

Learning from the past, hope for the future

A study on World Vision Australia's program responses to HIV/AIDS

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World Vision Australia



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Preface

This document is more than a discussion paper for World Vision, Australia. It is a reflection on key principles and effective process for project design. Well-established development principles are explored within the project examples. Principles that apply to local response as well as organisational response, these include; participation, integration of care with change and linkage of HIV/AIDS response to other significant life issues, including responding to poverty.

It offers clarification of core elements of project design applying to organisations that seek to encourage sustainable response from local communities. Responses from which learning can be derived and transferred to further generations of implementers and organisational supporters. The recommendations presented as 'suggestions' are relative not only to World Vision but to all organisations that commit to local response, to transfer of knowledge and to organisational adaptation as core elements for their response to the HIV/AIDS epidemic. It is relevant to all agencies, secular and faith-based agencies alike.

The subject material is drawn from nineteen projects supported by World Vision and AusAID. Yet the focus is clearly on a generic, people-centered community development approach—a human capacity development approach—where the dominant value is placed on inclusion of people with experience of HIV, both for those living with HIV/AIDS, and those in the wider affected community.

It authentically explores indicators of local community involvement and organisational learning. The message from the evaluation is that people in organisations are increasingly affected, and should be the subjects of the development process as much as the local community.

In exploring the nurture of community response through these principles, an effort has been made to analyse the learning capacity of the support organisation. There are implications for other organisations including UNAIDS. In fact the concept of 'best practice' drawn from the current UNAIDS view implying learning experience for implementing organisations is relevant to the emerging paradigm of human capacity development, which needs to be increasingly adopted in order to draw out the best in terms of capacity and strength from local responses. This reveals the strengths of organisations in terms of learning from local experience and action. An explicit message is the transfer of learning that has to be an integral part of programme design, and that this can benefit not only local communities in terms of getting to scale, but also the organisations that support the local response.

To identify the core development principles that have been present or absent in project design is one facet of this evaluation framework. A concern has been the approach for interventions that claim to be grounded in human capacity development for response. To take the question of sustainability further and in particular, sustainability of social impact and the continued regeneration of the motivation of people involved in the response, it is necessary to expand beyond an examination of process activities and project outcomes that

reflect the initiative of the implementing and support organisations only. The challenge remains to not only value the local response, but to explore and record the patterns of response of local communities in terms of taking charge of care, support, change, and transfer of learning from community to community.

Evidence of an appropriate organisational response is indicated by capacity, intention, and action and capacity for learning from local action and experience. This is the message and context that is relevant for many developmentally-minded organisations. As a result there will be more support for what is now recognized as an imperative, to involve local response along with multi-level organisation in getting to scale in response to the HIV/AIDS epidemic.

Ian Campbell
*International Health Programme Consultant,
The Salvation Army International Headquarters, London.*

About the author

Dr Tim O'Shaughnessy has twenty years experience as a social planner, evaluator, trainer, manager, policy analyst and researcher with specializations in HIV/AIDS, health, food security, capacity building and child and family services. Dr O'Shaughnessy has contributed to the design of six AusAID-funded HIV programs in Asia (Burma, India) and Africa (Malawi, Uganda, Kenya, Tanzania) through the leading of evaluation/planning teams. He was the lead program designer of the Laos and 'umbrella' components of a HIV Mekong Regional Program proposal.

His other major HIV-related publication is *Beyond the Fragments: HIV/AIDS and Poverty*, 1994. It covers the design and appraisal of HIV/AIDS responses. He has co-authored three chapters in the forthcoming second edition of the AusAID-funded manual *Community Action on HIV/AIDS* (covering HIV/AIDS research, planning, monitoring, evaluation and community action).

Dr O'Shaughnessy has been team leader of 17 evaluation/planning teams, has wide experience of staff/student supervision, and has managed an AusAID-funded evaluation program since 1995. He was an NGO representative on AusAID's Quality Assurance Group (QAG) reviews of NGO programs in 2000 and 2001. He has extensive experience in gender-sensitive, participatory planning and evaluation techniques as they apply to development processes and has lectured on subjects such as HIV/AIDS, health, community development, evaluation, policy analysis, program planning and implementation, policy-making processes, and food security at RMIT, Monash University and University of Melbourne.

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Glossary, acronyms and abbreviations

ADP	area development program, a multi-sectoral, community-based programs, mainly supported by the regular Child Sponsorship contributions of individuals and companies
AIDS	acquired immune deficiency syndrome
ANCP	AusAID NGO Cooperation Program
AusAID	Australian Agency for International Development
CDV	community development volunteer, who play varied community support roles that, in the context of HIV responses, are likely to include education and care
CDW	as for CDV, but more likely to refer to paid worker, often government staff. Sometimes used to refer to network of volunteers established by non-government organisations
CIDA	Canadian [Government] International Development Agency
CSW	commercial sex worker
FGD	focus group discussion
GAD	gender and development
HBC	home-based care
HIV	human immunodeficiency virus
IDU	injecting drug users
IEC	information, education and communication
MOPH	Ministry of Public Health
NGO	non-government organisation
PCC	project coordinating committee
Peer educator	community members selected to raise the awareness of their peers, especially concerning HIV prevention
PHC	primary health care
PLA	participatory learning and action
PLWA	person living with AIDS
PMC	Preventative Medicine Centre, part of Vietnam Government's Ministry of Public Health

Glossary, acronyms and abbreviations (contd)

RTI	reproductive tract infection
Simons Committee	committee chaired by H. P. Simons that reviewed Australia's overseas aid program in 1996-97
STD	sexually transmitted disease
STI	sexually transmitted infection
TBA	traditional birth attendants
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
VD	venereal disease
WHO	World Health Organisation
WID	women in development
WV	World Vision
WVA	World Vision of Australia
WVFT	World Vision Foundation of Thailand
WVT	World Vision Tanzania

Project names

In this study Project names are shortened. For example, "Quang-Nam Danang AIDS Control and Prevention Project" becomes "Danang I". Appendix 1 spells out the long and short names of sampled projects as well as other project information.



Introduction

Why another book on HIV/AIDS?

Many illuminating examples of ‘best practice’ have been publicized by UNAIDS and others. There is, however, little *systematic* evaluation of practice in a cross-section or sample of HIV responses in the light of best-practice principles. The second of the approaches to identifying Best Practices suggested by UNAIDS—‘thorough analysis using specific established criteria that looks at strengths and weaknesses, successes and failures’—appears to be used less often than the first approach, ‘simple descriptions’ of best-practice examples.¹

The spirit of the enquiry

- ❖ program evaluation, an assessment of multi-project program;
- ❖ synthesis evaluation, a content analysis of many evaluative reports;²
- ❖ formative evaluation, contributing to learning and program improvement.³

In the spirit of a formative evaluation, each project is not individually assessed and rated, although a rough and simplistic rating is made of the relative strengths of the HIV/AIDS program as a whole *vis-à-vis* each best-practice principle. The main aim of the exercise has been learning, not assessment *per se*.

This publication uses the term “best practice” in a similar spirit to the UNAIDS Best Practice series:

The concept of Best Practice is not reserved for “ultimate truths” or “gold standards.” For UNAIDS, Best Practice means accumulating and applying knowledge about what is working and not working

in different situations and contexts. In other words, it is both the lessons learned and the continuing process of learning, feedback, reflection, and analysis (what works, how and why, and so forth). At its most basic, Best Practice suggests a simple maxim: Don’t reinvent the wheel; learn in order to improve it, and adapt it to your terrain to make it work better.⁴

Structure

This publication is divided into three sections. The first section (Chapter 1) offers a snapshot of the HIV/AIDS pandemic, some key lessons and best-practice guidelines for responding to HIV/AIDS are summarised.

The second section (Chapters 2 to 6) describes and discusses HIV/AIDS responses supported by World Vision in the light of the selected best-practice principles. The discussion lifts out particular dimensions of practice from 19 of a possible 43 HIV/AIDS projects assisted by WVA and funded by AusAID over the past decade.

This section’s focus is on the performance of the sample of HIV/AIDS projects in the light of various best-practice principles. It brings together project-specific information relating to particular best-practice principles. The tools of analysis and synthesis in this section are used for the purposes of comparison, assessment and, above all, learning. Findings are identified and suggestions for improvement are made throughout the section.

The third section is the appendices, which contain more in-depth material on selected issues, projects and evaluations.

Research Methods

The following research methods and processes informed the study:

- ❖ literature search on:
 - * the HIV/AIDS global situation and response;
 - * best-practice principles and guides on HIV/AIDS responses;
 - * World Vision Australia's HIV/AIDS projects and evaluations.
- ❖ identification of key best-practice principles;
- ❖ content analysis of evaluation reports on 19 HIV/AIDS interventions in the light of the identified best-practice principles;
- ❖ the particular nineteen projects were chosen on the basis of four criteria:
 - * they were funded by AusAID;
 - * they were assisted by WVA;
 - * they had been evaluated;
 - * there was an available evaluation report.⁵
- ❖ the author's involvement in evaluating five of the sampled World Vision HIV/AIDS projects.

Background

All projects cited in this publication were funded by the Australian Government aid agency *AusAID*. Nine of the 19 projects cited were funded through the Australian Government's AusAID/NGO Cooperation Program (ANCP).

World Vision Australia participates in the Australian Government's AusAID/NGO Cooperation Program (ANCP), under which AusAID provides World Vision Australia with a block grant. AusAID's grant covers 75 per cent of WVA's ANCP Program, WVA contributes the remaining 25 per cent. In the ANCP, World Vision Australia selects which projects to fund as well as assisting partners in less industrialized countries with technical advice relating to design, management and evaluation. Also cited in this publication are Area Development Programs (ADPs), World Vision's integrated multi-sectoral, community-based programs. ADPs are mainly supported by the regular child-sponsorship contributions of individuals and companies.

World Vision

World Vision Australia (WVA) acts as a two-way bridge between citizens of industrialized countries and communities in less-industrialised countries. WVA helps to raise money to assist marginalised communities. It works to raise awareness among the better-off of the needs of the disadvantaged through social-justice education and advocacy. It also assists those directly working with communities to be even more effective and provides donors with information about the funded activities.

WVA is a member of a loosely-linked federation, World Vision International, a non-profit, international non-denominational Christian humanitarian relief and development organisation. Founded in 1950, World Vision International responds to the needs of over 73 million people through more than 4,000 projects in over 92 countries around the world.

Although WVA does not directly implement projects, it is accountable to AusAID for project management, including use of project funds. The 19 WVA-assisted projects were implemented by a variety of World Vision National Offices in the respective countries. For this reason, the term 'World Vision' is used to refer to World Vision Australia and relevant in-country National Offices implementing the projects. The National Offices are on various stages of the journey towards being independent, 'national' organisations with local boards.

Key Terms

The terms 'program', 'project' and 'intervention' are quite important in the argument and best-practice principles presented in this publication. 'Intervention' is broad enough to include a program, project and part of a project. A program is a set of interrelated projects that are designed to achieve particular objectives. A project is a set of components that are designed to work together to achieve particular objectives. For example, when the United Nations Development Program (UNDP), Joint United Nations Programme on HIV/AIDS (UNAIDS) or the Simons Committee⁶ advocate a stronger 'programmatic' focus, they are calling for the development of broader and more coordinated plans than are common in overseas aid interventions.

Distinguishing between Program and Project

'*Program* means complex development assistance schemes which include a number of individual Activities [meaning 'projects' in this sense] having common development goals or which promote development generally in a particular community or country

'*Project* means a defined set of activities [meaning activities in the normal sense of the word] which have identifiable objectives, outputs, time frames and implementation plans...'

Textbox Intro.1

Source: AusAID (2001) *NGO Package of Information*, section on 'umbrella contracts', <http://www.ausaid.gov.au/ngos/display.cfm?sectionref=0280352103>, p. 3.

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Notes and References

1 UNAIDS (2000) *Summary Booklet of Best Practices*, Issue 2, UNAIDS, Geneva.

2 See Rick Davies' distinction between synthesis evaluation and meta-evaluation: <http://www.mande.co.uk/news.htm>.

3 Scriven, M, *The Logic of Evaluation*, Edgepress, Inverness, California, 1981. See also Wadsworth, op.cit., and Posavac, E. & Carey, R. *Program Evaluation*, Prentice Hall, New Jersey, 5th edition, 1997.

4 UNAIDS (2000) *Summary Booklet of Best Practices*, Issue 2, UNAIDS, Geneva.

5 Two evaluation reports (Nkoaranga end-of-project evaluation and Kahama II end-of-project evaluation) were unavailable to the author at the time of writing this publication. Both projects were included in the sample as other evaluation reports discussed them.

6 The 'Simons Committee' (so-called after its chair, H. Paul Simons) reviewed the Australian overseas-aid program in 1996-1997.



