

ASIA REGIONAL HIV/AIDS PROJECT (ARHP)

INDEPENDENT COMPLETION REPORT

DECEMBER 2007

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ABBREVIATIONS AND ACRONYMS

ACR	Activity Completion Report
AIDS	Acquired Immunodeficiency Syndrome
AMC	Australian Managing Contractor
ARHP	Asia Regional HIV/AIDS Project
ASEAN	Association of South East Asian Nations
AusAID	Australian Agency for International Development
Burma	Union of Myanmar (Burma)
Cardno Acil	Formerly ACIL Pty Ltd
CCDAC	Central Committee for Drug Abuse Control (Burma)
CHARTS	China HIV/AIDS Roadmap Technical Support
CSW	Commercial Sex Worker
EAP	Effective Approach Projects (Formerly RAR Projects)
GoA	Government of Australia
GoM	Government of Burma
GoPRC	Government of the People's Republic of China
Guangxi	Guangxi Zhuang Autonomous Region (China)
HAARP	HIV/AIDS Asia Regional Project
HR	Harm Reduction
HIV	Human Immunodeficiency Virus
ICR	Independent Completion Report
ICRM	Independent Completion Report Mission
IDU	Injecting Drug User
IEC	Information Education and Communication
M&E	Monitoring and Evaluation
MMT	Methadone Maintenance Therapy (Treatment)
MoH	Ministry of Health
MOLISA	Ministry of Labour, Invalids and Social Affairs (Viet Nam)
MOU	Memorandum of Understanding
MPS	Ministry of Public security
MTR	Mid-term Review
NGO	Non Government Organisation
NPC	National Project Coordinator
NSP	Needle and Syringe Program
OW	Outreach Workers
PCC	Project Coordination Committee
PDD	Project Design Document
PRC	Peoples Republic Of China
RAR	Rapid Assessment and Response
RPCC	Region Project Coordinating Committee
SODC	Standing Office on Drugs Control of Viet Nam
TOR	Terms of Reference
TOT	Training-of-Trainers
UNAIDS	Joint United Nations Program on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime (Formerly UNDCP)
Viet Nam	Socialist Republic of Viet Nam
WHO	World Health Organisation

Basic Activity Data

ASIA REGIONAL HIV/AIDS PROJECT (ARHP) AID WORKS ID No 41944	
Country	Asia Region. Viet Nam. Burma and PRC
Date initiative commenced	17 th July 2002
Date Initiative Completed	16 th November 2007
Initiative Cost to Australia (FMA 9)	\$15.5 Million
Total Initiative Cost	Not available as costs incurred by the 3 countries not known
Delivery Organisation	Acil Cardno in Association with Burnett Institute
Counterpart Organisation	Several in each country. <u>Viet Nam</u> : MOH; Ministry of Public Security; Ministry of Labour, Invalid and Social Affairs (MOLISA) <u>Burma</u> : Ministry of Home Affairs, MOH. <u>China</u> : MOH; Ministry of Public Security in association with the Provincial Governments in Yunnan and Guangxi
Primary Sector of Initiative	Health and Police (Public Security)
Main Country (Regional) Strategy Objective	The project targeted Strategy 2 of the Asia Regional Program Strategy <i>Improved regional responses to trans-boundary development challenges, with a focus on two main areas – disease outbreaks (including HIV/AIDS) and trans-boundary crime</i> . As discussed in this ICR report the project did this successfully.
Form of Aid	Regional Project Assistance delivered through Australian Managing Contractor
Final Initiative Quality Rating	5-6 Judged to be both successful and influential
Economic Rate of Return	Not available. No baseline cost-benefit analysis was undertaken in association with design and inception and no analysis of economic benefits was undertaken during the project life.
ICR authors and their organisation	1. Dr Ross Sutton. Sutton International Professional Services Pty Ltd (SIPS) 2. Ms Gillian Biscoe The Bellettes Bay Company Pty Ltd
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EXECUTIVE SUMMARY

Introduction

The Asia Regional HIV/AIDS Project (ARHP) commenced in July 2002 for four years, was extended to November 2007, and was implemented in Burma, Viet Nam and China (Yunnan and Guangxi Provinces). At project commencement there was little understanding of HR and some hostility towards the concept of NSP in each of the three countries. The project sought to build capacity to enable each country to take an effective, evidence based approach to preventing HIV transmission among and from IDUs. Strategies included advocacy and capacity building within the law enforcement, health, and social welfare sectors to develop an enabling environment leading to new HR policy and legislation that, in turn, would support the establishment of sustainable HR services for IDUs. The project goal, purpose and objectives gave effect to these aims, were relevant to the beneficiary countries' needs and aligned with AusAID's Asia Regional and HIV/AIDS strategies.

The four-year design was thought to be sufficient to progress through a program of national and local level capacity building, a shift to an enabling policy and legislative environment, and implementation of one HR service in each project site. The extension enabled consolidation of effective HR approaches, generation and dissemination of evidence and the potential for a smooth transition to HAARP.

This ICR was prepared following a review of relevant project documentation, consultation with the AMC in Australia and with other key stakeholders and counterparts in Viet Nam and China, and field visits to China and Vietnam.¹ The ICR Team did not visit Burma on the advice of AusAID because of internal instability.

Project Achievements

The project achieved its goal, purpose and objectives, had a high impact in the three countries and regionally, and some important impacts internationally; this is discussed in detail in the full text. A detailed listing of the project activities against individual logframe outputs is given in Annex 4. Key achievements against the outputs include

- the project was instrumental in facilitating major attitudinal change to HR, especially among public security officials, and a multi-sectoral enabling environment was put in place (outputs 1.1, 1.2 and 1.3)
- national & provincial HR policy frameworks and legislation are in place (or ready for government signature) in all project countries (outputs 1.3 and 2.3.)
- there was, and continues to be, successful implementation of best practice needle and syringe exchange programs in China and Burma, reducing the risk of HIV/AIDS for the more than 15,000 IDU project beneficiaries (outputs 2.2 and 2.3)
- replication or adaptation by others, including governments and other donors, of the ARHP NSP model within the target countries (output 2.3)
- successful regional and international promotion of best practice and lessons learned, including for NSP in a Muslim context (outputs 3.1 and 3.2.)

¹ The ICR Team, Dr. Ross Sutton and Gillian Biscoe, visited Viet Nam and China from 6th to 20th October

- institutionalisation of HR approaches in police training academies in all 4 project areas as well as a cascading in-country and regional impact (output 1.2)
- HR training for social workers introduced at university level in Viet Nam (outputs 1.3 and 2.1)
- participatory teaching methods introduced into other, non HR, areas of training (e.g. child protection at MOLISA University) strengthening student learning; this is an additional output not included in the original design

Within the project's outstanding success, there were some issues. For the AMC an issue was little direct engagement with the national ministries in Beijing which they felt would have assisted national technical dialogue (the Beijing AusAID Post was the direct GOPRC communication link). However, given positive national HR policy and service provision changes in China, no detrimental impact is apparent. Key technical issues were that (i) no EAPs were established in Viet Nam at the request of GOV and (ii) an opportunity was missed to promote the great success of the effective HR approaches to an audience wider than the direct harm reduction and HIV/AIDS communities particularly regionally and internationally.

Conclusions and Lessons Learned

The project has been both successful and influential. All of the stated higher-level objectives, including the ARHP goal and purpose, have been achieved. The project worked successfully with (i) governments at national level (Burma and Viet Nam), provincial level (China and Burma) and district level (China and Burma); (ii) across several sectors including public security and health; (iii) the regional and international communities; (iv) NGOs; and (v) the ultimate target beneficiaries, injecting drug users, as well as their families. More than 15000 IDUs now have regular access to clean needles and syringes and the risks of HIV/AIDS has been reduced among these communities. Others in both the target countries and other regional countries, including governments and other donors, are now replicating the approaches put in place through project support.

Lessons learned include

- individual AusAID Posts should be more formally and actively engaged in regional projects or programs
- don't burden regional programs with complicated management structures
- for regional programs a Communication Protocol and Management Framework should be agreed by all parties at the commencement of the program
- national level agencies should be technically engaged in the program from commencement
- when introducing new initiatives to a country where there may be some level of community sensitivity, prepare-the-ground before commencing field activities
- when scaling-up a pilot program ensure there is a strategy in place, and not simply a budget, to guide the roll out of the results of any pilot program

- never underestimate the value of well designed study tours for critical stakeholders
- for some projects a regional strategy may be more effective than a bilateral approach
- counterparts should present project/program findings and issues at national, regional and international fora
- AusAID should encourage the collection and reporting of quantitative and qualitative data that tell “good news stories”
- peer education is a powerful tool when introducing new and sensitive concepts.

A more detailed discussion of lessons learnt is given in Annex 9 and issues leading to the lessons learned are expanded in the narrative below.

ICR REPORT

1. THE PROJECT

1.1 Brief Project Description

The Asia Regional HIV/AIDS Project (ARHP) commenced in July 2002 for four years, was subsequently extended to November 2007 and was implemented in Burma, Viet Nam and China (Yunnan and Guangxi Provinces). At project commencement there was little understanding of HR and some hostility towards the concept of NSP in each of the three countries. The project sought to build capacity to enable each country to take an effective, evidence based approach to preventing HIV transmission among and from IDUs. Strategies included advocacy and capacity building within the law enforcement, health, and social welfare sectors to develop an enabling environment leading to new HR policy and legislation that, in turn, would support the establishment of sustainable HR services for IDUs. The project goal, purpose and objectives gave effect to these aims, were relevant to the beneficiary countries' needs and aligned with AusAID's Asia Regional and HIV/AIDS strategies.

The initial four-year design was thought to be sufficient to progress, through a program of national and local level capacity building, (i) a shift to an enabling policy and legislative environment, and (ii) implementation of one HR service in each project site. The extension enabled consolidation of effective HR approaches, generation and dissemination of evidence, and potential for a smooth transition to HAARP to further assist sustainability and thus preserve the benefits gained through Australia's investment in ARHP.

1.2 Goals, Purpose and Objectives

The project description, as outlined in the original PDD and subsequently modified following the MTR, includes the following goals, purpose and objectives. All were achieved during the period of the project (see discussion in section 3.2 below).

The **Project Goal** was *“To progress the adoption of harm reduction approaches in the region”*.

Note that this goal differs from that in the PDD which was *“the reduction of HIV transmission and impact in the Asian Region”*.

The change to the Project Goal was recommended by the MTR and accepted by AusAID. In the view of this ICR Team the revised goal is both more meaningful and more realistic.

The **Project Purpose** was to strengthen the capacity of governments and communities to reduce the HIV related harm associated with injecting drug use.

The **Project Objectives** of the three technical project components were:

Component 1: *Institutional Capacity Building*, with the objective of establishing a supportive policy environment for effective approaches to HIV/AIDS and injecting drug use.

Component 2: *Expanding Effective Approaches*, with the objective of facilitating the implementation of an expanded range of effective interventions addressing HIV/AIDS among injecting drug users.

Component 3: *Regional Cooperation*, with the objective of strengthened regional cooperation addressing the HIV/AIDS epidemic among injecting drug users.

1.3 Higher Level Indicators and Measures of Project Success

A major aim of the project, as can be seen from the objectives above, was to support the development of a policy and legislative framework and put in place effective harm reduction programs in the target countries. No specific outcome indicators were included in the original PDD or the M and E Framework. To assist assessment of project achievements and analysis, the ICR Team extracted higher level indicators, primarily from the logframe and PDD text. Performance against these indicators is discussed at section 3.2. and summarised in Table 2.

The higher level indicators and measures are listed below to provide the reader with a guide to what the ICR team looked for when assessing project impact and progress:

- Documented Statements and Policies by governments at different levels supporting/ permitting harm reduction approaches associated with drug use
- Increased number of effective interventions (including larger budget projects) facilitating harm reduction activities in place and serving IDUs.
- At least one HR intervention program supported by the program operating in each of the 4 target sites
- Increased number of peoples and projects working to address HIV related harm associated with drugs.
- Statements of support by regional bodies and task forces of activities to reduce harm from/among IDUs
- Increasing number of police forces understanding and supporting harm reduction. Formal police training programs in place in all target sites.
- Successful engagement with regional bodies to promote the benefits of harm reduction and the successful outcomes obtained through the project.
- A measurable increase in all 4 sites in the number of IDUs using clean needle and syringes and other HR approaches.

Project documentation does of course also include a much wider range of individual activity and output indicators and these are listed in the project logframes – one for each of the standard implementation phase and the extension phases of the Project (attached at Annex 3).

2. METHODOLOGY

Consultations were held in Melbourne with the AMC², and in Viet Nam and China (Yunnan and Guangxi)³. Burma was not visited on the advice of AusAID; ARHP staff⁴ travelled from Burma to Viet Nam for consultations. The China and Burma

² 4 October 2007, Dr. Ross Sutton

³ The ICR Team, Dr. Ross Sutton and Gillian Biscoe, visited Viet Nam and China from 6th to 20th October

⁴ The two core ARHP team members, the National Program Coordinator and the National Harm Reduction adviser. Both are Burmese nationals with sound knowledge of the operation of the Burmese

AusAID Posts were consulted by phone, and in person in Viet Nam. Also consulted were AHRP staff, provincial and county level counterparts, EAPs staff including OWs, and IDUs and their families.⁵ The mission's consultations and deliberations were guided by its TORs and Scope of Services⁶, which were based on the AusAID's ICR Guidelines of May 2007. In keeping with the Guidelines the ICR Team focused on achievement of, and issues around, higher-level goals, purpose and objectives.

The ICR processes included:

- Review of relevant project documentation prior to, and during, consultations, the more important of which included the original PDD; the MTR Report; the M&E Framework; reports of evaluation of the work of the EAPS and of the advocacy strategy, AusAID policy documents, MOUs with participating countries, and the draft Activity Completion Report.
- Ensuring cultural appropriateness through consultation with team members and counterparts, ICR held consultations at both the executive and operational levels in 'round table' group discussions and one on one discussions; listened to and discussed presentations at the ARHP completion workshops organised by the AMC in Yunnan and Guangxi; and undertook field visits in Viet Nam and China.
- Through questioning, discussion and analysis the ICR Team
 - addressed relevant specific issues
 - explored more generic issues to assist assessment of the "bigger picture" such as key achievements of the project as judged by counterparts and other key stakeholders; disappointments and criticisms; the role that the project has played in bringing about changes in attitudes and behaviour in the use of harm reduction strategies; the role it has played in strengthening countries' HR legal frameworks and in building capacity to scale-up HR activities; and the quality and impact of technical support provided and other anticipated future issues including national progress, transition to HAARP and sustainability.

Key data and information presented in the various documents was tested through the consultation process. Ideas presented by one individual or group were examined in discussions with others in an attempt to minimise personal bias and provide some reality checks to the conclusions. However there may remain some measure of subjectivity in the conclusions

The findings are presented below against the specific criteria of relevance, effectiveness, efficiency and impact and sustainability as listed in the AusAID ICR Guidelines.

3. FINDINGS AT PROJECT COMPLETION

3.1 Relevance

The Project goals and objectives were relevant both to the needs of individual countries and to AusAID's Asian Regional Strategy.

government departments and processes of engagement with NGOs, which play an important role in harm reduction activities in Burma.

⁵ See Annex 2 for list of people consulted.

⁶ See Annex 1.

(I) Program Logic. The program logic appears to have been consistent with AusAID's approaches and policies at the time of design and remain consistent with AusAID's more recent policies. As AusAID's policy framework evolved, so too did the modus operandi of ARHP. There was a strong emphasis on donor collaboration, full engagement with and "ownership" by counterparts (other than the health sector in Viet Nam, although this began to change especially in the Extension Phase), and a plan for smooth transition to the HAARP in keeping with AusAID's new policy that to bring about sustainable changes requires long-term engagement. The ARHP implementation logic reflects a classical change management approach of

- (i) successfully changing mindsets (through advocacy, information, training and study tours), followed by
- (ii) application, experience and applied learning (design and implementation of technical HR strategies through RAR and EAPS implementation, and ongoing monitoring and evaluation to generate knowledge, evidence and continuous improvement)
- (iii) in the extension phase, consolidation and evaluation (continued EAPS implementation, and advocacy based on documented evidence of HR impact through EAPS).

The design anticipated the powerful impact of well-designed inter-project site visits and international study tours, and the need for its adequate budget provision. AusAID is to be congratulated in supporting this approach with an appropriate travel budget and the results justify their support.

(II) Stated objectives – were they relevant and achievable.

The revised project goal, the project purpose and objectives were relevant and achievable, and indeed were achieved. The project design, was in keeping with AusAID's Asian Regional Strategy (*improved regional responses to trans-boundary development challenges, with a focus on two main areas – disease outbreaks [including HIV/AIDS] and trans-boundary crime*) and while initially a 'one size fits all approach' was used, it became strongly strategically targeted to meet individual countries' needs within a common, best practice harm reduction framework. The harm reduction focus was appropriate given the estimated 15-20 million IDUs in South East Asia, and the central role played by injecting drug use in the HIV and AIDS epidemic in the three target countries (estimates range from 40-70% of HIV being IDU associated). NSPs are a key strategy to prevent the spread of HIV within the overall harm reduction framework, and are a key element of accepted international HR best practice.⁷

The importance and relevance of this project is further borne out by the fact that, at project commencement, the ICR Team understands that AusAID and the Dutch government (through the Asian Harm Reduction Network [ARHN]) were the only donors working seriously in the area of harm reduction, despite the obvious need and call from the medical and scientific community to address the major problem of HIV/AIDS in the IDU community and its further risk of potentially triggering a wider HIV epidemic through heterosexual transmission.

⁷ NSP elements include (i) providing sterile needles and syringes to IDUs, as well as filters, swabs, sterile water and containers for needle disposal; (ii) outreach services to access IDU, who are often marginalised and "hidden"; (iii) HIV prevention education most usually through OW peer education; and (iv) ensuring return of used needles – i.e. exchange.

(III) Aid modality

The regional nature of the project was highly relevant and much was achieved because of this. Because of the sensitive and controversial nature of HR, and NSP in particular, it is possible that a single country may not have been prepared to “go it alone” in a bilateral project, and certainly would not have enabled the considerable synergy across target sites, with each building on lessons learned from other sites. The regional approach enabled countries to work together and provide mutual support. All countries visited each other’s sites, and there was regular sharing of inter-country issues, ideas and evidence as it emerged. This supported progress in all the project countries, and there was sharing of progress, knowledge and issues with the wider Asia regional and international communities through participation in both technical and inter-government meetings.

The regional approach also posed challenges including (i) a design which was originally a ‘one-size-fits’ all where flexibility and adaptation were needed (noted by the MTR, successfully achieved over the last half of the project, and addressed in the new HAARP design); (ii) the deletion of support for the health sector from AusAID’s Viet Nam country programs, while ARHP was being implemented which caused some confusion among counterparts given that AHRP also had a significant bilateral flavour; (iii) some management and coordination challenges (see below).

(IV) Management and Institutional Arrangements

There were MOUs between GOA and the three project countries, between the project and delivery organizations for EAPs, and internal mechanisms in China between MOFTEC and DOFTEC, and the respective public security and health sectors at central, provincial and local levels.

An undated 2002 MOU between GOPRC and GOA is explicit that ARHP activities were to be at provincial level (Yunnan and Guangxi) and formal communication to GOPRC through the Post in Beijing. The potential for project activities to formally influence national policy in China were therefore outside the direct province of the AMC, with provincial level officials and the Post being the key linkages. This is discussed further at section 3.2, *Effectiveness*.

GOA and GOV signed a Subsidiary Arrangement on 26th March 2003, which was similar to those with China and Burma, and included RARs. On 9 July (only 3 months later) GOA and GOV agreed, at Vice Minister level, that RAR would not be implemented in Viet Nam, and that the project workplan and budget would be adjusted accordingly. It is unclear why GOV withdrew from RAR activities so quickly after signing the MOU but appears to have been linked to the then policy environment within Viet Nam which did not include harm reduction. This matter is further discussed at section 3.2, *Effectiveness*.

The AMC was selected by tender and combined two organizations, an experienced managing contractor and an experienced technical organization. Some early management and relationship challenges were noted by the MTR and addressed effectively by the AMC whose ongoing efforts were significant to the project’s achievements. Counterparts consistently praised ARHP technical inputs. Management is discussed further at section 3.2, *Effectiveness*.

Project activities were coordinated by the Team Leader through a regional office located in Hanoi and project offices in each of the 4 project sites. These project

offices were managed by a Project Coordinator (in all cases a “local”). Staff engaged in the 4 project offices were invariably locals.

3.2 Effectiveness

The project has been successful and influential. It has achieved its goal and purpose and exceeded the expectations of the design intent and the majority of counterparts. The end result is the creation of a strong platform for further HR activities through governments, communities, other donor agencies, and the new AusAID-funded regional project, HAARP.

(I) Achievements

The project has achieved well against all objectives and has achieved its purpose and goal; higher level strategic and system change achievements are discussed below. Details of activities against individual logframe outputs are given in Annex 4. Through this discussion of individual achievements, measured against the indicators given in 1.3 above, and the logframe, we trust that the reader is provided with evidence that the project goal and purpose were indeed achieved.

(i) The Project has enabled major attitudinal changes in relation to HR and a multi-sectoral enabling environment (outputs 1.1; 1.2; 1.3).

“I am shocked and surprised that in these 3 or 4 years concepts and ideas have changed so fast, from the top level of provincial government, to the department of public health, the police and public security; this is the greatest output of the project.” DOFCOM, Yunnan

“Before ARHP we knew nothing of HR and did nothing. Now we care for the IDU along with our health colleagues, outreach workers and the community.”- Narcotics Bureau counterpart, Guangxi

*“ARHP provided good advocacy, whilst being sensitive, arousing attention leading to a platform for legal and policy changes in the future.” ARHP
Burma*

One of the greatest achievements of ARHP is the transformation in attitudes, knowledge, thinking and behaviour in key stakeholders across government, police, health, the community, and the media – while some key counterparts spoke of continued need for advocacy in the public security sector in particular. The ICR Team saw at first hand examples of this change – in the police, health sector, community, and government. Transformational change in the police resulted in senior police officials participating in training sessions with outreach workers and drug addicts and their families and senior police, civic leaders and narcotics bureau officials spoke openly to the ICR Team of their understanding of and support for harm reduction as a direct consequence of ARHP activities. The ICR Team also witnessed the extraordinary sight of a senior police officer presenting an award for achievement to an outreach worker - a known drug addict.

The transformation was highly visible in Yunnan and Guangxi, and, despite there being no EAPS, was also visible in Viet Nam from the projects’ other activities. There

is evidence also in Burma, where the police have taken a strong HR leadership role both nationally and regionally.

“Attitude change” is not specifically listed as an output or indicator in its own right. However the failure to bring about such change is identified as one of the key risks to project success. This somewhat dramatic attitude change to HR resulted in the creation of an “enabling environment” and a strong foundation on which all other project achievements were able to be built.

The project’s advocacy strategies in the first two years were critically important in beginning the journey to these changes. In all countries these strategies included intensive training of trainers (police and health), inter-country and international study tours, engagement of project staff with civic leaders, the community, and IDUs and their families. There was good engagement with, and knowledge transfer to, the media in China. The study tours played a particularly important part in envisioning participants as to what was possible, what could be different, how health and police policies could align, and how to practically implement NSPs and monitor and evaluate progress and issues. Importantly, study tours were often multi sectoral, assisting bridges to be crossed, including differing perspectives and beliefs, and relationships to be formed which strengthened system capacity for change in all countries.

Key to the project’s success was the successful engagement of public security and the police, and the leadership they exercised to clear the path for HR implementation. Public security counterparts (including a narcotics bureau representative) spoke of their prior resistance to, and lack of knowledge of, HR. Some spoke powerfully of the change in theirs, and others, attitudes to and knowledge about IDU and their embracing of HR in the interests of the IDUs and the prevention of HIV. Health counterparts, although they were more aware of HR as a strategy, spoke of their lack of knowledge when the project commenced on how to implement effective HR in their public health programs.

(ii) National & provincial HR policy frameworks and legislation are now in place (or awaiting signature) in all target countries (Outputs 1.3; 2.3).

“Orientation for HR is now known, the law, the decree and National HR Action Plan are now done – there are no more legal barriers.” Ministry of Health counterpart, Viet Nam.

When ARHP commenced in 2002 there were no HR policy or legislative frameworks in any of the three project countries and little or no evidence of effective HR approaches. Injecting drug use was, and remains, a criminal offence in all countries and sanctions include incarceration in compulsory detoxification or rehabilitation centres. In November 2007 as the project completes, all three countries have either recently promulgated new HR policy or laws, or are developing them. All counterparts consulted said that ARHP was either directly or indirectly influential in these changes. The HR policy and/or legislative changes have happened within a policy context of unchanged criminal laws on drugs. However, in general the public security forces have come to terms with this potential conflict. The fact that HR awareness is now an established part of the police training curriculum provides evidence of this. Increasingly their policy is to work to support HR activities while implementing a strong “crackdown” on drug pushers This is not universal and in some instances IDUs are arrested and put into mandatory rehabilitation centres.

However the project has successfully introduced HR programs within these centres e.g. Hanoi and Guangxi, thus expanding the effective reach of the HR message.

Countries are now aware of this legislative conflict and looking to address it. This is an area where HAARP could usefully play a supportive role.

Table 1 Current status of HR policies and legislation in project countries

Country	Current status of HR policies and legislation
China National Level	HR is included in the 2006 national HIV policy; NSP is not explicitly mentioned, but the policy permits “other approaches” in addition to MMT; this has been interpreted by the provincial governments as permitting NSP
Guangxi and Yunnan Provinces	Both Guangxi and Yunnan have provincial-level policies legitimising NSP as well as other HR approaches; public security forces work with the project in strongly supporting NSP in the ambiguous tension between criminal law and HR policy.
Burma	National HR Policy substantially developed. Legislation has been drafted over the past 2 years; stated to be awaiting prime ministerial approval and signing. Recent events mean that progress is delayed.
Viet Nam	Now have legislation and a National Action Plan released mid-2007 after a lengthy gestation period; provides the national HR framework within the overarching 2005 national HIV strategy.

(iii) Successful implementation of best practice needle and syringe exchange programs in China and Burma (Outputs 2,2; 2.3)

“This has been a successful pioneering project, especially NSP, with tremendous benefits to the community.” Deputy Director-General, CDC, Yunnan

The establishment of 15 EAP sites in China and Burma was a key strategy: evidence from these sites demonstrated to key stakeholders, including governments, that best practice HR strategies that meet local need and that are well implemented, are effective. This strengthened the messages given through ARHP’s education, training and advocacy activities. The EAP models were based on the findings from detailed RAR processes with some local variations to target identified need. For example, a key element of the EAP model is drop in centres, which also provide a base for outreach workers. Outreach workers in China are former IDUs while in Burma they are non-IDU community members. The model provides NSP to IDUs, education to families, peer counselling and support, basic primary health care, educational material including for IDUs and the community, and referral to other services (e.g. the new MMT services in China). Equally important to the model is the leadership role played by local steering committees usually made up of representatives from police, health, women’s affairs, youth groups and civic leaders. Some EAPs became Learning Centres, providing training across geographical areas to other EAPs, the police, and the community, as well as advocacy (e.g. Guangxi television produced a documentary on “an outreach workers’ day”).

The achievements of EAPs are evidenced by (i) EAPs data, (ii) ICR Team consultations with clients, OWs and multi sectoral counterparts, and (iii) the model’s

replication and adaptation by governments (China and Burma), other donors (China) and NGOs (Burma and China). Impressive is the number of IDUs reached (> 15,000), the trust between IDUs and OWs and the police, and the number of needles and syringes exchanged and returned (e.g. in Guangxi, since 2004, 2.1 million needles and syringes were exchanged and 1.9 million returned).

(iv) ARHP Model of NSP is now being replicated or adapted by others (Output 2.3)

“After learning from ARHP, and with support from other funders, we plan to scale up to 60 EAPs sites in Guangxi.” PHB Guangxi

When AHRP commenced, there was one NSP pilot site in Guangxi, which was supported by CDC. Senior officials reported to the ICR Team that its scope and effectiveness was limited. By project end, GOPRC had established National HIV Prevention and Control Pilot Sites in Yunann and Guangxi (e.g. 7 in Yunnan), and elsewhere, which include some with the same elements as the ARHP EAPs model. The Yunnan and Guagxi provincial governments had also commenced their own comprehensive HIV prevention and control sites, which included EAPs (e.g. 25 in Yunnan). Other donors also learned from the EAP sites, which provided modelling for their endeavours. For example, in Nanning the Global Fund commenced 13 comprehensive services sites in 5 cities (from July 2005) that include NSP/EAPs, as well as MMT and women’s health services. In Viet Nam, there is a 2004–2008 DFID HR project. Other donors involved in developing and/or implementing EAPs include World Vision and PSI.

ARHP actively collaborated with relevant international donors and local institutions, facilitated study tours by their national staff and shared all data and publications with all key stakeholders. This enabled government, local agencies (e.g. youth groups, women’s groups, universities) and international donors to leverage off ARHP and each other in implementing and expanding EAPs.

(iv) There has been strong regional and international promotion of best practice and lessons learned (Outputs 3.1; 3.2)

“Guangxi is leading the way in HIV prevention in China. If anyone in China or the region wants to learn about HIV prevention, Guangxi is the place to come.” Guangxi PHB

The project’s regional impact was facilitated by the ARHP design and budget which supported travel for inter-site visits and to regional and international meeting and technical conferences. ARHP made good use of this with strategically targeted and well organised study tours in the earlier years, and further inter-site, regional and international exposure in the latter years, including counterparts (police and health) presenting technical papers on HR at international meetings and conferences. Other donors (e.g. WHO), NGOs and governments are now supporting study tours to ARHP project sites (e.g. 700 visitors have been recorded at Nanning EAP). The cycle is interesting and provides evidence of achievements: the counterparts went on study tours to learn of HR at the beginning of ARHP, and, three and four years later, those same counterparts are now advocates for HR at regional police and health meetings, publishers of HR articles in scientific journals (in China), and presenters of papers and views at national, regional and international technical conferences and meetings. Counterparts conveyed to the ICR Team a consistent confidence, assurance and pride

in their work and in their HR NSP knowledge, and the evidence on the ground for this knowledge was compelling.

In Yunnan there is an EAP within a Muslim community. Theologically grounded in the Koran, religious leaders have embraced the HR approach and the EAPs. A key counterpart presented this model at an international conference (supported by the project). An Iranian delegation was to visit this site shortly after the ICR and Pakistan has expressed interest.

An ARHP Chinese counterpart was invited to the Hague by UNAIDS to tell the story of ARHP.

AHRP has produced a range of best practice technical and operational procedures and manuals which have been disseminated widely, and which need to be taken up by HAARP for continued dissemination.

(v) Institutionalisation of HR into police education has been achieved in all 4 project areas and there is a cascading regional impact (Outputs 1.2; 3.1)

“HR Training is now an important part of the curriculum in our police academy and the curriculum has been approved by the Ministry of Public Security. We have trained 8000 police – half at the Police academy and half in post-basic service. Some will become specialists and will also give lectures in other universities. We have also trained police from Laos and Cambodia”. Senior official, Ministry of Public Security, Viet Nam.

HR is now institutionalised in formal police training curricular in all target sites. In itself this provides evidence that, although drug use remains a criminal offence, the practical situation is that it is tolerated where IDUs are engaged with a HR program. The ICR Team was also told that, because of project activities, police academies in Indonesia and Malaysia are also interested in the HR curriculum. An HR training CD was designed and distributed by the Chinese Police Academy in Beijing and is said by police to have played a key role in increasing police officer’s awareness and consciousness of HR and IDUs in other areas of China. Chengdu Police Academy is now using this CD and Yunnan academy members travel twice a year to assist in teaching HR. Two hundred and fifty police officers in non-project South East Asia countries have now been trained by ARHP-trained police officers as an initiative of GOPRC.

In Viet Nam the success of the ARHP police inputs, including TOTs and Master Trainers, is evident. This has enabled police to spread HR training across narcotics police, criminal police, administrative police, and to the provincial level. The ARHP police success also enabled ARHP to work in a compulsory IDU rehabilitation centre since 2005. HIV awareness among rehabilitation staff has increased. Police TOTs work with small groups of inmates and have trained 20 of the 120 staff as TOTs. Counterparts from Burma and China have visited the centre.

(vi) A formal training curriculum Social workers engaged in HR has been established at university level in Viet Nam for the first time (Outputs 1.3; 2.1)

“We are quite capable here of running our own training now and helping other universities establish similar courses.” MOLISA University faculty.

A key activity in Viet Nam has been the work with the MOLISA University in Hanoi. This university now includes a 2-credit unit course in HR in the undergraduate

training of social workers. MOLISA social workers trained through the program also provide NSP in a Canadian-funded counselling centre (funding ceases end-2007). The university faculty are also including their new knowledge of HIV and HR in other courses such as reproductive health, parenting and care of children.

While they believe there is tacit approval of the Ministry of Education for inclusion of HR in the curricula, this has not been formalised. Although the process to seek formal accreditation of the HR module has commenced, HAARP may like to consider capitalising on the investment already made through ARHP, and work with the University to seek Ministry of Education formal endorsement in the national curricula, perhaps using Hanoi faculty for TOTs in any national roll-out. For full sustainability and roll out of the curriculum to others, the faculty advised the ICR Team they will need more materials, more training on more sites, and the GOV must provide matching mechanisms and ensure involvement of other key Ministries with MOLISA (e.g. Ministry of Police, Ministry of Labour and Social Affairs) to integrate HR activities across Viet Nam in a systematic way.

(vii) Participatory teaching methods have been institutionalised in other areas of training (this is an achievement not included in the PDD)

“We are using the new participatory teaching methods across all our subjects. MOLISA University faculty, Hanoi, Viet Nam.” MOLISA University faculty, Hanoi

Public security trainers, MOLISA university, and OW trainers all spoke highly of the benefits of participatory teaching methods to increase learning – it is a teaching technique new to them. They spoke of now using strengthened participatory teaching methods in HR as well as in other areas. They also spoke of the confidence and practice needed to do this effectively and that they were pleased with progress.

(II) Did the project achieve its stated objectives?

The project achieved its objectives, purpose and goal as discussed elsewhere in this document. In most areas it has exceeded the design intent and counterpart expectations, while there being no EAPs in Viet Nam was a disappointment. Achievements against the higher order indicators referred to in section 1.2, *Indicators and Measurement of Success* are listed below. How the individual indicators were achieved has already been discussed in section 3.2 above.

Table 2 Achievement Against Key Project Performance Indicators

Indicator	Achievement at end of project
Documented statements and policies by governments at different levels supporting/ permitting harm reduction approaches associated with drug use	Achieved
Increased number of effective interventions facilitating harm reduction activities in place and serving IDUs	Achieved
Increased number of peoples and projects working to address HIV related harm associated with drugs	Achieved
Statements of support by regional bodies and task forces of activities to reduce harm from/among IDUs	Achieved
Increasing number of police forces understanding and supporting harm reduction approaches; formal police	Achieved

training programs in place in all target sites	
At least one HR intervention site supported by the program being implemented in each of the 4 target sites	Exceeded in Burma, Yunnan and Guangxi; no EAPs in Viet Nam (GOV decision) but HR activities in compulsory rehabilitation (06) centre and through social worker education
A measurable increase in all sites in the number of IDUs using clean needle and syringes and other HR approaches	Achieved in all EAPs sites (i.e. not in Viet Nam, where there were no EAPS)
Successful engagement by the project with regional bodies to promote the benefits of harm reduction and the successful outcomes obtained through the project	Achieved; also good engagement with the international community

(III) Disappointments and Missed Opportunities.

Given the complexity of the project, it is inevitable that there would be some disappointments and missed opportunities, despite the extensive achievements. They are few but important, including as links to lessons learned.

(i) No EAPs in Viet Nam: GOV decision

The fact that there are no EAPs in Viet Nam is in contrast to the five sites in Burma, four sites in Yunnan, and six sites in Guanxi, significantly exceeding the design intent of one EAPs in each project site. In a letter to the Director General of the GOV MOH Department of Preventive Medicine and HIV/AIDS Control on 17th September 2003, the then AusAID Counsellor refers to a discussion with the Vice Minister as follows

“As agreed at our meeting with Vice Minister Hung on 09 July, the Rapid Assessment and Response Component will now not be implemented in Viet Nam and the project workplan and budget will be adjusted accordingly.”

Although the project could not support the establishment of EAP sites in Viet Nam, other donors have now moved to establish several harm reduction demonstration sites. These are making use of the “enabling environment” contributed to by the advocacy activities of ARHP. Viet Nam now has the necessary enabling policy environment and some demonstration sites and is thus in a position to move forward with the RAP/EAP model within the HAARP should it choose to do so.

• (ii) Lack of direct engagement by project staff with GOPRC national ministries

The AMC team members and to some extent the AusAID post in Beijing expressed some disappointment that there was limited *direct* engagement of the project with GOPRC national ministries. This was inconsistent with the project’s strategic intent to influence national policy and legislative changes as reflected in the PDD: *“It will be important for the project to liaise with Beijing to ensure national commitment to the project even though the activities will primarily be conducted in the two provinces.”* This in large part reflects the fact that the focus of the project activities in China were always planned to be at the provincial level, as stated in both the design and the MOU. It has also been suggested that because the national ministries were not actively engaged at the design stage of ARHP there was reluctance to actively engage with the project during implementation.

The AusAID Beijing Post facilitated a meeting between the AMC and the national agencies during which it was agreed that the most efficient way to get engagement from Ministry of Public Security was for ARHP to partner CHARTS. This resulted in strengthened engagement with MPS, including a successful study tour to Australia by MPS officials and the senior police seminar attended by official from 14 provinces.

The Post further promoted the project by facilitating visits to project sites in China by the Australian Ambassador, the consul-general in Guangzhou; the AusAID DDG/Ambassador for HIV/AIDS and the Australian Women's Weekly. Counterparts told the ICR Team that these visits were greatly appreciated and provided encouragement and motivation.

Nevertheless the in-country AMC management expressed their frustration to the ICR Team at not being able to directly formally liaise with GOPRC national officials. However they do not believe that this lack of formal engagement limited the success of the project. The influence of the project at the national level was achieved through other channels.

- informal and formal internal government mechanisms where the provincial agencies in health, public security and also DOFCOM took the success of HR activities to their parent agencies in Beijing and sought their engagement. One Guangxi senior official told the ICR Team “...we have shown Beijing that it is possible to change the attitude of the police and the community and that the health authorities and police, working together can make HR work”.
- representation of the national Ministries at a senior level on the Regional PCC. In this way the MOH and MPS in Beijing were kept informed by activities both in China and in the other two target countries.
- the Yunnan Police Academy working with the Chinese Police Officer Academy in Beijing to produce a CD of the training program developed through the project. This is being used to expand the scope of influence and benefits of the project to other provinces.
- health officials from Beijing visiting Yunnan and Guangxi on several occasions. Furthermore the ICR Team was told that the national government now has HR demonstration sites in 7 counties in Yunnan and have taken account of the work of ARHP in this regard. In Guangxi the ARHP EAP site at Baise has been made one of the national demonstration sites. The ARHP EAP site at Nanning (Guangxi) has been designated as a national and provincial training site.

(iii) Missed opportunities to promote the benefits of the project to a wider audience.

The project has been effective at both regional and international level in promoting technical successes of the project to the harm reduction community, so that the successful advocacy strategy and the success of the EAP sites now appear to be widely recognised within the harm reduction community.

Given counterpart's strongly positive recognition of the project's achievements, there may have been more “promotion” of the very significant success of the project to a wider, non HR specialist audience including within AusAID itself. The ICR Team heard comment from AusAID staff that in terms of donor HIV commitment to China and other countries, this project was small. This may be correct. But in terms of commitment to harm reduction projects, and impact, it is incorrect: at design and during much of the implementation AusAID was among the few donors prepared to

support HR. At the time of its completion other donors, seeing the pioneering success of the project, are now also supporting HR activities within the region: a “good news story”. There is also an excellent project publication “*Everyone can benefit – case studies from a regional harm reduction project in Asia*” which in lay terms tells a number of personal case studies of people associated with ARHP. It has been given some publicity but it would be good to see this formally sent to university (and donor libraries) and included in formal library cataloguing systems – thus making it more easily accessed. The AMC has indicated it may do this and AusAID has indicated interest in wider publicity of the project’s successes.

(IV) Management of the project

The project has been well managed generally by the AMC, AusAID and the counterparts in Burma, Viet Nam, Yunnan and Guangxi. Earlier in the project there were some challenges, highlighted by the MTR, partly reflecting personality differences, partly reflecting general management and partly design issues that gave the project a complicated management structure. To the credit of both the AMC and AusAID there was a quick response to the MTR recommendations and the AMC indicated that they appreciated the supportive and flexible approach that AusAID took in addressing early management concerns. In the final analysis, the ICR Team observed excellent high-level outcomes that could only have come about within the framework of a technically strong and well-managed project.

In relation to more specific management issues

- milestones were achieved on time.
- AusAID demonstrated a supportive approach by creating flexible funding mechanisms.
- annual and M and E plans and the various consequent reports were generally of a good standard.
- an excellent database of reports and technical material has been prepared for use by counterparts and others.
- procurement has been undertaken efficiently and, according to records available to the ICR Team, within budget.
- the high quality of technical advisers was consistently commented on by counterparts.
- a study of fees paid to the advisers indicates their engagement was at competitive rates and represents value for money.
- travel and related arrangements associated with the many study tours and attendance at regional and international meetings were efficiently managed.

Partnership was a feature of the project in each of the 3 countries, was reflected through the RPCC and PCCs, and in the good relationships observed between the overwhelming majority of counterparts and the project team, with the national project coordinators in the four sites playing a key role.

The *Project Risk Management* framework was good as was the management of the identified risks, as judged by the excellent outcomes of the project. Perhaps the most important and difficult risk to manage was the high level of hostility towards the concept of harm reduction (and especially needle and syringe programs) at the commencement of the project. In all three target countries there was a “crackdown and detention” approach to IDUs. Legislation outlawed needle and syringe programs (NSP). The project managed this risk well. If they had not done so there effectively

would have been no project outcomes. Unlike some others who sought to engage in harm reduction activities, the project team (Australians and counterparts) spent the first 1-2 years in training and advocacy to support changing attitudes. Hostility was replaced with knowledge and understanding and this period served to create ownership within the counterparts. The strategies used to bring about this attitudinal change and thus minimise this risk have been discussed earlier in this report. The fact that training in HR is now a feature of the police curriculum in all 4 project areas is a testimony to success. Although the project used this time to train staff and develop operational plans for their HR sites, importantly the project did not distribute a single needle or syringe until there was a clear signs of understanding and a change in attitude.

Management of a regional project always poses challenges and some risks by the nature of a regional approach. Although this was a regional project, there were nevertheless significant bilateral activities that necessitated close working relationships with counterpart line agencies. Unfortunately the design did not fully recognise the importance of engaging AusAID Posts in the project and this created some management challenges. To some extent this was mitigated by higher level coordinating structures where project activities were coordinated by 4 PCCs – one in each target area, and by the Regional PCC (RPCC), in which all countries and AusAID were represented at a more senior level than at the PCC meetings. The meetings and particularly the RPCC provided good strategic insight and direction and served as a good forum to share information, ideas and solutions. In general this process worked well although China was not represented at the PCC by a national ministry, although invited, while counterpart provincial representation was said to be excellent. AusAID Post Beijing did attend the provincial PCC meetings.

(V) Management of transition from ARHP to HAARP

The AMC managed its part of the Exit Strategy well, including closely collaborating with HAARP. The transition from ARHP to the new AusAID funded HAARP is an important part of the overall strategy of embedding harm reduction programs within the public health policies of the three ARHP countries (and Laos, Cambodia and the Philippines). Notwithstanding the many signs of sustainability in project activities in Burma, Viet Nam, Guangxi and Yunnan, continued support is needed and this was anticipated by including a specific transition phase and a transition manager within the HAARP design. Advice from AusAID indicates that funding arrangements to continue with the operation of the EAPS will be put in place in China by the time of the transition to HAARP. There is less certainty that this will happen in Burma due to Burma's current internal issues. Transition funding with no gaps following ARHP finishing is important as, without this transition funding, more than 15,000 IDUs supported through ARHP activities may no longer be able to count on this support: needles and syringes may no longer be available and IDUs may have to revert to their old habits of sharing used needles. This will immediately escalate the risk of HIV among IDUs, and also compromise the good will and trust between all parties.

(VI) Management and Measurement of Project Achievements

In broad terms monitoring and evaluation was well managed, although some areas better so than others. The original M and E Framework and monitoring plan was somewhat disappointing and was revised in May 2005. The new document took into account recommendations from the MTR, was generally good but did little to build on higher-level KPIs or outcome/impact indicators expressed in the original PDD.

Although the use of such outcome indicators was not common at the time of project commencement in 2002, they were commonplace by mid 2005. In this regard there was some internal comment to the ICR Team that the M and E activities were too strongly focused on simply getting the data to achieve a milestone. While this is not reflected in some of the excellent M and E reports, such an approach tends to lead to a concentration on achievement against output indicators rather than the data also assisting in team motivation and highlighting strengths and weaknesses for a continuous improvement approach.

In latter years reporting against the verifiable indicators was generally good e.g. the December 2005 and the December 2006 reports. Particularly impressive was the evaluation of the EAP sites. Here the tools used to collect data were very good and the project worked closely with counterparts to define these tools and to collect data. The process is now “owned” by the counterparts, which is an important element of sustainability. The reports from these M and E studies represent international best practice and reflect the high quality of the technical advisers supporting this project.

3.3 Efficiency.

The project was efficient: there was a high rate of return to the project countries for the value of Australia’s investment, representing good value for money especially given the successful activities at four sites in 3 countries.

There was no cost benefit analysis done as a baseline for the project, and none during the project. However the benefits and rate of return to the project countries would appear to the ICR Team to be high, relative to the value of Australia’s investment in the project (A\$15.5). Specific points to be made include

- **EAPs are cost effective.**

EAPs make use of (i) government-employed staff who are paid small subsidies by ARHP; (ii) former or current IDUs as OWs in China who are paid at the standard local minimum wage; and (iii) local community members as OWs in Burma. Each EAP has a local Steering Committee made up of local public officials and civic leaders and thus low additional cost. The ICR Team heard that in at least one case this Steering Committee, initially established to support project EAPS, has now become a “standing “ committee that addresses other public health/special issues such as commercial sex workers.

- **Advisors were paid at competitive rates when internationally sourced, and were complemented by locally recruited staff paid at local rates.**

The project coordinators, harm reduction advisors and centre managers were locally engaged senior level officers. Similarly the project made good use of Local Expert Panels in Burma, Guangxi and Yunnan. These Panels were made up of academics and senior staff from technical bureaus/agencies. They provided good support to the international advisers, will continue to support HR activities in the future and do so at relatively low input costs.

- **Skilled technical advisors resulted in high impact per input, increasing efficiency.**

As a Viet Nam public security counterpart said: “*The technical advisors were very skilful and instilled a high sense of responsibility.*” This was a constant theme among those consulted and contributed greatly to efficiency.

- **The project travel budget achieved an excellent return on investment** (see section 2.2, *Effectiveness*)

This contributed to transformational change in some critical stakeholders’ attitudes and behaviours in the early years, acting as a catalyst for generating understanding, interest, and eventually ownership and commitment, and to the ongoing transformational change as counterparts became champions for HR on the regional and international stages.

- **The impact of the project, the remarkable change it has left behind and the ongoing value to all 3 countries is very high, as it is to the region, and in some cases potentially globally (e.g. the EAPs model in a Muslim context).**

Specific achievements have been discussed elsewhere (section 2.2, *Effectiveness* and 2.4, *Impact and Sustainability*) including the cascading or multiplier effect through TOTs (within project countries and regionally) and new national enabling environments, and are not discussed further here. Testimony to the efficiency and efficacy of the EAP model includes

- (a) its replication and adaptation by others including government agencies in China, NGOs and other donors
- (b) the profound hopes for ongoing support expressed by counterparts, OWs and IDUs and their families to the ICR Team

In summary, the rate of return of Australia’s investment is one of “compound interest”, indicating efficiency in unit costs relative to outputs and objectives achieved, beyond the original vision embodied in the project design.

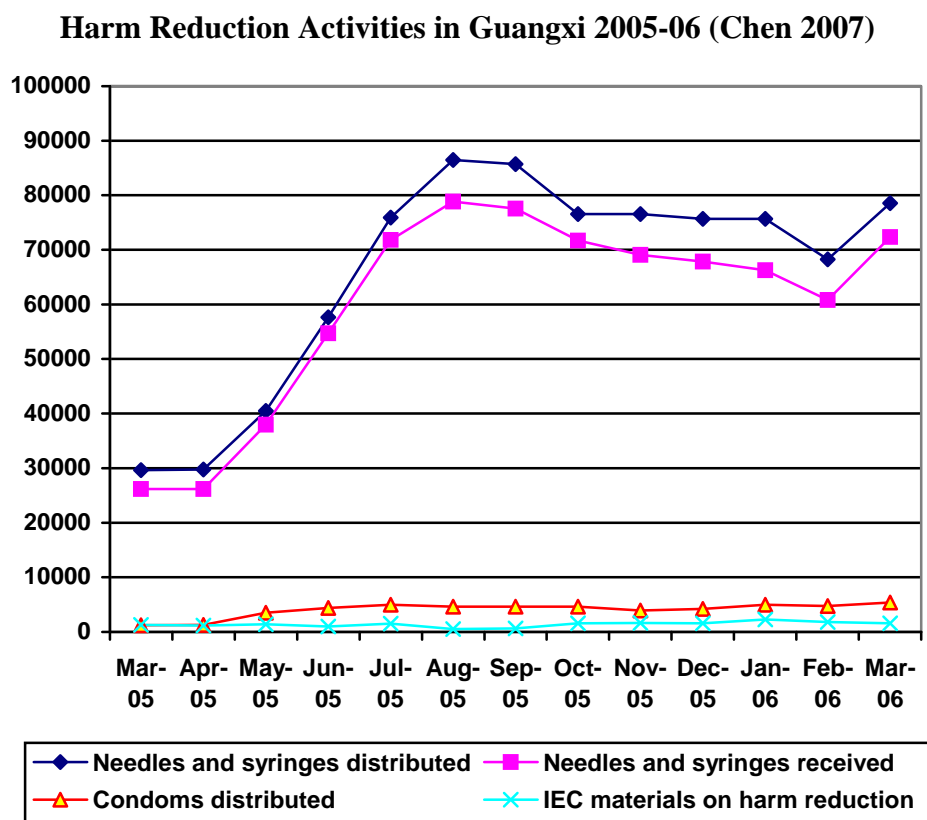
3.4 Impact and sustainability

The project had a high impact: it employed and targeted women and men; reduced a troublesome public health environmental hazard of thousands of needles previously discarded in public places; linked previously silo’d government ministries & departments; and engaged communities to strengthen countries’ evidence-based responses to HR. It fostered regional and international relationships and cooperation, and effectively developed the capacity of multi-sectoral partners, including government agencies, NGOs, and local workers. In China, through its links to the MMP program, it helped to reduce the previous certainty of poverty for the 15,000 IDU recipients of HR services. The project has strongly contributed to new or emerging HR enabling environments in all three countries. Assuming an effective HAARP transition period and country flexible programs that continue and build on EAPs and other key HR activities (e.g. with the police), sustainability is likely.

(I) The ultimate beneficiaries – the IDUs and their families.

Over 15,000 IDUs were receiving direct support by the end of the project, and an unknown number of “hidden” IDUs were receiving indirect support. Evaluation of the impact of EAPs on all sites clearly demonstrates a significant reduction of high-risk practices such as sharing of needles and syringes and participation in unsafe sex. As

an example evaluation data on harm reduction activities among clients of the 6 EAP sites in Guangxi is shown below.



The project is targeted at some of the most poor and socially fragile people in the community – and it is helping them. Not only has the risk of acquiring HIV been reduced but the project has also been successful in supporting clients to participate in the national MMT programs in China, thereby further reducing HIV risk.

(II) Environment

Although the project did not have a strong environmental element and no inputs were targeted at the environment, the NSPs have resulted in large numbers of used needles and syringes not being disposed of in public places, removing a risk for the community and creating a positive environmental impact. This was stated by counterparts and further confirmed in television interviews with members of the public in Guangxi. There were no negative environmental issues.

(III) Gender

The project has chosen a gender sensitive approach to deal with the issue of harm reduction. The project's Gender and Development (GAD) Strategy was approved by AusAID and had as its core the objective that gender should be given consideration in planning the implementation of all ARHP activities. Details are not repeated here but the ICRM found the gender strategy to be sound. Furthermore the ICR Team met a wide range of managers, implementers and clients during its mission, witnessed a strong commitment to gender equity and saw or heard nothing to indicate that this gender sensitive approach was not followed.. Gender disaggregated data for training activities is at Annex 7, and for EAPs at Annex 8.

In some areas of activity gender equity was restricted by the number of males and females engaged within the workforce areas targeted by the project. As an example the police sector was a major focus for training and advocacy; however the great majority of workers in the police are males. Conversely the ICR Team met the Faculty of MOLISA University who were supported by the project who are predominately female. The team saw at first hand a good representation of both males and females among district steering committees set up to provide local management guidance to individual EAP sites, among expert panels established at each geographic area and among workers in the IDU sites. A leader and champion of HR was the governor of Guangxi, a woman. Other leaders and champions were both men and women.

Of particular importance was the very sensitive way in which the project approached the issue of identifying and servicing IDUs so as to ensure gender equity. The ratio of male:female IDUs will vary from area to area. In Guangxi, where the authorities have good data, it is reported that 20% of known IDUs are female and of these 70% are also sex workers. The project has taken great care to engage both male and female outreach workers to provide a better chance that they will find and support both male and female IDUs. Importantly there was a recognition that many female IDUs may remain hidden and in Guangxi there is currently a strategy to find these female IDUs through sex workers as one avenue.

(IV) Governance

The roles played by the PCC and RPCC in providing overall direction and governance have already been discussed. Good governance appears to have also been assisted by the strong counterpart engagement in ARHP. Counterparts commented on their improved management skills through the examples set by ARHP and their learnings, and some spoke of their increased rigour and transparency of decision-making through the use of data and evidence. The project followed the usual financial and other reporting rigour required by AusAID, an example of good governance to counterparts.

(V) Sustainability

Assuming resolution to transitional funding arrangements discussed in Management of the Exit Strategy above (3.2.V), and ongoing donor or government support, EAPs hold every promise for sustainability, while Burma's current issues may influence this – and Viet Nam is yet to start HR based on the RAR model. Changes within the police, while profound in many cases, are within an ambiguous environment given injecting illicit drugs remains illegal, while the health sector's environment has shifted (Viet Nam and China) or is likely to shift (Burma) to an enabling HR policy environment. Other factors that lead the ICR Team to believe sustainability is probable include

- strong and ongoing leadership demonstrated by counterparts (public security and health), EAPs steering committees, and expert panel members, and the rolling out, or desire to roll out, the EAPs model.
- that the EAPS model represents value for money and in some areas is now being rolled out with financing from government resources.
- that the EAPS model has proven to be effective and is now being replicated or adapted by governments, NGOs and other donors.

- the large cadre of staff of the CDC, and public health bureau in China who operate the EAPS drop in centres (with their salaries being met by the provincial governments).
- a very large cadre of trained public security, public health staff and outreach workers including TOT graduates now training others within project areas, other parts of countries, and regionally.
- institutionalisation of HR in police training curricula in police academies in all 3 countries.
- the university based training course within MOLISA in Viet Nam and the belief of the faculty that they are able to roll-out this course to other universities in the country with government support.

EAPs sustainability will, however, require ongoing support through HAARP for the current 15 project EAPS at least in the early stages. Governments had an expectation of AusAID funding continuing through HAARP for at least its first six months, enabling continuity while negotiating the new country flexible programs. Should this funding be given through HAARP, which the ICR Team believes is essential, then there is a high likelihood of long-term sustainability.

4. OVERALL QUALITY AND RATINGS

The ratings given below are against AusAID's six point quality rating scale and are for delivery of the project.

Table 3 Quality Ratings of Initiative Delivery

Criteria	Rating	Comment
Significant achievements apparent within the counterpart organisation(s)	5	Would have scored 6 if EAPS had been established in Viet Nam.
Achievement of documented objectives	6	Given GOV's early withdrawal from RARs and therefore EAPS, the Project achieved or exceeded all documented higher-level objectives.
Did it contribute to higher level program strategy	6	ARHP was consistent with AusAID's country strategy in all 3 target countries and to AusAID's Asia Regional Program strategy. The success of this project, as outlined in this document, has certainly contributed to achievement of the AusAID's country and regional strategies.
Ongoing measurement of achievements (M and E)- including the measurement of performance of EAPS.	5	Some deficiencies. Generally the M and E framework used in the early stages of the project was satisfactory. However it was not up to the excellent approach used to monitor the performance of EAPS, with the reports from that monitoring and evaluation being of world standard.
Ongoing project management and value for money.	5	There were AMC related management problems during the early stages of the project. The recommendations of MTR were accepted and management was then good. The AMC's

		management of the Exit Strategy was robust, as was its support to and collaboration with HAARP as it exited. There were some complexities associated with GOA arrangements to transition smoothly from ARHP to HAARP, but the ICR Team has been advised that these have been resolved. The value for money in terms of AusAIDs investment in the project was excellent.
How sustainable are the project outcomes	5	Capacity and the ability of counterparts to manage ongoing activities is very strong. There is also strong commitment. In addition the China national and provincial governments and donors are now replicating or adapting project EAP sites in other cities and provinces. Sustainability will be enhanced when AusAID funds continue during the transition period to HAARP and when the strategies and activities in the new country flexible programs are known.
Technical quality	6	International best practice put in place and knowledge generated for transfer elsewhere in the project countries, to the region and internationally
Overall Rating	5-6	Both successful and influential – the work of the project is now guiding governments, donors and NGOs to set up models developed through the project.

5. LESSONS LEARNED

A number of lessons were learnt throughout the period of this project. Some are not repeated here as they are well known to AusAID e.g. the importance of the choice of project team leader and project director. Many of the “lessons” discussed here are generic in that they have relevance to many other projects/programs. Some lessons relate specifically to the management of regional projects. They are listed below in no particular order of importance and are more fully discussed at Annex 9, *Lessons Learned*.

- AusAID Posts should be more formally and actively engaged in regional Programs.
- Don’t burden regional programs with unnecessarily complicated management structures.
- For regional programs all parties at the commencement of the program should agree a communication protocol and an effective and efficient management framework.
- National level agencies should be engaged in the program from commencement (feasibility/design).
- When introducing new initiatives to a country that may have some level of “sensitivity” within the community, prepare-the-ground before commencing field activities.

- When scaling-up a pilot program ensure that there is a strategy in place, and not simply a budget, to guide the roll out of the results of any pilot program.
- Never under estimate the value of well designed study tours for critical stakeholders.
- For some projects a regional strategy may be more effective than a bilateral approach.
- Counterparts should be presenting findings of a project or program at national, regional and international fora, rather than expatriate advisors or project staff.
- AusAID should encourage the collection and reporting of quantitative and qualitative data that tell “good news stories”.
- Peer education is a powerful tool when introducing new and sensitive concepts.

6. OVERALL CONCLUSIONS

This project achieved its goals, purpose and objectives. Its Quality Rating of Initiative Delivery is 5-6. Sustainability is likely given progress, counterpart capacity, a new enabling environment, HAARP and other donor interest, while conflict remains between HR policies and public security laws on IDU. Useful lessons learned have been generated. The project was relevant, effective and efficient, and was gender sensitive.

When assessing the projects’ achievements in Burma, Viet Nam and China it should be remembered that at commencement in 2002 there was suspicion, resistance and some hostility towards HR. The general IDU policy of governments and the police was one of “crackdown and detention”, not harm reduction. At the completion of the project harm reduction is now part of public health policy in China and Viet Nam, and is awaiting formalisation in Burma. Counterparts confirmed ARHP’s significant contribution to this change, describing it in terms such as the project has “pulled back the curtains”, “knocked down the wall” and “prepared the soil for us to move ahead”.

ARHP successfully achieved its objectives, purpose and goal, was influential in promoting the message of harm reduction within countries, regionally and internationally, and provided an effective, successful and best practice HR model for governments, NGOs and donors to replicate and adapt.

Lessons learned include the importance of active involvement of Posts in regional programs, early engagement of central governments even where project sites are provincial or more local to assist sustainability, efficient management and communication arrangements, incorporation of change management approaches to achieve system change, and support to key counterparts for country, inter-country, regional and international exposure, meetings and technical presentations.