



Report on the 6<sup>th</sup> HAARP  
(HIV/AIDS Asia Regional Program)  
Consultation and Coordination Forum –  
April 2-4, 2012 in Siem Reap, Cambodia

---

HAARP is an Australian Government, AusAID Initiative

## Executive Summary for 6<sup>th</sup> HAARP Consultation and Coordination Forum

The Sixth HAARP (HIV/AIDS Asia Regional Program) Consultation and Coordination Forum (HCCF) took place in Siem Reap, Cambodia between April 2 and 4, 2012. It was attended by 60 people from governments and civil society from the 5 target countries. HAARP is Australia's response to HIV prevention among People who Inject Drugs (PWID) in the Greater Mekong Sub-Region. It is an 8 year \$59 million initiative which builds on earlier investments by the Australian Government. This 6<sup>th</sup> HAARP Consultation and Coordination Forum provided an opportunity to bring key stakeholders together to share Country Progress Reports (Day 1), discuss Civil Society partnerships and engagement in Harm Reduction and HIV (Day 2) and discuss Monitoring and Evaluation (Day 3). A high level forum was also held on the sidelines of the HCCF on day 1 and was attended by government representatives from all HAARP countries, AusAID country posts, AusAID Bangkok and chaired by Minister Counselor Michael Wilson.

This report provides a summary and overview of the sessions and augments the very substantial data which is included on the USB handed to all participants at the close of the Forum. That thumb drive includes all presentations in full plus all background reports and documents.

The Forum, was well received by participants as noted in the summary of evaluations included in the report. In those evaluations, participants indicated that they appreciate the Forum and that they believe that HAARP should continue to be funded by AusAID. They also appreciated the interactive sessions and the opportunities to share perspectives with practitioners from other Mekong countries. Finally, in future they would also appreciate more opportunities for dialogue between practitioners and senior level officials.

To this, the facilitators would add a few suggestions. We believe that even though the feedback on the Forum was very positive that in future it could be even better by doing the following:

1. Have interactive sessions or panels followed by any powerpoint presentations. Ensure adequate time for questions and answers;
2. To ensure that there is time for questions and answers, have fewer presentations;
3. Add an interactive session which draws together senior officials and practitioners;
4. Continue to focus on Monitoring and Evaluation (and Knowledge Management) and also provide increased support for M&E throughout the year;
5. Include 1 interactive session in which individual country groups are mixed but retain the main focus on Country Program groups meeting together to discuss their plans etc.

## Table of Contents

|   |    |
|---|----|
| Executive Summary for 6 <sup>th</sup> HAARP Consultation and Coordination Forum .....                 | 2  |
| Table of Contents.....  | 3  |
| Acronyms and Abbreviations .....  | 4  |
| 1.0 Monday, April 2, 2012 – - Country Progress Reports.....   | 6  |
| 2.0 Tuesday, April 3, 2012 – Civil Society Partnerships and Engagement in Harm Reduction and HIV..... | 12 |
| 3.0 Wednesday, April 4, 2012 – Monitoring and Evaluation.....   | 15 |
| 4.0 Evaluation of 6 <sup>th</sup> HAARP Consultation and Coordination Forum .....                     | 24 |
| Appendix A: HCCF Agenda.....  | 25 |
| Appendix B: List of Participants .....  | 28 |
| Appendix C: HCCF Evaluation Form .....  | 33 |

## Acronyms and Abbreviations

|                  |   |
|------------------|---|
| <b>AHRN</b>      | Asia Harm Reduction Network                         |
| <b>ANPUD</b>     | Asian Network of People who Use Drugs               |
| <b>APN+</b>      | Asia Pacific Network of People Living with HIV/AIDS |
| <b>AusAID</b>    | Australian Agency for International Development     |
| <b>BCC</b>       | Behavior Change Communication                       |
| <b>CDC</b>       | Centre for Disease Prevention & Control             |
| <b>COP</b>       | Community of Practice                               |
| <b>CP</b>        | Country Program                                     |
| <b>CBO</b>       | Community Based Organization                        |
| <b>DIC</b>       | Drop In Centre                                      |
| <b>DU</b>        | Drug User   |
| <b>FHI</b>       | Family Health International                         |
| <b>FSW</b>       | Female Sex Worker                                   |
| <b>HAARP</b>     | HIV/AIDS Asia Regional Program                      |
| <b>HBV</b>       | Hepatitis B Virus                                   |
| <b>HCCF</b>      | HAARP Consultation and Coordination Forum           |
| <b>HCV</b>       | Hepatitis C Virus                                   |
| <b>IBBS</b>      | Integrated Biological and Behavioral Survey         |
| <b>M &amp; E</b> | Monitoring & Evaluation                             |
| <b>MARPS</b>     | Most –At –Risk –Populations                         |
| <b>MIPUD</b>     | Meaningful Involvement of People who Use Drugs      |
| <b>MMT</b>       | Methadone Maintenance Therapy                       |
| <b>MSM</b>       | Men who have Sex with Men                           |
| <b>N&amp;S</b>   | Needle & Syringe                                    |
| <b>NACD</b>      | National Authority for Combating Drugs              |
| <b>NCHADS</b>    | National Centre for HIV/AIDS, Dermatology and STD   |
| <b>NDNM</b>      | National Drug User in Myanmar                       |
| <b>NGO</b>       | Non-Governmental Organization                       |
| <b>NSP</b>       | Needle and Syringe Program                          |

---

|              |                                    |
|--------------|------------------------------------|
| <b>OM</b>    | Outcome Mapping                    |
| <b>PE</b>    | Peer Educator                      |
| <b>PLHIV</b> | People Living with HIV/AIDS        |
| <b>PPMU</b>  | Provincial Project Management Unit |
| <b>PWID</b>  | People Who Inject Drugs            |
| <b>RAR</b>   | Rapid Assessment and Response      |
| <b>RBM</b>   | Result Based Management            |
| <b>STI</b>   | Sexuality Transmitted Infection    |
| <b>TB</b>    | Tuberculosis                       |
| <b>TOT</b>   | Training of Trainers               |
| <b>TSU</b>   | Technical Support Unit             |
| <b>UIC</b>   | Unique Identifier Code             |

---

## 1.0 Monday, April 2, 2012 – - Country Progress Reports

The HAARP Consultation and Coordination Forum (HCCF) was opened on Monday, April 2<sup>nd</sup> by **AusAID Minister Counsellor Mr. Michael Wilson** who welcomed everyone to the Sixth HCCF Forum. He said that AusAID is committed to working with each of the partner countries and is proud of the role that HAARP is playing in terms of harm reduction in each of the countries. He recognized the high-level political support which had enabled HAARP to evolve and mature over the past five years and the opportunity that the Sixth HCCF now brought to take a collective look at the wider picture of harm reduction and HIV prevention across the region. He looks forward to continuing cooperation.

Also making welcoming and opening remarks at the Sixth HAARP consultation and coordination Forum on behalf of the host country was **Under Secretary of State of the Ministry of Health HE Prof. Sea Huong**. He extended thanks to AusAID and Australia for their support for harm reduction and said that many positive outcomes have resulted since the inception of HAARP. He said that many challenges need to be addressed since harm reduction is still sensitive in Cambodia and in other countries. It is important to continue to build awareness and cooperation with government, law enforcement, CBOs, people living with HIV/AIDS and the communities within which they live. He declared the meeting open.

A HAARP regional overview was provided by **AusAID Project Manager Dr. Peter Diamond**. His PowerPoint, featured an overview of key achievements and challenges for HAARP in its regional, national and cross border programs. He talked about the importance of national ownership and leadership of harm reduction using program based approaches. He highlighted the importance of wide involvement and communication among NGOs and governments as implementing partners working with multi-sectorial partners in law enforcement, outreach workers etc. He emphasized the importance of advocacy for harm reduction in all the countries and the importance of gender equality in our harm reduction efforts. Finally, he emphasized the importance of improved M&E reporting of results both quantitatively in numbers and qualitatively through performance stories which help ensure understanding of the quantitative results of HAARP. He concluded by saying that AusAID is proud of the work being done through HAARP and recognized the challenges that need to be overcome.

In addition to presentations by representatives of the 5 HAARP countries and two cross border programs, a presentation was made by Prof. Kate Dolan on return on investment based on the Australian perspective. The essence of her presentation was that between 2000 and 2009, the Australian Government spent \$243 Million on Needle and Syringe Programs which prevented 32,050 cases of HIV and prevented 96,667 cases of hepatitis C virus **saving \$1.28 billion dollars in health care costs and lives.**

For the final session of the day, the 5 country groups were asked to focus on what could be done on themes, challenges and the way forward with respect to the following 3 themes: Advocacy and Enabling Environment, Service Delivery and Capacity Building. After each group presented, a facilitated interactive discussion followed. The results of these discussions and the group work by country are presented for each country below.

| Country                           | Cambodia By Dr. Premprey Suos, AusAID   |
|-----------------------------------|---|
| NATIONAL & REGIONAL               |   |
| Advocacy and Enabling Environment | <ul style="list-style-type: none"> <li>• M &amp; E data base for national level (looking for ways to improve reporting and learning). Increased evidence linked to advocacy</li> <li>• Stigmatization is a problem...they see people who inject drugs as criminals and don't want them in the community</li> </ul>  |
| Service Delivery                  | <ul style="list-style-type: none"> <li>• Most drugs taken in Cambodia are ATS and not people who inject drugs. Shortages include insufficient funding and human resources</li> <li>• Although they are stabilizing on methadone, the result is that we are not really able to get them back into society</li> </ul>   |
| Capacity Building                 | <ul style="list-style-type: none"> <li>• Need to set-up M &amp; E systems for harm reduction</li> <li>• M &amp; E and the conducting of research (evidence based)</li> </ul>  |
| The Way Forward                   | <ul style="list-style-type: none"> <li>• Coordination at all levels is essential</li> <li>• Cambodia has come a long way but it is still too separate and not really together- thus harmonization needs to take place at all levels</li> </ul>  |
| Comments                          | <ul style="list-style-type: none"> <li>• There is progress integrating HR programs into the health system through improved national policies including the National Strategic Plan for Illicit Drug Use related to HIV/AIDS (2011-2015)</li> <li>• There is also high level support for regional action including the signing of the regional ASEAN Declaration</li> </ul>  |
| Summary of Challenges: Day 1      | <ul style="list-style-type: none"> <li>• Improved regional, national and sub-national coordination mechanisms on harm reduction needed</li> <li>• Increased understanding of harm reduction concepts and benefits at all levels: community, local, legal etc.</li> <li>• Fragmented national leadership - improved linkages with high levels in government and high level commitment is needed</li> <li>• HAARP focus is too narrow (only focus on IDUs) – it should be wider</li> <li>• NSP's haven't reached satisfactory coverage</li> </ul> |

| Country             | Lao PDR by Mr. Soulivanh Phengxay, UNODC   |
|---------------------|--|
| NATIONAL & REGIONAL | <ul style="list-style-type: none"> <li>• Need to understand country context – Political, Legal, Socio-Economic and Cultural context all limit changes in Lao</li> <li>• Cultural issues are particularly problematic since no one wants to talk about drug use and HIV/AIDS. Law enforcement has worked on drug control so are not used to the concept of harm reduction. Slowly however there has been improvement among law enforcement counterparts</li> <li>• We can't afford NSP without external funding</li> <li>• Data collection systems are weak and need to be addressed</li> </ul> |

| Country                           | Lao PDR by Mr. Soulivanh Phengxay, UNODC  |
|-----------------------------------|---|
| Advocacy and Enabling Environment | <ul style="list-style-type: none"> <li>• Policy makers need to create national guidelines</li> <li>• Law enforcement needs to be a target at all levels</li> </ul>  |
| Service Delivery                  | <ul style="list-style-type: none"> <li>• Support for peer educators and outreach workers</li> <li>• SOP for service delivery - including referral system is needed</li> <li>• Package of HR and linkages to health system - district hospitals and health centers</li> <li>• Important to develop a multileveled system which includes peer education, health centers, district hospitals, provincial hospitals and central ministries and agencies</li> </ul>  |
| Capacity Building                 | <ul style="list-style-type: none"> <li>• Both Management skills and Technical skills need strengthening</li> <li>• Management – data collection system and reporting system; and</li> <li>• Technical - VCT, BCC, Peer education and LE</li> </ul>  |
| The Way Forward                   | <ul style="list-style-type: none"> <li>• Building partnerships</li> <li>• Strengthening and expanding peer education network</li> <li>• Improving quality and reach of services</li> <li>• Scaling up community based harm reduction services</li> <li>• Data management - data collection and reporting systems</li> </ul>   |
| REGIONAL                          | <ul style="list-style-type: none"> <li>• ASEAN (drug free by 2015) - this is a vehicle to generate more acceptance</li> </ul>   |
| Comments                          | <ul style="list-style-type: none"> <li>• Knowing the baseline number of people who inject drugs will enable us to demonstrate success through reporting on numbers of these people reached</li> </ul>   |
| Summary of Challenges: Day 1      | <ul style="list-style-type: none"> <li>• Building partnerships and complimentary service providers</li> <li>• Improving quality and reach of services</li> <li>• Evaluating effectiveness/efficiency of harm reduction service model</li> <li>• Lack of national guidelines on harm reduction</li> <li>• Referral system is limited</li> <li>• Linkages need to be strengthened and linked with SOP</li> <li>• Assessing technical assistance support for the project in Lao with phasing out of TSU and transitioning to new management model</li> <li>• Institutionalizing political/financial commitments to sustain program and scale up community based HR using peer educator networks</li> </ul> |

| Country                           | Myanmar by Dr. Htwe Kyu UNODC   |
|-----------------------------------|---|
| NATIONAL & REGIONAL               |   |
| Advocacy and Enabling Environment | <ul style="list-style-type: none"> <li>• Advocacy is really needed in Myanmar at various level as things are changing quickly in the country</li> <li>• Legal reviews and new laws are necessary to generate a better enabling environment (There are still many very old laws which need to be rewritten as soon as possible)</li> <li>• Organize more study tours to promote cross border learning in the region</li> </ul> |



| Country                      | Myanmar by Dr. Htwe Kyu UNODC  |
|------------------------------|--|
| Service Delivery             | <ul style="list-style-type: none"> <li>• Availability and access (i.e. expansion of sites/Methadone Maintenance program)</li> </ul>  |
| Capacity Building            | <ul style="list-style-type: none"> <li>• Needed for Community (groups of people who inject drugs)and Government - law enforcement and health</li> <li>• Ongoing - project staff need to be updated and M&amp;E capacity increased</li> <li>• Many institutions are changing in the Myanmar context - there will be some very positive changes. The Government is opening up which should be very helpful.</li> </ul>   |
| The Way Forward              | <ul style="list-style-type: none"> <li>• Research - size estimation - number of people who inject drugs</li> <li>• Follow up legal review - behavioral biological survey</li> <li>• Strengthening networks across the country via National Drug Users Network Myanmar</li> </ul>   |
| Comments                     | <ul style="list-style-type: none"> <li>• Challenges with law enforcement agencies which need to work more with public health</li> </ul>  |
| Summary of Challenges: Day 1 | <ul style="list-style-type: none"> <li>• Reduced services due to diminishing multi-donor funds</li> <li>• Turnover of trained staff and overall low human resource capacity</li> <li>• Need to improve data collection methods and analysis</li> <li>• Outdated laws which need replacing as soon as possible</li> <li>• Security concerns related to armed conflicts with ethnic groups</li> <li>• Ongoing advocacy needs to change government structure and staff</li> </ul> |

|                              | China Cross-Border by Dr. Xue Hui NCAIDS (for Dr. Duo Lin), HAARP   |
|------------------------------|---|
| Summary of Challenges: Day 1 | <ul style="list-style-type: none"> <li>• Lack of coordination between regional and national levels</li> <li>• Political sensitivity on both sides needs improving</li> <li>• Very cautious action by providers on both sides (China and Myanmar)</li> <li>• Need to formalize the process, i.e., through a bilateral MOU between the two countries</li> </ul> |

| Country                           | China by Dr. Xue Hui, NCAIDS   |
|-----------------------------------|--|
| NATIONAL & REGIONAL               |  |
| Advocacy and Enabling Environment | <ul style="list-style-type: none"> <li>• Policy cannot keep pace with practice. Policy supports NSP but older policies need to be changed since they are outdated</li> <li>• Law enforcement orally agrees and supports NSP. Corresponding documents are not available. Policy change is a long process</li> </ul>   |
| Service Delivery                  | <ul style="list-style-type: none"> <li>• Females who inject drugs are a challenge in that they are hard to reach. Not many females are contacted each month.</li> <li>• Cross-border PWIDs – funding resources are a problem since HAARP will be ending and there is no other support mechanism for cross-border projects to continue. One is necessary</li> </ul> |

| Country                      | China by Dr. Xue Hui, NCAIDS   |
|------------------------------|--|
| Capacity Building            | <ul style="list-style-type: none"> <li>• Frequent turnover of staff decreases sustainability of project since corporate memory is lost and training is needed continuously</li> <li>• Lack of a comprehensive M&amp;E system with a focus on capacity building</li> </ul>  |
| The Way Forward              | <ul style="list-style-type: none"> <li>• Key area of focus regionally should be cross-border cooperation i.e. with Vietnam, Lao etc.</li> <li>• Comprehensive, cost effective research is really needed. This needs to be done with the help of TSU or technical assistance</li> <li>• Technical support - we really need more technical training (i.e. overdose, promotion of naloxone, outreach training since in China we don't have much training like this)</li> </ul>  |
| Summary of Challenges: Day 1 | <ul style="list-style-type: none"> <li>• Generating, collating and disseminating project outcomes</li> <li>• Ensuring sustainable development of project outcomes</li> <li>• Continuing and widening regional cooperation</li> <li>• Challenge of setting up new harm reduction service centers in cross-borders settings</li> <li>• Strengthening systems for scaling up comprehensive harm reduction services and referral system (need for follow-up)</li> <li>• Strengthening managerial skill and technical skills of harm reduction personnel</li> </ul> |

| Country                           | Vietnam by Dr. Nguyen Thi Huynh, CPMU   |
|-----------------------------------|---|
| NATIONAL & REGIONAL               |   |
| Advocacy and Enabling Environment | <ul style="list-style-type: none"> <li>• Engagement of relevant ministries - Foreign Affairs, MOF, Border etc.</li> <li>• Lack of evidence of cost effectiveness of project. Need for better data in country- i.e. data spoken about by Prof. Dolan is not available in Vietnam – Need is to capture more of that data</li> <li>• Too high workloads, lack of government funding, and lack of project branding</li> <li>• Lack of understanding of relevant ministries about their role and engagement</li> </ul> |
| Service Delivery                  | <ul style="list-style-type: none"> <li>• Legal framework agreements between countries across borders need to be strengthened.</li> <li>• Community integration, psycho-social and vocational needs all must be better understood</li> </ul>   |
| Capacity Building                 | <ul style="list-style-type: none"> <li>• Reach relevant Ministries (namely Health Ministry and affect changes including standard HR materials and training)</li> <li>• Lack of national HR guidelines and need more technical assistance</li> <li>• Study of cost effectiveness of NSP in Vietnam</li> </ul>  |
| Comments                          | <ul style="list-style-type: none"> <li>• Issue of providing training, not only for prison staff, but also for inmates?</li> </ul>   |

|                                     |  |
|-------------------------------------|--|
| <b>Country</b>                      | <b>Vietnam by Dr. Nguyen Thi Huynh, CPMU</b>   |
| <b>Summary of Challenges: Day 1</b> | <ul style="list-style-type: none"> <li>• Geographic access to reach ethnic minorities - mountainous regions and languages (ethnic)</li> <li>• Production of Guidelines needed for NSP, condoms, and outreach</li> <li>• Minimal partnership and involvement with community groups to date. Traditional thinking and perceptions about risks (MSM in closed settings and discrimination )</li> <li>• Top down vocational training and lack of learning-driven training</li> <li>• Still require technical assistance - TA from Centre to Outlying areas.</li> <li>• M &amp; E (a lot of data but not well tracked)</li> <li>• Coordination and more involvement of Government Staff (they have limited time and need to be brought in)</li> </ul> |
|                                     | <b>DKT – Vietnam A.C. Burwell and Ha Thi Luc</b>   |
| <b>Summary of Challenges: Day 1</b> | <ul style="list-style-type: none"> <li>• Continue to try reaching hard to reach PWUDs and PWIDs</li> <li>• Challenges of using more of a private sector approach to off-set donor cut-backs in the future</li> <li>• Continuing to sell the model - i.e., training of motivators, pharmacists</li> <li>• Social marketing used to do advocacy</li> <li>• Low literacy rate in many of the problem areas (Behavior Change Communication - BCC)</li> </ul>   |

## 2.0 Tuesday, April 3, 2012 – Civil Society Partnerships and Engagement in Harm Reduction and HIV

Following a short summary of the preceding day, the second day was opened. The primary objective of the day was to demonstrate progress in establishing civil society partnerships and engagement with stakeholders by overviewing achievements, challenges, constraints, coping strategies and ways of enhancing cooperation. The day included regional and country perspectives.

After an introduction by Lissa Giurissevich of AusAID, the morning began with 3 presentations by representatives of peer-led regional networks including the Asian Network of People who Use Drugs (ANPUD – Dean Lewis), the Asian Harm Reduction Network (AHRN – Ronny Waikhom) and the Asia Pacific Network of People Living with HIV/AIDS (APN+ Shiba Phurailatpam). A summary of their presentations is listed below:

| Day 2, morning | Regional Perspectives and Challenges   |
|----------------|--|
|                | <ul style="list-style-type: none"><li>• Asia now has a wide variety of regional and national harm reduction networks which are linked, have established trust and partnerships with community groups, and can support efforts to reach target populations</li><li>• Regional networks of people who use drugs can lead peer to peer training, community involvement and bring issues forward to regional and global levels</li><li>• Injecting drug use is increasing but funding for people who inject drugs is not increasing</li><li>• Coverage, including treatment access, still remains below levels necessary to have impact on the HIV epidemic. Treatment literacy remains a challenge and it is critical to engage and transfer knowledge among, and across, peer groups</li><li>• There is a need for increased funding support to enable capacity building of CBOs</li><li>• There continues to be a lack of supportive legal and policy frameworks throughout the region</li><li>• There are many issues concerning human rights, forced testing, coerced treatment, compulsory registration to access treatment etc.</li></ul> |

These 3 morning presentations also focused on several of the same themes as were introduced on the previous day. In particular, the presenters pointed out that increased dialogue is necessary which includes governments, donors and community based organisations/ civil society all together sharing their views. They believe that CBOs and NGOs need to be at the table. Similarly, cross border activities should also involve all three groups. In summary, there needs to be much more communication about how to solve issues related to Harm Reduction. In some instances, the way CBOs/NGO representatives express their views sounds adversarial to governments and donors. Efforts to bring the various stakeholders together in non-adversarial contexts to discuss the issues is essential to ensuring that all points of view are heard, all types of expertise are accessed and overall that there is wider ‘buy-in’ from all the stakeholders.

Following these presentations from the regional networks, the 6 HAARP country CBO/NGOs were asked to present as part of a panel facilitated by Palani Narayanan who is the HAARP strategic transition advisor. The 6 CBO/NGO presentations were delivered by: So Kimhal of Khana Cambodia, Hong Sovann of Friends International Cambodia, Luo Zhi, Yundi Harm Reduction Network, (presenting a Yundi video screening from the China-Myanmar border), Kyaw Thu from the Myanmar Drug user Network, Phanthamith Seangpanya of the Lao Network of Positive People (LNP+), and Tran Minh Gioi of Centre for Community Health Promotion (CHP) Vietnam. A summary of the key points made in the CBO/NGO presentations is described below:

| Day 2, morning | HAARP Country NGO and CBO Challenges   |
|----------------|--|
|                | <ul style="list-style-type: none"> <li>• Lack of information and frameworks in place including national guidelines for minimum standards of treatment</li> <li>• Lack of coordinated M&amp;E system across harm reduction programs and lack of access to technical M&amp;E support</li> <li>• Coordination mechanisms among local partners, and with national levels, are needed to ensure multilevel cooperation</li> <li>• Use of the Unique Identifier Code (UIC) is important to help reduce coverage overlap and service duplication which can distort statistics</li> <li>• Increased collaboration with other projects, partners and networks is essential</li> <li>• Developing improved communication channels at the community level with multiple stakeholders is necessary</li> <li>• Social support – stigma and discrimination against PLHIV and PWID continues and needs to be addressed</li> <li>• Mobile populations travelling to and from other countries, and cross-border services, need to be increased</li> <li>• Lack of long term funding including more support for purchasing supplies of ARVs, testing kits etc.</li> <li>• Increased support and investment to increase the capacity of local, national and regional networks.</li> </ul> |

Overall, the presentations highlighted the need for increased communication, coordination and sharing of information among all stakeholders. They also highlighted the need for increased support in terms of funding to their organizations and the need for investment in CBO/ NGO capacity building throughout the Mekong sub region.

The early afternoon session included three presentations to highlight other important civil society perspectives and advocacy issues. They included: Khana Technical Hub (Greg Gray) on the provision of technical support to community based organizations; a research presentation on Community, Police and the Law by Nick Thompson from the Nossal Institute for Global Health and Drug Policy Reform; and the importance of Civil Society by Gloria Lai from the International Drug Policy Consortium (IDPC).

## Day 2, afternoon

### Presentations about community

- The Technical Support Hub (KHANA) provides support to community based organizations to strengthen their capacity through tailored programs and provision of technical support. AusAID support to the technical hub runs until the end of 2012.
- Law enforcement programs working with Harm Reduction should focus on 6 important items: 1. Leadership, 2. Growing civil society networks, 3. Police reform, 4. Communication, 5. Addressing Structural Drivers i.e. violence, scaling up, etc. and 6. Monitoring & Evaluation. "It is the intersection of law enforcement and HIV programs and the people they work with that ultimately dictates how 'enabling' the enabling environment is." Improving the enabling environment is critical!"
- Drug policy reform including the importance of civil society to improve our understanding of impacts of drug policies, the importance of engaging policymakers and CBOs in the debate, and confronting ideas and factors that block harm reduction – would all together help improve the enabling environment

These three presentations shared valuable individual lessons learned on the realities of a technical hub in one country; how law enforcement can assist in harm reduction, and how an understanding of drug policies and their impacts is important for all stakeholders. Overall, the 3 presenters called on all stakeholders to come together to integrate these issues into an ongoing dialogue which involves all key stakeholders.

To complete the second day, a final panel on the effective involvement and participation of the community in harm reduction was facilitated by Peter Diamond. This panel included: Dr. Premprey Suos focusing on policy and law; Kate Dolan discussing capacity and enhancing collaboration to improve program outcomes; Nick Thompson focusing on the link between community-led health programs and law enforcement agencies; and Dean Lewis discussing advocacy and multi-sectoral engagement.

The panel fleshed out ideas about how to overcome legal and other barriers to involving the community and discussed other models of engagement which should include the participation of an increased number of community stakeholders.

The overall message from the final panel and from the day was that the community, through regional and national NGOs and CBOs, need to be more involved with Governments and Donors in all aspects of establishing how best to deal effectively with integrated harm reduction in the Mekong sub-region.

### 3.0 Wednesday, April 4, 2012 – Monitoring and Evaluation

Following a brief summary of the key issues and challenges on partnerships with civil society identified on Day 2, facilitators opened the session on Monitoring and Evaluation – focusing on reporting results qualitatively by presenting performance stories.

The facilitators opened the session by asking everyone to reflect on what they think of when they hear the words ‘Monitoring and Evaluation’. Their responses are noted below:

#### *Cambodia*

- Something that captures progress, outcomes and impacts of the program
- It is key for feedback and identifies issues which help reach targets

#### *China*

- Better information and knowledge
- Ensures that data is collected in a standardized way
- Triangulation of data for verification is important

#### *Vietnam*

- We can “check” information which is needed for planning
- Evaluation of performance and making adjustments based on this
- M & E is difficult to do – and also retain consistency with other countries

#### *Myanmar*

- M & E allows checking alignment with project outcomes
- Monitoring is an ongoing practice

#### *Lao PDR*

- Difficult to decide what to monitor or evaluate and what format to use
- Reviews progress of project to date
- Important to use past assessments to plan for the future

To ensure that everyone had the same understanding and definitions of M&E, the facilitators presented the standard Results Chain: Inputs, Activities, Outputs, Outcomes and Impacts using examples from Harm Reduction. The usefulness of Results Based Management (RBM) was described as an approach which provides management with constant feedback on what works and doesn’t work to allow corrective actions to be identified and carried out by project managers and stakeholders.

After this, Outcome Mapping (OM) was presented as another approach to M&E which focuses on presenting outcomes in the form of performance stories which describe changes in behavior resulting from actions taken by a program or project. To link this to Harm Reduction, three 'success stories' from HAARP were shared and the 5 country teams were informed that they would be asked to prepare some of their own 'success stories' after two presentations by the partners.

The first presentation by Dr. Duo Lin (HAARP Yunnan Manager) described the M&E system piloted in Yunnan Province in China. It was presented as an excellent example of how to use online data for effective M&E of harm reduction activities. In brief, this system set up a database to collect data from 19 project sites. It provides access to real time data from counties across Yunan Province and harnesses the internet and web-based platforms to help the project report on local innovations and successes. Like all good M&E systems, it provides project personnel with timely data from the 19 counties which can help them understand how local data fits into the overall picture.

The users of the M&E system do not need to be experts to use the model which meets HAARP reporting needs. This program is a particularly good example of how to compile and use quantitative data. The approach augments this by collecting qualitative data through field visits (which include interviews and focus groups), and qualitative surveys.

The second presentation by Dr. San San Myint (Technical Advisor to HAARP) described the present M&E system in HAARP. The goal of HAARP is "To reduce the spread of HIV associated with injecting drug use among men and women in HAARP Countries in SEA." This is the impact level to be evaluated at the mid-point and at the end-of-program. The work of M&E at the program level focuses at the outcome level which is "To strengthen the capacity and will of government and communities in HAARP Countries to reduce HIV related harm associated with drug use". Dr Myint described the present system which focuses on gathering outcome and output level quantitative results and regularly reporting on them especially in the 4 Key Output Areas of Enabling Environment - Advocacy, Capacity Building, Service Delivery and Program Support. This information is recorded by each country using a set of templates which focus on gathering quantitative data but do not focus on gathering qualitative information.

Following these presentations, the 5 countries were asked by the facilitators to break into small groups and respond to the following:

1. Identify Performance Stories (Qualitative indicators)
2. Identify gaps/challenges to M&E in your country
3. M&E Country Sustainability Plans (Qualitative and Quantitative indicators)

### **Group Work Responses to the 3 Questions on Monitoring and Evaluation**

Below are summaries of each country group responses to the 3 questions:



## 1. LAO PDR

### *Q1. What performance/success stories can you provide us with from your country?*

The Lao group presented the following story about a Peer educator for PWID in Phougsaly Province. A man 35 years old and married with two children was recruited as a peer educator and received training in May 2011, becoming a peer educator in November 2011.

Through this work he gained knowledge of what his symptoms meant. He had a HIV test in Viet Nam in January 2012 and began treatment in Viet Nam. Unfortunately, he passed away, however his wife was tested for HIV AIDS and was found to be negative. Her HIV/AIDS awareness was raised and she went back after 3 months to be retested. She gained knowledge herself and decided to work as a Peer Educator. She lost her husband but is determined that she will live for her children and will make sure that they are tested just in case. Through her experiences and her contact with HAARP, she learned the importance of protecting oneself and one's family from HIV/AIDS. She also understands that if her husband had found HAARP early enough, he would in all likelihood not have died. She is determined (especially for the sake of her children) to make the best of her knowledge to help others who may be a risk.

### *Q 2: Gaps and Challenges in M & E*

- Weak management capacity leading to weak ability to design and manage M & E.
- Data collection system still new – staff still needs to be trained on M & E.
- Many project staff have a low level of education, especially those recruited at the grassroots level which makes collecting M & E information complicated.
- Limited access of PWUD to the project due to fear of police and stigma in the community.
- Project sites are isolated and difficult to reach.
- Language is a barrier for staff and PWID because many people only speak local languages.
- Peer Educators don't have systematic incentives for their work – only 2 months ago they received some funds but the amount was very low – \$45.00 USD per month.
- Zone policy has not yet been applied and there is only one M & E system at the county level.
- No M & E Guidelines are followed and there is no Standard Operating Procedures on HR.
- There are also IT barriers (i.e., internet, email) and in fact most reports are sent by public buses.

### *Q3: M & E Country Sustainability Plan*

- An assessment of existing M & E systems needs to be carried out to decide how to move forward in the best way on monitoring and evaluation.
- Set-up national policy and strategy on harm reduction.
- Advocacy on Policy/Strategy to gain support and commitment from decision makers at all levels.
- Capacity building on M & E System should be a priority.
- Integrate the HAARP M & E System into wider HIV/AIDS system (Zones principle of UNAIDS).
- Develop guidelines and Standard Operating Procedures on Country HAARP M & E mechanism.
- Set-up a staff unit responsible for M & E which includes Focal Points plus TA if needed.
- Strengthen Coordination among stakeholders on Monitoring and Evaluation. Disseminate M & E reports to share information and experiences with other countries.

## 2. VIET NAM

### *Q1. What performance/success stories can you provide us with from your country?*

The Vietnam group presented the following story. A 24 year old Male came to the attention of a HAARP Peer Educator in Viet Nam. This man often shared Needles and Syringes (NS) and was jobless. In addition, his low education level, combined with a general lack of knowledge on HIV/AIDS put him at risk. He was part of the 'mobile' population that roamed from place to place and was difficult to meet. He was afraid of being arrested 'red-handed' with a NS. Where he lived, he felt at risk of being charged with trafficking.

The history of this man was that his parents had tried many times to use their social networks to help him stay out of jail. They tried to persuade him to stop using drugs. The Peer Educator explained to the man that harm reduction was different and that he needed to stop sharing his NS and explained why this was important. Once he understood the facts, he was more cooperative. The moral argument had not worked but the harm reduction argument did. In fact this man not only stopped sharing his NS, but he introduced many of his friends to the program. In this way, through building of trust and word of mouth, the program was able to reach many of the PWUDs and contribute to decreasing the spread of HIV/AIDS in this population.

### *Q 2: Gaps and Challenges in M & E*

- It is difficult to reach many of the ethnic groups (both geographically and due to language barriers) and the size estimation of the target groups is not accurate.
- Many people in the ethnic groups are not literate so it is difficult to do written advocacy and data collection.
- People responsible for data collection are not able to meet the demands, especially since they are often dealing with multi-sectoral implementers. The real level of effort is also not clear.
- Also, some basic tools for data management, i.e., software, are not available.
- Data collection and analysis are hampered by limited capacity. Reporting forms are not structured to encourage inclusion of all activities in which the program engages and has success. This is a factor leading partly to performance stories and successes being underreported.

### *Q3: M & E Country Sustainability Plan*

- Setting up good reporting systems from the Commune to the District to the Ministry (VAAC) is a goal that needs to be accomplished to achieve sustainability.
- It is necessary to provide on-going training for staff to overcome high staff turnover especially for those who are in charge and making decisions which affect the project. Any necessary equipment which could be provided would be most welcome.
- Performance monitoring and regular technical assistance are critical to working toward sustainability.
- It is important to also consider financial and budgetary issues. To strengthen and maintain sustainability the program needs to create more connections with government and the justice system.

### 3. MYANMAR/BURMA

#### *Q1. What performance/success stories can you provide us with from your country?*

The Myanmar team spoke about how their program was fledgling and was focused around creating a stronger enabling environment. The program works on Advocacy, Legal Reviewing, service delivery to improve access and also planned a Study Tour for 'cross learning' in the region. Their overall goal is to expand sites and the MMT program. They feel that in the areas of advocacy, legal review and HR implementation that they have not achieved the same level of success as HAARP programs that have been running longer. Indeed, the Myanmar group feels that they can learn from other countries, especially China, which has a cross-border program involving Myanmar nationals. Capacity Building is also a priority with community groups, government staff and their own project staff, particularly on issues involving data collection and analysis for M & E. It was pointed out that although the above are all very important activities, they do not constitute success.

The group identified two success stories. The first story described a twenty year old former PWID who came from the middle of the country. He tried to stop using drugs and was contacted by a peer educator. He had many issues related to drug addiction and petty crime. He was able to enter the Harm Reduction program and now works successfully as an outreach staff for the project.

The second story described a young man who started by snorting heroin and then changed to injecting drug use. He could not really afford this habit and got involved in petty crime. During the worst period, many things happened to him including his elder brothers dying of HIV/AIDS related complications and another brother being arrested by the police for crimes related to drug use. This young man did not want to end up the same so he decided that he would come into the HAARP HR, especially MMT service. He is functioning much better and is now a peer educator himself.

#### *Q 2: Gaps and Challenges in M & E*

- The change of government will likely mean a change in staff which will be a problem for the project (at least initially) since new people are not likely to be familiar with HAARP etc.
- Myanmar is dealing with outdated laws which need to be improved. To do this, they need a positive enabling environment.
- They aren't able to collect needed data and gain access to PWUDs due to fear of reprisal.
- Many stakeholders are enlightened individuals (i.e., a well-known Police Colonel) within the country who have spoken out about the need for reform and the benefits of harm reduction.
- Research is a key component to advocacy, especially since even simple basics like size estimation are missing. This is critical along with a legal review to ensure that the environment promotes behaviour change.
- Advocacy would obviously be enhanced with better M & E, especially if it was undertaken with relevant ministries in the country.
- Most government staff are overworked which, coupled with a lack of government funding for collection of data, makes M& E difficult.
- Going forward, it is necessary to engage with relevant ministries and provide assistance to them.
- Project branding is important since it affects messaging and data collection.
- They need to find a way to collect data which is not simply quantitative but also qualitative. Developing performance stories is a critical first step and good way to start. There are stories that can be collected

from both the psychosocial work and the vocational work being done or coordinated by the project. Issues remain with capacity building which is still very challenging in terms of M & E reporting.

- In addition, discriminatory issues continue to be a challenge in terms of data collection, since those who feel vulnerable, are slow to report and disclose information to authorities for fear of reprisal or stigma: i.e. disclosure on homosexuality is problematic in certain settings.
- In their standard HR material, they would like to improve their information on the state of affairs in terms of harm reduction in their country but even for them it is difficult to get an accurate picture yet.

### *Q3: M & E Country Sustainability Plan*

- Setting up a good reporting system and a review of the current system is needed.
- Performance monitoring training and capacity building of stakeholders are both critical as part of working toward sustainability
- The biggest issue is to work closely with government officials to find a home for the project and for its future monitoring and evaluation functions
- Financial and budgetary issues are also an obstacle to sustainability but working more closely with government and community is a way towards finding a solution
- Improved baseline data is really necessary in the future. Qualitative information will be captured through performance stories which will augment quantitative reporting data captured within the present log frame. They would like assistance with this since this is a capacity which they feel would help them reach more stakeholders and help them to sustain their work beyond HAARP.

## 4. CHINA

### *Q1. What performance/success stories can you provide us with from your country?*

The China group discussed a few stories and presented this one. It is a story of a young man who not only turned his life around but also came to the HCCF to tell his success story himself. Before HAARP, he was a drug user who tried to buy his N/S in a small village clinic. Unfortunately he wasn't able to get new N/S all the time and this certainly put him at risk for sharing needles and syringes. He found HAARP and eventually became an outreach worker.

He talked of having to deal with family discrimination also since his family did not feel comfortable with open disclosure so he felt very torn. However, after a number of training workshops which were set up for outreach workers and their families, his mother started to see the value of what he was doing and agreed with his new approach. This family support has helped him greatly since it helps him and is one less thing against which he has to fight.

### *Q 2: Gaps and Challenges in M & E*

Although China's program is considered a model, naturally there are still some challenges to overcome. Despite the fact that they do have good baseline information and a data base set up to inform project management, they feel that they still have a way to go and want to continue to improve on their M & E system as follows:

- They would like to make a greater link between quantitative and qualitative data, i.e., they would like to make sure that their performance indicators include a mixture of both.
- They feel that there are gaps in terms of their capacity building indicators.
- They would like to make more of a direct link among advocacy, knowledge management and M & E. Currently they collect performance stories which they are profiling and quantitative data in their data base (including baseline data) which together they use to write reports (which meets AusAID requirements).
- They want to continue to draw in other stakeholders such as government and university professors etc. to make their system more robust.

### *Q3: M & E Country Sustainability Plan*

- They would like to ensure that there is a strong link between their indicators and the governments national assessment indicators so that information can be shared, compared and aligned.
- They would like to have a good evaluation to ensure that the project is moving forward in the right direction and collecting the right kind of information to enhance its programming.
- They would like to strengthen their M & E capacity within their project to collect better results and gain more knowledge.

## 5. CAMBODIA

### *Q1. What performance/success stories can you provide us with from your country?*

Rather than describing an individual success story, Cambodia presented its MMT program as a success story. As background to the history of harm reduction programs in Cambodia, the following was outlined:

- Government commits to supporting HR: HR is included in the national strategic plan of the National Authority for Combating Drugs (NACD).
- Strong advocacy work done by UN team, AusAID and other partners,
- NGOs have been authorized to have NSP licenses since 2004,
- Government endorsed the integration of HR into Public Health System,
- **In 2007**, Cambodia initiated the MMT clinic with support from WHO and UNAIDS through a request to NACD.
- **In 2008**, Ministry of Health National Program for Mental Health endorsed the MMT program to be implemented in consultation with NACD.
- **March 2009**, MMT implementation plan was signed.
- **June 2009**, HAARP signed funding agreement to establish and operate the first MMT program within the health system through WHO.
- **July 2010**, Official inaugurated by Minister of Health, AusAID, WHO and other development partners
- **November 2010**, H.E Mr. Ban Ki Moon, UN Secretary General, provided doses to MMT clients.
- By March 2012, 200 MMT (Methadone Maintenance Therapy) clients enrolled

#### **Results:**

- 98% of clients have quit heroin injecting behavior
- Reduction of individual daily expenses from USD17 to less than USD 1 / week
- Reduction of crime from 9 times / month / individual to almost none
- 1 year retention rate > 80%; and 1 year adherence rate > 90% and stabilized client lives
- Key breakthrough for implementing harm reduction program through health system

## Q 2: Gaps and Challenges in M & E

### Gaps in M&E:

- Lack of quality success stories
- Limited use of stories with certain audiences

### Challenges

- Fragmented M&E system at agency level with no strong and centralized system
- Lack of Unique Identifier Code (UIC) / potential overlap
- Limited coordination, and limited human resources and money
- No incentive to support story development and no dissemination channel for stories
- No system to request stories from partners/ No functioning reporting system
- Services not comprehensively provided, hence we don't achieve our outcomes

## Q3: M & E Country Sustainability Plan

- Needs assessment of the national M&E system for harm reduction
- Developing only one national M&E system and one M&E framework for harm reduction
- Capacity building on M&E for harm reduction program not only for the government but also for implementing partners:
  - Conducting population size estimates for PWUD and PWID
  - One national UIC
  - One minimum dataset on harm reduction
  - One data analysis and reporting system

Following each of the presentations by the 5 countries, there was substantial discussion with all members in the larger group. Highlights of the sessions included the personal nature of the presentations of performance stories outlined by both members of civil society and by government representatives. When these stories are fleshed out, most will be excellent examples of qualitative results in the form of performance stories from HAARP. Similarly, the lists of gaps and challenges for M&E should be used by the countries in reporting results over the next year. And, finally, completion of the M&E Sustainability Plans, points out the direction for implementing M&E in each country.

In summary, in terms of themes and activities, using Cambodia as an example, some activities fall at the national level while others are at both the national and regional levels. For Advocacy and Enabling Environment, the following are national activities - develop advocacy plans, SOP policy and guidelines, advocacy training and advocacy with national and community stakeholders, while others such as training and workshops, advocacy to regional policy makers, and compiling evidence, are at both national and regional levels.

In terms of service delivery, national activities include: Harm Reduction through health system being expanded and scaled-up, developing a national reporting system, using the Unique Identifier Code, and setting up the M&E system for Harm Reduction. Capacity building, planning, program management and coordination are at both levels while collecting base line evidence on capacity level is national.

With respect to challenges, national issues include: most money is now only for PWIDs and there is too little overall money, shortage of human resources, policies conflicting with HR, limited support for social rehabilitation of those stabilized with MMT, and there continues to be stigma and discrimination at the societal level. Finally, for the way forward, capacity building of MOH on comprehensive HR, development of evidence-base, M&E reporting, advocacy and coordination at all levels are both regional and national activities.

To demonstrate how a Monitoring and Evaluation Program can be delivered in a Country Program, the recent M&E Training held in March, 2012 in Cambodia was presented by Dr. Premprey Suos. The goal of the training was “to provide technical skills essential to the improvement of the current M&E system for Harm reduction programs in Cambodia.” The participants were intended to learn to understand the concepts of M&E and the roles of M&E as part of HIV/AIDS program management. In addition, they were intended to learn how to present M&E findings and how to appraise and improve indicators for harm reduction and the complete current M&E system for Harm Reduction in Cambodia.

Following this presentation, the steps to building a user friendly M&E system were summarized by the facilitators who thanked the group for their contributions to the interactive day. In summary, the overall issue is that M & E needs to be integrated into the whole project cycle: planning, implementation, and results monitoring and evaluation. Without this, it is difficult to understand what is working and what is not and why and also how the project ultimately will be sustainable. M & E should not be a stand-alone in the final years of the project. It needs to be well integrated into the systems of the countries participating in HAARP and needs to track the concerns and successes of governments, partners and other stakeholders, i.e., civil society and community based organizations.

Also, since the form and function of reporting are so closely related, it is vital to provide the ‘space’ for the collection of qualitative as well as quantitative data in the project data collection forms. Currently the forms request primarily quantitative data so it is no surprise that this is primarily what is collected. Yet the HAARP story, as the Performance/Success stories firmly underscore, is so much more powerful with both the quantitative and qualitative data included. The participants recognise their need to build further capacity on M & E. They also have much to learn from each other as the presentations on M& E by China and Cambodia demonstrated.

## 4.0 Evaluation of 6<sup>th</sup> HAARP Consultation and Coordination Forum

Following completion of the M&E session, final remarks and a thank you to all was made by Peter Diamond who closed the meeting on behalf of AusAID. He said that he was pleased that this HAARP Forum had broadened the number and type of stakeholders this year to be more inclusive than in the past. He also said that one of the real revelations from the Forum, was the importance of sharing performance about HAARP through its success stories.

The final aspect of the Forum was completing the evaluation form which was done by 42 participants. As summary of all the answers to the 8 questions are included in the Appendix of this report. In short, the responses were:

1. **97%** agreed or strongly agreed that the venue was comfortable and appropriate
2. **97%** agreed or strongly agreed that the information and discussion was useful for CP planning
3. **86%** agreed or strongly agreed that there were enough opportunities to express their views.
4. **97%** agreed or strongly agreed that the presenters and facilitators were easy to understand and facilitated well
5. The session mentioned the most by **70%** of the respondents as particularly good was M&E.
6. No specific sessions were viewed as unhelpful
7. Suggestions for future sessions were varied with the addition of field visits mentioned by **20%**
8. **20%** of suggestions for sustainability of HAARP focused on increasing the diversity of stakeholders and opportunities for dialogue more widely with community and high level officials.



# Appendixes

---

## Appendix A: HCCF Agenda

6<sup>th</sup> HAARP Consultation and Coordination Forum

2- 4 April 2012: Angkor Era Hotel, Siem Reap, Cambodia

### Day 1: Country Progress Reports

| Time  | Topic  | Speakers   |
|---|--|--|
| 8:30 – 9:00   | Registration   |  |
| <b>Opening Session</b>  |  |  |
| 9:00 - 9:15   | Welcome and opening remarks  | <i>Mr. Michael Wilson,<br/>AusAID Minister Counselor</i>             |
| 9:15 – 9:30   | Welcome and opening remarks  | <i>H.E Prof. Sea Huong,<br/>Under Secretary of State, MoH</i>        |
| 9:30 – 9:45   | HAARP Regional Overview  | <i>Dr. Peter Diamond (HAARP Regional<br/>Program Manager AusAID)</i> |
| <b>Country updates: progress, future plans and challenges</b> |  |  |
| 9:45 – 10:10  | Cambodia – presentation, brief Q&A   | <i>Dr Premprey Suos AusAID</i>                                       |
| 10:15 – 10:45   | <b>Coffee Break</b>  |  |
| 10:45 – 11:10   | China – presentation, brief Q&A  | <i>Dr Xue Hui NCAIDS</i>   |
| 11:10 – 11:35   | Vietnam – presentation, brief Q&A  | <i>Dr. Nguyen Thi Huynh CPMU</i>                                     |
| 11:35 – 12:00   | Myanmar – presentation, brief Q&A  | <i>Dr Htwe Kyu UNODC</i>   |
| 12:00 – 12:25   | NSP return on investment the Australian Perspective                                    | <i>Prof. Kate Dolan</i>  |
| 12:30 – 13:30   | <b>Lunch</b>   |  |
| 13:40 –14:05  | Laos – presentation, brief Q&A   | <i>Dr. Soulivanh Phengxay UNODC</i>                                  |
| 14:05 – 14:30   | Cross Border Program China, brief Q&A  | <i>Dr Duo Lin, HAARP</i>   |
| 14:30 – 14.55   | Cross Border Program Vietnam DKT, brief Q &A   | <i>Carlos Ferraro / Ha Thi Luc</i>                                   |
| 15:00 – 15:20   | <b>Tea break</b>   |  |
| 15:30 – 16:30   | Facilitated discussion on common themes, issues and challenges within country programs | <i>Melinda and Michael</i>   |
| 16:30 – 16:40   | Summary Day 1  |  |
| 18:00 – 21:00   | <b>WELCOME DINNER FOR ALL ATTENDEES HOSTED BY AusAID</b>                               |  |

## Day 2: Civil society partnerships & engagement in Harm Reduction & HIV

| Time   | Topic  | Speakers  |
|--|--|---|
| 9:00 - 9:10  | Introduction of session objectives<br>AusAID and Civil Society Engagement  | Lissa Giurissevich (AusAID)   |
| Progress in establishing civil society partnerships & engagement with stakeholders. What are the areas of engagement, achievements, challenges, constraints, coping strategies, enhancing cooperation? |  |   |
| <b>Regional Perspective</b>  |  |   |
| 9:10 – 9:25  | Asian Network of People who Use Drugs (ANPUD)  | <i>Dean Lewis</i>   |
| 9:25 – 9:40  | Asian Harm Reduction Network (AHRN)  | <i>Ronny Waikhom</i>  |
| 9:40 – 9:55  | Asia Pacific Network of PLHIV (APN+)   | <i>Shiba Phurailatpam</i>   |
| 9:55 – 10:30   | Discussion   |   |
| Coffee Break   |  |   |
| <b>HAARP country NGO/ CBO panel discussion /presentations</b>  |  |   |
| 11:00 – 12:45  | Khana Cambodia<br>Friends International Cambodia   | <i>So Kimhai</i><br><i>Hong Sovann</i>  |
|  | Yundi Harm Reduction Network China   | <i>Luo Zhi</i>  |
|  | Myanmar Drug User Network  | <i>Kyaw Thu</i>   |
|  | LNP+ Laos PDR  | <i>Phanthamith Seangpanya</i>   |
|  | CHP Vietnam  | <i>Tran Minh Gioi</i>   |
| 13:00 – 14:00  | <b>Lunch</b>   |   |
| 14:00 – 14:20  | Khana Technical Hub: Presentation  | <i>Greg Grey</i>  |
| 14:20 – 14:40  | Community, Police and the Law: Presentation  | <i>Nick Thompson</i>  |
| 14:40 – 15:00  | Drug policy reform: the importance of civil society  | <i>Gloria Lai (IDPC)</i>  |
| 15:10 – 15:30  | <b>Tea Break</b>   |   |
| 15:40 - 16:40  | Panel Discussion: <i>the effective involvement and participation of community in harm reduction.</i><br><u>Policy and Law</u> – barriers and legal reform<br><u>Capacity</u> – tools, human and financial resourcing<br>“Enhancing collaboration, Improving program outcomes: Engaging community-led health programs and law enforcement agencies”<br><u>Advocacy and Multi-sector engagement</u> – platforms and representation for greater engagement. | <i>Michael/Melinda</i><br><br><b><u>Panel members</u></b><br><i>Kate Dolan (ANCD)</i><br><i>Nick Thompson (Nossal)</i><br><i>Dean Lewis (ANPUD)</i> |
| 16:40 - 17:00  | Summary day 2  | <i>Michael/Melinda</i>  |

### **Day 3: Monitoring and Evaluation and Knowledge Management**

|   |  |   |
|---|--|---|
| <p><b>Overall Goals and Objectives</b><br/>         Discussion on Monitoring and Evaluation Approaches: <b>Results Based Management (RBM)</b> and <b>Outcome Mapping (OM)</b>, <b>Most Significant Change</b>, <b>Performance Stories</b>, etc.</p> <p><b>How does M &amp; E Assist with the following which will be mainstreamed throughout the discussion.</b></p> <ol style="list-style-type: none"> <li>1. Planning and measuring social change in project initiatives (Performance Stories and RBM)</li> <li>2. Bring relevant stakeholders into the planning, monitoring &amp; evaluation processes - Whose job is it to monitor and evaluate? Why do it?</li> <li>3. Foster social and continuous learning throughout the project cycle. How? What are links between M &amp; E and Knowledge Management? What other tools are available?</li> <li>4. Strengthen partnerships and alliances to build success and sustainability, i.e. How will it affect long term sustainability of program results in each of the countries.</li> </ol> |  |   |
| 09:00 – 09:20   | <p><b><u>AusAID and Monitoring and Evaluation Framework</u></b><br/>         Brief presentation of AusAID’s views on current status of M &amp; E overall and in HAARP:</p>   | Peter Diamond<br>(HAARP Regional Program Manager, AusAID) |
| 09:20 - 10:00   | <p><b><u>Setting the Scene: Refresher on M &amp; E</u></b><br/> <b>Highlighting Different Methods of M&amp;E</b> (Evidence generation and M&amp;E background to HAARP reporting requirements)</p>  | Michael Miner & Melinda MacDonald,<br>Facilitators        |
| 10:00 - 10:15   | <b>Coffee/Tea Break</b>  |   |
| 10:15 - 10:30<br>10:30 – 10:50  | <p>Example of M&amp;E China program model<br/> <b>HAARP Monitoring and Evaluation Work – Systems, Tools and Indicators</b></p>   | Dr. Duo Lin<br>Dr. Sansan Myint                           |
| 11:00 – 12:15   | <p><b><i>Small groups will be asked to respond to:</i></b></p> <ol style="list-style-type: none"> <li>1. Identify Performance Stories (Qualitative)</li> <li>2. Identify gaps/challenges to M&amp;E in your country</li> <li>3. M&amp;E Country Sustainability Plans (Qualitative and Quantitative)</li> </ol> | Facilitators and Small Groups                             |
| 12:15 - 13:15   | <b>Lunch</b>   |   |
| 13:15 – 14:00   | Feedback from small groups in Plenary  | Group Reports   |
| 14:00 – 14:15   | Learning from March, 2012 M&E RBM Workshop in Cambodia   | Dr. Premprey Sous   |
| 14:00 – 14:30   | Facilitated discussion on M&E – reporting outcomes and operational issues in supporting M&E at the country level   | Facilitated by Michael and Melinda                        |
| 14:30 - 15:00   | Sustainability: Institutionalization of Results in each Country  | Facilitated by Michael and Melinda                        |
| 15:00 - 15:20   | Concluding Remarks   | Dr. Peter Diamond   |
| 15:20 – 15:30   | Evaluation of HCCF   |   |

## Appendix B: List of Participants

| No. | Title | Name                 | Position   | Organisation   | Country   | Email  |
|-----|-------|----------------------|--|--|-----------|--|
| 1   | Mr    | Nicholas Thomson     | Senior Research Fellow   | Nossal Institute Global Health<br>Melbourne University           | Australia | <a href="mailto:nthomson@jhsph.edu">nthomson@jhsph.edu</a>                             |
| 2   | Ms    | Professor Kate Dolan | Program of International<br>Research and Training                          | National Drug and Alcohol<br>Research Centre                     | Australia | <a href="mailto:k.dolan@unsw.edu.au">k.dolan@unsw.edu.au</a>                           |
| 3   | Dr    | Chhit Sophal         | Deputy Director of<br>National Mental Health                               | Ministry of Health   | Cambodia  | <a href="mailto:chhit_sophal@hotmail.com">chhit_sophal@hotmail.com</a>                 |
| 4   | Mr    | Gen.NeakYuthea       | Director of Legislation,<br>Prevention and<br>Rehabilitation<br>Department | National Authority for Combating<br>Drugs (NACD)                 | Cambodia  | <a href="mailto:neak.yuthea@nacd.gov.kh">neak.yuthea@nacd.gov.kh</a>                   |
| 5   | Mr    | Gen.Phorn Boramy     | Director of Law<br>Enforcement Dept  | National Authority for Combating<br>Drugs(NACD)                  | Cambodia  | <a href="mailto:phorn.boramy@nacd.gov.kh">phorn.boramy@nacd.gov.kh</a>                 |
| 6   | Mr    | Gregory Robert Gray  | TS Hub Manager for<br>South east Asia Pacific                              | Khmer HIV/AIDS NGO<br>Alliance(Khana)                            | Cambodia  | <a href="mailto:ggray@khana.org.kh">ggray@khana.org.kh</a>                             |
| 7   | Mr    | Hong Sovann          | Drug Project Manager   | Friends International  | Cambodia  | <a href="mailto:sovann@friends-international.org">sovann@friends-international.org</a> |
| 8   | Mr    | Kao Boumony          | Director of Drug<br>Information Center                                     | National Authority for Combating<br>Drugs(NACD)                  | Cambodia  | <a href="mailto:boumony@gmail.com">boumony@gmail.com</a>                               |
| 9   | Dr    | Ly Penhsun           | Deputy Director  | The National Center for HIV/AIDS<br>Dermatology and STD (NCAIDS) | Cambodia  | <a href="mailto:penhsun@nchads.org">penhsun@nchads.org</a>                             |
| 10  | Mr    | Premprey Suos        | Senior Program Manager   | Australian Agency for<br>International Development               | Cambodia  | <a href="mailto:premprey.suos@ausaid.gov.au">premprey.suos@ausaid.gov.au</a>           |
| 11  | Dr    | Ros Seilavath        | Deputy Secretary<br>General  | NAA (representative of the drug<br>and HIV/AIDS secretariat–DHA) | Cambodia  | <a href="mailto:seilavath@naa.org.kh">seilavath@naa.org.kh</a>                         |
| 12  | Ms    | Sam Sothea           | Administrative Officer   | Australian Agency for<br>International Development               | Cambodia  | <a href="mailto:sothea.sam@ausaid.gov.au">sothea.sam@ausaid.gov.au</a>                 |
| 13  | Mr    | So Kimhai            | Center Manager   | Khmer HIV/AIDS NGO Alliance<br>(Khana)                           | Cambodia  | <a href="mailto:skimhai@khana.org.kh">skimhai@khana.org.kh</a>                         |
| 14  | Ms    | Amy Weissman         | Associate Director   | Family Health International(FHI)                                 | Cambodia  | <a href="mailto:amy@fhi.org.kh">amy@fhi.org.kh</a>                                     |
| 15  | Mr    | Duo Lin              | Program Manager  | HAARP- Yunnan  | China     | <a href="mailto:duolin@hotmail.com">duolin@hotmail.com</a>                             |

| No. | Title | Name                    | Position  | Organisation   | Country | Email  |
|-----|-------|-------------------------|---|--|---------|--|
| 16  | Mr    | Jiang Yong              | Project Officer   | AIDS Care Office   | China   |  |
| 17  | Dr    | Jiao Zhenquan           | Division Deputy Director                                      | HIV/AIDS Control and Prevention, Bureau of Disease Control                     | China   |  |
| 18  | Mr    | Li Rongjian             | Technical Expert  | HAARP- Guangxi   | China   | <a href="mailto:gxlrj126@.com">gxlrj126@.com</a>                                   |
| 19  | Dr    | Liu Ranran              | Project officer   | Division of Asian and African Affaires-Department of International Cooperation | China   |  |
| 20  | Ms    | Liu Wei                 | Project Manager   | HAARP- Guangxi   | China   | <a href="mailto:lw_gx@126.com">lw_gx@126.com</a>                                   |
| 21  | Mr    | Luo Zhi                 | Director  | Yundi Harm Reduction Network   | China   | <a href="mailto:luozhiluozhi@gmail.com">luozhiluozhi@gmail.com</a>                 |
| 22  | Dr    | Sun Jiang ping          | Project Director  | National Centre for AIDS/STD Control and Prevention                            | China   |  |
| 23  | Ms    | Wu Yufei(Amanda)        | Project Officer   | HAARP- Guangxi   | China   | <a href="mailto:gxhaarp@163.com">gxhaarp@163.com</a>                               |
| 24  | Dr    | Xue Hui                 | Project Officer   | National Centre for AIDS/STD Control and Prevention                            | China   | <a href="mailto:xuehui198382@163.com">xuehui198382@163.com</a>                     |
| 25  | Mr    | YangJi                  | Project Officer   | HAARP- Guangxi   | China   | <a href="mailto:gxhaarp@163.com">gxhaarp@163.com</a>                               |
| 26  | Dr    | Chanphomma Vongsamphanh | Deputy Director of HealthCare department and Co-Chair NTF     | Ministry of Health   | Laos    |  |
| 27  | Ms    | Bangone                 | National Program Officer                                      | World Health Organisation  | Laos    |  |
| 28  | Ms    | Bouavanh Southivong     | Deputy director of Rehabilitation                             | Drug Addicts Treatment and Mental Health Division, MoPS                        | Laos    | <a href="mailto:vanhsouthivong@yahoo.com">vanhsouthivong@yahoo.com</a>             |
| 29  | Dr    | Bounpheng Philavong     | Deputy Director General of Cabinet                            | Ministry of Health   | Laos    |  |
| 30  | Dr    | Bounpone Sirivong       | Deputy Head of Permanent Secretariat of LCDC, Co-chair of NTF | Lao National Commission on Drug Control and Supervision(LCDC)                  | Laos    | <a href="mailto:bounpone_sirivong@yahoo.com">bounpone_sirivong@yahoo.com</a>       |
| 31  | Ms    | Katheryn Bennett        | Head of Development Cooperation/Acting Counsellor             | Australian Agency for International Development                                | Laos    | <a href="mailto:Katheryn.Bennett@ausaid.gov.au">Katheryn.Bennett@ausaid.gov.au</a> |

| No. | Title | Name                          | Position   | Organisation  | Country  | Email  |
|-----|-------|-------------------------------|--|---|----------|--|
| 32  | Mr    | Keophouvanh<br>Douangphachanh | Head of Administration<br>Division   | CenterforHIV/AIDSandSTIs(CHAS)  | Laos     | <a href="mailto:keophouvanhd@yahoo.com">keophouvanhd@yahoo.com</a>               |
| 33  | Mr    | Nok<br>Boutnouanchareun       | Head of Drug Demand<br>Reduction Division  | The Lao National Commission on<br>Drug Control and<br>Supervision(LCDC)                 | Laos     | <a href="mailto:noknoy79@yahoo.com">noknoy79@yahoo.com</a>                       |
| 34  | Mr    | Phanthamith<br>Seangpanya     | Coordinator  | Lao Network of People Living<br>with HIV/AIDS(LNP+)                                     | Laos     | <a href="mailto:coordinationlnpplus@gmail.com">coordinationlnpplus@gmail.com</a> |
| 35  | Mr    | Soulivanh Phengxay            | NationalProgramOfficer   | UNODC   | Laos     | <a href="mailto:Soulivanh.PHENGXAY@unodc.org">Soulivanh.PHENGXAY@unodc.org</a>   |
| 36  | Mr    | Viengsy<br>Senedaoheunmg      | Deputy Director of<br>Planing andhealth<br>Division                              | MoPS coordinator,MoPS   | Laos     |  |
| 37  | Mr    | HlaHtay                       | SeniorConsultant<br>Psychiatrist/Project<br>ManagerofDrug<br>AbuseControlProject | Drug Dependency Treatment&<br>Research Unit, Department of<br>Health,Ministry of Health | Myanmar  |  |
| 38  | Mr    | HtweKyu                       | Project Coordinator  | UNODC   | Myanmar  | <a href="mailto:Htwe.KYU@unodc.org">Htwe.KYU@unodc.org</a>                       |
| 39  | Mr    | Khin Maung Htun               | Assistant Director   | Central Committee on Drug<br>Abuse Control(CCDAC)                                       | Myanmar  |  |
| 40  | Mr    | Kyaw Thu                      | Chairman   | National Drug User Network<br>Myanmar(NDNM)   | Myanmar  | <a href="mailto:thethtun@newtechmyanmar.com">thethtun@newtechmyanmar.com</a>     |
| 41  | Mr    | MoeMaungThan                  | Deputy Commissioner of<br>Shan State Police Force                                | Myanmar Police Force, Ministry<br>of Home Affairs                                       | Myanmar  |  |
| 42  | Mr    | MyintAung                     | Director,International<br>Relations Department                                   | Central Committee on Drug<br>Abuse Control(CCDAC)                                       | Myanmar  |  |
| 43  | Mr    | MyintShwe                     | Assistant Director   | National AIDS Program,<br>Department of Health  | Myanmar  | <a href="mailto:thethtun@newtechmyanmar.com">thethtun@newtechmyanmar.com</a>     |
| 44  | Ms    | ShantiSekhon                  | FirstSecretary<br>(Humanitarian Assistance<br>Coordinator)                       | Australian Agency for<br>International Development                                      | Myanmar  | <a href="mailto:Shaanti.Sekhon@dfat.gov.au">Shaanti.Sekhon@dfat.gov.au</a>       |
| 45  | Mr    | Dean Lewis                    | Regional Coordinator   | The Asian Network of People<br>whoUseDrugs(ANPUD)                                       | Thailand | <a href="mailto:dean.lewis@anpud.info">dean.lewis@anpud.info</a>                 |

| No. | Title | Name               | Position                          | Organisation                                    | Country  | Email  |
|-----|-------|--------------------|-----------------------------------|---|----------|--|
| 46  | Ms    | Gloria Lai         | Senior Policy Officer             | International Drug Policy Consortium            | Thailand | <a href="mailto:glai@idpc.net">glai@idpc.net</a>                                       |
| 47  | Ms    | Lissa Giurissevich | Senior Program Officer            | Australian Agency for International Development | Thailand | <a href="mailto:Lissa.Giurissevich@ausaid.gov.au">Lissa.Giurissevich@ausaid.gov.au</a> |
| 48  | Ms    | Michelle Sullivan  | First Secretary Regional Programs | Australian Agency for International Development | Thailand | <a href="mailto:michelle.sullivan@ausaid.gov.au">michelle.sullivan@ausaid.gov.au</a>   |
| 49  | Ms    | Nathalie Cuny      | Project Officer                   | HAARP Technical Support Unit                    | Thailand | <a href="mailto:nathalie.cuny@hlsp.org">nathalie.cuny@hlsp.org</a>                     |
| 50  | Mr    | Peter Diamond      | Program Manager                   | Australian Agency for International Development | Thailand | <a href="mailto:Peter.Diamond@ausaid.gov.au">Peter.Diamond@ausaid.gov.au</a>           |
| 51  | Mr    | Ronny Waikhom      | Coordinator                       | Asian Harm Reduction Network(AHRN)              | Thailand | <a href="mailto:ronnyw@ahrn.net">ronnyw@ahrn.net</a>                                   |
| 52  | Dr    | Sansan Myint       | Technical Advisor                 | HAARP TechnicalSupportUnit                      | Thailand | <a href="mailto:Sansan.Myint@hlsp.org">Sansan.Myint@hlsp.org</a>                       |
| 53  | Mr    | AlanC.Bushnell     | Director                          | DKT   | Vietnam  | <a href="mailto:acbushnell@dkrinternational.org">acbushnell@dkrinternational.org</a>   |
| 54  | Mr    | Doan Manh Nam      | Representative                    | Community Based Organisation-BacKan             | Vietnam  |  |
| 55  | Ms    | Duong Hong Van     | Senior Program Manager            | Australian Agency for International Development | Vietnam  | <a href="mailto:Hong-Van.Duong@ausaid.gov.au">Hong-Van.Duong@ausaid.gov.au</a>         |
| 56  | Mr    | Ger Steenbergen    | First Secretary                   | Royal Netherlands Embassy                       | Vietnam  |  |
| 57  | Ms    | HaThi Luc          | Director of Operation             | DKT   | Vietnam  | <a href="mailto:luc@dkrinternational.org">luc@dkrinternational.org</a>                 |
| 58  | Mr    | MichaelWilson      | Minister Counsellor               | Australian Agency for International Development | Vietnam  |  |
| 59  | Dr    | NguyenHai Thuong   | Project Manager                   | Australian Agency for International Development | Vietnam  | <a href="mailto:thuong.haarp@gmail.com">thuong.haarp@gmail.com</a>                     |
| 60  | Ms    | Nguyen HuyQuang    | Project staff                     | HAARP Central Project Management Unit           | Vietnam  | <a href="mailto:nhq@hsph.edu.vn">nhq@hsph.edu.vn</a>                                   |
| 61  | Mrs   | NguyenNuHoaiVan    | Senior Policy Officer             | Royal Netherlands Embassy                       | Vietnam  | <a href="mailto:nguyen.van-nuhoai@minbuza.nl">nguyen.van-nuhoai@minbuza.nl</a>         |
| 62  | Dr    | NguyenThi Huynh    | National Coordinator              | HAARP Central Project Management Unit           | Vietnam  | <a href="mailto:huynhcad@gmail.com">huynhcad@gmail.com</a>                             |
| 63  | Mr    | Nguyen Van Minh    |                                   |   | Vietnam  |  |

| No. | Title | Name               | Position             | Organisation  | Country  | Email  |
|-----|-------|--------------------|----------------------|---|----------|--|
| 64  | Ms    | Nguyen Vi Thuy     | Project staff        | HAARP Central Project Management Unit   | Vietnam  | <a href="mailto:nguyenvithuy82@yahoo.com">nguyenvithuy82@yahoo.com</a>         |
| 65  | Mr    | Pham Duc Manh      | DeputyDirector       | Vietnam Administration for HIV/AIDS Control                                   | Vietnam  | <a href="mailto:manh65vn@yahoo.com">manh65vn@yahoo.com</a>                     |
| 66  | Mr    | Pham Ngoc Cam      | Coordinator          | Ministry of Public Security of Vietnam Standing Office on Drugs Control(SODC) | Vietnam  | <a href="mailto:pncam2004@yahoo.com">pncam2004@yahoo.com</a>                   |
| 67  | Ms    | Pho Thi HuongGiang | Representative       | Community Based Organisation-Hoa Binh   | Vietnam  |  |
| 68  | Mr    | Tran Minh Gioi     | Director             | Center for Community Health Promotion   | Vietnam  | <a href="mailto:tmgioi@chp.org.vn">tmgioi@chp.org.vn</a>                       |
| 69  | Mr    | Vu Duc Long        | Coordinator          | Ministry of Health  | Vietnam  | <a href="mailto:vulong1997@yahoo.com">vulong1997@yahoo.com</a>                 |
| 70  | Mr    | Shiba Phurailatpam | Regional Coordinator | Asia Pacific Network of PLHIV (APN+)  | Thailand | <a href="mailto:shiba@apnplus.org">shiba@apnplus.org</a>                       |
| 71  | Mr    | Palani Narayanan   |                      |   | Thailand | <a href="mailto:palanitaly@yahoo.com">palanitaly@yahoo.com</a>                 |
| 72  | Mr.   | Michael Miner      | President            | International Briefing Associates   | Bangkok  | <a href="mailto:miner.michael2@gmail.com">miner.michael2@gmail.com</a>         |
| 73  | Ms    | Melinda MacDonald  | Vice-President       | International Briefing Associates   | Bangkok  | <a href="mailto:melinda.macdonald2@gmail.com">melinda.macdonald2@gmail.com</a> |



## Appendix C: HCCF Evaluation Form

### 6<sup>th</sup> HAARP Consultation and Coordination Forum Evaluation

We kindly request you to complete the below evaluation to assist the TSU for future HCCF's.

1. The venue was comfortable and appropriate for the event

|                   |          |            |       |                |
|-------------------|----------|------------|-------|----------------|
| Strongly disagree | Disagree | No opinion | Agree | Strongly agree |
|-------------------|----------|------------|-------|----------------|

2. The HCCF generated and provided useful information and discussion for CP planning

|                   |          |            |       |                |
|-------------------|----------|------------|-------|----------------|
| Strongly disagree | Disagree | No opinion | Agree | Strongly agree |
|-------------------|----------|------------|-------|----------------|

3. There were enough opportunities to express my view

|                   |          |            |       |                |
|-------------------|----------|------------|-------|----------------|
| Strongly disagree | Disagree | No opinion | Agree | Strongly agree |
|-------------------|----------|------------|-------|----------------|

4. The presenters and facilitators were easy to understand and facilitated the sessions well

|                   |          |            |       |                |
|-------------------|----------|------------|-------|----------------|
| Strongly disagree | Disagree | No opinion | Agree | Strongly agree |
|-------------------|----------|------------|-------|----------------|

5. Were any sessions particularly good? If so please indicate which sessions you found most useful.

|                  |
|------------------|
| <br><br><br><br> |
|------------------|

6. Were any sessions particularly unhelpful?

|                  |
|------------------|
| <br><br><br><br> |
|------------------|

7. Any suggestions for sessions that weren't included that you think should have been?

|                  |
|------------------|
| <br><br><br><br> |
|------------------|

8. Any other comments, suggestions around sustainability of HAARP?

|                                  |
|----------------------------------|
| <br><br><br><br><br><br><br><br> |
|----------------------------------|

## Evaluation Results

### 1. The venue was comfortable and appropriate for the event

| Strongly disagree | Disagree | No opinion | Agree    | Strongly agree |
|-------------------|----------|------------|----------|----------------|
| 1 / 3%            | 0.00%    | 0.00%      | 17 / 42% | 22 / 55%       |

### 2. This was a useful meeting and will help HARRP's planning and implementation

| Strongly disagree | Disagree | No opinion | Agree    | Strongly agree |
|-------------------|----------|------------|----------|----------------|
| 1 / 3%            | 0.00%    | 0.00%      | 22 / 63% | 12 / 34%       |

### 3. There was enough time to get a good start on planning for the future

| Strongly disagree | Disagree | No opinion | Agree    | Strongly agree |
|-------------------|----------|------------|----------|----------------|
| 0.00%             | 1 / 3%   | 3 / 9%     | 17 / 56% | 17 / 56%       |
|                   |          |            | 17 / 56% | 9 / 30%        |

### 4. There were enough opportunities to express my view

| Strongly disagree | Disagree | No opinion | Agree    | Strongly agree |
|-------------------|----------|------------|----------|----------------|
| 0.00%             | 0.00%    | 1 / 3%     | 26 / 74% | 22 / 8%        |

### 5. Were any sessions particularly good?

- M & E (15 ) including particular mention of: Interactive section highlighting methods of M&E, Success Stories, M&E Framework, Importance of Harm Reduction and reality M&E, (15 total)
- All sessions, or most are good and very useful (8 ) Regional overview on HAARP(2 ); Country presentations, plans, lessons learned and small group discussions (6 )
- Sessions of NGOs and CBOs in small groups (6), Return on investment to Australia session (2 )

### 6. Were any sessions particularly unhelpful?

- All sessions were helpful, no sessions were unhelpful (14 ); Sessions need improvement: high level meeting (1) and panel discussion (1 )
- Some presentations - Not clear about how to move system forward (1), Sounded exaggerated (1), and, Could have been more instructive and dialogue promoting (1 )

### 7. Any suggestions for sessions that weren't included that you think should have been?

- More M&E refreshers including comprehensive M&E HAARP Report (4 )
- Is complete and most issues included (3 ), Lessons learned and best practices sharing among countries (3) More community involvement and PLHIV invited to attend (2); Involve other harm reduction networks and add reintegration session of users (2 )
- More Q & A sessions and more interactive sessions (2 ) More time for member countries to share difficulties with implementation (2 ); More advocacy opportunities to higher level officials and policy makers (2 ); Summarize outcomes from high level meeting to the rest of the group (2 )

### 8. Any other comments, suggestions around sustainability of HAARP?

- HAARP is effective and deserves continued AusAID funding to move forward (6 ) Funding should continue for cross border work and regional information sharing (3 )
- To achieve sustainability, more focus on partner countries and budget for countries to manage activities as well as technical assistance to them (3 ), Increased multi-country discussions among all stakeholders (2 ) More civil society and discussion of issues related to reintegration of users (2 ) Build interaction between high level delegates and implementing partners (2 ) Suggest cost effectiveness in terms of transmissions averted and how much HAARP activities have lowered country health burdens (1 )