness and integration: advocating for a focus on the roles and needs of both men and women in relation to HIV and drug use with a special consideration for the specific needs of women, men who have sex with men and transgendered communities.

M&E Framework for HAARP - *The HAARP Evaluation Challenge*

A HAARP's overarching design document was finalised in 2006 but the actual form of HAARP in each country was separately negotiated in line with the principle of working with government systems. This led to varying commencement dates of country programs, activities that are uniquely different across countries and sites, and different implementation arrangements in each country.

HAARP is a regional program which originated from the regional Post (i.e. AusAID Bangkok). It has been acknowledged as an added management burden imposed on AusAID Posts who are held accountable to and manage bigger bilateral programs.

This has led to divergent views on HAARP implementation, inconsistent roles on program decision-making, and weak quality assurance oversight to in-country implementation.

A HAARP Performance Assessment Framework was designed top-down at the design stage before country programs commenced in 2007. This Logical Framework, revised top-down by the TSU in 2010, is overly complex and has not been used by program stakeholders. Country programs have their own M&E frameworks with unclear links to the broader Logical Framework. Reporting against individual M&E frameworks are hobbled by weak partners M&E systems. No standard reporting on M&E data exists amidst ambiguous annual and end-of-program targets and goals.

Country programs undergo annual reviews. These reviews are not used to report against HAARP's objectives and intended outcomes, which remained broad and unspecified. Since January 2010, country programs annually report on an agreed minimum dataset containing quantitative service delivery data (e.g. numbers of needles and syringe distributed, etc.). The quality of harm reduction services, the impact narrative to people's lives, and impact of HAARP's advocacy and capacity building activities are not captured or reported to AusAID or to program stakeholders.

HAARP was independently evaluated in 2009 and 2011 with a design clarification workshop held in 2009. Not all recommendations from these exercises were adopted owing to irrelevance of findings, delays in decision making, and diminished capacity to

follow through caused by high staff turnover in AusAID and in the TSU. To date, there are no clear steps to specify intermediate and end-of-program outcomes for HAARP both at the country and at the regional levels.

The TSU ended its contract in May 2012. AusAID decided to bolster AusAID Posts capacity to manage HAARP country programs by establishing, by the end of 2012, new Country Support Units (CSU) envisioned to lead oversight to in-country implementation until the program's transition to full government ownership by 2015.

Objectives of this Consultancy

1. To design, develop and/or strengthen the monitoring and evaluation systems and structures of HAARP Country programs over 2013-2015.
2. To provide monitoring and evaluation support of the HAARP program to the regional HAARP team based in Bangkok.

What has been done before?

The design of HAARP in 2006 included the role of an independent M&E agency to develop baseline data, conduct situational assessments where necessary, outline an M&E framework and even contained provision for a regular monitoring of the activities in the countries. However, due to some unforeseen circumstances, this arrangements did not continue and HAARP through TSU employed a full time technical advisor on M&E. As a result of these two strategies, there are available baseline data and a measurable number of M&E tools including M&E logical framework and the Minimum Data Set forms which countries use to report on their programs and their progress.

The consultant will be required to undertake a desk review of all available data, baseline and evaluation tools developed under HAARP over the last 3 years. A gap analysis report will be most useful to set out the tasks related to M&E for the remainder of the project.

What needs to be developed and implemented?

The available tools and baseline data are insufficient because;

- HAARP is now at a different level of implementation and the countries have also progressed and moved to another phase of harm reduction implementation. This calls for a review of the available baseline data
- The MDS forms do not capture the qualitative data that tell the story of the programs
- The MDS data also needs a review and standardization based on the lessons learnt over the last 3 years of implementation
- Country programs are focused on defining and measuring quality of the programs including effectiveness, efficiency and relevance of the programs and activities

With the high turnover of staff both at field level and at government agency level, it is important to continue providing trainings to our stakeholders in order to ensure the

right data is collected in the right way. The collected data is then presented in the most effective way for program development and decision making.

What needs to be taken into consideration?

1. AusAID's aid effectiveness policy framework provides a 3 tiered results area to guide external reviews of aid program and annual reports on progress. The 3 tiers are:

Tier 1 results: Progress against the Millennium development Goals (MDGs)

Tier 2 results: The contribution to Australian aid

Tier 3 results: Operational and organisational effectiveness

The contractor will need to be familiar with this framework and pay particular attention to Tier 2 and 3 results areas.

2. AusAID's corporate reporting time frames
 - i. Quality at Implementation reporting – due in February each year
 - ii. Headline results – June each year

2. Tasks

Based on the desk review and the gap analysis, the consultant will be required to:

2.1. Develop a HAARP M&E framework for the years 2013-2015. Ensure that this framework is user-friendly and the activities are replicable in all countries. The framework will comprise of two sections – regional and country level M&E systems with an increased focus on the latter.

- i. Undertake a desk review of the available baseline data, M&E framework designed by previous HAARP contractors and understand the limitations and advantageous of the current tools.
- ii. Undertake a review of the National M&E systems related to HIV and harm reduction in Cambodia, Laos and Vietnam. This is to ensure that the HAARP M&E framework is consistent with country systems. Where there are no national M&E Systems for harm reduction programs, assist HAARP and its stakeholders develop these systems.
- iii. Develop a baseline report and a set of indicators for the program to be monitored and evaluated for each of the 3 countries – Cambodia, Laos and Vietnam
- iv. Design an M&E structure for the rest of the program (2013-2015) based on efforts put in place at the start of the program. The design should clearly articulate the necessary areas of input, output, outcome and impact (and the assumptions and contexts that make these mechanisms of change work) that needs monitoring, the systems, including all relevant documents needed and the human resource that would be used in this process.
- v. The framework will also describe how vital data is collected efficiently: ie, with minimal disruption to routine project activities. It should also include the roles and responsibilities of all stakeholders in data gathering, analysis and reporting M&E findings.

- vi. The framework will also define the mechanism of using data for program development purposes. Where possible data should be comparable data between countries and used at HAARP regional forums such as the annual HCCF

2.2. Develop all documents to implement the M&E process. The task will include the review of the current tools used at all stages of HAARP implementation from peer educators to HAARP implementing agency managers.

These will include:

- Minimum data set forms
- Activity sheets – these should include field visits and capacity building activities that are conducted within the program
- Analysis and reporting procedures
- Supervision procedures for data collection, entry, collation, analysis and reporting
- Training materials to ensure all above data collection and processes are carried out appropriately.

2.3. Build basic capacity of national staff in M&E. Of particular importance is the capacity building and mentoring of HAARP CSU staff members who will be managing the country programs. One designated staff in each CSU will be tasked with M&E activities. The consultant will work closely with this staff

- Initial training for all M&E staff – both at CSU and HAARP implementing agencies. 3 trainings will be conducted in each city (Phnom Penh, Vientiane and Hanoi) each year. (12 trainings in total). This can be divided according to target audience (training for peer educators, managers and/or health care staff) or according to subject matter (basics in M&E, using MDS forms; developing and writing reports).
- An M&E manual for use at country level is recommended. Capacity building activity may include development of a Training of Trainers for some country programs
- Mentoring and supervision processes. The consultant will be required to travel to each country twice during the first year and once the subsequent years. (A minimum of 9 visits to 3 countries over 3 years)
- On going external supervision of M&E processes and data quality. This can be done remotely at consultant's home base. A maximum of 3 weeks per year is allocated for analysis of the collected data is allocated for this task.

2.4. Reporting

- Provide analyses of data and draft regional reports quarterly to AusAID post in countries and AusAID/HAARP regional office in Bangkok
- Mentor M&E staff to develop national reports and to use local data for decision-making

Suggested time line for this task

The consultant will be employed for 4 months in a year. The breakdown of tasks is as follows:

Year	Tasks/deliverables
2013 (4 months input)	Desk review report Gap analysis report Baseline reports for 3 countries 6 Trainings on M&E and using tools One 6 monthly narrative report and one annual report Participation at HAARP HCCF
2014 (4 month input)	3 refresher trainings based on country needs Revision of MDS and other tools as necessary Mentoring of M&E staff at CSU One 6 month narrative report and one annual report Participation and presentation at HAARP HCCF
2015 (till June) (4 month input)	3 refresher training focused on end of project evaluations One end of project report Participation at HAARP HCCF and related forums for the closing of the project

3. Qualifications of the Contractor

- Tertiary qualification in the relevant field and at least 5 years' experience in designing and developing harm reduction programs.

- Specific and demonstrated experience of establishing M&E frameworks and systems for HIV/harm reduction programs in a multi country project setting
- Ability to present and communicate M&E data findings in simple and practical language that can be used by stakeholders to improve implementation or influence policy
- Demonstrated knowledge and expertise of rigorous qualitative and quantitative participatory research methods
- Experience in developing and implementing M&E systems for HIV work among most-at-risk populations in a range of language, literacy and socio-economic levels
- Demonstrated experience in working in sensitive and complex multi-cultural environments in the Mekong
- Ability to maintain healthy and good relationships with various government and non-government stakeholders
- Strict adherence to code of ethics in HIV/AIDS research and in evaluation
- Experienced trainer and facilitator

4. Supervision and Management arrangement

The contractor will be work with and supervised by the Regional Program Manager and the Team Leader of the Health Section at AusAID/HAARP Regional Office in Bangkok.