

**Report on Quality at Entry and Next Steps to Complete Design for  
Australia Indonesia Partnership for Emerging Infectious Diseases Animal Health  
Program 2010-2015**

<b>A: AidWorks details</b> <i>completed by Activity Manager</i>			
<b>Initiative Name:</b>	Australia Indonesia Partnership for Emerging Infectious Diseases Program 2010-2015		
<b>AidWorks ID:</b>	< insert AidWorks ID >	<b>Total Amount:</b>	<b>\$ 22.0 million [including human health component of \$2.5 million, would be \$24.5 million]</b>
<b>Start Date:</b>	1 July 2010	<b>End Date:</b>	30 June 2015

<b>B: Appraisal Peer Review meeting details</b> <i>completed by Activity Manager</i>	
<b>Initial ratings prepared by:</b>	Gerard Cheong
<b>Meeting date:</b>	2 February 2010
<b>Chair:</b>	James Gilling, ADG IET
<b>Peer reviewers providing formal comment &amp; ratings:</b>	Praveena Gunaratnam , Program Manager- Asia Trans boundary- Peer Reviewer
<b>Independent Appraiser:</b>	David Kennedy, Director of AusVet Animal Health Service Pty Ltd John Copland , Senior Consultant for AusAID, OIE, FAO and AusReady
<b>Other peer review participants:</b>	<p><b>Canberra attendees:</b></p> <p>James Gilling Priya Sivakumaran Warren Hoye Fiona MacIver Marianne Jago Laurie McCulloch Lynleigh Evans Peter Beers</p> <p>Andrew Moss Belinda Wright David Kennedy</p> <p><b>Jakarta Attendees:</b></p> <p>Sam Zappia Helen McFarlane Gerard Cheong Yoshiko Siswoko John Ackerman Chris Elstoft</p> <p>ADG Indonesia and East Timor Branch Service Delivery, Concept/Design Manager Policy Officer- Asia Trans boundary Indonesia &amp; East Timor –Information Unit Gender Unit – Canberra Working in Partner Systems (WIPS) Section Team Leader EID- Design Mission Program Manager – International Program and Diseases Investigation (DAFF) Manager Risk, M&amp; E- AQIS NAQS DAFF Independent Reviewer</p> <p>Chief of Operation ING Group Health Counsellor- ING Group First Secretary for Communicable Disease- ING Group Health Unit ING Group Counsellor DAFF- Indonesia Counsellor Political and Economic Branch (PEB) DFAT- Indonesia</p>

**C: Quality Rating Assessment against indicators**

completed by Activity Manager / Peer Reviewers / Independent Appraiser

Quality	Rating (1-6) *	Comments to support rating	Required Action (if needed)
1. Clear objectives	DK (4)  JC (4)  PG (4)  FINAL (4)	<p>The objectives are consistent with the AIP 2008-2013 and with Bappenas priorities for EIDs. They are also well aligned with the draft <i>Pandemics and Emerging Infectious Diseases Strategy 2010-2015</i> and pick up the findings of a review of the 2006-2010 Pandemics and EID initiative in relation to the focus on longer term systems strengthening and work at the district/provincial level.</p> <p>The objectives are also clear, linked and pick up past and current project activities and integrate with common themes in a synergistic manner, while maintaining flexibility of approach.</p> <p>Concerns were raised on the clarity of the program logic, specifically that:</p> <ul style="list-style-type: none"> <li>• components and sub components need to be better integrated while outcomes should be more clearly linked to potential outputs.</li> <li>• the current objectives and outcomes are not well defined and do not clearly state end of program outcomes after five years.</li> <li>• the coherence between this program and priorities coming out of the PVS assessment is not clear.</li> </ul> <p>Partnership issues need more explicit treatment including:</p> <ul style="list-style-type: none"> <li>• how the partnership will be monitored and sustained</li> <li>• the MOA's ability to commit to the new program before an SA is signed.</li> <li>• how GOI buy-in can be secured and retained.</li> <li>• the proposed program does not in reality, work through government systems.</li> </ul> <p>Other concerns raised:</p> <ul style="list-style-type: none"> <li>• it is unclear how this animal health program would complement any program addressing human EIDs in the context of One World One Health.</li> <li>• need strong gender analysis and gender consideration in relation to program objectives and EID strategy. The Gender Section will provide more comments later, especially on objectives and the M&amp; E framework.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore and refine the program logic (and subsequent workplan) in a collaborative manner between GOI, DAFF and AusAID especially objectives, components and related activities.</li> <li>• Include some sentences on communication strategies (it goes to the national interest etc). Inclusion of a public narrative would be beneficial – why we are here in this area, what's communicated publicly, who is responsible.</li> <li>• Include details of the Australian policy environment with a focus on the shared national interest in EID (management and containment etc) to lead into a discussion of the partnership.</li> <li>• Be more explicit on GOI ownership, the importance of partnership, how we work in partnership to deliver the program and how to sustain the partnership.</li> <li>• Provide a rationale for why we are not working through GOI systems (can be brief).</li> </ul>

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completed by Activity Manager / Peer Reviewers / Independent Appraiser

<p>2. Monitoring and Evaluation</p>	<p>DK (4) JC (3) PG (3)  FINAL (4)</p>	<p>The overall M&amp;E is adequate and the proposed six-monthly internal M&amp;E and Directorial reviews are appropriate for the early stages of this program.</p> <p>However, additional indicators in the M&amp;E framework should be identified to reflect early and ongoing progress.</p> <p>This should include additional early milestones which may be critical for the success of the program. Examples include: Indonesia undertaking the OIE gap analysis; and formation of the PCC with active engagement of representatives and their organisations. The gap analysis can also be the medium to reassess milestones. Stop-Go points are needed where next steps will be determined and short term achievements assessed.</p> <p>Other outcomes or deliverables which could be brought earlier include the "Emergency disease control function in DAH" which is listed to be completed in year 5 when it could be brought forward to year 3 or 4.</p> <p>The quality controls for the major deliverables are not clearly stated and could be clarified and strengthened.</p> <p>The M&amp;E framework is affected by the way in which objectives and outcomes are defined. The links between the objectives/outcomes and deliverables are not clear. Furthermore it is not always clear what will be measured and by whom.</p> <p>The PDD does not describe how it plans to monitor progress in the development and extension of plans, policies and standards from the national level in Jakarta to the provinces</p> <p>One appraiser highlighted the fundamental importance of identifying the number of (three or more) and the specific diseases on which the program will focus. It was felt that the lack of this decreases the effectiveness of the M&amp;E and that the deliverables will vary depending on the disease selected.</p> <p>One recommendation made about the PCC was that as an important part of the M&amp;E process, it should be driven by Gol for Gol.</p> <p>Gender considerations should be more clearly identified, for example, the need for data disaggregation.</p> <p>Disease control benefits should be made clearer.</p> <p>Assigning particular people/organisations to activities and milestones in the implementation schedule would be useful.</p> <p>Be more precise around donor harmonisation procedures and be clear about what dimensions we need to be monitoring.</p>	<p>Conduct an evaluability assessment at the beginning of the program which will form the basis for the refinement of the M &amp; E Framework and take into account peer review comments.</p> <p>With regard to the selection of priority diseases, early consultations with Gol should be carried out to determine the number and type of diseases.</p> <p>In the refinement of the M&amp;E Framework, the following should be considered:</p> <ul style="list-style-type: none"> <li>• Allow flexibility in frequency of internal reviews after the first external review at 18 months.</li> <li>• Identify critical milestones that should be achieved within the first 18 months and the timing of them.</li> <li>• Reframe indicators/targets as increases in the levels of advancement in specific areas (e.g. risk analysis) as measured by the OIE PVS tool.</li> <li>• Provide greater clarity on monitoring of the development and extension of plans, policies and standards at the national and sub-national levels.</li> <li>• Ensure expected quality of major deliverables is made clear and of the appropriate standard.</li> <li>• Ensure gender considerations are reflected and where appropriate, identify where disaggregated data should be obtained.</li> </ul> <p>Specific considerations for refinement of the M&amp;E Plan include:</p> <ul style="list-style-type: none"> <li>• Additional Objective 3 indicators for Sulawesi should complement national indicators under Objectives 1 and 2.</li> <li>• The final target for year 5 to be increased to three plans endorsed and two plans being implemented nationally if HPAI is included as one of the diseases.</li> <li>• Implementation schedule should, where possible, indicate responsible positions or organisations.</li> <li>• Be clearer about how AusAID supported activities are complementing the work of other donors and describe the role of the PCC in harmonisation of donors.</li> </ul>
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**C: Quality Rating Assessment against indicators***completed by Activity Manager / Peer Reviewers / Independent Appraiser*

3. Sustainability	DK (5) JC (3) PG (3)  FINAL (4)	<p>The PDD was described as being focused on working within the changing Indonesian animal health system to help it develop sustainable policy making, planning and operations in specific areas.</p> <p>Although there was general acceptance that it was a dynamic animal health system in Indonesia, there was concern about the level of commitment of Gol. It was commented that there was a lack of evidence of full ownership and inputs by Indonesia. This included understanding of what the Gol commitment to the PDD actually means in terms of resource contributions, for example. It was felt that the summary budget figures do not provide any evidence of Indonesia's ongoing contribution to long term support for the outcomes for this program.</p> <p>Specific comments on the sustainability of training approaches were also made. It was felt that training courses and developing and standardising new methods often do not result in sustainable outcomes unless they are accepted as being operationally helpful and then routinely used by the people and in systems. It was pointed out that in the current program, risk analysis training has not been translated into quarantine operations and improved laboratory methods and equipment are often not used because of other systematic failures, including scarcities of submissions and funds.</p> <p>The issue of priority disease identification was again raised by an appraiser. A vital issue is the selection of the priority diseases and evidence of ownership by MOA/DAH/IAQA/Sulawesi. If there is consensus and agreement of what are the priority animal diseases, then the likelihood of a long term sustainable outcome is much greater and a flow of information and coordination of systems between various partners at the central and sub-national level.</p>	<p>Overall, it was agreed that the PDD would be acceptable with amendments which responded to the peer review discussion, in particular, by providing greater evidence and a clearer description of Indonesian ownership and commitment to the proposed program.</p> <p>Conduct a workshop with Gol to provide inputs to refine the PDD in line with the outcomes of the peer review.</p> <p>Regarding training, the quarantine training and implementation component and the laboratory strengthening subcomponent to be more closely linked in with the development and implementation of national disease management plans</p> <p>The PDD will also consider how the quarantine training and implementation and the laboratory strengthening subcomponent could be more closely managed within Indonesia so that they are clearly recognised and funded as operational components of the program.</p>
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<b>C: Quality Rating Assessment against indicators</b>			
<i>completed by Activity Manager / Peer Reviewers / Independent Appraiser</i>			
4. Implementation & Risk Management	DK (4)	The peer review discussion on implementation arrangements and risk management covered a wide range of issues from program steering structures to linkages between components to mobilisation and quality of personnel.	The consultation / workshop process with Gol mentioned above should also provide inputs for PDD refinements related to this quality criterion.
	JC (4)	Structural issues for implementation were given attention:	Specific improvements on structural issues would include:
	PG (4)	<ul style="list-style-type: none"> <li>It was felt that the PDD could provide more definition of the composition and role of the PCC and PSCs.</li> </ul>	<ul style="list-style-type: none"> <li>Better definition of representation on and responsibilities of the PCC and PSCs.</li> </ul>
	FINAL (4)	<ul style="list-style-type: none"> <li>There was an interest in better integration between components and with Gol systems. It was commented that the PDD needs to more clearly outline how potential "silos" in sub-components (especially in 2.2 laboratory services and 2.3 quarantine) will be integrated into and contribute to the development of and implementation of the national system and disease management plans.</li> <li>In addition, although the description of Component 3 states that it will be closely linked and coordinated with the national Components 1 and 2, it is not clear how this will be achieved or monitored.</li> </ul> <p>Comments about skills and mode of technical input emphasised the need for an appropriate balance and that a strong partnership was based on continuity and trust:</p> <ul style="list-style-type: none"> <li>There is a risk in focusing on technical expertise as management and monitoring skills are also important. Concern was expressed that DAFF has more technical people and should sometimes need to cover the "tricky" issues on management (such as changes in direction due to changes in key counterpart personnel)</li> <li>Language competence for the senior position in Indonesia is likely to be critical to developing trusting partnerships.</li> <li>Continuity and trust are critical to the success of the program. However, it is not clear why there are two different models to provide dedicated technical input, that is, the three permanent advisers located in Jakarta and Makassar and the visiting Australian quarantine and laboratory advisers.</li> </ul> <p>The relationship between AusAID and DAFF could be clarified, for example, modes and frequency of communication, who retains ultimate financial accountability for the program and so on.</p> <p>There was also concern that the PDD does not describe clearly how the translation and implementation of national plans by the provinces would be achieved.</p>	<ul style="list-style-type: none"> <li>Describe mutual expectations and complementary / cooperation between this program and others.</li> <li>Format, status, responsibility and accountability for Workplans to be defined (however detail of workplans will be developed in the initial stage of the program).</li> <li>Review proposed locations and operations of quarantine and laboratory advisers to encourage effective partnerships and break down "silos".</li> <li>In relation to Component 3, elements of national strengthening should be developed in collaboration with, and piloted in, the two provinces in Sulawesi.</li> </ul> <p>Responses to concerns about skills and technical focus of personnel to include:</p> <ul style="list-style-type: none"> <li>Careful recruitment process to ensure right mix of technical / management skills.</li> <li>Emphasise the value of Bahasa skills in recruitment, particularly for the Principal Veterinary Adviser (PVA). If necessary, provide language training for technical advisers.</li> <li>In the first 12-18 months, experiment in a few areas with more 'permanent' people and assess the results to determine whether the fly in / fly out model can deliver appropriate results.</li> </ul> <p>Provide greater clarity on the AusAID / DAFF relationship including communication protocols and program responsibilities.</p> <p>Clear description of how provincial adoption of national plans will be approached to be given in PDD.</p>


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5. Analysis and lessons	DK (5)	It was generally acknowledged during the peer review that the analysis leading up to the design has been broad and undertaken over a significant period. Many of the issues identified in the analysis have been addressed in the PDD.	Provide further analysis, particularly concerning the system / sector conditions and linkages between capacity development and the policy and environment.
	JC (5)	Comments were however raised that the PDD should include some explanation of the Australian policy environment – in particular the shared national interest in EID. In addition, the close link between Australia and Indonesia on trade in animal products. Coupled with Australian support for animal health in Indonesia, this has built much respect for Australia.	Add a paragraph to clarify the strong Australian domestic interests underlying the program and that this is shared with Indonesia.
	PG (4)		Provide greater analysis and evidence to support the approach to capacity building.
	FINAL (5)	<p>The proposed review of the Laboratory Strengthening Project in the current EID program (presumably led by the Program Director and PVA should identify further lessons for how the laboratory sub-Component of the new program can most effectively be undertaken and integrated into, both into the broader Australian disease management program and with other animal disease laboratory programs</p> <p>Written comments following the peer review highlighted a number of concerns including:</p> <ul style="list-style-type: none"> <li>• Analysis of the system / sector including about capacity, constraints, strengths and weaknesses is lacking.</li> <li>• The gap analysis approach for organisational assessment, which was carried out is not as useful as a strengths based analysis which looks at existing capacity which can be enhanced.</li> <li>• There is no analysis about links between capacity development, the change agenda within MoA and central agencies, the public service more broadly and other AusAID programs.</li> <li>• There is no evidence presented to support the approaches for capacity development.</li> </ul>	<p>Consider how elements of a strengths-based approach to organisational assessment can add to gap analysis conducted using OIE methods.</p> <p>When results from the review of the current Laboratory Strengthening Project are available, reassess the design of the laboratory strengthening sub-component in the new program.</p>

<b>* Definitions of the Rating Scale:</b>			
<b>Satisfactory (4, 5 and 6)</b>		<b>Less than satisfactory (1, 2 and 3)</b>	
<b>6</b>	Very high quality; needs ongoing management & monitoring only	<b>3</b>	Less than adequate quality; needs to be improved in core areas
<b>5</b>	Good quality; needs minor work to improve in some areas	<b>2</b>	Poor quality; needs major work to improve
<b>4</b>	Adequate quality; needs some work to improve	<b>1</b>	Very poor quality; needs major overhaul

<b>D: Next Steps</b> <i>completed by Activity Manager after agreement at the Appraisal Peer Review meeting</i>		
Provide information on all steps required to finalise the design based on <i>Required Actions</i> in "C" above, and additional actions identified in the peer review meeting	Who is responsible	Date to be done
1. Canberra to facilitate initial discussions with DAFF	Fiona MacIver	February 2010

<b>D: Next Steps</b> <i>completed by Activity Manager after agreement at the Appraisal Peer Review meeting</i>		
2. Consultation process through workshop/s to be carried out involving AusAID, DAFF and Gol on PDD refinement details (based on peer review) and process.	DAFF (Peter Beers)	March to April 2010
3. DAFF to revise the PDD, addressing issues/concern raised in the peer review and results of consultations with Gol.	DAFF (Peter Beers)	March to May 2010

<b>E: Other comments or issues</b> <i>completed by Activity Manager after agreement at the APR meeting</i>
<ul style="list-style-type: none"> <li>The logic of the program, especially objectives and activities and the workplan are to be explored in a collaborative manner between Gol, DAFF and AusAID as soon as possible.</li> <li>The costings should provide sufficient flexibility to DAFF.</li> </ul>

<b>F: Approval</b> <i>completed by ADG or Minister-Counsellor who chaired the peer review meeting</i>		
On the basis of the final agreed Quality Rating assessment (C) and Next Steps (D) above:		
<input checked="" type="checkbox"/> <b>QAE REPORT IS APPROVED</b> , and authorization given to proceed to: <ul style="list-style-type: none"> <li><input checked="" type="radio"/> <b>FINALISE</b> the design incorporating actions above, and proceed to implementation</li> <li>or: <input type="radio"/> <b>REDESIGN</b> and resubmit for appraisal peer review</li> </ul>		
<input type="checkbox"/> <b>NOT APPROVED</b> for the following reason(s): <hr/> <hr/> <hr/>		
ADG/IET <i>GILLIN</i>	signed: 	<i>19/7/10</i> July 2010

**When complete:**

- Copy and paste the approved ratings, explanation and actions (table C) into AidWorks
- The original signed report must be placed on a registered file