Meta Evaluation of Concern’s HIV and AIDS Programmes

2007-2009

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Paul Nyombi, Mpigi district, Uganda. When he was just fifteen, both Paul’s parents died of AIDS. He was left alone at the family homestead. Paul received HIV prevention education and vocational training through Concern field partners to help him gain practical skills to improve his life in a sustainable way. Photo by Angela Whyte 16/03/2007
Executive Summary

A meta-evaluation of Concern’s HIV and AIDS programmes based on Concern Worldwide evaluations and mid-term reviews from 2007 – 2009 was carried out by an external consultant in mid 2010. Many of these evaluations reflect programme implementation under Concern’s first HIV and AIDS Strategy 2004 – 2007. The findings of this meta-evaluation are being used to inform the development of the next Concern Worldwide Strategic Plan for 2011 – 2015.

In terms of relevance, Concern appears to be doing the right thing in the right places. The meta-evaluation is challenged to make evidence supported statements about efficiency. One mainstreaming report does it effectively and suggests a high level of efficiency in Tanzania. The HIV mainstreaming programmes do not always use the language of effectiveness, but these programmes have on the whole been evaluated favourably. An unexpected but desirable outcome of mainstreaming both internally and externally is an increased awareness of gender, including the gender dimensions of poverty.

Reporting on the effectiveness of Concern and partner programme work is hindered by weak monitoring, and a number of the evaluations do not report on effectiveness. Despite the challenges, the people with whom Concern and partners work are mostly very positive about impacts. Concern does targeting well in high and low prevalence contexts. Sustainability is important to Concern Worldwide and the meta-evaluation recommends greater consideration of this with partners at programme design stage.

The main findings are outlined below:

The Concern HIV and AIDS programme works in diverse contexts using a variety of approaches to tackle the complementary policy aims of prevention and mitigation. Through diversity and flexibility, Concern is responding to the changing needs of PLHIV and includes, supporting PLHIV with livelihood interventions.

There is strong and varied experience in participatory group methods of behavioural change and peer support which serve to reduce stigma and challenge harmful practices. Participants show changes in knowledge and a willingness to discuss sensitive issues and in some cases participants report improved health and well-being. Actual behaviour change is hard to measure. The qualitative participatory monitoring and evaluation shows intention and understanding but is insufficiently substantiated with quantitative or tangible outcomes over time. The evaluations are characterised by the showcasing of good stories, but these are not triangulated with other pertinent evidence nor are they supported by evidence of scale. The use of proxy indicators of behaviour change would strengthen this area of work, but the programmes need to acknowledge that this takes time and the use of sample longitudinal studies should be considered.

The Concern partnership approach, including technical and organisational capacity building, is highly established. Partners appreciate the holistic approach and the diverse styles of ‘mentor, facilitator, trainer, coach’. Mechanisms for sharing programme management increases joint vision and allows for the recognition of partners’ complementary contributions. Joint partner lesson learning is seen as an effective way to improve overall performance. There is a need for greater clarity on purpose, and on roles and responsibilities in relation to monitoring and evaluation. A common weakness in Concern and amongst partners is their inability to demonstrate tangible outcomes.

The concept of developing relationships for referral, (especially medical) is well embedded in HIV and AIDS programmes. Increasingly, linkages are being made to other Concern programmes such as livelihoods. A more systematic approach to developing relationships between Concern partners and other key HIV and AIDS actors in the programme areas should be adopted. Regular up-dating of stakeholder mapping in programme areas ensures that partners make appropriate and strategic choices. Creating relationships between community groups and other service providers is required for the purposes of sustainability.

There are some very good examples of partners affecting local change through lobbying and the recognition of Concern’s contribution to advocacy at national level in some countries. Using advocacy as a tool for encouraging other actors to adopt or scale-up successful innovations or methods, is less common.
Increasing the understanding and use of advocacy is important for Concern and its partners. Reviewers identify local advocacy issues, which could be pursued by the programmes. It appears that local issues are not taken up unless they can be linked to nationally or internationally identified issues. Likewise national level lobbying/advocacy successes are not successfully translated into local level change. The intention of the second HIV and AIDS strategy, 2008-2012 is that advocacy becomes an integrated rather than a separate strategic goal as it was under the first Irish Aid HAPS funded framework and strategy 2004-2007. Given the timescale of the current reviews and strategy, the findings here support the need for greater integration.

The gender dimension of HIV and AIDS is well recognised. Harmful cultural/traditional practices are exposed through the risk and vulnerability analysis. But men and youth are underrepresented in support and volunteer groups, which by implication increases the burden on women and reduces the potential impact on changing male behaviours. There is a continued need to address the “risks” attached to the control of assets by men in livelihoods programmes.

Concern programmes are generally responsive to the changing needs of PLHIV. There is evidence of good practice in integrating the needs and demands of PLHIV into livelihoods programmes with positive outcomes on health, CD4 counts and stigma reduction. More attention and adherence to the Greater Involvement of People Living with HIV (GIPA) principles which go beyond the inclusion of PLHIV as programme participants and their inclusion in design processes is recommended.

Concern is using regular reviews and evaluations to help it improve its work. These are less useful for reporting on impact, due to a lack of baselines and end points, and sequencing (the fact that they are mid-term or end of programme). More attention should be given to improving the evidence bases in these reviews, through the selective use of primary and secondary data. DAC criteria are commonly used, although it could be argued that they are not always appropriate, in particular for mainstreaming and capacity building interventions which might benefit from a different set of questions. Most of the reporting is based on qualitative rather than quantitative data and therefore answering DAC questions is a challenge. There is very little comparison of “before and after” scenarios, in part because there are few baselines and a tendency to avoid the change and progress criteria which are implied by DAC criteria.

More guidance to field based operations and the inclusion of partners in the preparation of data for such reviews could increase buy-in on the purpose of monitoring. Providing field staff with examples of good MTRs (process and outcomes) and evaluations might be helpful. The current practice of including “external expertise” when appropriate, to work alongside staff and partners, seems to create a middle way of increasing learning opportunities from such processes.

**Recommendations:**

These recommendations are based on findings from the HIV and AIDS meta-evaluation. Some may be relevant to the wider organisation rather than specific to HIV and AIDS as they focus on strengthening monitoring and evaluation more broadly than specific HIV and AIDS issues. They are included here as they are seen as important to increase the benefits which HIV and AIDS programmes can deliver.

1. **With support and oversight from the programme planning and monitoring group (PPMG), Concern must develop its capacity and that of its partners for effective PM&E. This should focus on using secondary and primary data to show quantitative and qualitative change.**

Without this, Concern is failing to demonstrate the scale and importance of its HIV and AIDS work and activities. In particular, assessing behaviour change is a niche area for Concern and partners in prevention as well as reducing stigma and discrimination. This is not adequately addressed through a results based mantra. It requires specific research which uses secondary data as proxy indicators of change and adequately addresses counterfactuals. This would be helpful to Concern and the wider community of practitioners engaged in behaviour change approaches throughout development interventions.
2. Generally Concern needs to improve its culture and practice of PM&E:

   Led by the Programme Approaches and Learning Unit (PALU) Concern must:

   • Develop a culture of using secondary data from government departments as a way to measure contribution to change.
   • Review and assess the appropriateness of DAC criteria.
   • Reflect on usefulness of DAC criteria, and if maintained, Concern PALU (PM&E) must develop more guidance on their use and application to the programmes.
   • Clarify the roles and responsibilities of Concern and partners in relation to monitoring and analysis.
   • Include partners in MTRs and reviews wherever possible or at a minimum involve partners in the process of ToR development and preparation of data.

HIV and AIDS programme recommendations aim to improve effectiveness, impact and sustainability. Many of these have been included in the text but are repeated here for clarity.

3. In recognising that programme periods limit impact assessment

   Concern PALU team should:

   • Explore the viability of extending the range of evaluations and types of methodologies used including assessing the potential for:
     ° A small sample of longitudinal studies on behaviour change methods and use this to inform monitoring and evaluation processes and adapt methods if necessary.
     ° The value added of “post programme” impact assessment as part of improving learning about assessing change over time.

4. Programme Advisors and Managers supported by the PPMG must improve and systematise:

   • Use of gender analysis in assessing potential impact of programme strategies on women and men with a view to avoid increasing the burden on women and also neglecting men.
   • Improve understanding, application and reporting of the GIPA principles.

5. During programme design and review, Programme Staff, Managers and Advisors must consider the following:

   • Identify and develop institutional relationships that will be the foundation for sustainability. This should include, links to district and national response structures. Programme outcomes should include establishment of such relationships between key actors.
   • Advantages of “time-bound” working relationships with other NGOs or Government departments to enable more agile responsive programmes.
   • Inclusion of systematic approaches for mutual learning: between partners; within and between Concern programmes. Increased focus on sharing approaches to adapting to ensure that programme initiatives become organisation-wide shared knowledge.