Learning from the Past, Hope for the Future

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

By Tim O’Shaughnessy
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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**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ADP</td>
<td>area development program, a multi-sectoral, community-based programs, mainly supported by the regular Child Sponsorship contributions of individuals and companies</td>
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<tr>
<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
</tr>
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<td>ANCP</td>
<td>AusAID NGO Cooperation Program</td>
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<tr>
<td>AusAID</td>
<td>Australian Agency for International Development</td>
</tr>
<tr>
<td>CDV</td>
<td>community development volunteer, who play varied community support roles that, in the context of HIV responses, are likely to include education and care</td>
</tr>
<tr>
<td>CDW</td>
<td>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</td>
</tr>
<tr>
<td>CIDA</td>
<td>Canadian [Government] International Development Agency</td>
</tr>
<tr>
<td>CSW</td>
<td>commercial sex worker</td>
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<tr>
<td>FGD</td>
<td>focus group discussion</td>
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<tr>
<td>GAD</td>
<td>gender and development</td>
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<tr>
<td>HBC</td>
<td>home-based care</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>IDU</td>
<td>injecting drug users</td>
</tr>
<tr>
<td>IEC</td>
<td>information, education and communication</td>
</tr>
<tr>
<td>MOPH</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>NGO</td>
<td>non-government organisation</td>
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<tr>
<td>PCC</td>
<td>project coordinating committee</td>
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<tr>
<td>Peer educator</td>
<td>community members selected to raise the awareness of their peers, especially concerning HIV prevention</td>
</tr>
<tr>
<td>PHC</td>
<td>primary health care</td>
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<tr>
<td>PLA</td>
<td>participatory learning and action</td>
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<tr>
<td>PLWA</td>
<td>person living with AIDS</td>
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<tr>
<td>PMC</td>
<td>Preventative Medicine Centre, part of Vietnam Government’s Ministry of Public Health</td>
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</tbody>
</table>
Glossary, acronyms and abbreviations (contd)

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>RTI</td>
<td>reproductive tract infection</td>
</tr>
<tr>
<td>Simons Committee</td>
<td>committee chaired by H. P. Simons that reviewed Australia’s overseas aid program in 1996-97</td>
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<tr>
<td>STD</td>
<td>sexually transmitted disease</td>
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<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
</tr>
<tr>
<td>TBA</td>
<td>traditional birth attendants</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Program</td>
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<tr>
<td>VD</td>
<td>venereal disease</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>WID</td>
<td>women in development</td>
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<td>WV</td>
<td>World Vision</td>
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<td>WVA</td>
<td>World Vision of Australia</td>
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<td>WVFT</td>
<td>World Vision Foundation of Thailand</td>
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<td>WVT</td>
<td>World Vision Tanzania</td>
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**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.
Learning from the past, hope for the future
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 WVAs 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 Committee advocate a stronger ‘programmatic’ focus, they are calling for the development of broader and more coordinated plans than are common in overseas aid interventions.
Acknowledgements

This book is a team effort. Thanks are in order to many people, including:

- David Henry, Don Brandt and Darryl Green who went through all chapters and made many helpful suggestions;
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- Julie Smith and Ben Ling for their quality cartoons;
- Alan Eddy who dropped everything to produce the essential index;
- the external consultants who contributed to the evaluations informing this study, including Dr Wendy Holmes, Dr Tamara Kwarteng, Dr Martha Morrow, Alan Beasey, Dr Peter Deutschmann and Felicity Young;
- the project staff, government and community participants who have given so much of themselves in responding to HIV/AIDS.

Dr Tim O'Shaughnessy
World Vision Australia

Notes and References

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