

**EVALUATION REPORT OF THE  
JOINT MONITORING & EVALUATION PROGRAM on HIV/AIDS**

*First Phase (September 2005 to March 2008)*



**NATIONAL AIDS COUNCIL SECRETARIATE (NACS)**

**Papua New Guinea**

**FINAL REPORT**

June 2008

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## Introduction

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In support of the implementation of the 'Joint Monitoring and Evaluation Program on HIV/AIDS' in Papua New Guinea, a stocktaking and evaluation was initiated to

- review progress;
- assess relevance, efficiency and sustainability;
- identify priorities to reflect on in the next phase of the program.

Terms of reference for the independent evaluation were drawn up and approved by the Steering Committee of the joint program. The same committee reviewed local and international candidates to undertake the evaluation.

Two team members participated in the review which took place in the period of 2-9 June 2008: Mr. Kit Ronga, national consultant and Mrs. Angeline Drabbe-Ackermans, an independent international consultant (The Netherlands).

Before the start of the review mission, only limited documentation relevant for the evaluation could be provided. Additional documents were shared during the actual assessment visit.

Key players were interviewed in relation to the program (see attachment 3). They include senior staff at NACS and NDoH, PACSO, Anglicare Stop AIDS, NACS M&E Unit, UN system in Papua New Guinea, ADB, AusAID, Global Fund and PACs. Due to cancellation of local flights, the planned visit to Goroka in the Eastern Highlands province could not take place. Telephone interviews were thus conducted to gather information from 'the PAC staff in Eastern Highlands and Milne Bay provinces'.

Both desk review and interviews form the basis for this evaluation report.

## Executive Summary

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Accurate HIV/AIDS surveillance is a beacon for action against the epidemic. The program 'Joint Monitoring and Evaluation' is an effort in Papua New Guinea to provide informed action contributing to the national response against HIV/AIDS.

Given an exponential growth of the epidemic in a large and widely dispersed population with high poverty rates, collection of quality epidemiological and non health-related data is paramount.

As part of their respective development cooperation with the Government of Papua New Guinea, UNDP, UNICEF, WHO, UNFPA and UNAIDS initiated the joint program in 2005.

### I) Achievements

The project document for said program was signed at the beginning of 2005 and by the end of that year the UN system, working in close collaboration with the National AIDS Council Secretariat (NACS) started to implement the program. The dual aim of the program is: to build capacity within the country to monitor and evaluate the epidemic, and to develop a system for tracking HIV/AIDS.

The program consists of two phases: the first phase involved providing NACS with resources (funding, technical expertise and equipment) to extend a basic understanding of M&E to the focal points within relevant government sectors and agencies and the provinces. Players during this phase are the NACS, UN Agencies and relevant government sectors and agencies in the provinces.

The second phase required the National Aids Council Secretariat to undertake a need assessment and baseline study in the provinces to assess the capacity level for introducing basic M&E skills. This to be followed by the establishment of an M&E working group and training in M&E guidelines and collecting data - for Provincial AIDS Committees (PACs), NGOs, CBOs, Faith-based organizations and private sector agencies.

A coordinating mechanism (joint Program Steering Committee, PSC) was established in 2006 with core members representing NACS, donors and the participating UN organizations to facilitate the efficient and effective collaboration for the implementation of the joint program. A parallel system was put in place at the provincial level with the establishment of Provincial AIDs Committees. as the coordinating body. . However PACs scope of functions is different from PSC's role at the national level.

Within the group of participating UN organizations, UNDP was appointed as the managing agent to support the national partner in the management of the joint program funds and activities, in order to meet the objectives of the joint program more effectively and efficiently.

After the initial start-up phase, new partners including AusAid, ADB and the Global Fund signed up to increase the scope of the program in a coordinating manner. These new partners contributed in kind and funded training of local staff and consultants to assist in developing the capacity of the NACS.

The establishing of a joint UN team on HIV/AIDS, simplifying procedures and harmonizing processes are being conceived positive in the development and implementation of the program. The commitment of new partners and resource mobilization efforts had a positive impact on capacity building and securing future efforts (expanding training and recruiting short-term support).

The focus of the program from the introduction until March 2008 has been on developing the 'infrastructure' for an efficient, effective and fully functional M&E system, that aligns closely with the objectives of the National Strategic Plan (NSP). Hence, emphasis of the first phase has been on training staff at the M&E unit itself and stakeholders from both national and provincial level. These initial capacity building efforts is important step a layer for further up-scaling of the program in future..

In addition, tools and guidelines have been created and tested in consultative approach with NDoH, IMR, NSO and other relevant agencies within the government and non-government organizations. ) The tools were eventually been accepted and launched for use nationwide in September 2007.

In the process, a positive development has been the closer collaboration with the National Department of Health on collecting data, developing data collection forms and reporting. Also at provincial level, coordination efforts have been strengthened through establishing the Provincial Monitoring and Evaluation Surveillance Team (ProMEST). Since November 2007 11 provinces have reported data using the tools for data collection.

Funding for establishing a NACS based national data centre has been approved and the equipment for said centre is being procured.

**Summary of achievements:**

- Establishment of an M&E unit in 2005. Currently this unit has 5 staff members (3 full-time and 2 casual support staff)
- Training provided to 3 staff members in-country and abroad
- Basic M&E training conducted in 12 out of 20 provinces. In each training an average of 30 participants with a multi-sectoral background attended
- Training at national level on basic M&E skills for staff at the NACS, NGOs, CBOs, FBOs, private sector agencies, NDoH, NSO, NPO and other government agencies were conducted through the M&E unit supported by the UK based IMA training institute and Curtin University, Perth, Australia.
- Provincial need assessment carried out in all 20 provinces
- Programme monitoring indicators (55) and guidelines developed through a participatory process. These were launched in September 2007
- Data collection tools rolled out in 19 out of 20 provinces since September 2007

- Since November 2007, 11 provinces have reported data using M&E unit forms
- Additional funding obtained for program implementation
- Establishment of a coordination mechanism at provincial level, through the introduction of ProMEST
- Development of capacity at the NACS to become the implementing agency for the program
- Funding approved to establish a NACS-based data centre

II) Challenges:

Key challenges in the first year (2006) are associated mainly with staffing, logistics and equipment. During actual implementation of the M&E programme that same year, educational background and work experience of the participants in the different trainings and M&E support areas as well as geographical location were observed to be a concern.

An additional challenge appeared in 2007 with the required shift in function of NACS: from being an implementation agency to assume the role as coordinating body, as promoted in the 'three ones' principle, were not easily comprehended within some sections of NACS including M&E Unit. This change required shift in reprogramming of activities and also readjustment in the annual work plan process.

Project reporting process has been consistent and systematic throughout the period. However, the reports are often a repetition and updates of earlier reports and provide merely an overview of activities. The reports have not been analytical and are hardly dealing with substance.

Of course, building the boat while sailing involves risks that can only be minimized, if the process is constantly monitored and regularly evaluated. Only in this way, the building process can be improved and fine-tuned for greater efficiency. After the roll-out process in November 2007, feedback, additional support and guidance as well as quality control of data and data gathering has not been carried out.

Establishing the national data management centre has advanced with funding being secured and equipment being purchased. The challenges are how this centre is going to operate in terms of staffing, its location and how the national data centre is going to support or merge the NACS M&E unit data and the NDoH surveillance data collection unit. These issues still need to be discussed and agreed. The software and database system using CRIS has been proposed but even if that system is still appropriate, it needs to be fine tuned to local circumstances.

Stocktaking and bringing up issues/addressing concerns at this point and just before moving into a second phase is therefore worth the effort.

**Overview of challenges identified:**

Staffing: There is an apparent high turn over of staff. There seems to be no incentive to stay after attending training. There are few individuals with appropriate background and/or training in M&E to maintain the balance in staff turnover.

In almost all the provinces, there is no designated M&E officer. Individuals who are assuming M&E roles are those who are already overloaded with other responsibilities. There is an overall and growing feeling in the provinces, that M&E is a national function and thus should be adequately resourced from the national coffer. Apparently a support (mentoring) system is not yet in place in the provinces to fill-in the gap.

Training: Basic training on M&E has been provided to over 407 participants. There has been no follow-up from the M&E Unit on the effectiveness of the various trainings being undertaken. Although the participants at every training session have systematically completed an evaluation form at the end of the training this information provides only basic knowledge on the relevance of the training from a participant's perspective.

Linked to this is the non-involvement of the M&E unit in the selection of participants as they rely on PACs to do the selections. Knowledge and skills may vary tremendously within one training course and participants selected to attend, in most cases may have no relevance to M&E.

Capacity: Though training has been conducted to enhance capacity, with no follow-up and additional support, capacity will not simply increase or improve. Skills need to be further strengthened and monitored. Regular assessments should be considered to identify gaps in performance of staff.

Further, the M&E unit does not seem to have the expertise to collect and analyse the data that is coming in since the end of last year. Quality control checks and validation of data have not been carried out on any data coming from the provinces.

There is no consistent follow-up and monitoring on the flow of reports from the provinces. Telephone calls and faxes is being widely used for exchange of information but follow up visits by the M&E unit to the provinces to check and validate data sources have not been carried out in any consistent manner.

Coordination: At the national level it can be concluded that the NACS new role as coordinating agency as anticipated is not yet developed and efforts at provincial level through ProMEST need to be evaluated.

Ownership: Staff at provincial level do not consider M&E as something undertaken for their benefit. Rather it is seen as an extra burden, pushed upon them from the national level. The PACs are not fully functional in terms of equipment, supplies and human resources amongst others. Hence, the low motivation of staff is unmistakable. This feeling is strengthened by the fact that there is no feedback from the NACS on the data gathered or the statistical relevance of data collection in general. The flow of data collection is a one way street.

Further, key stakeholders like NDoH, NGOs and FBOs are asked to participate but have not been involved with the joint M&E program and hence prefer to continue their own data collection. It is evident that they have no affection with the program.

Vision: There seems to be no consensus on the vision. No impact assessment has been carried out, ever since the inception of the program. A clear indication is the impact of said project being not mentioned in the project document at all, and has only appeared in the Annual Plan of Work (APW) recently.

Structure: The non existence of a National AIDS Council (NAC) since July 2007 has in part contributed to complacency in performance of the NACS. There is no management oversight.

Sustainability: Needs to be considered in terms of relevance, capacity, resources, ownership and expertise.

Effectiveness: There is no common view on the effectiveness of the program. However, achievements are often mentioned as the effect of the joint program.

Advocacy: Although monthly, quarterly and annual reports are being produced, these have not been used to 'promote' the work being done in the area of M&E.

The format may also not be appropriate for advocacy efforts but it is certain that key results and achievements are not communicated also not in the '*Bungim Wantaim*' Newsletter, which is basically also a sum of activities of the NACS.

Collaboration between NDoH and NACS on surveillance, monitoring and evaluation needs significant improvement at national and provincial level. This will also address issues related to accountability of who is doing what.

Leadership: This is lacking at all levels and will be a key in developing an effective M&E system.

### III) Way forward

A number of ways have been indicated in this response analysis as the way forward with the program. First and foremost the second phase should focus on M&E capacity development at provincial and district level. If data collection, reporting and performance are to be improved, the program needs to

- address the high staff turnover,
- consider incentives,
- motivate staff by providing ongoing support and feedback,
- encourage local data use through training and simple analytical tools,
- ensure data flows two ways, and
- create depending on the need, a post for M&E at the provincial level
- develop refresher courses and as well as training conduct trainers training as crucial part of capacity development
- have in place data collection system that is manageable and easy to use.



The next phase should also facilitate the collaboration and coordination between NDoH and NACS. As indicated, the mandate of the NACS should be coordination in the area of M&E whilst NDoH should pursue surveillance and data collection as its primary contribution to the joint program. This data has to reflect both the health and non-health aspects of the epidemic. Clarity in the roles and responsibilities between these two organizations will reduce duplication of efforts in data collection and reporting while enhance mutual collaboration desired under this initiative. A physical move of staff from the NACS surveillance unit to the NDoH will be appropriate. A mind-shift however will be imperative. High-level leadership for M&E (although mentioned in the project document) and a functioning National AIDS Council will prove its worth.

The idea to set up a National Coordinating Committee (NCC) has to be carefully thought out and guided. In terms of its role and in particular how it will differ from the current Steering Committee. The NACS through the National AIDS Council must involve as many of the key stakeholders as possible in the committee's composition; not only to increase the diversity and expertise, but also to create a sense of ownership.

The issue of ownership needs to be addressed to ensure a basis for up-scaling implementation activities. Ownership needs to be developed and cultivated at national level, provincial and district level, within the SC group and amongst the (future) partners. Ownership will help the program move forward.

Data collection, reporting and analysis are another area of priority. The collection and reporting will improve if capacity at provincial and district level as mentioned earlier, is addressed. Analysing data is another crucial issue. Setting up of the NACS based data centre is considered an important initiative. This centre needs trained manpower with M&E expertise and experienced staff with in addition the necessary logistics to ensure its success. To get to know the epidemic means a critical look at the data through M&E experts who will be able to provide high quality reporting, feedback and dissemination of information important for all stakeholders working in the area of HIV/AIDS. The provision of regular, updated monitoring and evaluation data is key in making informed choices in the response to the epidemic.

M&E data must be relevant, objective, transparent, and most importantly, available as:

- a source of information on performance for the public, key stakeholders and for donors; and
- a management tool for implementation agencies in the public and private sector, in civil society and for country coordination mechanisms such as the National AIDS Council, PACs and DACs.

Given the limited capacity in M&E at both the national and provincial levels, it would only be meaningful that data should be gathered on the basis of its relevance, accessibility and usability. In the second phase, it may be worthwhile to review the data collection forms with aim to have limited, standardized, simplified and user-friendly form(s) that can collect data which can be easily analysed for the national response.

During the past years, many different approaches have been adopted to 'get to know the epidemic'. It is clear that there is no simple formula that works for all countries. The most effective national responses are those developed to meet the specific needs of the

country. It needs to be considered as part of the second phase if CRIS is that database-supported information system.

Advocacy should be targeted at all levels to raise awareness on joint M&E efforts, achievements and opportunities to support and/or contribute. Continuous dialogue with key stakeholders including NGOs, FBO, CBOs and private sector on funding, funding requirements and harmonization of procedures will be needed to gain support for a second phase of the joint M&E program.

Overall the second phase should reconsider the outcomes as mentioned in the first project document and pay particular attention to the impact of the joint M&E programme. At this point in time there is no impact mentioned and impact assessment as indicated gets stuck at mentioning activities rather than effects. A clear and shared vision on M&E will be important to keep focused and ensure relevance.

The nature of the program and implementation of the concept calls for a systematic follow-up, problem solving and learning. Sharing of good M&E practices should be initiated to see if there are lessons learned or good practices that can be shared and applied.

## 1. Relevance and Ownership

Lack of quality data collection and poor data management with high estimated HIV infections have led to the joint initiative to get to know the epidemic, base intervention and allocate resources accordingly.

There was and there is a clear need to establish an M&E system in the country. The epidemic as described *“is ahead of us and without us knowing ... we can not plan our interventions”*. M&E is mentioned in the NSP (2006-2010) as one of the seven focus areas which include leadership development and prevention & education. As described recently in the UNGASS report, the epidemic in PNG is getting a new dimension: it is becoming more rural. Consequently the task of monitoring and keeping track of the epidemic becomes an even bigger challenge.

The lack of knowledge was eminent when preparing the first MDG report and later preparing the information for UNGASS. Data was either not available or gathered at different organizations and institutions without links to one another.

The program started thus with no proper M&E system, M&E division in the NACS or resources in place to monitor the epidemic. Half a year after implementation, M&E expertise was recruited, towards the end of 2005 the NACS set up an M&E unit.

Mid 2008 the overall impression is that the Government's capacity to monitor the epidemic is slowly evolving. Coordination of data collection is improving and the will to share and compliment each other is growing. Hence the conclusion is justified that the program is relevant. The program is also addressing the need to determine the spread and impact of HIV in the country and build capacity to monitor the epidemic, even though it is far from a well-functioning, independent and equipped system

Establishing an M&E working group at national level, as mentioned in the project document as one of the first activities has not materialized. Through the establishment of a Project Steering Committee (PSC) with broad membership it was felt there was no need for an additional working group, as this would probably host the same partners. At points in time there have been technical working groups.

On top of this deficiency, no provincial working groups have been established.. Again the need to establish such groups at provincial level disappeared after the setting up of ProMEST which is coordinated through PACs. This in fact is a mechanism which is already running in some provinces and can be an entry point to coordinate activities related to M&E.

If one looks at the comprehensive M&E program for PNG as supported in the project document, 2 of the 3 response areas are covered (treatment/care & support and prevention) although it is too early to comment on the indicators of success in these areas. The creation of leadership for M&E has not been addressed at all. The commitment of the Government towards HIV/AIDS may have increased but it can not be regarded as a result of this project.

Leadership in the responses to HIV/AIDS is needed at all levels and in accordance with the NSP for the country. In the introduction of the NSP the Prime Minister Sir Michael Somare, CMG, indicated; *“Political leadership is paramount in turning the course of the epidemic”*. In fact, in the NSP, leadership development is mentioned as the number 1 priority area. Without leadership none of the other focus areas, including M&E, will achieve their objectives. Hence, addressing this issue also in relation to M&E is still valid and relevant.

The NACS, being the national counterpart in this program, feels supported throughout the implementation of the program and are particularly appreciative of the technical support provided. The basic M&E training, the development of a national M&E Framework and Guidelines, the development of national M&E Guidelines training, the establishment of the M&E unit and recruiting and funding of staff have been acknowledged.

It is unclear however how the program responds to the needs of target beneficiaries. Currently, the program focuses on implementing activities, rather than being sensitive to the needs at national and provincial level. This response analysis is a good moment in the project implementation stage to address this shortcoming and stress the importance of creating a two-way communication flow.

The involvement of key stakeholders has been ignored, in particular the engagement of NDoH, PDoH, NGOs (including PLWAs), private sector and FBOs. The agencies/organizations visited during this mission all commented on the fact they had not been adequately consulted at the start of the initiative but were now asked to support the development of an M&E system. Organizations such as PACSO, with the wider network of NGOs and FBOs, can be a useful entry point for data collection at the community level, given proper data collection guidelines and supported with consultation from the NACS. Other more established NGOs such as Anglicare commented they already have in place very strong data collection/analysis mechanisms and would have appreciated if they had been involved, with their experience, in the development stage of the program.

For the program their involvement would have meant a quick entry point in terms of data collection and scaling up related to the actual implementation. It would in addition have addressed issues related to ownership which is crucial in the next phase.

Ownership also needs to be tackled at the PSC level. With new partners, who have not been involved in the design phase, joining it should be stressed again that the involvement should go beyond the funding and supporting of activities. For example, they could participate in visits to provinces, be observers at training activities, and assist with monitoring and evaluation activities.

In terms of making changes to and reformulating the project document to reflect on different needs and emerging issues, the collaboration with the project management team and the PSC has been encouraging. Through this mechanism, progress of the program has been reviewed on a regular basis and necessary changes have been recommended and approved. Appropriate follow-up and actions taken have been well documented since then.

In conclusion: there is a need to strengthen the set-up of a system with added focus on capacity building to monitor and evaluate the epidemic. Whilst activities have been initiated to address both developing a system and build capacity, there is more that needs to be done, especially related to quality, ownership and effectiveness. A positive result, strangely not addressed in the project document, is an enhanced collaboration with the NDoH at national and provincial level. This development can create a broader platform for success and increase sustainability of the program.

The NSP mentions that both National AIDS Council and NDoH are responsible in responding to the HIV epidemic. There is a clear need in the second phase of the program to be more strategic, especially related to the NACS' new mandate as coordinating agency. Furthermore, improved collaboration with stakeholders and donors is essential for up-scaling data collection and addressing ownership. Roles and functions need to be defined and communicated. Again this is in line with priorities mentioned in the NSP.

Last but not least, involvement of key partners needs to be scaled up. They need to be involved from planning phase to implementing stage. The role of these key stakeholders should be considered as an opportunity for broadening M&E interventions.

## 2. Efficiency

An efficient program minimally contains a regular monitoring of the implementation progress vis-à-vis inputs and outputs, as well as regular reporting on

- the development of the national response and capacity development (including financial and manpower development),
- resource mobilization
- the existence and use of guidelines,
- the transparency and effectiveness of this process, measured by the regular dissemination of information to all stakeholders (including the general public).

As concluded earlier, the feedback and guidance provided to the provinces and districts for M&E is non-existent at this point in time. The information/data flows only in one direction: from the provinces to the national level, not vice versa. Furthermore, there has been no evaluation on the use and existence of the guidelines. Regular dissemination of information/findings to the stakeholders and the general public has yet to be initiated. Especially the interaction with the stakeholders and general public can be seen as a missed opportunity for advocacy and resource mobilization efforts.

Training as part of the overall M&E objective to build up and expand an efficient M&E system has been far-reaching in the first phase of the program. Over 400 provincial participants joined the basic M&E training at national and provincial level. Unfortunately, there has not been any follow-up to this training. Therefore, the impact has yet to be determined.

Related to this is that no quality check has been performed on the data collected in the provinces. Follow-up is focused on the completion and sending of reports from the provinces to the NACS not how these forms have been completed or by whom or if there have been issues related to completing the forms. Already during training courses participants indicated the desire for follow-up, supervision and guidance. Thus far, this support has been very limited.

Progress meetings by the Program Steering Committee were held on a regular, monthly (later quarterly) basis. These meetings have been a platform to share progress of implementation, discuss staffing, resource mobilization and funding issues as well as logistics and address other related concerns. Annual Plans of Work (APW) have been prepared to guide implementation and discussions. The Steering Committee members initially were UN funding agencies and the NACS. Later the committee expanded to accommodate representatives from the funding agencies and donors.

An important partner if not the most important partner – NDoH - has been consulted in the initial design of the program in early 2005. Since then NDoH has been the key member of the steering committee, although it was noted during this period that their attendance to the meeting has not been regular in the first year of the implementation. CBOs, NGOs and FBOs, private sector and others stakeholders relevant for M&E have not been part of the initial development of the program. Some of the mentioned organisations have a solid network in the provinces that could easily be tapped and be used to provide standardized data from provincial level. Data collection through multi-sectoral stakeholders can be considered a missed opportunity

Progress reports: (monthly) briefs as well as quarterly - and annual reports have been prepared as scheduled. These reports are well documented and shared. However in terms of quality it is noted that these reports are often a repetition of earlier documents and only provide an overview of implemented activities vis-à-vis the annual working plan. The reports have not been analytical and are hardly dealing with substance.

Some of the challenges faced by M&E unit and the ways these challenges can be addressed, lessons learned and further emerging issues are documented in the project completion report.

The inception report which was scheduled before starting project implementation seems to be one of the few reports not being produced as scheduled. From the documents provided it is digested that an inception report first draft was presented in November 2007. No final inception report is produced thus far.

The team noted that these reports were properly shared with members from the Steering Committee. However during meetings respondents other than the Steering committee members indicated they were not familiar with any of the reports from the NACS M&E unit. Some follow-up may be needed, either through checking (at random) if reports have been received, by asking recipients to provide feedback and input or by involving recipients to participate in e.g. an annual meeting and hence to create awareness and ownership. Reports that don't live will not be read.

The audit report of 2006 positively reflected on the implementation of the program. In terms of finances, all expenditures and procurements are reviewed and approved by the Managing Agent (UNDP). Expenditures appear appropriately supported, approved and recorded.

Assets have been purchased by UNDP and held at the NACS premises, physically been verified and signed of by the UNDP programme officer. The audit noted a discrepancy in the registration but this issue has been addressed. Proper documentation on general administration has been provided.

The program financial reporting was initially following the Direct Execution (DEX) modality of UNDP (the Managing Agent). After developing capacity at the NACS this shifted to use the NEX modality from July 2007 till the end of the project in December 2010– a noteworthy achievement.

In terms of input the evaluation team concluded that not all has been provided as planned. Nor has all input been adequate to meet requirements of the program and/or APW.

Manpower has been an issue since the beginning of the program. This point has also been raised by the Independent Review Group (IRG) in 2008. To start, the program manager came on board about half year after signing the project document. He then only had 6 of the originally planned 12 months to start the actual implementation. The project got extended and so was his contract. Up till today the contract is renewed with short term commitments (half year, three months) and using different contract forms (SSA, ALD).

Only one national staff member only got recruited in December 2005, the rest in 2006. Commitments to add staff at the M&E unit as well as at provincial level have been delayed. A request is pending for M&E officers in the two pilot provinces; Simbu and East New Britain.

The international programme advisor joined the programme in June 2007. The evaluation team noted his office is at a different location which may not be adequate if he is to non stop advice and guide the M&E unit at NACS.

Facilities turned to be another challenge. Office space has been and is still an issue. With an anticipated growing number of staff as well as the setting up of a national data centre within the M&E Unit, this concern needs urgent attention. The office is far from an inspiring, inviting environment.

Besides challenges related to manpower and facilities, the program had serious problems with funding. At the start of the project mid 2005, funds pledged by the UN partners in the program (US\$ 216,831) were insufficient. Fortunately, donor funding from AUSAID, ADB and later GF complimented the required amounts.

In 2006 and 2007 the program also suffered from a lack of funding. The annual work-plans had to be adjusted and activities cancelled/postponed. The Steering Committee members had to assure additional funding through different mechanisms. It was decided to extend the program till December 31<sup>st</sup>, 2010 and move the program beyond capacity building to cover M&E functions and activities. No mention has been made regarding funding of this extension and activities. It is anticipated that the national Government will expand its contribution but this has yet to be confirmed.

It is difficult to comment if the quality of the project activities (expertise, training, equipment, methodologies, etc) was as planned and whether the activities led to the production of outputs. Quality control is an issue and has not had any attention thus far. In the beginning of 2007 this issue had been brought up in the Steering Committee meeting, but in June 2008 it seems that this recommendation has had no follow-up.

Basic training sessions have been evaluated by the participants through an evaluation form at the end of the training. Participants commented on the usefulness of the training, appropriateness of the topics, quality of the training and suggestions for improvement. There is no input if and how these forms have been analyzed and if feedback has been incorporated as a lessons learned in future training sessions. Although no quality feedback on the trainings has been discussed during the Steering Committee meetings, only the notification that the training was conducted and how many people participated was presented at these meetings.

Additionally, the evaluation team has not found any feedback in writing from staff within the unit who attended either overseas training or in-country training/workshops organized by institutes abroad. Hence no comment can be made on the quality, appropriateness and usefulness of these workshops/trainings nor can it be concluded whether these trainings/workshops have enhanced skills and capacity. Another question that arose, while looking at the type of training attended, was whether staff selected should not already have this knowledge. The training courses may have been selected to enhance skills but information regarding selection and follow-up is not available.



The selection process of participants for the basic training, as organized by the M&E unit, has not been transparent and provinces were trusted to nominate suitable candidates. Feedback from participants attending training courses revealed that the level of education and basic understanding/involvement with M&E of participants varied too much. This either slowed the training down or resulted in minimum participation during group discussions.

In conclusion: the program has made serious attempts to disseminate information on the progress of implementation. The team should be complimented on the timely and regular updates of progress reports. The next challenge is to make these reports more analytical and discuss challenges, the way these challenges have been solved and opportunities for future up-scaling. Another challenge is to ensure a wide distribution of reports and to create ownership on M&E. One way to do this is to invite key partners in M&E to attend Steering Committee meetings and involve them through a participatory process in the design and implementation of the second phase of the program.

Reporting from the field needs to be complimented with feedback and guidance from the M&E unit. This will improve the quality of data collected and will enhance ownership, involvement and commitment.

The annual work-plans should be prepared in accordance with sources of funding available with rest activities in stock if more funds can be generated. With a focus on moving towards implementing M&E functions and activities, a sober but implementable work-plan with all indicated activities budgeted, will eventually be more efficient.

### 3. Achievements

Since the signing of the project document in January 2005, its actual implementation in September 2005 and this evaluation, progress can be reported in several areas. (Final Joint M&E program Project Completion Report (1<sup>st</sup> phase Sept 2005 to March 2008).

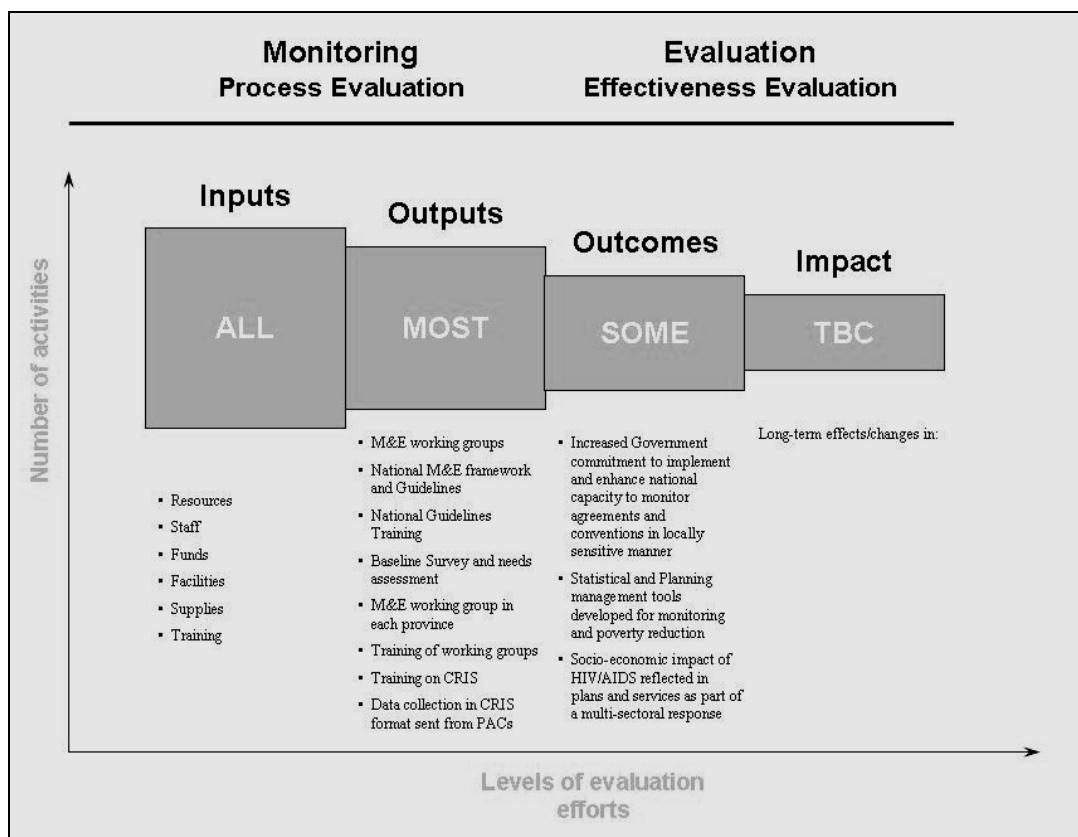
#### Summarizing the achievements:

- Establishing the M&E Unit in 2005 to facilitate the implementation of the program and monitor and report progress related to M&E as well as supervising the NSP roll out.
- Enhancing capacity within the M&E unit of the NACS to deal with challenges related to M&E. Skills and technical know how has improved through in-country and international training as well as exposure to events with a focus on M&E. This includes capacity development to be the implementing agency for the program.
- Coordinating funding through the Joint UN team on HIV/AIDS mechanisms, simplifying procedures and harmonizing processes. In addition, the establishing of a Program Steering Committee with increased membership has enhanced commitment to overall national coordination.
- Preparing APWs have not only guided the annual implementation of the program into reflecting activities and budget allocation but the work-plans have matured over the years to reflect goals, objectives and strategies.
- Training on basic M&E as well as on using instruments and guidelines have been crucial to build overall capacity related to M&E and create stakeholder involvement, build networks and increasing the profile of the NACS. Through in-country training, the concept of 'three Ones' has been promoted and supported. In accordance with the 'three Ones' principle by the end of the first year, a National Strategic Plan on HIV/AIDS has been developed (2006-2010), there is one national coordinating body in the Government and an agreed framework for M&E with indicators.
- Developing instruments and guidelines based on the need assessment and moving towards adopting these instruments as the common and standardized reporting system. Tools have been rolled out in 1 provinces in September 2007 and 11 provinces have reported data using the tools.
- Strengthening relationships with the Government (in particular NDoH), public sector and civil society organizations. The creation of a post for a Provincial Liaison officer has facilitated the link between the NACS and PACS, the inclusion of PACSO has augmented the basis for data collection and monitoring, establishing ProMEST (see next bullet) has boosted collaboration between the health system and the Council at provincial level.

- Building bridges between the surveillance units of the National Department of Health (NDoH) and the NACS. This is in particular eminent at provincial level through the establishing of ProMEST in 14 provinces.
- Exploring and funding the establishment of the national data base centre to synchronize data from different sources to monitor trends in the spread of HIV infections.
- Mobilizing resources from donors, aid organizations, funding agencies and the national government to amongst others add staff, develop the data centre, boosting networks, conduct training and reach out to the provinces.

Tracking inputs, outputs and outcomes of the program are shown in figure 1 below.

Effective M&E is based on clear, logical path of results, in which results at one level are expected to lead to results at the next level.



The first phase of the program has clearly put its focus on inputs (staff at M&E unit, training, equipment and resources) to achieve outputs as mentioned in the project document and shown in figure 1.

Most outputs have been achieved as planned although during implementation of the program there was no longer the need for working groups or just on an ad-hoc basis (technical working groups). The second phase will focus on CRIS and/or other data information systems.

It needs to be determined how input and outputs have impacted the next level – outcomes. As concluded earlier, the first phase of the program concentrated on monitoring activities. The next phase will need to focus on evaluating effectiveness and quality of inputs/outputs. There may be a need to adjust the expected outcomes. In addition, the next phase will need to address the impact.

In conclusion: since its inception in 2005 the program has put tremendous effort in training at national and provincial level, a special M&E unit was established at the NACS and priority provinces have been identified, networking with key stakeholders been made a priority concern and work-plans developed to guide implementation. Reports and meetings have created a platform for future actions. The first phase has laid a solid foundation for up-scaling activities to ensure a solid and quality focused system in the country.

## 4. Sustainability

Sustainability issues have been addressed in previous chapters, as they relate to all aspects of efficiency, effectiveness, achievements, relevance and ownership.

To start with ownership, no matter how sound an M&E system may be, it will fail without widespread stakeholder 'buy-in'. Thus, a large-scale, participatory process is essential to build ownership and buy-in from the start. As the program is at the start of a new phase, this should be at the core of all activities.

In a country as diverse as Papua New Guinea, with isolated and difficult to reach communities, the support at provincial and district level is essential to make an M&E system work. But as mentioned earlier, ownership is also vital at national level. Participation of different ministries (including finance), universities, institutes, and private sector, CBOs, NGOs, FBOs and PLWHA needs to be considered. The follow-up to the current Steering Committee needs to emphasize ownership amongst its members.

Manpower has been a concern from the start of the program and will be an issue in the future implementation of said program. In particular the pressure on current manpower at provincial and district level needs attention. People are overburdened and their willingness to be involved with M&E is limited. Having a designated M&E officers in couple of provinces as a start, should be explored in the second phase.

At national level, capacity needs strengthening with experienced and trained M&E staff to guide in-country capacity building. In addition, professional staff needs to be recruited to analyze data collected and distribute and communicate findings. This relates in particular to the data centre.

Staff turnover and thus capacity stabilization at all levels needs to be addressed through incentives and/or mentoring. Groups trained need follow-up, refresher courses and guidance. They need a sound board for challenges encountered.

Related to this is data collection. This needs supervision and quality check. Not just to ensure data is collected but also to ensure that data collected is done in a sound a proper way. Summarizing, for the M&E system to be sustainable in the near future institutional capacity, people, knowledge and skills will be crucial.

The NACS lack comprehensive, long-term funding for all major M&E components, including local costs and incremental operational costs. The program has been extended till 2010, funding however has yet to be confirmed.

Funding opportunities need to be explored in and outside the country, from donors and funding agencies like the World Bank (through their MAP credit system) and the national Government. This will be an ongoing process but one that is needed to ensure the future of the M&E system for the country.

Initiatives failed because their resources were, from the start, not sufficient to allow them to reach a critical mass that would ensure success. Others run out of resources because external funding has dried up or were not forth coming and because managers have

been unable to replace external funding with locally renewable capital. This program depends largely on external funding. There needs to be a shift away from this. Resource mobilization should be key in the TOR of the program manager and PSC (or follow-up committee).

In conclusion: for the program to be sustainable in the future the following needs to be considered: institutional capacity, knowledge and skills at all levels, feedback, guidance and quality check, people and last but not least, funding.

## Recommendations

On the basis of findings of the first phase presented in this evaluation report, the team came up with the following recommendations for consideration in the second phase of the joint program.

1. Strengthen current capacity of the M&E unit through recruitment of additional staff that have strong background in M&E.
2. As part of incentives to reduce high staff turn over, encourage and support the existing staff for further training in recognised institutions to improve their knowledge and skills in M&E.
3. Evaluate all trainings being conducted in M&E and design refresher courses for training of the trainers for stakeholders involved in M&E in the provinces.
4. Create and support M&E post for staff in provinces based on the needs assessment at provincial level starting with ENB and Chimbu as pilot provinces.
5. Facilitate closer collaboration and coordination with surveillance unit of NDoH in view to reduce duplication of efforts, systems and resources in respect to data collection and information sharing.
6. Expand the scope of project steering committee to involve representation of stakeholders from NGOs and CSO, not only to create diversity and expertise but also to create network of partnership and sense of ownership of the program.
7. Engage high level leadership in M&E to drive the program as planned in the second phase.
8. Establish contacts and update profiles of NGOS, FBOs and CBOs in provinces and districts to increase network of partners that may assist with data gathering and provide situational assessments.
9. Evaluate the data collection tools/forms currently used in the first phase not only to simplify and make it manageable, but also to focus only on collection of data that is transparent and can be used meaningfully by stakeholders in a timely manner.
10. Conduct follow up visits to provinces on regular interval to validate data sources and provide back-stopping advice to field staff.
11. Enhance skills of M&E staff to carryout analysis of data and provide feedback on a regular basis to ensure two- way data flows.
12. Enhance further skills training for M&E staff on the use and application of CRIS software and also overall management of database centre to ensure it is fully functional.

13. M&E Unit maintains continuous dialogue with the key stakeholders including NGOs, FBO, CBOs and private sector funding requirements and harmonization of procedures that will be needed to gain support for implementation of second phase of the joint M&E program.
14. Undertake systematic follow-up, problem solving and sharing of good M&E practices should be initiated to see if there is a lesson learned that can be shared and applied.
15. Increase field visits to a broad cross-section of stakeholders to gauge a community perspective on M&E systems, procedures, manuals, forms, checklists, reports and also yield field information on what has and has not worked in M&E under this joint program.
16. Develop a clear and shared vision on M&E to keep focus not only to achieve outcomes/impacts but also to ensure relevance, ownership and sustainability of the program in the long run.



## Attachments;

### 1. List of contacts

	<b>Name</b>	<b>Position</b>	<b>Organization</b>
1	Jacqui Badcock	UN Country Representative	UNDP
2	Duah Owusu-Sarfo	Country Representative	UNFPA
3	Tim Rwabuhemba	Country Representative	UNAIDS
4	Hamish Young	Country Representative	UNICEF
5	Taoufik Bakkali	M&E Advisor	UNAIDS
6	Gilbert Hiawlayer	Assistant Representative	UNFPA
7	Margaret Lokoloko	Project Officer	UNDP
8	Anne Malcolm	Team Leader –SWP	AusAID
9	Terry Opa	Communication officer-SWP	AusAID
10	Neil Brenden	Project Coordinator-RD Enclave Project	ADB
11	Kelvyn Browne	STI Health Specialist-RD Enclave Project	ADB
12	Charles Ossom	Malaria Prevention Coordinator	Global Fund
13	Ismael Kitur	Surveillance Coordinator	NDOH
14	Anna Iruma	Manager- Health Information System	NDOH
15	Romanus Pakure	A/Director-	NACS
16	Singh Bandari	Manager- M&E Joint Program	NACS
17	Michael Aglua	Manager- Policy and M&E Division.	NACS
18	Doreen Mandari	M&E Officer- M&E Unit	NACS
19	Danny Beiyo	Statistician- M&E Unit	NACS
20	Philip Tapo	Manager- Provincial Program Unit	NACS
21	Ritchie Kaveragari	PAC Coordinator	Central PAC
22	Rose Apini	Coordinator- Care and Counselling	NCD PAC
23	Ben Maraga	Coordinator-Prevention and Treatment	NCD PAC
24	Theresa Paluo	Assistant Coordinator-ProMEST	EHP PAC
25	Carolyn Ninisme	Coordinator- CBOs-EHP	EHP PAC
26	Siamu Bate	HIV Response Coordinator	Milne Bay –PAC
27	Moale Kariko	Advisor- Civil Society Organization	PACSO
28	Molly Baeau	Coordinator- PACSO	PACSO
29	Edward Yamai	M&E Officer	Anglicare- StopAIDS

## 2. Abbreviations

NAC	National AIDS Council
NACS	National AIDS Council Secretariat
ProMEST	Provincial Monitoring and Evaluation Surveillance Team
PAC	Provincial AIDs Committee
PACSO	PNG-Alliance of Civil Society Organizations
NDoH	National Department Of Health
PDoH	Provincial Division of Health
IMR	Institute of Medical Research
NSO	National Statistical Office
DAC	District Aids Committee
NSP	National Strategic Plan
CBOs	Community Based Organizations
FBOs	Faith Based Organization
NGOs	Non- Government Organizations
PNG	Papua New Guinea
NCD	National Capital District
SWP	Sanap Wantaim Project
AusAID	Australian AID for International Development
ADB	Asian Development Bank
UNAIDS	Joint United Nations Programme on HIV/AIDS
M&E	Monitoring and Evaluation
PLWA	People living with HIV/AIDS
UNDP	United Nations Development Programme
WHO	World Health Organization
UNICEF	United Nations Fund for Children Activities
NPO	National Planning Office
NRI	National Research Institute
SSA	Short Service Agreement
ALD	Agreement of Limited Duration

### 3. Meeting schedule

TIME	PARTNERS STAKEHOLDERS	CONTACT PERSONS	MEETING VENUE	OUTCOME OF MEETING AND PERSONS MET.
<b>DAY 1 – TUESDAY 03 JUNE 2008</b>				
0900-1000	UN Country Representative	Dr. Jacqui BADCOCK	Dr. BADCOCK'S OFFICE, UN House, Conference Room	Meeting as scheduled
1000-1100	UN Agencies- UNFPA, UNICEF, UNDP, WHO, UNAIDS	Jan Jilles VANDEHOEVE, (UNDP) Hamish YOUNG (UNICEF) Tim RWABUHEMBA (UNAIDS) Duah OWUSU_SARFO (UNFPA), Dr. Egil SORENSON (WHO)	Their respective Offices at Deloitte Tower	1000- Met with Taoufik BAKKALI- (UNAIDS Advisor) 1100- Met with Dua OWUSU-SARFO (UNFPA Country Representative) 1130- Met with Tim RWABUHEMBA- UNAIDS Representative
1300-1400	PACSO (PNG Alliance of Civil Society Organization)	Ms. Molly BAEAU Dr. Moale KARIKO	NACS Conference Room	1300 Met Molly (PACSO Coordinator) and Moale (PACSO Advocate) as scheduled
1400-1500	ANGLICARE	Dominica ABO	Anglicare Conference Room	Met Edward Yamai (M&E Officer) on behalf of Dominica
1530-1600	NACS Director	Mr. Romanus PAKURE	Director's Office	Met Romanus Pakure as scheduled
<b>DAY 2- WEDNESDAY 04 JUNE 2008</b>				
0900-1000	Provincial Program Units	Philip TAPO, Ismael ROBERT Angelsula JOGUMAP Ruth BERISO Louise MARA	March Girls Resort, Gaire Village	1000 Met Philip TAPO at NACS Office
1000-1100	NACS M&E Unit	Michael AGLUA Doreen MANDARI	Their respective office- NACS	Met Michael and Doreen at Gaire Village

TIME	PARTNERS STAKEHOLDERS	CONTACT PERSONS	MEETING VENUE	OUTCOME OF MEETING AND PERSONS MET.
1300-1400	UN Agencies (UNICEF, UNDP, UNAIDS, UNFPA)	Margaret Lokoloko (UNDP) Dr. Taoufik Bakkali, (UNAIDS) Dr. Gilbert Hiawalyer (UNFPA) Michelle Rooney (UNDP) Nike Kuperus (UNDP)	Their respective offices at Deloitte Tower	1300-Met Taoufik, Margaret and Gilbert at Hideaway Motel
<b>DAY 3- THURSDAY 05 JUNE 2008</b>				
9000-1000	ADB	Neil BRENDEN	NDOH, Waigani	9000- Met with Neil and Kelwyn BROWN as scheduled
1000-1100	AusAID	Anne MALCOLM Terry OPA	At the representative Offices- Deloitte Tower	Met Anne and Terry as scheduled
1100-1200	Global Fund, NDoH	Chass Ossom- G/Fund Dr. Ismael Kitur- NDoH	At NDoH	Met Chass and Kitur as scheduled
1300-1400	NCD I PAC	Rose APINI- NCD PAC Ben MARAGA- NCD PAC	At their respective Office	Met Rose and Ben as scheduled
1400-1500	Central PAC	Ritchie KAVERAGARI	At his Office	Met Ritchie as scheduled
1500-1600	NDoH	Anna IRUMAI	NDoH	Met Anna as scheduled
1600-1700	M&E NACS Program Manager	Dr. Singh BANDARI	M&E Unit- NACS	Met Singh as scheduled
<b>DAY 4- FRIDAY 06 JUNE 2008</b>				
9000-1000	EHP PAC	PAC Coordinator	Tele-conference- called from UNAID Office	Talked to Theresa Paluo- PAC Secretary Carolyn Ninisme- PAC Volunteer at their office in Goroka
1400-1500	Milne Bay PAC	PAC Coordinator	Tele- Conference- called from NACS Office	Talked with Siamu Bate- HIV Response Coordinator

## References

1. Joint M&E Program. Project Completion Report (1<sup>st</sup> phase Sept 2005 to March 2008). Monitoring and Evaluation Unit, National AIDS Council (NACS). Port Moresby, Papua New Guinea.
2. Independent Review Group on HIV/AIDS. Report from an assessment visit 12-25 April 2008.
3. Terms of Reference, Consultant Independent Evaluation of the Joint Monitoring & Evaluation Project.
4. Joint M&E Program, Project Document.
5. Memorandum of Understanding between WHO, UNICEF, UNFPA, UNAIDS and UNDP.
6. Papua New Guinea National Strategic Plan on HIV/AIDS. 2006-2010.
7. United Nations Development Programme Audit report 2006.
8. Draft Framework for National Strategic Plan (PNG) 2006-2010. May 29, 2005
9. Minutes of Steering Committee Meeting, 2005 to March 2008. Joint M&E Program on HIV/AIDS. National AIDS Council (NACS) in collaboration with UNDP, UNAIDS, UNICEF, UNFPA, WHO, GF, ADB and AusAid.
10. 1<sup>st</sup> Phase of the joint M&E program, Port Moresby.
11. Evaluation of the Joint M&E program Sessions. Ratings done by the participants. Joint M&E Program. National AIDS Council Secretariat (NACS). Port Moresby, 2008.
12. Annual Plan of Work 2006
13. Annual Plan of Work 2007
14. Annual Plan of Work 2008
15. Guidance Note on Joint Programming. United Nations Development Group. 19 December 2003.
16. National HIV and AIDS Monitoring and Evaluation Plan. Part A: Program Monitoring Indicators and Guidelines. 20 September 2007.
17. Field Visit Report Form. 1<sup>st</sup> quarter 2007.

18. Joint M&E Program on HIV/AIDS Annual Progress Report – 2006. 25<sup>th</sup> January 2007. The Joint M&E program, National AIDS Council Secretariat (NACS) and UNDP, UNICEF, UNAIDS, UNFPA, WHO, AUSAID, GF and ADB. Policy Planning Monitoring and Evaluation Unit NACS, Waigani, Port Moresby, Papua New Guinea.
19. Joint M&E Program on HIV/AIDS. Annual Progress Report – 2007. 10<sup>th</sup> January 2008. The Joint M&E program, National AIDS Council Secretariat (NACS) and UNDP, UNICEF, UNAIDS, UNFPA, WHO, AUSAID, GF and ADB. Policy Planning Monitoring and Evaluation Unit NACS, Waigini, Port Moresby, Papua New Guinea.
20. Quarterly Progress Reports (2006 & 2007). Joint M&E program on HIV/AIDS. NACS in collaboration with UNDP, UNAIDS, UNFPA, UNICEF, WHO, ADB, GF & AUSAID. M&E Unit NACS, Port Moresby, 2008.
21. UNGASS Country Progress Report, January, 2008, NACS, Port Moresby, Papua New Guinea.