

DRAFT

Evaluation Report
on the
Capacity Development Program in Vanuatu
(2006-2010)

Supported by:

The Secretariat of the Pacific Community (SPC)

**Fund Manager for the Pacific Regional HIV Project
and Response Fund on HIV and Other STIs**

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Executive Summary

Background

The Pacific Regional HIV/AIDS Project (PRHP) aimed to strengthen the capacity of Pacific Island Countries (PICs) to implement effective and sustainable multi-sector responses to HIV/AIDS and STIs. Since 2005, Pacific governments, NGOs, and community organizations have been able to access PRHP grant schemes for HIV projects and capacity building. The Pacific Regional HIV and STI Response Fund (2009-2013) (RF) builds on previous support provided through the PRHP and is managed by the Secretariat of the Pacific Community (SPC).

In March 2008, the Government of Vanuatu (GOV) together with the National AIDS Committee (NAC) ratified the *National Strategic Plan for HIV and Sexually Transmitted Infections 2008 – 2012* (NSP). The NSP is consistent with the goals and objectives of SPC's Public Health Strategic Plan (PHD SP) for 2010-2014 which supports the development of healthier Pacific Island communities through four broad objectives, and with the 2009-2013 *Pacific Regional Strategy and Implementation Plan on HIV and other STIs* (PRSIP II). In 2009, a draft monitoring and evaluation (M&E) plan for HIV/AIDS and STIs (2008-2012) was developed for the NSP.

National AIDS Committee (NAC) Grants (up to AUD10,000) are approved through a NAC Grants Appraisal Committee and managed by Wan Smol Bag Theatre (WSB), the designated Community Development Organization (CDO). The CDO Grants Service Agreement with WSB was extended from September 2007 until 31 December 2009 to manage the PRHP carry-over funds following project closure in 2008. During the two year period 2008-2009, 55 of the 59 approved grant proposals were successfully implemented (23 of 26 in 2008 and 32 of 33 in 2009). The proposals that failed to implement was due to project coordinators failure to complete the required documentation, despite follow-up by the CDO. Competitive Grants (up to AUD 600,000) run for up to three years and are managed through the PRHP office in Fiji. Since the start of the scheme in 2005, Vanuatu has received x out of xx (xx%) CGs and 134 out of xx total NAC Grants (xx%) approved in 14 countries, making it one of the most active and successful participants in the region. [SPC to provide regional figures/proportions, as needed]

Evaluation Methods and Process

Seventeen (out of 55) approved NAC Grants Projects implemented during 2008 and 2009 and 3 Competitive Grants (CG) projects were purposely selected for the cluster evaluation. The cluster was chosen by NAC members, the CDO and the Evaluation Consultant to provide a balanced spread of strong as well as weak grant projects, and based on geography, types of activities and organizations. The evaluation was designed to collect information and build capacity.

The Program evaluation included Most Significant Change (MSC) monitoring and evaluation training for health personnel and for current (PRHP) and prospective (RF) grant holders. Outcome data was provided by MSC stories from selected NAC grant projects and from interviews with project beneficiaries and intermediaries, such as government health workers, partner agency volunteers, village chiefs, youth, community members and project coordinators.

Significant increases in awareness, knowledge and understanding of HIV/AIDS and STIs were reflected in the participant interviews, group discussions, MSC stories collected, and from participant feedback at the MSC training workshop. Interviews, group discussions, CG and NAC grant project completion reports and evaluation surveys revealed improvement in the majority of immediate project output and outcome indicators, where available. The absence of functional M&E reporting formats or frameworks for NAC grants is an ongoing assessment constraint however, and development of a basic M&E framework for NAC grants should be considered.

Grants Processes, Outcomes and Sustainability

The CDO Program was extended and effectively implemented in 2008 and 2009 and played a key role in strengthening and revitalizing the national response and building partnerships between and within government and civil society. Overall, the CDO achieved most of its output and outcome indicator targets with an overall 'generally achieved' quality of performance score of indicator targets, with only minor improvement needed to achieve a fully achieved score.

Improvements facilitated by the CDO at national-level (improved national STI/ HIV planning and coordination) and sub-national levels (strengthened NGOs and CBOs) exemplify strengthening of enabling environments at national, provincial and community levels. Funding and training provided to government and civil society enabled these organizations to more effectively reach and serve communities with quality HIV prevention, treatment, care and support services.

The CG and NAC grant projects were designed to operate as the direct catalysts of community-level action and change. Competitive Grants program evaluations found evidence of reduced HIV risk behavior among target audiences (LP and SW Peer Education Projects). Commonly cited types of reported changes towards safer behavior among target audiences in CG evaluations and among target audiences include: (i) reported intent to reduce partners; (ii) reported intent to use, or increased use of condoms; (iii) reported intent to avoid risk-inducing peer pressure (clubbing, alcohol and drug consumption; and (iv) increased testing for STI/HIV.

The NAC grants focused mainly on awareness-raising in underserved and remote communities nationwide and less so on behavior change interventions. Commonly cited significant changes among NAC grant beneficiaries interviewed include: (i) improved knowledge and awareness about STI/ HIV, including modes of transmission; (ii) more open communication about HIV and sexual matters; (iii) changed attitudes among key leaders towards greater acceptance and community mobilization for STI/HIV prevention; and (iii) more accepting attitudes towards PLHA. There is also evidence that the CDO Program support to the CGs and NAC grants has contributed to strengthened community 'protective' environments in target audiences in regard to gender-equality including: (i) increased confidence to discuss topics previously not openly discussed; (ii) increased self-respect between men and women; and (iii) improved attitudes and behaviors between men and women in relation to issues of sex and HIV and STI transmission.

The CDO Program demonstrated good value for money in the efficiency of its administration and effectiveness of its achievement of reach, range and quality of NAC grant activities to expand the national response to all six provinces, and to 22 countries in the region (LP 1&2). The Program has also achieved efficiency and value for money in labor and in the management and delivery of the CG and NAC Grants Schemes, through (i) effective networking to engage technical assistance for implementation; and (ii) achievement of outcomes and outputs.

Capacity building for improved financial management has been instrumental to ensure effective and efficient operation of the NAC Grants Scheme. Competitive procurement procedures were not always implemented accordingly. However, evidence indicates that overall, the CDO Program has: (i) met expected benefits for agreed expenditure; (ii) increased national and local capacities to respond to HIV and access other sources of funding for HIV response; and (iii) taken steps to maximize the technical efficiency of project inputs within the set budget. It has aimed to do this by increasing awareness and capacity of government (health and non-health sectors), politicians, leaders of civil society, NGOs, churches, young people, parents, mobile populations, and members of local communities to more effectively respond to STI/HIVAIDS.

Government has demonstrated its commitment through its support to the HIV/STI Coordination Unit within MOH, and through some initial steps that have been taken towards better integration of HIV/AIDS and STI into and across the health system (Health Coordinating Committee), and to establish linkages and appropriate entry-points across the different stakeholders and sectors (through the NAC) in a way that gives broader meaning to the national response. There is also evidence of strengthened commitment and partnership reflected in the processes of national strategic planning and the expanded responses funded through the various grants programs. The placement of a VCCT Specialist (VSO) in the HIV and STI Coordination Unit aims to strengthen national VCCT capacity, including for policy, standards and guidelines development.

The evidence presented in this report and earlier reviews suggest the CDO Program's approach to building capacity at national and local levels through support to strategic planning, capacity development and access to resources has promoted better understanding of the potential development implications posed by HIV, and has motivated Vanuatu towards further action. The CDO Program has been influential at the national level through their various grants projects, and also through their expertise, facilitation, networking and support for other organizations. The number, level, reach and quality of projects have helped to develop the capacity of individuals, groups, communities, and organizations to discuss, understand and address the threat of HIV/AIDS. Grant activities have widened the response and reached remote areas that otherwise would have had no exposure to HIV awareness and education. Competitive Grants have been financially much larger, have addressed a wider range of strategic activities, and were better designed. Their effectiveness has been easier to assess because of better quality reporting.

Summary of Recommendations

Functioning of the National Coordination Mechanism The CDO Program, supported by access to resources through the Grant Schemes, and its role as the (former) Chair of the National AIDS Committee (NAC) was critical in facilitating the capacity to implement the national response, initially for development of the *National Strategic Plan for HIV and Sexually Transmitted Infections 2008-2012* (NSP), and for implementation of key parts of the NSP *Priority Area 1: Prevention of HIV and other STIs through Reduced Community Vulnerability to HIV and STIs*. A key challenge for the NAC moving forward is to move from the development of the NSP towards further and more comprehensive implementation of the Strategic Workplan.

Continued reliable and dedicated sources of technical support to the NAC and its Secretariat, the HIV and STI Coordination Unit (within the MOH) are needed to promote a stronger, more proactive leadership for a comprehensive and coordinated national response, particularly the M&E aspect of response coordination so it can feed into the annual planning processes. This includes catalyzing increased ownership by the non-health sector partners for broader, more strategic responses. Treatment and care procedures for HIV/STI also need to be strengthened to ensure effective implementation of appropriate policies, guidelines and procedures. For example, voluntary confidential counseling and testing (VCCT) services need to be of sufficient quality before community awareness efforts can realistically encourage use of these services.

The CDO Program objectives and scope were sound, but more effort is needed to develop ownership of the strategies within and across the departments and programs of the MOH, and for strategic policy development (e.g. behavior change communication and public awareness). Donor-driven support can have a compartmentalizing effect of the funded activities, and it is important to seek out opportunities to integrate STI/HIV/AIDS with Reproductive Health (RH), and EPI for example, and to involve and mobilize key non-health sectors (e.g. education, religious denominations, youth & sports, women's and men's groups) in a more systematic way.

The CDO Program needs to play a stronger role in strengthening and revitalizing the national response and building partnerships between and within government and civil society. The NAC grant funded activities implemented so far have operated as individual, one-off projects or training courses rather than as part of a broader coordinated network of activities within the umbrella of the national response, and capacity building remains isolated instances of activity. A stronger focus on in-country training-of-trainers programs for example, among teachers and CBO leaders, and with support for follow-up training activities for their constituencies can help broaden the HIV/STI skills base of civil society and government workers across various sectors.

Decentralization of the CDO Frequent and careful monitoring of NAC grants implementation is essential to ensure that the newly established operational processes and procedures are clearly understood and activities carried out correctly and completely by the responsible parties at all levels. It is expensive to extend activities beyond the urban islands to outer areas. While there is an encouraging increase in the quantity of activities as part of the overall response, continued support is needed to develop local capacity (e.g. via PACs) for regular M&E to ensure quality.

For example, decentralization of the CDO function could assume a greater coordination role regionally (e.g. 4 the northern provinces) and provide technical assistance only for the southern provinces. Alternatively, capacity building could concentrate on one PAC first to ensure quality. Alignment with locally-based organizations capable of providing technical support to project design & management, M&E, and follow-up is critical to ensure that NAC Grants go beyond the one-off workshop or public event. Many of the small NAC community grants have no such links.

Capacity-building for Improved HIV Responses A key challenge in Vanuatu's low prevalence environment has been to move from awareness activities to behavior change initiatives. This needs to be an integral element of the training under the capacity development program, including for expanded peer educator training and support, and consideration for a coordinated implementation of the Stepping Stones program. An important and until recently untapped resource are the Kustom Healers, some of whom have received training from Sanma provincial health department to act as effective referral points of STI clients to provincial health services.

Improve Integration The CDO Program and the NAC can play a critical role for integration of activities into and across the health system, and to establish linkages and appropriate entry-points across the different stakeholders and sectors in a way that gives broader meaning to the national response. Within the health system, HIV/STI can be addressed as a component of Adolescent Reproductive Health (ARH) interventions and where possible, joint planning and implementation of HIV/STI activities can be carried out at all levels with relevant national health programs such as Reproductive Health (RH) and Expanded Program on Immunization (EPI).

Grants Administration The capacity building support and follow-up for financial management has been instrumental in ensuring effective and efficient operation of the Grants Scheme. NAC Grant proposal guidelines and financial reporting templates are in place, but outcomes are not explicit in the narrative report formats. Proposals and narrative reports formats should include a simple M&E framework that identifies project objectives, planned activities and beneficiaries, and with some basic output and outcome indicators and the means by which the activities will be assessed, as well as a specific budget line for M&E. Administration of the three CGs under CDO management is working well, although M&E has been largely done by external evaluators.

Monitoring and Evaluation Continuing technical and financial support is needed to strengthen the capacity and routine practice of NAC project M&E, including MSC story collection and analysis. Just three of the 17 NAC Grant completion reports reviewed in the cluster evaluation

included an MSC story to describe changes that occurred as a result of the NAC project activities. Many more change stories were returned however, following the MSC refresh training workshop. Outcome data from MSC stories can be defined and gathered through the question, “What has changed as a result of the activities” in project proposals and reports.

Gender The CDO Program has achieved notable progress in mainstreaming of gender sensitive approaches and direct interventions into the CG grant processes, programming and activities. Gender is less explicitly targeted in the NAC grants activity proposals and reports, and the extent to which gender was addressed depended on the quality of the project facilitators. Program delivery in relation to gender-related vulnerability to HIV could be improved with (i) the introduction of a more explicitly identified and strategic policy and guidelines addressing the impact of gender inequality on HIV vulnerability in the NSP; (ii) more explicit gender targeting in the NAC Grants Scheme proposals and appraisal processes; and (iii) incorporation a simple checklist to monitor gender components in NAC grant activities, and the training of partners in its use, to encourage more targeted interactions and better monitoring of gender in the activities.

There is an urgent need to more directly and creatively target men for STI/HIV and prevention and treatment. Typically the responsibility for addressing issues of deep-rooted gender inequity in the society is relegated to women’s groups and to government departments responsible for women’s issues, when in fact it is the men who must consent to wear condoms, and respond to partner notification for STI contact tracing and treatment, join their wives for ANC consultations, consent to testing for STI/HIV, and allow their wives to be tested. The critical gender gap is the failure to engage men in a meaningful way – young men, middle aged and married men. Potential venues to more effectively reach men include kava bars, sporting events and youth centers with WSB DVDs playing, peer educators, and condoms available freely in the toilets.

Value for Money The CDO Program has represented good value for money in the efficiency of its administration and effectiveness of achieving, or partly achieving its key outcomes within the set budget, and according to the Strategic Workplan and the targets set in the NSP which aim to improve the response to HIV at national and local levels. The CDO Program has aimed to do this by increasing awareness and capacity of government (health and non-health sectors), politicians, leaders of civil society, NGOs, churches, young people, parents, sex workers and their clients, and members of local communities to more effectively respond to STI/HIVAIDS. Another indicator of good value for money is the ability of the CDO Program to attract increased international multi-donor funding for continued HIV/STI programming support (e.g. LP 3 is fully supported by ADB). However, considerable expenditure has been required for transportation and provision technical assistance to implement NAC grants as their number and geographical distribution has increased. Excessive food costs in some NAC grants may be better spent if NAC grants allowed support to expanded behavior change strategies such as electronic media players and HIV soap series DVDs, and for on-going support of youth and adult peer educators.

Sustainability The transition of the CDO Program approaches to SPC management assures that this model of capacity development support facilitated through the various grant schemes will be maintained. Vanuatu is making positive and significant steps towards recognizing and addressing HIV. These steps reflect a commitment to HIV as a development issue among civil society and government, and should continue to be supported. SPC should continue to provide the full range of capacity development support to the CDO Program with a strengthened focus on building quality and support to PAC development, as well as research, improved M&E, and surveillance to develop a stronger evidence base for use in program development and practice. Continued support is required to consolidate the achievements thus far, and to ensure that the priorities set out in the Strategic Workplan are addressed effectively and in a timely manner.

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ABBREVIATIONS

| | | |
|--------|---|---|
| AIDS | = | Acquired Immunodeficiency Syndrome |
| AHD | = | Adolescent Health Development |
| ANC | = | Ante-natal Care |
| ARH | = | Adolescent Reproductive Health |
| AusAID | = | Australian Agency for International Development |
| BCC | = | Behavior Change Communication |
| CBO | = | Community Based Organization |
| CDO | = | Capacity Development Organization |
| CSW | = | Commercial Sex Worker |
| EPI | = | Expanded Program on Immunization |
| FGD | = | Focus Group Discussion |
| GOV | = | Government of Vanuatu |
| GFATM | = | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| GH | = | Grant Holder |
| HIV | = | Human Immunodeficiency Virus |
| IDSS | = | International Development Support Services |
| IEC | = | Information, Education and Communication |
| KPH | = | Kam Pussum Hed Clinic |
| LP | = | Love Patrol |
| MOE | = | Ministry of Education |
| MOH | = | Ministry of Health |
| M&E | = | Monitoring and Evaluation |
| MSC | = | Most Significant Change |
| MSM | = | Men who have sex with Men |
| NAC | = | National AIDS Committee |
| NCM | = | National Coordination Mechanism |
| NGO | = | Non Governmental Organization |
| NYHC | = | Northern Youth Health Center |
| PE | = | Peer Education |
| PIC | = | Pacific Island Country |
| PLHA | = | Person Living with HIV/AIDS |
| PRHP | = | Pacific Regional HIV/AIDS Project |
| PRSIP | = | Pacific Regional Strategy & Implementation Plan on HIV and STIs |
| PMTCT | = | Prevention of Mother to Child Transmission |
| RF | = | Pacific Regional HIV and STI Response Fund |
| SCA | = | Save the Children, Australia |
| SPC | = | Secretariat of the Pacific Community |
| SRH | = | Sexual and Reproductive Health |
| STI | = | Sexually Transmitted Infections |
| VFHA | = | Vanuatu Family Health Association |
| VCCT | = | Voluntary Confidential Counseling and Testing |
| VSO | = | Volunteer Service Overseas |
| WHO | = | World Health Organization |
| WSB | = | Wan Smol Bag Theatre |
| WV | = | World Vision |

NOTES

- (i) In this report “AUD” refers to Australian dollars
- (ii) Currency Unit: Vanuatu Vatu [VT]
- (iii) One US dollar is approximately equal to 100 Vanuatu Vatu

I. PROGRAM DESCRIPTION AND COMPONENTS

1. The Pacific Regional HIV/AIDS Project (PRHP) aimed to strengthen the capacity of Pacific Island Countries (PICs) to implement effective and sustainable multi-sector responses to HIV/AIDS and STIs. Since 2005, Pacific governments, NGOs, and community organizations have been able to access PRHP grant schemes for HIV projects and capacity building.

2. The PRHP was funded by the Australian government through AusAID and managed by an Australian Managing Contractor (AMC) International Development Support Services (IDSS) in association with the Burnet Institute, from 2003 to project closure in 2008. The Secretariat of the Pacific Community (SPC) assumed management the PRHP Project extension in 2008. The 1st Pacific Regional HIV and STI Strategy and PRSIP [Phase1] was initiated in 2004. The 2nd Pacific Regional HIV and STI Strategy 2009-2013 and PRSIP [Phase 2] were initiated during 2007. The SPC currently manages the Pacific Regional HIV and STI Response Fund (2009-2013) (RF), which builds on previous support provided through PRHP and operates under the 2nd Pacific Regional Strategy and Implementation Plan on HIV and STIs (PRSIP II).

3. In Vanuatu, National AIDS Committee (NAC) Grants and Competitive Grants (CG) funding schemes support the implementation of national HIV and STI priority activities as articulated in the *National Strategic Plan for HIV and Sexually Transmitted Infections 2008-2012* (NSP). The grants funds are managed by Wan Smol Bag Theatre (WSB), a local non-governmental organization (NGO) based in the capital Port Vila, and which has been the designated *Capacity Development Organization (CDO)* for Vanuatu since PRHP began in 2004. The CDO Grants Service Agreement with WSB was extended from September 2007 until 31 December 2009 to manage the PRHP carry-over funds following PRPH project closure.

4. National AIDS Committee (NAC) Grants (up to AUD10,000) are available to government, NGOs, civil society organizations, and community groups to contribute to the multi-sector national response to the threat of HIV and STI. These grants are approved through a NAC Grants Appraisal Committee and managed by WSB. One hundred thirty four NAC grants (out of a total of xx NAC grants awarded in the region [*SPC to supply regional total figure*]) have been approved in Vanuatu since the scheme started in 2005, supporting a wide range of HIV-related prevention activities, making it one of the most active participants in the region. During the two year period 2008-2009, 55 of the 59 approved proposals were successfully implemented (23 of 26 in 2008, and 32 of 33 in 2009). The proposals that failed to implement was due to project coordinators failure to complete the required documentation, despite follow-up by the CDO.

5. Competitive Grants (CG) are much larger grants (up to AUD 600,000 for LP2) available to organizations with proven capacity and may run for up to three years. These grants are approved through an Independent Grants Assessment Panel (IGAP) based in Fiji and managed though the PRHP office. The PRHP Project Completion Report (2008) ranked Vanuatu with the second highest number of successful PRHP grant applications (after Fiji). [xx] CG Projects have been approved in Vanuatu since 2005 out of a total of xx CG grants. [*SPC to supply CG figures*]

6. The major focus of the CDO, in collaboration with the NAC, is to catalyze and build capacity for accessing PRHP funds and mobilize other organizations and community groups to respond to HIV and STIs through the provision of technical and project management support, incorporating informed and active participation from the community, and in support of the NSP.

7. The overall objectives of the *Capacity Development Organization Program* are:

- Project development and support – the CDO in collaboration with the NAC coordinates PRHP and Response Fund funded activities in country;
- Capacity building – the CDO provides support to other organisations to access the grants and services of regional partners and provides direct capacity development support through training, coaching and mentoring of partner organisations;
- Monitoring and Evaluation – the CDO will monitor and evaluate all project and activities funded in country through the NAC grants program;
- Financial management and reporting – the CDO is responsible for financial management and reporting of its CDO grant, and it also has the responsibility of financial management and reporting of all NAC grant funds in Vanuatu; and
- Coordination, monitoring and evaluation of the national response – the CDO's contribution to facilitating the organisation, monitoring and evaluation of the NSP.

8. National AIDS Committee Grants The NAC grants projects reviewed were mainly one-off HIV/STI awareness-raising initiatives covering a range of target audiences, including young people, women's groups, church groups, seafarers, government health personnel, teachers, the disabled, and civil society leaders.

9. The goals and expected results of the NAC Grants were not always clearly defined in their project proposals or in their project completion reports. But in general, the proposals addressed a similar range of objectives, including: (i) to increase knowledge and awareness of STI/HIV/AIDS among the specific audiences targeted; (ii) to understand transmission of HIV/STI occurs and how they can be prevented; (iii) to recognize signs and symptoms and the importance of seeking treatment; (iv) to up-date community leaders with information, community vulnerability, and national response; and (v) to mobilize communities in the HIV response. Depending on the skills of the facilitators, some grant projects addressed HIV/STI within the broader contexts of adolescent reproductive health (ARH), responsible relationships, risk behavior, and gender issues. PLHA participated in several of the NAC grants projects.

10. To achieve these goals the NAC Grants Scheme included: (i) advertisement of grants; (ii) appraisal of grant applications; (iii) training for Grant Holders (GH) on project design and management (PDM), including GH roles and responsibilities according to grant agreements; and (iv) monitoring and follow-up support of the activities. Grant Holders were also provided with training on Most Significant Change (MSC) story collection and analysis to assess the outcomes of the funded activities. A major constraint was that the NAC Grants did not include a specific budget line or funded activity for monitoring and evaluation (M&E). NAC project monitoring was also to be conducted by the CDO at 6-monthly intervals over the 12-month implementation period of the projects, but available funding for the NAC Grant M&E was insufficient. The NAC Grant appraisal format was revised in 2008 for a more structured selection process.

11. Competitive Grant funding awarded to WSB under PRHP 2006 has supported the production of two TV soap series with a focus on HIV, aired in Vanuatu and across the region (*Love Patrol 1 (2006-2008)* and *Love Patrol 2 (2008-2010)*), and a three-year *Peer Education for Sex Workers through the Kam Pussum Hed Clinic Project (2008-2010)* carried out in Port Vila.

12. Love Patrol 1&2 From July 2006 to June 2008 PRHP funding (AUD 282,653) supported the WSB production of the first series of *Love Patrol (LP1)*, which was aired on TV in Fiji, Solomon Islands, Vanuatu and PNG as well as other stations across the region. The series was hugely popular, with surveys indicating that as many as 25,000 households watching each week in Fiji and PNG, for example. In June 2008, PRHP CG funding (AUD 635,000) was awarded to WSB to produce a second series of *Love Patrol (LP2)*. The LP2 CG closed on 31 March 2010.

13. The impact of both series was closely monitored through street surveys of TV viewing in several countries and focus group discussions (FGD) of TV viewers, and among students and teachers in schools in the region. Evaluation findings identified changes in knowledge and attitudes leading to behavior changes among TV viewers, school teachers and students, and confirmed that unlike one-off productions, the soap format allows for greater identification with characters and themes across time and gives the material a chance to become part of the conversational fabric of a community. The longer timeframe of a series also allows going into many aspects of an issue and to watch characters develop and deal with the issues themselves.

14. The project goal of LP1 was to produce a popular TV soap with HIV/AIDS related storylines that encourages and brings about behavior change in the general populations and specifically school attendees, where the TV soap is shown specifically in relation to safer sexual practices and reduced stigma. The expected outcomes of LP2 were: (i) Love Patrol raises the profile of the fight against HIV/AIDS across the Pacific; (ii) evidence in the region of greater knowledge on HIV related issues leading to behavior change; and (iii) school students across the region have access to materials on HIV leading to greater understanding of the issues

15. Peer Education for Sex Workers through Kam Pusum Hed Project (SW Project) PRHP Competitive Grant funding (2008: VT 4,556,151 and 2009: VT 5,677,722) was awarded to WSB to implement the *Peer Education for Sex Workers through the Kam Pusum Hed Clinic Project (SW Project)*. The third, on-going SW Project grant is due to close 31 December 2010.

16. The goal of the SW Project is to reduce the impact of HIV/AIDS in Vanuatu by working closely with sex workers, taxi and bus drivers, sea farers, kava bar owners, night club and hotel staff. The direct beneficiaries of this project are the sex workers who are reached by the peer educators and through the workshops, Other beneficiaries are sex workers who are accessing the reproductive health services provided by the KPH, Indirectly, many more people will benefit from this project, including the partners, clients, friends and family of the sex workers. The expected outcome is: increased practice of safe sex by sex workers involved in this project

17. During the review period, the CDO Program Manager was WSB, in consultation with the NAC (and in some cases, the PACs). NAC Grant Holders (GH) managed the individual NAC grants. NAC technical Advisory Groups (TAGs) comprising members of GH, CDO and PAC with the responsibility to direct, administer and implement the Project. Three CGs implemented from 2006-2010 and a cluster sample of 17 of the total of 55 NAC Grants awarded during 2008-2009 were reviewed. The CDO Program was financed entirely by the PRHP Project managed by SPC, (VT \$9,230,396 or AUD \$115,379.95 equivalent). SPC also provided Program planning, advisory, monitoring and management support. The CDO Project Framework is in Annex 1.

II. EVALUATION METHODOLOGY

A. Objectives of the Evaluation

18. The external evaluation is intended to provide decision-makers at WSB, the Vanuatu NAC, and SPC with a critical understanding of the outcomes, process and impact of the CDO program during the two-year period 2008 to 2009¹ as well as the potential for sustainability of the program. The lessons learned and findings will contribute to SPC and NSP planning process and provide recommendations for activities currently implemented at the small grant sites.

19. As a participatory process, the CDO program assessment is intended to help all partners to understand the strengths, opportunities and constraints of all aspects of the program, enhancing their collaborative efforts, including their ability to assess the implications of findings, and implement and follow-up on relevant recommendations. The assessment is also intended to help SPC to evaluate the impact of its support, and to prioritize areas for further support in the area of HIV/AIDS and STIs during the NSP period of 2008 - 2012 and beyond.

B. Evaluation Approach and Sampling Frame

20. Evaluation Methods and Process The evaluation approach builds on the CDO Program monitoring system and process evaluation carried out in the project provinces and communities for periodic assessment and analysis.

21. A rapid assessment was carried out on a cluster sample of purposefully selected National AIDS Committee Grants (NAC Grants) and Competitive Grants (CG), generating and drawing upon quantitative and qualitative data to determine the effects of the program during 2008 to 2009. A large quantitative baseline survey was conducted prior to commencement of the Sex Worker Peer Education Project. However, formal comparative analysis of this baseline is beyond the scope of this assessment. Formal evaluation of that project is planned for 2011.

23. Introductory meetings and interviews in Port Vila and in the provinces were conducted at the provincial health office (PHO), provincial hospital, and in selected communities that had implemented NAC grants, purposefully selected to include a range of target audiences in rural and urban settings in three provinces, and two urban areas. Data collection was carried out as follows:

- (i) National level (MOH - HIV Unit, AHD, RH, SCA, WSB, VFHA, VSO)
- (ii) Provincial level: Three project provinces; selected villages with NAC grants
- (iii) WSB KPH and NYHC Youth Centers/ VCCT clinics in Port Vila and Santo

24. Data was collected using semi-structured question guides for the various target audiences. Interviews and group discussions were conducted with health managers, clinicians, technical advisors, CDO Program (WSB) personnel and partner organization managers, peer educators, health workers, trainers, counselors, village health workers, teachers, church leaders, and village chiefs at provincial, district and village levels in the provinces visited and in the capital city Port Vila, and included NAC Grant project participants and beneficiaries. Interviews and group discussions were also held with members of a men-who-have-sex-with-men (MSM) support group and sex workers and peer educators in Port Vila. Individual in-depth

¹ Although the evaluation examines CDO performance during 2008 and 2009, it should be noted that WSB has been functioning as the CDO Manager in Vanuatu since the commencement of PRHP in 2004

interviews were also conducted with ANC attendees or recently delivered mothers at Norsup Provincial Hospital on Malakula Island. CDO Program partners at MOH and at the WSB centers in Port Vila and Santo were also consulted. The list of key informants interviewed is in Annex 3.

25. A Most Significant Change (MSC) Training Workshop was organized and coordinated by the Wan Smol Bag Theatre (Program CDC) and funded by the PRHP through the Vanuatu NAC (National AIDS Committee) grant allocation. The training program targeted key HIV/AIDS program and NAC Grant implementers and stakeholders in Vanuatu including national and provincial health department personnel, and representatives of civil society organizations.

26. The workshop was a refresh course on Most Significant Change (MSC) technique, and viewed as a timely, pragmatic skills-building opportunity on the use of MSC techniques for basic M&E. The workshop facilitators were Ms. Jennifer Harris and Ms Siula Bulu of Won Smol Bag Theatre. The participants were current or former NAC Grant Holders from Port Vila and from provinces and neighbor islands throughout the country. There were 13 participants, 4 female and 9 male. Most of the participants had participated in earlier training courses provided by WSB, including PMD training on application and administration procedures for the NAC Grants. The MSC training course workshop summary report and evaluation is in Annex 6.

27. Grant Recipient (Client) Satisfaction and Training Evaluation Surveys administered at the MSC training course workshop provided quantitative data on the level of Grant recipient satisfaction with the NAC Grants administrative process and mechanisms, and participant knowledge and understanding of key training content immediately following the MSC workshop activities. Annex 6 contains the workshop survey forms and results.

28. Logical framework analysis examined selected CDO Program and Grant Project indicators (where available) to assess achievement of the stated objectives (see Annex 1). Selected STI/HIV indicator data was collected from the KHP clinic and analyzed for trends over the evaluation study timeframe. Annex 13 contains STI trend data from KPH Clinic in Port Vila.

29. WSB provided one staff specialist to assist the field work in Port Vila and the provinces. Fieldwork took place from 11 to 31 October 2010 in selected provincial NAC grant sites, along with meetings with WSB and other stakeholders in Port Vila and Santo. A summary of the Competitive Grants and NAC Grant Projects reviewed, and the Strategic Activities addressed by the Grants are in Annexes 4 and 5. Details of the evaluation team, and an outline of the evaluation design and methodology is in Annex 2. A list of background material and reports are in Annex 15.

30. Limitations include the lack of follow-up survey data (survey to be carried out in 2011), to assess impact of the Sex Worker Peer Education project which was beyond the scope of this evaluation.

III. EVALUATION OF DESIGN AND IMPLEMENTATION

A. Relevance of Design and Formulation

31. **Policy Framework** In March 2008, the Government of Vanuatu (GOV) together with the National AIDS Committee (NAC) ratified the *National Strategic Plan for HIV and Sexually Transmitted Infections 2008 – 2012* (NSP). The GOV recognizes that HIV is a threat to overall national progress and development and is committed to supporting this strategy together with all stakeholders through the National AIDS Committee. The development of the NSP was led by the NAC with support from the Ministry of Health (MOH), WHO Country Liaison Officers in Vanuatu and NGOs as key stakeholders, and funded by AusAID through the PRHP.

32. The aim of the NSP is to reduce the STI prevalence and prevent the spread of HIV infection in Vanuatu as well as ensuring that PLHA live normal lives in the community. The agreed areas of intervention are: (i) reducing community vulnerability to HIV and STI's; (ii) implementing a comprehensive program of treatment, care and support for people infected and affected by HIV; (iii) creating a policy and social environment in which an effective HIV response can flourish; and (iv) managing the NSP efficiently and effectively. The Strategy (2008- 2012) has been designed to address all these factors with specific targets for the prevention interventions; care and support including treatment; reduction of stigma and discrimination; and provision of friendly HIV and STI services to all people in Vanuatu. The MOH takes the primary role of implementing this strategy supported by all its partners both in government and civil society.

33. The NSP is consistent with the goals and objectives of SPC's *Public Health Strategic Plan (PHD SP)* for 2010-2014 which supports the development of healthier Pacific Island communities through four broad objectives, and the *2009-2013 Pacific Regional Strategy and Implementation Plan on HIV and other STIs (PRSIP II)*.

34. The goal of the Regional Strategy and PRSIP II is to reduce the spread and impact of HIV and other STIs, while embracing people living with and affected by HIV in Pacific communities by: (i) strengthening country level capacities to achieve and sustain effective responses to HIV and other STIs; (ii) strengthening coordination of the response at the regional level and mobilizing resources and expertise to PICTs to achieve their targets; and (iii) assisting PICTs in reporting on their national and international STI/HIV response targets.

35. The PRSIP II implementation plan covers six broad thematic areas — three related to the delivery of improved services and three related to program management and support. The three thematic areas related to the delivery of improved services are: (i) prevention programs; (ii) diagnosis, including counseling and testing; and (iii) systems and services for HIV- and STI-related care, treatment and support. The three thematic areas related to program management and support are: (i) leadership and the enabling environment; (ii) strategic information and communication; and (iii) governance and coordination of the response to HIV and STIs.

36. **Needs** While known HIV provenance is low in Vanuatu², significant risk factors for HIV transmission exist. Of particular concern is the very high prevalence of other STIs and high rates of teenage pregnancy in Vanuatu, both of which indicate that risk-taking behaviors are common and that condom use is not. Results from the Second Generation Surveillance (SGS) surveys conducted in Vanuatu in 2008 indicated significant STI rates, low condom use, multiple

² Five confirmed cases and two deaths, according to discussion with the MOH National HIV Coordination Unit

sexual partners, poor knowledge on safe sexual practices in the population, and increased transactional sex practices signifying the need for urgent widespread intervention.³

37. HIV transmission rate elsewhere in the region is alarming however, particularly in Papua New Guinea (PNG). Similar risk factors and contexts across the Pacific make the risk of HIV spread and its potential impacts in Vanuatu a major concern. Until the end of 2004, the regional cumulative cases reported (excluding PNG) were 1,028 cumulative HIV cases including 394 at the AIDS stage and 394 deaths⁴. This reported figure would estimate the HIV cumulative incidence rate at 35.2 per 100,000 people. If PNG is included, the burden is nearly ten times higher, with the estimation of HIV cumulative incidence rate up to approximately eight times higher than the combined small Islands countries in the region.

38. Specific risk factors in Vanuatu include: (i) multiple sexual partners, tattooing, and other risk behaviors; (ii) high rate of STIs combined with young age structure; (iii) low condom use (indicated by the high level of STIs and high teenage pregnancy); (iv) increasing rates of internal migration leading to increasing hardship in urban centers; (v) growing numbers of transactional sexual activities and practices such as exchange of goods, kava, beer, cigarettes, money for sex; (vi) increasing international travel for training, tourism, education and family visits which poses potential risk for acquiring the infections overseas; (vii) the high proportion of young people in the population, who because of their level of sexual activity and physiological development are at increased risk of HIV transmission; (viii) Vanuatu's proximity to other Pacific countries with increasing prevalence of HIV; (ix) gender inequality which reduces women's ability to negotiate for safer sexual practices like use of condoms; (x) cultural and religious values opposed to prevention methods of HIV, STI and other Reproductive Health Services.

39. Vanuatu reported its first HIV case in 2002. Since then two more people (including one child) have been officially confirmed as HIV positive with the first AIDS related death occurring in mid-2006. Although it is believed that the HIV prevalence is low in Vanuatu, there are likely to be more than the reported number of cases as few people have been tested for HIV – only a very limited number of centers offer voluntary HIV testing and surveillance data reported to the Ministry of Health is often incomplete. Additional constraints include: (i) a widely scattered population living in remote, difficult to reach locations; (ii) lack of key HIV/STI policies and guidelines; (iii) limited capacity of public health services; and (iv) limited government budget

40. To address these issues, the NAC and the CDO, with support from SPC and AusAID continued to provide support to government and NGOs for the three competitive grants (Love Patrol TV soap series 1&2 and the Sex Worker Peer Education Project) and 55 NAC grants implemented during 2008 and 2009, which focused mainly on awareness-raising in target communities, and in some cases, for developing government health personnel capacity.

41. Priorities The CDO Program, CG and NAC Gants schemes strongly support the government's strategy for reducing vulnerability STI/HIV and the impact of AIDS under the NSP. The CDO Project also aims to build capacity among implementing partners to plan, implement and evaluate activities, and is consistent with SPC principles and strategic provision of technical and policy advice and assistance on health and social issues to its Pacific Island members.

³ Republic of Vanuatu Ministry of Health, 2008. *Second Generation Surveillance of Antenatal Women, STI Clinic Clients, and Youth. 2008*

⁴ WHO Western Pacific Regional Office (WPRO) SPC, UNSW, GFATM, MOHs, *Second Generation Surveillance Surveys of HIV/STIs and risk behaviors in 6 Pacific Island countries, 2006.*

42. The CDO Program further acknowledged the importance of a partnership approach through the establishment of the multi-sector NAC in March 2008 under the chairmanship of WSB. The NAC is made up of representatives of development partners, civil society and the MOH represented by the National HIV and STI Coordination Unit, which acts as the Secretariat to the NAC and has the responsibility of managing the National HIV and STI response.

43. The Strategic Work Plan identifies specific objectives, outputs, activities, geographical targets, key lead implementing agencies and supporting partners under each NSP priority objective area. However, no such partnership committee was established at provincial levels. An amendment to the NSP now acknowledges the role and responsibilities of PACs, but lines of authority and communication between the NAC and PACs remain unclear. In June 2010, Shefa Province Health Office became the last of PACs to formally establish its Terms of Reference.

44. However, this early and strong momentum generated under the CDO Chairmanship of the NAC seems to have stalled somewhat during the past two years since the election of a prominent, but strongly conservative high chief and leader of civil society to Chair the NAC. CDO engagement in national strategic planning has strengthened the NAC partnership, but ongoing support and capacity building is needed to consolidate achievements thus far.

45. The CDO Program strongly supports the government's strategy for decentralization of authority to local levels, which also aims to build capacity among provincial health authorities to manage the programs and services they oversee - at provincial and down to village levels. The CDO Program acknowledged the approach of decentralized authority to peripheral levels of the health system, and the value of mobilizing community organizations and resources for improved HIV/STI awareness and IEC activities, with implementation provided directly at the village level.

46. CDO Program support for MOH provincial level supervision and monitoring was more limited due to the heavy workload of government health personnel and per diem rates, which were unreasonably high to be supported in NAC grant budgets. As such, the Program missed an opportunity for strengthening provincial level planning and management capacity for HIV/STI, and the NAC has now established standard per diem rates for anyone working on HIV/STI.

47. Financing Grants of up to AUD 600,000 for the CGs have been required to cover the very high costs of producing the LP1&2 TV soap series. AUD 10,000 for NAC grants has been adequate to support the largely one-off awareness-raising activities, although the NAC grants lack sufficient budget for regular monitoring and evaluation and for follow-up support. There have been some delays in disbursement of funds for some of the NAC grants. Transport costs and per diems for implementation can account for as much as 25% to 50% of many of the NAC grants budgets, depending on the availability of technical assistance based in the provinces.

48. Scope The Program scope was appropriate, particularly in locations where it was possible to build upon experiences from previous grants for expanding and strengthening STI/HIV responses in the country, with strong participation from the health system, key development partners based in the project provinces and working on STI/HIV, and the community. The project necessarily focused on NAC partner-supported communities – drawing upon partner agency expertise and resources in the provinces to plan and facilitate participatory processes and awareness activities, and with potential for providing follow-up support. It will be important however, to examine future strategic options for taking the program to scale including, for example, supporting project management and training capacity within each PAC rather than through direct TA support in grant sites. In this scenario, coverage would be dramatically

increased, as would overall costs savings, by supporting training for a core team of supervisors/trainers in each PAC, who can then manage, support and follow-up future grants activities.

49. Implementation The CDO Program aimed to develop a sustainable skills development model for building capacity and mobilizing community based organizations (CBOs) and groups to start or expand their work on HIV/ STIs locally and nationally.

50. CDO Program implementation was highly satisfactory, and included effective networking and coordination within the membership of the NAC for mobilizing technical support. Direct training and experiential learning activities in NAC Grant project designs and management have strengthened the capacity of community groups and government health workers to plan and implement HIV/STI awareness and in some cases, skills development. Significant awareness, attitude and behavior changes are evident, particularly among key leaders and gatekeepers who have participated in the grant activities, and have subsequently taken positive action in their communities. This has been particularly successful when there is follow-up to the grants and on-going support from partner agencies working in the area. For example, with the support of WSB, VFHA, and VSO, a group of chiefs from several neighboring villages formed a local Health Committee with activities focused on promoting adolescent reproductive health (ARH).

51. Highly competent peer educators and technical volunteers from partner agencies (WSB, VSO, VFHA, WV) were instrumental in planning and facilitating training activities. Key leaders from government, religious organizations and civil society were invited to open the workshops. Health workers and supervisors from local health stations and hospitals also attended. Participants clearly benefited from the training and awareness-raising activities, which also provided a suitable framework for policy, and for testing and refining capacity building approaches including specific measures aimed at changing prevailing attitudes.

52. Despite receiving relevant training on HIV/STI, MOH health workers were often either too busy or not willing to participate or provide technical support unless compensated at very high government per diem rates. The NAC has since implemented standard per diem rates for HIV/STI/ workers to clarify the issue and enhance partnership building and greater ownership within the MOH for better joint implementation in the future. Key sectors reaching to the community level (e.g education) are not systematically represented, and efforts are needed to involve more of the major church denominations, as well as specific activities that attract men.

53. Formulation The CDO Project generally followed the design that was formulated based on baseline research conducted by the CDO, NAC partners, and in consultation with MOH and SPC, but with limited M&E support at local levels due to CDO staff capacity and travel costs.

B. Outputs and Outcomes: CDO Program and Grant Schemes

54. The evaluation assessed how and to what extent the CDO Program and PRHP grants inputs have benefited and improved (or otherwise) intended outcomes to beneficiaries. Beneficiaries included young people, families and community members living in the participating communities, as well as specific target audiences, such as sex workers and their clients. Health workers and health volunteers at local and provincial levels also benefited from project inputs, including from training activities, supported with IEC/BCC equipment and supplies provision.

55. Outcomes were defined as results or changes (positive and negative) resulting from the grant projects. Outcome data was provided by MSC stories from grants projects, and direct

interviews with project 'beneficiaries', intermediaries, such as peer educators, and project staff. A total of 21 key informants were interviewed, and focus group discussions were held with groups of young people, men and women in rural and urban communities. Annex 6 contains the evaluation itinerary of the selected provinces, communities and NAC Grant project sites visited.

56. The CDO Program aimed to improve the quality and effectiveness of HIV responses among the CG and NAC grant holders (GHs) by (i) supporting training and experiential learning for GHs on project design and management (PDM); and (ii) monitoring activities over the life of the grants to assess processes, outputs and outcomes of the various projects. Competitive Grant project frameworks for LP1&2 series and for the SW Project identify output and outcome expectations, with selected indicators in line with the draft National HIV M&E Framework.

57. However, specific, measurable goals or expected results were generally not explicit in the NAC Grant schemes designs. External evaluations have been conducted in Vanuatu and regionally for the LP, and a major survey is planned to collect outcome data from the SW project for comparison with the baseline. Assessment of the SW is target is beyond the scope of the current evaluation, but should be reviewed in future assessment exercises.

58. CDO Program The evaluation of implementation is based on (i) the CDO Program objectives as indicated in the Terms of Reference (TOR) for the CDO Program Evaluation and CDO Grants Program Service Agreement; (ii) findings from the program monitoring reports; and (iii) field visits conducted by the evaluation team.

(i) Project development and support: The CDO in collaboration with the NAC coordinates PRHP and Response Fund funded activities in country.

59. The CDO Grants Program was fully aligned with NSP policies, strategies and priorities, well harmonized with other partners, and with the stated CDO Program purpose to contribute to a reduction in vulnerability to HIV/STI in targeted communities.

60. A key outcome is the evidence of strong partnerships between the MOH and civil society to implement national responses. Good networking with key partners has contributed to greater cost effectiveness through efficient use of local TA support for NAC Grants implementation, however with limited follow-up. Stronger involvement and ownership of existing institutions (e.g. Health, Education, Churches, etc) is needed for greater reach and cost effective synergies to build on the scattered, small and remote locations NAC grants have been implemented for the most part though, grants were implemented by the international NGOs.

61. The NAC Grants succeeded in bringing new players into the HIV sector in rural and urban and remote rural island settings across all six provinces nationwide. These included community groups, church groups, teachers, students, and local health station personnel. Grant activities encompassed a range of approaches, including: public awareness events, training workshops, peer education; care and support; human rights; health education and prevention; VCCT; condom distribution; and policy development; and STI management. Audiences of the various grants including people living with HIV (PWHV), the disabled, men, women, youth, prisoners, uniformed services, seafarers, men who have sex with men (MSM), male and female sex workers, health workers at all levels of the health system, and the general population. See Annex 4 for a summary list of the PRPH and RF Grants reviewed in the cluster evaluation.

62. Table 1 on the next page outlines strategic areas of activity addressed by the selected PRPH and RF Grants under CDO Program support during 2008 and 2008, and their alignment with specific components of the NSP priority areas of activity for HIV/STI prevention and care.

Table 1: Strategic Activities Addressed by PRHP and RF Grants in the Cluster Evaluation

| Strategic Activity | Strategic Plan Component | Competitive Grants | NAC Grants |
|--|---|---|---|
| HIV/AIDS awareness / education | 1.1.2 1.1.3 | CDO Program Love Patrol 1& 2 Sex Worker Project | Vanuatu Society for Disabled Pamma (Liro) Tafea Provincial Hospital Sanma PAC Fanafo Youth Center VFHA (Port Vila) Jehova Nissi School Baiap Health Center Nariwa Youth Program Diocese of Vanuatu Vanuatu HIV Leaders Forum MOH (Vila Central Hospital) WV (Tanna, Malampa) Bigbay Bush Community PHO (Malampa HP Unit) |
| Behavior change communication (BCC) | 1.1.18, 1.2.4 1.1.19, 1.2.5 1.1.20, 1.2.6 1.3.1, 1.3.2, 1.3.3, 1.3.4, 1.3.5, 1.4.9 | CDO Program (PE/ MSM) Love Patrol 1& 2 Sex Worker Project | |
| HIV training | 1.6.2 1.6.3 | CDO Program (PE/KPH) Sex Worker Project | MOH (Vila Central Hospital) World Vision (Tanna) |
| Condom distribution and peer education | 1.3.1 1.3.2 1.3.3 | CDO Program (PE/ MSM) Sex Worker Project | PHO (Malampa HP Unit) VSO/ NYHC |
| Counselling and testing - HIV - STI | 1.3.2, 1.6.2 1.3.3 ,1.6.3, 1.8.2, 1.8.4 | CDO Program (KPH) Sex Worker Project | PHO (Norsup Hospital) VSO/ NYHC |
| STI/ HIV treatment | 2.5.4 2.5.6 | CDO Program (KPH) Sex Worker Project | MOH (Vila Central Hosp) |
| High level commitment to national HIV response | 3.1.1 3.1.3 | CDO Program (NAC) | Vanuatu HIV Leaders Forum VFHA (Port Vila) |
| Program Management | 4.2.3 4.2.4 | CDO Program (NAC) | |
| Research/ Evaluation | 4.4.1 4.4.2 4.4.6 | CDO Program (NAC) Love Patrol 1 & 2 Sex Worker Project | Jehova Nissi School - MSC World Vision (Tanna) – MSC Nariwa Youth Program- MSC |

63. A key challenge in Vanuatu's low prevalence environment has been to move from awareness activities to behavior change initiatives. This needs to be an integral element of the training under the capacity development program, including for expanded peer educator training and support, and consideration for coordinated implementation of the Stepping Stones program. Weak areas of the NAC include: (i) NAC role and responsibility for M&E; and (ii) the need for better clarification of the roles and responsibilities of NAC members, including for the current NAC Chairman (a prominent Chief interviewed) who expressed his contention with key NSP priorities and approaches (e.g. condom promotion) aimed at reducing vulnerability to STI/HIV.

64. Continued reliable and dedicated sources of technical support to the National AIDS Committee (NAC) and its Secretariat, the HIV Coordination Unit, are needed to promote more proactive leadership for a comprehensive and coordinated national response, particularly the M&E aspect of response coordination so it can feed into the annual planning processes. This includes catalyzing increased ownership by the non-health sector partners for broader, more strategic responses. Treatment and care procedures for HIV/STI also need to be strengthened to ensure effective implementation of appropriate policies, guidelines and procedures. For example, voluntary confidential counseling and testing (VCCT) services need to be of sufficient quality before community awareness efforts can realistically encourage use of these services.

(ii) Capacity building: The CDO provides support to other organizations to access the grants and services of regional partners and provides direct capacity development support through training, coaching and mentoring of partner organizations.

65. The CDO program, supported by resources through the Grant Schemes was critical in facilitating the capacity to implement the national response, particularly for key parts of NSP Priority Area 1: Prevention of HIV and other STIs through reduced community vulnerability to HIV and STIs. Capacity building support to establish and maintain networks of peer educators in Port Vila and in the provinces is central to the Program's BCC strategies, and strongly complements the awareness and supportive environment programs, e.g. youth centers. An important challenge now is for the CDO to take the lead towards more comprehensive implementation of the Strategic Workplan, including for example, leading the development of comprehensive strategies for Public Awareness and Behavior Change Communication (BCC).

66. The training programs and experiential learning experiences were rated by participants as highly effective for raising awareness and skills development for planning and implementing grant projects. Close collaboration with partner organizations on the NAC has successfully supported many of the grants projects with TA for workshop facilitation and on-going support. For example, information and awareness raising was more likely to be presented in the broader context of ARH and address relationship and gender issues and other barriers to behavior change when experienced WSB or partner TA were available to facilitate the workshops.

67. NAC Grant funding provided for communities and government partners is primarily awareness raising and sensitization activities at the community level, and to a lesser extent for capacity building within the health system or in other sectors (e.g. Education and powerful religious denominations that also reach down to the community level) Integration of HIV/STI prevention, care and support activities within the government health system and across other sectors is more complex and is proceeding at a slower pace. Development partner specialists (e.g. in Malampa province) are taking a more pro-active approach for on-the-ground integration.

(iii) Monitoring and Evaluation: The CDO will monitor and evaluate all project and activities funded in country through the NAC grants program

68. Baseline survey research and external evaluation studies have been commissioned according to CG grant agreements for the LP series 1&2 and SW Project grants. Monitoring and evaluation of NAC grants remains weak however, largely due to lack of budgeted resources in the grants schemes and limited capacity for M&E in the provinces. Although grants appraisal format was revised in 2009, NAC grant proposals generally lack clearly defined goals and simple indicators by which to more objectively assess expected outcomes. Further, there is insufficient budget support in the CDO program grant to realistically carry out the monitoring activities for the numerous grants located throughout the country. Improvements in NAC grants outputs reporting includes participant data disaggregated by sex.

69. There is evidence of increased awareness, increased knowledge, and to a lesser extent, behavior change, as indicated in some of the MSC stories collected (see para 90-93) However, health workers and counselors interviewed report continued high rates of STIs. Furthermore, and as outlined in the NSP, a stronger focus on 'supportive environments', including appropriate policies, legislation, and guidelines, is needed for behavior change to occur on a broader scale. At present, government information systems are generally weak, and lack trained personnel.

(iv) Financial management and reporting: The CDO is responsible for financial management and reporting of its CDO grant, and it also has the responsibility of financial management and reporting of all NAC grant funds in Vanuatu

70. Timely release of Grant funds under the CDO Program is much easier and efficient and than accessing funding that is channeled through the GoV. For example, Response Funds currently channeled through the GOV for the VFHA VCCT clinic expansion project is very slow, and has considerably delayed the opening of the planned VCCT services in the VFHA clinic.

71. Frequent follow-up of applications and reports required significant time and financial resources as the NAC grants schemes have gained in popularity, and are implemented in remote and expensive to reach locations nationwide. Current budget allocation to the CDO for M&E activities is insufficient to carry out the M&E and follow-up that is required to ensure effective implementation, and to support follow-on activities required by the appraisal criteria.

72. Currently, the NAC grant appraisal process requires all proposals to be reviewed by the NAC in the capital Port Vila. However, Sanma PAC reports that some NAC grant proposals are submitted directly to the PAC and sometimes to the NAC, causing overlap, repetition etc. (The CDO disagrees with this assertion).

73. Nevertheless, these inefficiencies could be avoided if for example, selected PACs with sufficient capacity, such as the PAC in Sanma, are given the responsibility to screen and provide technical support to all NAC grant proposals from their province. This would also benefit the appraisal process by taking into account local knowledge of NAC applicant capacities for grant management, reporting, etc. CDO M&E budgets could also be made available to selected PACs for example, to act as the local focal point for more cost-efficient monitoring and support, and follow-up for timely and accurate reporting, receipts on NAC grants in the provinces.

(v) Coordination, monitoring and evaluation of the national response: The CDO's contribution to facilitating the organization, monitoring and evaluation of the National Strategic Plan.

Before PRHP the NSP and NAC only existed on paper and not functioning. Since the reestablishment and review of the NSP and NAC due to the regional initiative of PRHP, there has been an increase and improvement of coordination in country. World AIDS day campaigns are done jointly with all stakeholders. The NAC is now functioning with quarterly meetings, and four working groups established. This has brought about increased teamwork and collaboration as well as mobilization of resources and has attracted funding from various donors. By having an NSP in place, it provides a guideline for organizations with HIV programs to plan and build on. By having a coordinating body in place, the number of activities and organizations has increased.” (MSC story from Vanuatu (cited in PRHP Project Completion Report, October 2008)

74. The CDO Program has demonstrated strong and consistent leadership for coordination, M&E of the national response through its central role to establish the NAC, and then to Chair the Committee from 2008 to 2009, and with continued support, including for the development of the draft national M&E system and framework published in December 2009. The plan describes the incremental implementation of components of the M&E system over a three-year time frame and a process for strengthening capacity for implementing and maintaining the system. At present, for the Vanuatu HIV Program, many of the components of this draft plan either do not yet exist or do not function effectively if they exist. However, efforts have been made to ensure that the competitive grants use selected indicators that are in line with the national framework.

75. The NAC (and the PACs) is not a statutory body. It has no operating budget, but is made up of people and organizations who can contribute. NAC reports are distributed to stakeholders, including the Director General of the Public Health Department (PHD) who reviews budgets and appraises projects prior to awarding funding. Membership in the NAC used to be much larger, but has now reduced to a few active members to achieve necessary quorum for voting. In the past, some members were represented on paper only, but never came to meetings. HIV/AIDS is still seen by many as the responsibility of the health sector. The Education sector, for example, has not yet been strategically engaged, although a growing number of individual schools and teachers have become involved as a result of direct interventions through school principals.

76. Currently, only three NAC seats are designated for GOV: (i) the MOH, represented by the STI/ HIV Coordination Unit, which also acts as the NAC Secretariat; (ii) Youth and Sports; and (iii) the Prime Minister's Office for Planning. The STI/ HIV Unit is currently managed by an "Acting Coordinator", but this person has received very limited handover support from the Unit Coordinator, who has been unable to work in recent months due to illness. The MOH recognizes the need to strengthen the STI/HIV Unit, which is currently supported by a VSO Advisor for national VCCT Program capacity development. Support for the NAC Secretariat and Advisory Groups needs to be strengthened if the NAC is to fulfill its role of oversight and coordination. NAC can better fulfill its M&E role if it has access to all project reports.

77. *The first National AIDS Committee Stakeholders Meeting* held in December 2009 was a major achievement towards successful implementation of HIV/STI programs in Vanuatu with sharing of many lessons learnt, experience and skills, as well as identifying the gaps in the country implementation trend which will form the basis of the 2010 implementation plans of different stakeholders. The stakeholders meeting is planned to be conducted on an annual basis, with the 2010 meeting planned for December 2010.

78. NAC Grants The evaluation of implementation is based on (i) selected NAC Project objectives and expected outcomes from NAC Project completion reports; (ii) findings from the program monitoring reports; (iii) MSC stories collected by NAC grant holders; and (iv) field visits conducted by the evaluation team.

(i) Competent and skilled Grant holders able to carry out quality project management, accounting, implementation, reporting and M&E activities, according to their NAC Grant agreements;

79. The Project Design and Management (PDM) training programs and experiential learning experiences provided by the CDO and SPC for GHs were appreciated and seen by participants to be effective for developing the necessary skills to carry out management obligations according to grant agreements. Reporting of NAC project outputs has improved during the past two years. For example, reports now include the number of participants disaggregated by sex, and there is evidence of general improvement in capacity for NAC grants administration:

*Discussion within the NAC is moving from just assuring 'processes' to realizing 'impacts', which is a positive indicator that processes are in place, and now people want to see results.
(NAC Partner interview)*

80. CDO budget allocation for M&E support and follow-up is insufficient however, especially as the NAC grants program has grown in popularity, and only three of the 17 NAC project completion reports sampled included MSC stories collected by the project GHs. While all of the NAC grants funds awarded during 2008 and 2009 were eventually acquitted successfully, the considerable amount of time and effort required to track down reports and follow-up activities is a large burden on the CDO, with NAC projects spread widely throughout the country.

81. In the absence of clearly defined goals, objectives and basic indicators in NAC grant project designs, project assessments must rely on MSC stories, observation and interviews in selected grant sites. A number of the MSC stories collected during the program evaluation exercise indicate successful outcomes in terms of grant implementation and administration, particularly when NAC projects can link and build on existing NGO capacity in the provinces:

Fanafo is a custom village governed by the Na-grimal chief system where they believe that condom use limits black people and that HIV is a disease that can be cured by custom medicine. The awareness workshops targeted areas of Fanafo where HIV information had not been passed to villagers. I attended a training that VFHA was running, became a VFHA community educator, and applied for the NAC grant to run some workshops in Fanafo community, which involved chiefs, church leaders, community members, and youth. Through the workshops and by teaching about condoms and the effects of HIV, attitudes have changed and now youth are able to ask for condoms without fearing discipline from chiefs. Also, these communities have selected members to form an "HIV/AIDS Committee" and I am the secretary. This change has been significant because now youth are able to use condoms and reduce the number of STI's. MSC story entitled: "Custom Villages See the Importance of Using Condoms." Bamboo/Corner, Fanafo, Santo

82. A stronger focus on outcomes in project proposals and reports would improve M&E for individual NAC grants projects and for the CDO Program overall. NAC grant holders would need training and coaching during the proposal phase in how to use the reporting formats (financial and narrative). Responses to the Grant Holder Satisfaction survey administered during the MSC training workshop indicated that NAC Grant management and administration supported by CDO, SPC and the National and Provincial AIDS Committees grants administration could be improved. Thirteen percent of the overall responses scored 'most suitable'; 41% and 33% scored 'very suitable and moderately suitable respectively, and 11% of responses were in the less or least suitable categories. The survey form and responses can be found in Annex 6.

83. Additional suggestions from the MSC evaluation workshop participants for improving the processes and mechanisms for NAC grants administration included: (i) identify key contacts within communities where the grants activities are taking place, for more efficient organization

and quicker implementation of the project; (ii) more advertising which clearly states how to apply and all of the conditions of the grant, and so more people will be aware of it; (iii) more information and training on how to apply for a NAC grant especially in rural and provincial areas; (iii) grants should go to people in remote areas; (iv) more leaflets and booklets to support the program; (v) funds should be increased for example, to support transport costs for M&E; (vi); extend the grant funds to CBOs in the provinces to support advocacy programs; (vii) provide support to reduce the gap between the NAC and the PACs; (viii) actively involve the participation of PACs to assist and coordinate in the Northern and Southern regions for a more effective and timely effort; (ix) extend grants to accommodate World AIDS Day in each of the provinces; (x) improve support and collaboration with provincial (government) HIV programs.

(ii) NAC Grant activities successfully implemented in target communities and groups which address concepts of vulnerability, including gender issues

84. The NAC grants reviewed were successfully implemented and aligned with prevention priorities of the NSP and the NAC Grant Scheme guidelines. A key challenge will be move from typical awareness-raising activities towards a stronger focus on BCC, with basic M&E strategies to guide follow-on activities, and innovative strategies for directly engaging men on gender issues. For example, a cadre of middle-aged or married men could be trained and mobilized as peer educators. The *Stepping Stones* (SS) program is viewed by CDO management to be too long and complex for practical purposes, although development partners (e.g. Peace Corps) in Vanuatu report using the program, and positive experiences with SS have been documented elsewhere in the region⁵. In general, there is a lack of trained gender specialists in the country:

Selection of NAC grants is always in line with the NAC – but applications do not cover or address gender very well – and are not easy to facilitate because there is a lack of gender experts in Vanuatu ... Need more direct focus on men... (NAC Partner interview)

85. Participants in NAC activities recounted MSC stories of how they have been influenced, including increased awareness and confidence to address vulnerability and gender issues:

At the workshop, Lesbeth learned about STI's and HIV. She confronted her husband and he admitted to having affairs during their marriage. She spoke with her husband about STI/HIV and he promised to be faithful to her. Lesbeth and her husband went to the dispensary and were treated for STI's. Lesbeth has not had any symptoms since and she and her husband now have a baby girl. Without the workshop, Lesbeth would not have realized she had and STI and would not have sought out treatment for it. MSC entitled "Happy Home", South River, Erromango She has increased knowledge and since the workshop has been able to talk to her daughters of 14 and 15 about sex - she was ashamed and afraid to do this before increased awareness from the workshop. MSC story entitled: "Knowing of AIDS" Liro, Paama

(iii) Communities, local authorities and other stakeholders are mobilized and supportive of the NAC Grant SRH initiatives, including STI/ HIV prevention

86. NAC grants provide remote communities access to funds for critical awareness-raising and sensitization, especially for vulnerable groups, local leaders and gatekeepers. In order to move forward and sustain the efforts, development partners play a critical role not only for supporting and following up NAC grants, but for integration of HIV/AIDS into their work and through their networks, including the growing network of peer educators nationwide. The recently established MOH (e.g. Health Partners Coordination Group) supported by WHO has

⁵ IDSS, 2008. PRPH Project Completion Report

contributed to better internal coordination within the MOH on RH, ARH, and STI/HIV, as well as for facilitating technical support from potential partners, for example, NGOs and the MOE:

The Education Ministry is talking now about integrating HIV/AIDS into the national curriculum. More work is needed to get MOE involved, particularly because of its network right down to the communities – need to engage MOE nationally and in the provinces through: schools, provincial education departments, provincial heads, zone advisors, parent-teacher groups, principals. Save the Children, Australia (SCA) is training on child rights and could include other potential partners, such as village health volunteers who are working within the government health system, and police officers in the provinces who are working with youth on substance abuse and child rights. SCA trains police on community policing of substance and related issues including HIV/AIDS – working through Ministry of Internal Affairs to access the police. (Development Partner Interview)

87. Two teachers who participated in the STI/HIV/AIDS Workshop at Sessivi Secondary School on Ambrym Island, related the following MSC stories:

After the workshop, Stephanie (a teacher) decided to emphasize the topic in her classrooms with the students to try and get over the traditional 'taboo' of talking about reproductive health. She was very happy to get the information to share with her students who are the future leaders of our communities. Stephane believes this change is significant because it was the first time for many students to hear about these sensitive topics and are now able to benefit from the information.

Before the workshop Noellina felt that it was very hard to teach about HIV/STI in her classroom. Since the workshop she has realized the importance of teaching these topics in her class and has started doing so. This change is significant because by teaching about the issues it can help cut down the rate of teenage pregnancy and STI's in the communities.

88. The churches have one of the strongest and deepest links with the community. A more strategic approach is needed to directly and more broadly engage these powerful religious denominations established and working in communities. This important potential has not been well mobilized yet, with generally ad-hoc involvement and no clear strategy or action plan in place. Initial resistance typically fades when presented with statistics and facts on the ground - evidence 'on the ground' of STIs and unintended pregnancies in their communities. Some of the NAC projects implemented have promoted greater openness among church leaders and other traditionally conservative leadership. In the communities where these leadership forums have taken place, local leaders now allow teens to discuss HIV/STI, and to have access to condoms:

Before, it was very hard to conduct HIV/STI awareness programs in East Santo because the chiefs believed it was a problem just for young people. With this workshop, chiefs, church leaders and community leaders were all able to take part and learn more about HIV/STI's. After the workshop, chiefs in East Santo communities appointed village representatives to continue to attend HIV/STI meetings and pass on information to their communities. As a nurse in the dispensary, I have seen a change in the number of STI cases and also there is now an increased demand for condoms. Young people are less afraid to come in and ask for condoms. Young people and couples are accessing the MCH mobile clinic to get advice and get treated for STI's. Communities in East Santo have been meeting and fundraising for World AIDS Day activities in the area. This change is significant because now in churches and communities people are talking about the issues with STI's and now most people know about the signs and symptoms of STI's. I now have more support from churches and chiefs to give information in communities. (MSC story entitled "Community Support in East Santo". HIV/STI Workshop, Port Olry, East Santo)

89. One chief on Tanna Island tells how he is able to deal with some of the social problems in his community, including helping people respect each other as well as protect his own family:

As chief, I have to spend a lot of time sorting out problems like teenage pregnancy and adultery. I had heard about HIV/AIDS and condoms but I never paid much attention because I didn't think it was important and didn't know how it could contribute to the problems in my community. I was invited to attend a forum with other chiefs and community members and decided to go. During the training I took part in many discussions, activities and presentations on HIV/AIDS and STI's and how they can impact people in communities. At the time it made me think about my community and the big risks people had been taking. I shared that I thought all chiefs must set a good example in their communities and go to have blood tests done. I want for my whole community to be tested. MSC Story titled "Being An Example" from the "Chief Forum", White Sands, Tanna:

(iv) Increase target audience knowledge and awareness of STI/HIV/AIDS, how they can be transmitted and prevented, and the importance of seeking voluntary confidential counseling and testing (VCCT) and treatment;

90. A particularly positive outcome of the NAC grants program has been the acceptance of a PLHA (Irene Malachi) back into her community on Nguna Island in Shefa province, with a reconciliation event planned including full media coverage and 200 prominent guests invited to attend the event. Irene has participated in a numerous HIV/AIDS awareness programs:

In 2008, Lola attended an HIV/AIDS awareness workshop with Irene Malachi (PLHA). Lola had learned a little about STI's and HIV in secondary school but was very afraid especially when the first person in Vanuatu was diagnosed. After the workshop Lola had a better understanding of how HIV passes from one person to another and how to protect herself from HIV. Now she shares this information with her peers in her community. Without the workshop Lola would not have had a clear understanding of HIV. ("Helping Myself & Others", Touman Island, Malekula)

In 2009 I participated in an HIV awareness workshop, and Irene Malachi (PWHA) and Save the Children facilitated the workshop. Then in 2010, I went with the Nariwa Youth program to teach awareness in South Maewo. Before, I didn't know anything about how the reproductive system functions. I went to secondary school but what they taught was very general. I had had many sexual partners and while I knew it wasn't healthy behavior, I didn't stop myself. As a result of my participation in these two workshops, I now have a good understanding about the human reproductive system and how STI's/HIV are passed. I realized that I needed to stop my risky sexual behavior. Now I am able to share the information I learned with other youth. This has been an important change because I have changed my behavior and I know more about SRH. (MSC story: "You Only Have One Life" Nariwa Youth Program, Nasawa, South Maewo)

91. Since that time, a group of chiefs from several adjacent villages on Nguna Island have taken the initiative to form an area 'health committee' for the area villages. Members of the health committee conduct house to house health education on priority issues, including for adolescent reproductive health (ARH). The group receives on-going support from VFHA, and plans to apply for another NAC grant in the coming round to support sharing of their model of how area chiefs from neighbor villages can work together on STI/HIV/AIDS and ARH issues.

92. There are also reports of Chiefs, who after participating in the NAC grant activities have taken action in their communities, including 'telling everyone to get tested'. Counselors at Norsup Hospital on Malakula Island confirmed that some of the villagers did in fact access VCCT facility for STI/HIV testing as a result of encouragement from one of these village chiefs.

In 2007 and 2008 the group from Vanuatu Society for Disabled People conducted some awareness on HIV/AIDS which I took part in. Before I heard about the first case of HIV in Vanuatu, I had never learned about HIV/AIDS. When I first heard this news, I was very afraid and thought that I could get it very easily like getting the flu. The awareness really helped me to

understand how HIV spreads. As a chief, I realize the importance of sharing this information with my community. This is significant because as a chief Longlel has taken a leadership role in helping his family and community understand and know more about HIV and how to protect themselves. (MSC story titled: 'Changing My Life' Awareness Program Touman Island, Malekula)

93. VCCT services are weak in most parts of the country, but several facilities in Port Vila, including Vila Central Hospital, now provide quality VCCT services. The following MSC stories describe how NAC grant training programs have influenced them personally and professionally:

Serah has worked for many years at Vila Central Hospital (VCH) but started in the Women's Health Centre about 4 years ago. She had learned about HIV before through books and short presentations but never thought there would be HIV cases in Vanuatu like there is today and did not know how she would deal with a case of HIV when she came across one. She attended the training [supported by a VCH NAC grant] hoping to learn more about patient treatment and case management. At the workshop she learned to accept and understand that HIV case management is an important part of her job. She is now teaching weekly HIV/RH sessions to pregnant women as well as to her own family and other church members. She is able to deliver HIV counseling and has also joined OSSHHM [Oceania Society for Sexual Health & HIV Medicine] to be able to benefit from updated information and further training. Serah says she now feels capable and confident to care for any mother who is HIV positive and looks forward to learning more. This change is significant because the nurse is now feeling confident to deliver HIV counseling/case management services and has grown in professional development. MSC Story: "Understanding More about HIV/AIDS Management", HIV/AIDS Hospital Care for Hospital Workers Port Vila.

From 2000-2007 very few people came to the Vila Central Hospital for VCCT, and the knowledge about HIV among the lab staff was very low. People were afraid to come for testing due to the stigma and discrimination attached to HIV. After the training, Timothy [lab tech at VCH] became very involved in awareness-raising workshops with church members, sports events, and schools. Timothy now has the knowledge and confidence to teach others about HIV. In the past few years, the rate of VCCT has almost doubled. Timothy is looking forward to participating in next year's provincial games in providing awareness and testing for the athletes that take part in the events. The change is significant because since the workshop Timothy has noticed changes in his department as far as HIV knowledge and management skills. He has also been able to understand more the importance of raising awareness among target groups in outside areas. Also the rise in VCCT rates suggests more people are becoming aware of HIV and the need for testing. MSC Story: "VCCT Development" HIV/AIDS Hospital Care for Hospital Workers, Port Vila

94. The Kam Pussum Hed (KPH) Clinic operated by WSB in Port Vila under RF funding is one of the other few facilities in the country where quality VCCT services for HIV and other STIs are available. Tend data recorded from 2002 to 2009 for HIV and STI confidential counseling, testing and treatment provided at KPH indicated a dramatic increase in VCCT and STI testing and treatment for the years 2005 and 2006, which also coincides with increased public awareness about HIV from high profile media coverage of individuals diagnosed with HIV in Vanuatu during that time. While these data are not outcomes from a specific NAC grant activity, these trends are instructive as to how the numbers of people choosing to get tested can rapidly fall off when the level of public awareness of HIV/AIDS and STIs is not sustained at a high level in public media and discourse. The VCCT and STI trend data from KHP Clinic are in Annex 13

95. **Competitive Grants** reviewed were LP 1&2 (2006-2010) and the SW Peer Education Project (2008-2010). The evaluation of implementation is based on (i) objectives and expected outcomes in the CG agreements; (ii) findings from CG monitoring reports; (iv) findings from CG evaluation studies; and (iii) interviews and group discussions conducted by the evaluation team.

96. Love Patrol 1&2 Love Patrol series 1&2 are drama series produced by WSB for TV in an effort to raise the profile and understanding of HIV, and other social issues in the Pacific. The medium of television/DVD was selected for this edutainment project because it has a wider reach than many other mediums, particularly given the geographically isolated nature of Pacific Island countries and the low levels of literacy. The series has been broadcast on TV throughout the Pacific region in 11 countries: Cook Islands, Northern Mariana Islands, Fiji, Guam, Kiribati, Vanuatu, Palau, Papua New Guinea (PNG), Pitcairn, Niue and Solomon Islands, and DVDs distributed widely. In addition, both ABC International's Asia-Pacific Network and Maori TV in New Zealand have shown LP 2 on their stations. The series was funded by the PRHP through SPC with some additional funding from the Global Fund, with core funding support to WSB from AusAID, the Australian Government's overseas aid program and the New Zealand Aid Program.

97. A combination of quantitative and qualitative data collection methods were used to measure project impact, including street surveys, interviews, focus group discussions (FGD) and workshops in Vanuatu, PNG, and Solomon Islands after the series had aired. The FGDs included youth, people living with HIV (PWHA), nursing students, sex workers and men who have sex with men (MSM). Interviews were also conducted with community leaders, health workers, and HIV/AIDS workers. Workshops with the DVDs and resource guide were conducted with teachers in Vanuatu, Fiji, and the Solomon Islands. During the workshops, teachers were taught how to use the resource guides through participation in activities then gave their comments on the workshop content and resource guides in written evaluations after the workshops. Teachers were interviewed several weeks after the workshops to find out if they had used the materials and how they had used them in their schools.

98. Findings from qualitative and quantitative evaluation research undertaken in Vanuatu, Fiji Solomon Islands and PNG suggest changes in knowledge and attitudes after participants had viewed the series, as well as their intent to change risky behavior. Additional information was collected from across the Pacific via email, telephone, and the LP Facebook page started in August 2010, and currently with 227 friends. LP has a page on Wikipedia. There are news articles from New Zealand newspapers, Maori TV, ABC network, Islands Business, SPC and UNESCAP and others, and a recent Google search for LP revealed 17 million hits!

99. Love Patrol has been particularly popular in Melanesian countries. Television viewership reports from Fiji and PNG, as well as data collected during street surveys in Vanuatu, and Solomon Islands, LP2 has been seen by approximately 311,614 people. This number does not include viewership numbers from the other 7 countries and territories that LP2 has been shown in, so it can be assumed that the actual number of viewers is much higher. A total of 24,899 LP DVDs and booklets have also been distributed in urban and rural areas in 11 countries, but may miss the more remote areas depending on availability of DVD players and generated power.

100. The LP 2 DVD and accompanying resource guide has also been distributed in over 26 countries worldwide to various groups including schools, health clinics, NGOs, community groups, government organizations, universities, and media. In total 1895 DVD's and 4457 resource guides have been distributed over the past 8 months. The DVDs and resource guides were distributed to teachers during workshops on how to use the materials in the classroom, to nurses at SICHE, during community workshops and when requested. Three thousand three hundred seventy DVDs of LP series 1 were purchased by the PNG Education Capacity Building Program and printing the booklets using the web download file. Over 2000 copies of the resource guides were downloaded from the website from July 2009-June 2010.

101. The LP2 resource guide has been distributed to over 65 schools in Vanuatu, Fiji, and Solomon Islands. In total 3561 copies of the guide were given to teachers through workshops conducted in over 65 schools in these 3 countries. The resource guide for LP1 has been very popular with many teachers, but feedback obtained from teachers in evaluating the series 1 guide indicated that it is not always possible to show the full 10 episodes of the LP series in school time, and especially in the rural areas. In light of this, WSB decided to make the resource guides for series 2 and 3 standalone booklets, which could be used either with or without viewing all the episodes. The stories from the episodes are told in a series of photo stories, so that they can be read and discussed. This also allows the themes of the series to be singled out and examined in depth through activities and discussions.

102. The resource guide for series 2 has become an integral part of the Family Life Education (FLE) workshops that the Ministry of Education in Fiji is holding with the Secretariat of the Pacific Community's Adolescent Health and Development project. The themes of the *Love Patrol 2* resource guide namely: Drugs; HIV; and Relationships, are topics that many teachers are interested in and are consistent with the syllabus for FLE in Fiji.

103. In Vanuatu, formal integration of LP into the education system is occurring primarily on an 'ad hoc' basis, with training provided to interested teachers and principals, and has not yet been strategically incorporated into the curriculum for broader and more comprehensive coverage. However, training has been provided to trainees at the teacher training college in Port Vila, along with sets of DVDS and facilitator materials. By working through selected schools and principals, the LP project provides training and materials directly to interested teachers, but this runs the risk of schools losing the teaching materials, especially if and when teachers leave or are transferred to other schools. The MOE used to be represented on the NAC, but never came to meetings. Serious efforts should resume to re-engage MOE so that appropriate information is written into the new curriculum currently being developed, and due to be in use by 2013.

104. One member of the MSM support group recently established and supported by WSB in Port Vila has been cast to play the new and prominent gay character in the third series (LP 3) currently being filmed. The addition of typically scenarios faced by the gay community in Vanuatu will help to raise the profile of these issues in a society where homosexuality is still very much stigmatized. The MSM actor says he does not know what the response will be for him personally, or how his character will be received in the country, but feels it is worth even the risk even of physical attack, and the members of the MSM group expressed their strong appreciation to WSB towards greater sensitization of MSM within the general public in Vanuatu.

105. The expected outcomes of the LP 1&2 were; (i) Love Patrol raises the profile of the fight against HIV and AIDS across the Pacific; (ii) evidence in the region of greater knowledge on HIV related issues leading to behavior change and; (iii) school students across the region have access to materials on HIV leading to greater understanding of the issues.

(i) Love Patrol raises the profile of the fight against HIV/AIDS across the Pacific;

Indicator: At least 150,000 people across the Pacific view Love Patrol series 2, a TV series which focuses on HIV issues in communities.

106. The LP series 1&2 have been a huge success. The series are based on field research that models real-life situations and behaviors and have proven to be very popular across the Pacific, especially in Melanesian countries. People have been exposed to issues that are rarely talked about in the Pacific. The use of the soap format has brought 'tabu' topics into people's

living rooms and raised discussion about HIV among ordinary people in many Pacific countries. The LP 2 evaluation carried out in 2010 interviewed 2108 people in street surveys conducted in Vanuatu, Papua New Guinea, and the Solomon Islands. In these three countries alone, 66% (1396) of those surveyed reported having watched all or part of the LP2 series.

107. In Vanuatu, a letter to local media reported that ‘everyone in their area’ was watching LP and that it dealt with the important issues in peoples’ lives. In Fiji, initial figures indicate that over 25,000 households were watching each week. The program is equally popular in PNG. Unlike one-off productions, the soap series format allows for greater identification with characters and themes across time and gives the material a chance to become part of the conversational fabric of a community.

*“My family, when it comes to Sunday, they all sit and watch, then afterwards they ask me all these questions – it really gets them thinking and asking about HIV issues”
PLHA: FGD participant, PNG.*

*“It’s very interesting – it’s real life, issues in the Melanesian culture, one thing I notice is that when we’re watching, everyone’s quiet, all the aunties, uncles & all the kids – they are so focused on it”
FGD participant, PNG.*

“An educational program that gives the situations that we young people face each day with drugs, sex, HIV and other related issues.” -Female, age 24, PNG

“Makes you stand on your toes to see what will happen next....useful and educational for school children, youth, and parents.” -Female, age 30, PNG

108. The LP series has helped increase awareness about HIV/AIDS and has given Pacific Islanders a chance to identify with the characters and lifestyle portrayed in a Pacific setting. One of the most frequent comments about the LP series was that they are a ‘realistic depiction of life and social issues in the Pacific’, and have allowed the discussion of ‘taboo’ subjects to occur in people’s homes, schools, and neighborhoods. The majority of those who participated in the street surveys also reported discussing the issues brought up in LP, including HIV and other sensitive issues, with their friends, partners, children and other family members.

*“As a mother, I saw Love Patrol 2 as an opportunity to talk to my husband about how men want to get more women and enjoy their life and ignore their family duties.”
Female, age 38, Solomon Is.*

“I talked to my dad, who surprisingly remembered the first LP series. We talked about how HIV/AIDS was linked to marital affairs.” -Youth, Fiji FGD participant

*“I was watching with other girls. We talked about how you need to go check – you don’t know if you have HIV or an STI, you can’t tell. I encouraged girls to go to get checked.”
Youth, Fiji FGD participant*

*“In my family we are watching it together, then after we’re talking about sex, sex, sex. I talk to my son about what can happen – 2 problems, a fatherless child and ...AIDS. Think twice before you have sex because this is what can happen. I talk with my daughter about relationships – behavior of the father, communication, [and] relationship between parents.”
Kesi Community, PNG FGD Participant*

“I talked with my mother and father. They said it was good for me to learn about HIV and tell them about it.” -Female Youth, Vanuatu FGD participant

“It is important for us to decide on ways which families can discuss problems. In relation to the husband’s life – he goes out drinking and leaves his family without food and the children leave school- we must not accept that. This show is very important.” -Female, age 40, Solomon Is.

(ii) Evidence in the region of greater knowledge on HIV related issues leading to behavior change; and

Indicator: At least 200 viewers in three different countries demonstrate greater knowledge of HIV issues through the soap and there is substantial proof that changes of belief and attitude can be attributed in part to the TV soap.

109. Research findings from Vanuatu, PNG, Fiji, and the Solomon Islands show that the LP 1&2 series have had an impact on knowledge and attitudes about HIV/AIDS. Viewers report learning about HIV transmission, condom usage, how to prevent getting HIV, the importance of HIV testing, and appropriate treatment of HIV-positive people after watching LP 1&2.

*“Love Patrol 2 is good in terms of awareness...those who don’t know about HIV/AIDS will learn...usually information is a lecture but it is much more fun watching it being acted.”
Female, age 19, PNG*

*“Love Patrol 2 really touched me. Honestly, after I watched my life has been totally transformed.”
Male, age 19, PNG*

*“Good advice about relationships, respect in the workplace and the HIV stigma.”
Female, age 24, Solomon Is.*

110. Focus group discussion participants shared how LP had changed their attitudes and also made them want to change their behavior. The students and youth, when asked if LP made them think differently about anything related to HIV and STIs, said the show made them think differently about HIV and people living with HIV. They also stated that after watching the show they felt they had a responsibility to share the information they learned with others.

“I am more aware of the reality of HIV and STI in my community. I feel more open towards the idea of discussions to do with HIV/AIDS and STI. I really believe that young people and people of all ages should be aware...” -FGD participant, FSPI, Fiji

*“It is a very good thing for church leaders to encourage awareness of HIV/AIDS so they can tell and discuss it with fellow Christians in order to help them prevent themselves from getting HIV.” -
Male, age 18, Solomon Is.*

111. Several also mentioned that they realized that “HIV doesn’t respect anyone” and that it is important to know just because you attend church, it does not mean you are exempt from the disease. In terms of behavior change, both young men and women said they felt they needed to change their behavior in order to prevent getting HIV and STIs. Several mentioned wanting to use condoms and be faithful to their partners, while others said they had learned that HIV positive people need to be treated the same as anyone else.

“Sharing with someone who has AIDS – trousers, shirts, food- I wasn’t sure before, now I know and I want to take care of people who have it – give them things, care for them.” -FGD participant, Kesi Community Youth, PNG

“This show is very interesting and also educational especially about the issue of HIV. I learned that if a person has HIV, we should not ignore them or treat them as bad people...invite them in and treat them as you would anyone else.”
Female, age 20, Solomon Is.

112. Another indicator of project impact looked at nurses reporting patients presenting for counseling and/ or STI/HIV tests as a result of seeing the series. Kam Pusem Hed (KPH) clinic run by WSB has been serving the communities of Port Vila for the past 11 years. It is a reproductive health clinic offering free services including: STI diagnosis and treatment, family planning, VCCT, and counseling. In 2009 over 5000 clients were seen at KPH. Clients who come to the clinic are asked what made them decide to attend (clients may decline to answer the question). From January through November 2010, 28 out of 407 clients who answered the question (7%) reported seeking the services of KPH after watching Love Patrol.

(iii) School students across the region have access to materials on HIV leading to greater understanding of the issues

Indicator: At least 3000 students across the region have a greater understanding of issues around HIV as a result of watching the series.

113. Since the printing of the LP2 resource guide, WSB has been able to work with over 65 schools and 339 teachers in Vanuatu, Fiji, and the Solomon Islands. In Fiji alone, where WSB has been assisting in training teachers in Family Life Education using the resource guide for LP2, over 3200 students have had access to the materials in their classrooms. The resource guide has been recently approved by the Curriculum Director of the Ministry of Education in Fiji.

114. In the past, one of the main barriers to using the LP DVD was for teachers in rural areas without access to electricity or TV/DVD players. The conversion of the LP2 DVD into comic picture story will be welcomed by teachers who will be going to the remote schools with limited or no power supply. Now they can choose between the DVD and resource guide depending on the availability of time and allow for more students to have access to the materials.

115. In Fiji, 138 teachers from over 39 schools took part in workshops using the Love Patrol 2 resource guide. Wan Smol Bag was invited by the Ministry of Education and Penisoni Naupoto of the Adolescent Health and Development (AHD) project (SPC) to be involved in the teacher trainings for Family Life Education (FLE) 2010 in Fiji. The teachers had few resources for the FLE program. They were very keen for resources and really enjoyed the Love Patrol 2 resource guide, which they felt could be easily used in class. All participating teachers were provided with class sets and many asked for sets of the Love Patrol 1 resource guide and the DVDs as well.

116. Wan Smol Bag has jointly funded the workshops with SPC and has also contributed the resource guides and DVDs to the teachers for the FLE program. So far 2600 booklets have been provided to teachers at the Fiji workshops alone. An additional 4000 Love Patrol 2 resource guides were printed in Suva so that materials can continue to be given out to teachers. The Love Patrol 2 resource guide can be used as a stand-alone material without the DVD, so that teachers can use it in a 40 minute lesson, a length of lesson that is quite common in Fiji.

117. Many teachers have reported that without the resource guides and the training workshops they find it very hard to talk about sexual health with students. Even those who have been attending FLE workshops have said that is very hard for them to start discussing sex with

their students. The Love Patrol resource guides act as a springboard for discussion. The following comments were given by teachers during follow-up interviews:

“Students ask a lot of questions and have their doubts cleared. It has also made me discuss current issues like gay issues. Some students [who] were having relationships have stopped after the STI discussions.” -Teacher, Natabua High School, Fiji

“Students look forward to FLE classes from the time we have started using LP material.” -Teacher, Nabua Secondary School, Fiji

“LP 2 is becoming famous in our school. Students just run around to make sure someone is there in their FLE class.” -Teacher, Nabua Secondary School, Fiji

118. There have been 6 successful workshops with teachers in the Solomon Islands. Again, having new resources is a real boost to teachers as there are very few resources in schools there. The resource guide for *Love Patrol 2* was taken into Solomon Islands College for Higher Education (SICHE) where teachers are trained.

“They enjoy it a lot. They come up with their own role plays with minimum guidance from me. It is interesting to note how Love Patrol materials have moulded the students positively.” Teacher, Rewa SS, Fiji

119. One of the most frequent comments from teachers in regards to behavior change is the increased amount of interaction between students and discussion about reproductive health issues when the Love Patrol 2 materials are used.

“Students love the Love Patrol 2 activities because it is a new thing for them. They get to learn in a very interesting manner.” -Teacher, Nabua SS, Fiji

120. Over 3200 students have accessed the materials in their classrooms. The resource guide has been recently approved by the Curriculum Director of the Ministry of Education in Fiji.

“Love Patrol has helped me a lot to discuss issues that are otherwise considered taboo. It makes my work as a FLE teacher very comfortable.” -Teacher, Natabua HS, Fiji

“Love Patrol makes it very interesting to discuss RH issues plus other issues as well. The book speaks volumes.” -Teacher, Rewa SS, Fiji

“Love Patrol makes me go into more detail. It makes me feel more confident.” -Teacher, Natabua HS, Fiji

121. **The Sex Worker Peer Education Project** is well organized and targeted on a smaller audience (twenty sex workers selected and trained as peer educators) for greater potential impact, and based on vulnerability and risk environment criteria. A survey conducted in 2006 by the Kam Pussum Hed (KPH) clinic operated for the past 11 years by WSB in Port Vila identified issues to address the needs of sex workers, a globally recognized vulnerable group to infection with HIV and other STIs. Of particular concern is inconsistency of condom use with paid and unpaid partners, widely held misconceptions about HIV transmission, the high proportion of sex workers reporting a history of non-consensual sex and the low uptake of testing for HIV.

122. Survey recommendations the SW Project aimed to address include: (i) implementation of strategies to further increase condom use, including addressing barriers to condom use; (ii)

enhanced educational interventions to facilitate behavior and attitude changes; (iii) increased utilization of improved STI testing and treatment services, including VCCT; and (iv) address the risk of disease transmission through blood contact, especially through unhygienic tattooing practices locally and injecting drug use, especially exposure overseas.

123. Although the positive outcomes and indicators cannot be attributed exclusively to the SW Project and CDO Program, the key informant interviews in towns, provinces and communities referred specifically to the important and highly effective role of the IEC and BCC activities carried out in the communities by peer educators, which have been crucial not only for reaching and offering voluntary testing to increasing numbers of individuals, but communication activities have also influenced increasing rates of individuals frequenting youth centers and counseling services, particularly at NAC partner agency centers, confirming on-going benefits from the program initiatives and outcomes.

(i) Improved knowledge, skills, attitudes and behavior of target audiences on priority sexual & reproductive health issues, including HIV/STI prevention;

WSB is the backbone of the whole movement for preventing STI/ HIV by promoting safer sex and condom use... The KPH clinic is where everyone goes – respectful and confidential services – two female nurses do the counseling – it would be better if one more could be male, to make MSM feel more comfortable. Vila hospital also has good services, but they are not free, and not as accepting – some feeling of discrimination there – so everyone goes to the KPH Clinic (FGD MSM group and Peer Educators)

(ii) Increased practice of safe sex by Sex Workers involved in the Sex Worker Peer Education project

I am old but every time I go to the kava bars women ask me for money. When I have money, I have sex with them but use condom. When I don't have money I told them I can't have sex with them. I got an STI once and went to hospital and got treatment there, so I am afraid to get it again. That's why if I have no condom I don't have sex. The work that you guys doing is very important to us because we understand about HIV and STIs. 50 +years old male (SW Project nightclub survey)

(iii) Increased access to comprehensive Sexual and RH services at KPH clinic

A female client married with two children came to the clinic complaining of lower abdominal pain and vaginal discharge for the past month... Her husband had been coming home late at night until one night he woke his wife up and tried to explain that he was having an affair with a woman, and didn't know that she was a sex worker. He told his wife how a group of young people had spoken with him at the seafront about STIs, HIV/AIDS and the services at KPH clinic.This story is significant because it shows how the peer educators were able to convince a man who was seeing a sex worker to tell his wife about his affair and get to come for treatment as well as attending the clinic himself for treatment (from MSC story titled "Peer Educators at KHP")

124. Taken together, these findings indicate improvements in HIV/STI awareness and health seeking behaviors in targeted communities and populations, suggesting direct outcomes from specific CDO Program interventions (e.g. training, community-based communication activities and local leadership involvement) all of which are preliminary indicators of sustained outcomes and support the high priority that should be given to further capacity building for VCCT, IEC/ BCC and community mobilization as STI/HIV programs are scaled-up.

C. Project Costs

125. The total amount of grant funding provided in by PRHP during 2008 and 2009 for the Vanuatu CDO Program and related NAC Grants projects was AUD \$339,747. The actual cost was AUD \$322,761, with a total savings of AUD \$16,986. There were no requirements in these grants agreements for the Government to contribute staff time or counterpart funds. See Annex 14 for details on the planned versus actual costs of the Vanuatu CDO Program.

D. Disbursements

126. Funds disbursed in each category were generally within the original allocations. Total disbursements for the NAC Grants (2008 and 2009) amounted to AUD \$96,444, with a budget surplus of AUD \$3,591. The undisbursed balance as of 31 December 2009 was AUD \$3,591.

E. Project Schedule

127. The CDO Program Grant extension was approved on 4 September 2007 for AUD \$140,032. The CDO carried out the Program according to schedule, and the Project formally completed on 31 December 2009, with the exception of the external performance review, which was not budgeted for by PRHP, but sufficient country program funds were scraped together to cover local costs. Plans for a workshop to disseminate the review findings are being discussed.

F. Implementation Arrangements

128. The NAC held regular meetings to ensure interagency and multi-sector coordination. However, coordination and communication between the NAC and PACs at provincial levels, and between SPC and the CDO (due to restructuring within the SPC) appears to have been less efficient, but not to the extent that CDO Program operations were seriously affected. Provincial AIDS Committees (PACs) have not played an active role in coordination and administration of day-to-day implementation of the NAC grants schemes, mainly because of capacity issues. However, this may be changing now as some of the PACs (notably Sanma PAC) have demonstrated their readiness to take on a more active role in NAC grant administration, including providing TA for proposal screening and appraisal, regular monitoring and follow-up.

129. Some implementation delays resulted from (i) delays in submitting revised NAC grant proposals; (ii) delays in submission of CDO quarterly and six-monthly reports to SPC; (iii) heavy management responsibility covering all national CDO Programs regionally; and (ii) delays starting planned grant activities, such as illness or other local conditions/constraints. Once these hurdles were overcome however, project implementation and disbursements moved forward efficiently. Competitive bidding procedures for high cost items were generally not followed as there was usually good local knowledge of best prices from the few suppliers available locally.

G. Performance of Wan Smol Bag, Vanuatu (CDO Program Manager)

130. The CDO Program Manager (WSB) met its responsibility in implementing the Program in a timely manner and without reduction of scope. Compliance with CDO Program conditions and agreements was satisfactory. The CDO Program Manager made efficient and effective use of the resources. Overall performance of the Program Manager was highly satisfactory.

H. Performance of SPC, Fiji

131. SPC, Fiji met its obligations to ensure that the CDO Program activities were carried out as planned. This included extending budgetary support and allocating payments in a timely manner and in accordance to SPC accounting and personnel policies for Program execution. SPC, Fiji program staff also provided on-going advisory and training support to assist facilitation, of the Program activities, however, there was insufficient budget allocated for monitoring and evaluation of CDO Program activities. Initial capacity building support provided to the CDO from SPC was provided in the early years of CDO operations, although this seems to have declined as the number and size of grants have grown. SPC's overall performance was satisfactory.

IV. EVALUATION OF PERFORMANCE

A. Relevance

132. Both the GOV and PRHP confirmed that addressing vulnerability leading to behaviors that put people at increased risk for acquiring STI/HIV/AIDS was a priority for Vanuatu. The CDO Program and Grant project designs were appropriate for the continued development of a model to strengthen the capacity of GOV, NGOs, leaders and members of civil society groups and communities to carry out their roles and responsibilities for STI/HIV/AIDS as stipulated in the NSP. Grant project designs adequately reflected an understanding of STI/HIV/AIDS in terms of governance and social challenges, as well as in epidemiological terms, having established linkages between mobility and the spread of HIV/ STI, and the barriers to behavior change.

133. Implementation, management, and administrative structures were appropriate, on track and on schedule, and provided capacity–building support to implementing partners and grant holders. NAC grant assistance has been particularly important for capacity building in communities, and to a variable degree, providing bridging support between the lower levels of the health system and the community. Grant assistance has also supported the community-based research necessary to more effectively guide interventions reaching vulnerable populations with culturally appropriate messages and behavior modeling to reduce risks among various target audiences.

134. The CDO Program and NAC successfully partnered with specialist agencies and peer educators (e.g.; WSB, SCA, VFHA, VSO, WHO, and WV) to ensure quality technical content of the interventions. However, better collaboration and joint planning with technical partners in the health sector and more systematic approaches are needed to engage other non-health sectors (e.g., Education, major Church denominations) to more fully benefit from their expertise, large coverage of various target audiences (e.g. church youth groups) and reach to the community.

135. The Project design was less reflective of sustainable approaches that support existing systems that can be reasonably taken over and sustained when PRHP support finishes. Issues relating to per diem rates and health workers available time and willingness to participate at central and peripheral levels of the health system demonstrated capacity constraints and socio-cultural challenges, as well as the cost-effective opportunities through effective mobilization of community resources on HIV/STI. The implementation arrangements were generally appropriate, including for example, the choice of NAC project areas and target audiences, which in most cases had never had STI/HIV/AIDS awareness and information. However participatory planning and follow-up at provincial as well as village levels during the course of the Project could have been stronger to ensure adequate ownership on the part of the provincial partners.

136. The CDO Program succeeded in improving access to HIV/STI information, services and condoms for the target audiences and with significant improvement in community awareness on HIV/STI and utilization of the KPH and NYHC clinic services. However further improvement is needed in MOH VCCT services, in particular pre- and post-test counseling and confidentiality. The implementation arrangements were appropriate, and adjusted as per needs of the Program over time, including delegation of authority to partner organizations assisting in the provinces. However, major issues include limited participation of GOV health personnel in the grant interventions, and high government staff turnover with insufficient handover of roles and responsibilities to the junior personnel who remain in “acting” positions of responsibility.

137. Changes recommended by evaluation surveys and monitoring reviews were appropriate and helped make the program more successful. For example, the LP 2 soap series was adapted so that selected episodes in the series could be more easily facilitated within classroom and community group discussions. The changes made by the NAC to standardize per diem rates for HIV/STI workers seeks to enhance greater participation of government personnel in the grant activities, as beneficiaries of training programs, and so that they may play a greater role providing technical assistance on HIV/STI. The participation of local health workers and VHVs in some grant projects highlights the critical role VHVs and other volunteers play in community-based interventions for HIV/STI prevention activities, and therefore, the need to provide adequate financial support, including transport assistance. The concern is potential affect on future government personnel collaboration if per diem payments cannot be sustained.

138. Linguistically and culturally appropriate materials in radio and TV soap operas aim to reduce the vulnerability to, and risk of HIV transmission in the general population through communication strategies that model behavior in an educational and popular entertainment format. Radio dramas produced in the local language Bislama are very popular, as is the weekly TV series aired in English in urban centers in Vanuatu and elsewhere in the region. DVDs distributed throughout the region miss some languages (e.g. Bislama and French) but can reach 22 countries using English, and miss only the 3 Bislama and 4 French-speaking countries.

B. Effectiveness in Achievement of Purpose

139. The CDO Program succeeded in further developing and testing a model for building capacity among health workers, teachers, development partners, traditional and religious leaders and other members of civil society for community mobilization and awareness-raising to reduce vulnerability to HIV/STI. The training methods and inter-active learning activities were highly appreciated and improved participants' awareness, knowledge and understanding of STI/HIV/AIDS in general, and to some extent addressed gender issues and barriers to behavior change, increasing their confidence and motivation to take responsibility for spreading awareness further to new areas and audiences. The NAC grant activities in particular demonstrated the benefits of motivating and strengthening community leadership to take action for reducing vulnerability in their communities.

140. Appropriate IEC/BCC materials were developed and distributed to support the BCC and Peer Education training. Throughout the Program, GOV and CDO management was pragmatic and focused and NAC partner coordination for resources and technical support was managed well. Although a national M&E Plan for HIV/STI was drafted in December 2009, the Program has been less successful in supporting the development of key policies and guidelines for BCC, public awareness interventions, VCCT and HIV/STI monitoring and evaluation. See Annex 1 for details on achievements, based on selected indicators for Program outputs and outcomes.

141. The Program generated significant outcomes such as changing awareness, knowledge and behaviour around HIV, sexual and reproductive health, as well as developing the capacity and mobilization of government and local organizations around HIV related issues. NAC Grants have continued to provide opportunities for new players to become part of the national HIV response, many of whom were new to managing projects and most of whom were conducting HIV activities in communities for the first time. Competitive Grants have enabled WSB to expand their HIV-related projects, including research. The evaluation also identified some negative outcomes and lessons learned that are included in the summary of recommendations below.

142. The effectiveness of the NAC grants is less easy to assess because they are smaller in size, and coverage, and often conducted by people who are inexperienced in STI/HIV/AIDS. They have tended to focus on awareness raising and providing correct information, but without enough emphasis on behaviour change, which is more complex, requires reinforcement and takes time. The effectiveness of NAC grants and HIV prevention education can be improved if: (i) follow up activities are built into grant proposals by grant holders, for example through on-going peer education, community discussion, and condom distribution; (ii) all projects incorporate strategies to improve the acceptability, availability, accessibility of condoms and HIV testing, particularly in outer islands.; (iii) the 'ABC approach' , which is far too limited and will not protect many women, is broadened and includes strategies to protect women from high-risk behavior of men and non-consensual/ forced sex; (iv) a stronger and more direct focus to on men – both young and middle aged men, to encourage their more meaningful involvement.

143. Insufficient budget to cover the high costs of air and land travel and to send TA to outer islands from the CDO center in the capital city of Port Vila as resulted in less frequent and in many cases, no monitoring and follow-up for further capacity building, M&E and follow-up support. Due to the small size of the NAC grants, the cost of travel and sending TA to remote, provincial grant locations can amount to roughly half the total cost of the entire grant. So any additional monitoring and follow-up visits would add fifty percent more to the NAC grants costs.

144. Personal change stories collected after the October 2010 MSC workshop by the participants when they returned to their home villages provided glimpses of profound changes that can occur when people engage with HIV prevention information, activities and strategies. The NAC grants focused mainly on awareness-raising in underserved and remote communities nationwide and less so on behavior change interventions. Commonly cited significant changes among NAC grant beneficiaries interviewed include: (i) improved knowledge and awareness about STI/ HIV, including modes of transmission; (ii) more open communication about HIV and sexual matters; (iii) changed attitudes among key leaders towards greater acceptance and community mobilization for STI/HIV prevention; and (iii) more accepting attitudes towards PLHA.

145. There is also evidence that the CDO Program support to the CGs and NAC grants has contributed to strengthened community 'protective' environments in target audiences in regard to gender-equality including: (i) increased confidence to discuss topics previously not openly discussed; (ii) increased self-respect between men and women; and (iii) improved attitudes and behaviors between men and women in relation to issues of sex and HIV and STI transmission. However, more attention is needed to build capacity among health workers, teachers, parents, development partners, traditional and religious leaders and other members of civil society for community mobilization and awareness-raising to reduce vulnerability to HIV/STI.

C. Efficiency in Achievement of Outputs and Purpose

146. The Project focused on cost-effective interventions. Throughout the Program GOV and CDO management was pragmatic and focused. Networking, cooperation, and sharing of resources between organizations involved in the NAC grants has continued to be very productive. In particular, WSB, VSO, VFHA and WV have been central to many of the NAC grants, engaged by organizations and community groups as training facilitators and providing materials. The Program was less successful in demonstrating important policy development for BCC and public awareness interventions, for implementation of within the prevention priority area of the NSP.

147. However, the costs of travel to outer islands from its center in the capital Port Vila for capacity building, M&E and follow-up support is considerably less cost effective under current arrangements. Due to the small size of the NAC grants, the cost of travel and sending TA to remote, provincial grant locations can amount to roughly half the total cost of the entire grant. So any additional monitoring and follow-up visits would add fifty percent more to the grant costs. The CDO Program made efficient use of the flexible nature of NGO (versus typically more rigid government) operations, and of the resources provided by the PRHP. CDO management has been pragmatic, focused, innovative and on-the-ground approaches, but less system oriented.

148. Value for Money The CDO Program achieved value for money by successfully achieving its key outcomes required to improve the response to HIV at national and local levels within the set budget. It aimed to do this by increasing the capacity of government (e.g. MOH HIV/STI Unit), development partner organizations, leaders of civil society and members of local communities to more effectively respond to STI/HIVAIDS.

149. Another indicator of good value for money is the ability of the CDO Program to attract increased international multi-donor funding for continued STI/HIV programming support (e.g. LP 3 fully supported by ADB). The NAC grants scheme has involved a large portion of expenditure on transportation costs and provision technical assistance (labor) to implement the Grant Scheme. The Program appears to have generally achieved efficiency and good value for money of labor in the management and delivery of the Grants Scheme, through (i) effective networking to engage technical assistance for implementation in the provinces; and (ii) achievement of outcomes and outputs. The use of Program competitive procurement procedures was less evident, and seen by the CDO team to be inappropriate use of time and resources to gather three quotes given that local suppliers are limited and well know for costs and quality.

150. See Annex 1 for selected CDO Program and NAC grant indicators that were suggested by the Evaluation Consultant based on the CDO Program and NAC Grant Scheme objectives. Selected CG indicators are drawn from CG grants evaluation frameworks. CDO Program purpose indicators show that 6 of the 7 major outcome indicators were achieved or generally achieved, and 1 of 7 partially achieved. Six of the 11 outcome indicators and 7 of 11 output indicators were achieved or generally achieved for the CGs and for the NAC Grants indicating a generally good rate of achievement against the planned intended changes and targets set for the overall CDO Program and Grants Schemes, but with some minor improvements needed.

D. Preliminary Assessment of Impact and Sustainability

151. AusAID guidelines define sustainability as the continuation of benefits or outcomes of an activity after external support is removed.⁶ The purpose of the CDO Program was to strengthen the capacity of GOV, development partners (e.g. NGOs, civil society organizations) and communities for an effective and sustainable multi-sector response to STI/HIV/AIDS. The GOV and its NAC development partners have demonstrated a sound understanding of development implications of an STI/HIV/AIDS epidemic at regional, national and community levels. Key development partners (e.g. NGOs, Church groups, schools, etc) and donors (e.g. ADB) have committed funding for STI/HIV/AIDS, however, the NAC development partners and the GOV remain dependent on external donor support for their continued STI/HIVAIDS programming.

152. Evidence from the review suggests that the CDO Program has generated long-term changes through the development of knowledge, awareness, skills, and capacity at personal

⁶ AusAID, cited in IDSS, PRPH Project Completion Report. ref #15

and organizational levels. These changes must continue to be supported, including for strategic and innovative behavior change interventions, through ongoing capacity development and access to resources to ensure the full potential of these benefits continues beyond the current time. The transition of PRPH Project activities to SPC management, including the continuation of the grant activities is a positive step to ensure the CDO Program achievements and lessons learned are built-upon and expanded with continued financial, technical and policy support.

153. CDO Program achievements are likely to be sustained, particularly where key leadership has been trained, sensitized and motivated to take action in their communities and constituencies. However, in order for lasting impact to be realized, appropriate approaches and interventions need to be sustained and scaled-up. The NAC grants tended to be one-off activities, and require follow-up funding and technical assistance to expand to new communities. Evaluation surveys have identified project outcomes, and the next steps to take, but continued support will be needed to take action based on this evidence. Capacity development of government health staff is more complex and requires long-term financing, but is critical for ensuring access to quality services (e.g. VCCT) throughout the country, and for long-term sustainability of interventions.

154. Assurances of continuation of donor financing the strengthening and development of STI/HIV programs (e.g. ADB support for LP3; SPC for CDO) have demonstrated ownership and commitment through assurances of continuation of financing the strengthening and development of STI/HIV/AIDS implementation and allocations for scaling up. Expanded capacity building should increasingly become the responsibility of the PACs, which requires supplemental budgetary support for grant administration, monitoring and follow-up. To promote sustainability, it will be important for the CDO and the NAC to continue to: (i) encourage political and institutional commitment; (ii) prioritize national STI/HIV/AIDS responses; (iii) develop appropriate policies and guidelines; (iv) encourage a multi-sector response; (v) strengthen the development partner capacity; and (vi) improve the M&E capacity at all levels.

E. Socio-cultural and other impacts

155. The CDO Program has made a major contribution toward understanding key factors required for achieving effective responses to HIV and increased community mobilization for prevention and care, leading to reduced vulnerability among selected target audiences and communities. Key factors for success include: participation of progressive health sector and community leadership, and partnership building between the health sector, development partner agencies and civil society organizations at district and community levels. Strategic approaches are needed to more actively support the health sector to take on greater ownership of its role in this partnership.

156. Gender Equity The Gender, Youth and Vulnerable Groups Strategy developed in the first year of the Regional Project identifies specific strategies to address three core areas of inequality and consequent heightened vulnerability to HIV. The strategies included: (i) the incorporation of gender issues into the training activities under the capacity development program, the development of the national strategic plans, and the Grants Scheme proposals; (ii) the adaptation and implementation of specific programs targeting gender issues and behavior change, such as the Stepping Stones program; and (iii) the adaptation and/or development of gender checklists for use by program partners in a range of program activities.⁷

⁷ IDSS, PRHP Project Completion Report, 2008

157. The CDO Program has achieved notable progress in mainstreaming of gender sensitive approaches and direct interventions into CG grant processes, programming and activities. Gender is less explicitly targeted in the NAC grants activity proposals and reports, and the extent to which gender was addressed depended on the quality of the facilitators. Proposal and reporting formats were also revised to include participant data disaggregated by sex, which indicated roughly equally participation of men and women in the grant activities.

158. The CDO team was well informed on gender related issues and understood the significance of mainstreaming good gender practices into program initiatives, including the need to address gender inequalities. The CDO Program management demonstrated flexibility and openness to adaptation and continuous improvements for an increased focus on gender-related issues and vulnerability to HIV. For example, the CDO has responded to evaluations of its programs to move from an IEC-oriented approach to incorporate more BCC-interventions, such as the more user-friendly and gender-focused discussion formats developed for selected scenarios of LP2.

159. Program delivery in relation to gender-related vulnerability to HIV could be improved with (i) the introduction of a more explicitly identified and strategic policy and guidelines addressing the impact of gender inequality on HIV vulnerability in the NSP; (ii) more explicit gender targeting in the NAC Grants Scheme proposals and appraisal processes; and (iii) incorporation a simple checklist to monitor gender components in NAC grant activities, and the training of partners in its use, to encourage more targeted interactions and better monitoring around gender in the activities.

160. There is an urgent need to more directly and creatively target men – young and middle aged - for STI/HIV and prevention and treatment. Typically the responsibility for addressing issues of deep-rooted gender inequity in the society is relegated to women's groups and to government departments responsible for women's issues, when in fact it is the men who must consent to wear condoms, and respond to partner notification for STI contact tracing and treatment, join their wives for ANC consultations, consent to testing for STI/HIV and allow their wives to be tested. The critical gender gap is the failure to engage men in a meaningful way – including young men, middle aged and married men.

161. The VFHA is targeting men through its 'man and boys' as partners program, and the VFHA program with men incarcerated for domestic violence, for example. Certificates are awarded for successful completion of 6 months for one hour per week and follow-up in prison, and then the relevant village chiefs do the follow-up back in the community. WSB has also begun to target men through the establishment of an MSM support group and training and mentoring MSM Peer Educators.

162. The Second Generation Surveillance Survey Report 2008 (SGS) recommends including high risk groups in future SGS, for example sex workers or men who have sex with men. Successful outcomes from surveys from high risk groups will require formative research e.g. group mapping, preliminary estimation of the size of the populations and the prevalence of risk behaviors in the population(s) of interest. Generic questionnaires can then be modified to include relevant behaviors and use appropriate language and terms.⁸

⁸ Vanuatu Second Generation Surveillance Survey Report 2008

V. OVERALL ASSESSMENT AND RECOMMENDATIONS

A. Overall Assessment

163. The CDO Program and NAC Grants Schemes are considered to be highly satisfactory in terms of relevance and implementation, and satisfactory in terms of design, institutional development and sustainability. The Competitive Grants Schemes are considered to be highly satisfactory in terms of relevance, implementation and design, and satisfactory in terms of institutional development and sustainability.

164. The CDO Program has continued to be influential at national and local levels through the various grants schemes, and also through WSB expertise, facilitation, networking and support for other organizations. The CDO Project objectives and scope for implementation and expansion of innovative and promising strategies for strengthening STI/HIV responses in target audiences and locations were sound, but more effort is needed to foster ownership of the strategies among the appropriate MOH supervisory departments, and to involve and mobilize additional key sectors (e.g. education, major religious denominations) in a more systematic way.

165. A significant increase in awareness, knowledge and understanding of STI/HIV/AIDS was reflected in the interviews and group discussions, MSC stories and the MSC training evaluation feedback. Interviews, group discussions, project monitoring reports and evaluation surveys also revealed consistent improvement in the majority of immediate output and outcome indicators.

166. Appraisals and approval for the CG and NAC grants appears satisfactory. The new appraisal format provides a rated check list of the key components required in each grant proposal. NAC grant reports provided basic output data on the type of strategic activity conducted, location of target populations, number of males and females, and adults and youths involved. However, there was very little outcome data (e.g MSC stories) provided in the NAC grant reports reviewed, and the reporting system is burdensome for the CDO Manager (WSB) which not only has to chase up and collate quarterly NAC project reports, but also has its own six-monthly Competitive Grant report, plus multiple reports for other donors or other projects. NAC would benefit from receiving copies of all CG reports that currently are sent only to SPC.

167. The CDO Program and Grants Schemes demonstrated approaches for improved HIV response in Vanuatu under the NSP, including the importance of identifying key individuals who can take active leadership roles, and the sharing of resources for the technical support needed. Highlights include: (i) the testing of a range of innovative and promising strategies for changing attitudes, improving awareness, knowledge, and community mobilization for STI/HIV; and (ii) the facilitating of replicable mechanisms for networking between development partners, the health system and their communities for greater availability and access to VCCT and PMTCT by pregnant women – but to a lesser extent men – but suited to local conditions, as well as among groups of traditional leaders (chiefs) and other community leaders for sharing strategies and lessons learned. The CDO Program clearly benefited from financial support from PRHP.

168. However, monitoring and follow-up was hampered by lack of M&E budget allocations in the NAC grants themselves, and also for the centrally located CDO Program, to cover the considerable costs of nationwide travel and provision of technical assistance for implementation and follow-up. Decentralization of CDO responsibilities to PACs for provision of technical assistance and follow-up is becoming a viable option as capacity in the provinces increases.

169. CDO Program implementation was satisfactory. The benefit of the MSC refresh training conducted by WSB was evident among the health personnel, village health communicators, community members and PAC partner representatives observed, most of whom had received MSC training before from the CDO. Training evaluation responses indicated improved understanding and skills for collecting and recording MSC stories. Experiential learning techniques provided opportunity for practicing skills with WSB peer educators and among the participants themselves to share their own stories. The number of participants was suitable, but less than planned, due to the short prior notice for advance travel planning by participants – a consequence of the short notice provided to the CDO by SPC regarding the evaluation mission.

170. Specific problems in project implementation included: (i) limited provincial level capacity or participatory planning at the provincial level, which could have helped to improve the administrative process and reduce the heavy workload shouldered by the CDO, but which has not significantly affected potential for taking the project to scale; and (ii) the need for closer, more frequent follow up with project implementers during the monitoring phases of the Program.

171. In Summary The evidence presented in this report and earlier reviews suggest the CDO Program's approach to building capacity at national and local levels through support to strategic planning, capacity development, and access to resources, has promoted understanding of the potential development implications posed by HIV, and has motivated Vanuatu towards further action. The number, level, reach and quality of projects have helped to develop the capacity of individuals, groups, communities, and organizations to discuss, understand and address the threat of HIV/AIDS. Grant activities have widened the response and reached remote areas that otherwise would have had no exposure to HIV awareness and education. Competitive Grants were financially much larger, addressed a wider range of strategic activities, and were better designed. Their effectiveness has been easier to assess because of better quality reporting.

B. Lessons Learned

172. The Project successfully developed and tested a model, which can be adapted and replicated by GOV to implement nationally, and across multiple sectors, under the new NPoA.

173 Training and capacity building activities and structures can significantly improve skills, knowledge and practice. However, training processes need technical support at implementation to ensure quality, and at central and senior levels of government (MOH) to ensure sustainability.

174. Capacity building - in particular, skills development, adequate supervision support and facilities required for providing quality and confidential counseling - can lead to significant health benefits, including increased utilization of services, due to trust and confidence in the health worker skills that have been developed, and quality of services; and improved health outcomes, including better management of STI clients and HIV-positive individuals.

175. Capacity building in the health system and in the community can reduce the perceived need for supplemental financial incentives for health worker and volunteer participation in STI/HIV activities and services provision, leading to improved sustainability.

176. Support to the decentralized arrangements of the health system, and other PAC partners requires strong planning and management participation at provincial as well as at local levels for enhanced ownership by local health authorities, and to define clear roles and responsibilities.

177. Experience from the NAC grants scheme demonstrated that community mobilization, IEC/ BCC and health education, if systematically implemented through established structures, such as multi-sector PACs, civil society organizations, health workers, traditional healers as referral links, community leaders (e.g. Chiefs, Church leaders, etc) and other community volunteers, and with the support of the local political authority, can improve preventive actions and health - seeking behavior for improved STI/HIV/AIDS prevention, care, and reduced stigma and discrimination, and promote increased early, cost effective voluntary counseling and testing.

178. Responses and adapted approaches to successful innovations (e.g. LP1&2) as well as from evaluation findings have demonstrated the importance of moving from a generally IEC-oriented and awareness-raising approaches to incorporate more BCC interventions.

C. Recommendations

179. The National Coordination Mechanism (the National AIDS Committee) was supported by access to resources through the CDO Program and the PRHP Grant Schemes. As the (former) Chair of the NAC, the CDO played a critical role in facilitating the capacity to implement the national response, initially for development of the National Strategic Plan for HIV and Sexually Transmitted Infections 2008-2012 (NSP), and for implementation of key parts of the NSP Priority Area 1: *Prevention of HIV and other STIs through Reduced Community Vulnerability to HIV and STIs*. A key challenge for the NAC moving forward is to move from the development of the NSP to further, comprehensive implementation of the Strategic Workplan.

180. Continued reliable and dedicated sources of technical support to the NAC Secretariat, the HIV and STI Coordination Unit (located within the MOH) and its technical advisory groups is needed for the NAC to more proactively fulfill its coordination role in promoting a stronger and more comprehensive national response, particularly the M&E aspect of response coordination so that it can feed into the annual planning processes. This includes catalyzing increased ownership by the non-health sector partners for broader, more strategic responses. Treatment and care procedures for HIV/STI also need to be strengthened to ensure effective implementation of appropriate policies, guidelines and procedures. For example, voluntary confidential counseling and testing (VCCT) services need to be of sufficient quality before community awareness efforts can realistically encourage use of these services.

181. The CDO Program objectives and scope were sound, but more effort is needed to develop ownership of the strategies within and across the departments and programs of the MOH. Donor-driven support can have a compartmentalizing effect of the funded activities, and it is important to seek out opportunities to integrate STI/HIV/AIDS with Reproductive Health (RH), and EPI for example, and to involve and mobilize key non-health sectors (e.g. education, religious denominations, youth & sports, women's and men's groups) in a more systematic way.

182. The CDO Program needs to play a stronger role in strengthening and revitalizing the national response and building partnerships between and within government and civil society. NAC Grant-funded activities implemented so far have operated as individual, one-off projects or training courses rather than as part of a broader coordinated network of activities within the umbrella of the national response, and capacity building remains isolated instances of activity. A stronger focus on in-country training-of-trainers programs for example, among teachers and CBO leaders, with support for follow-up training activities for their constituencies can help broaden the HIV/STI skills base of civil society and government workers across various sectors.

183. Decentralization of the CDO Frequent and careful monitoring of NAC grants implementation is essential to ensure that the newly established operational processes and procedures are clearly understood and activities carried out correctly and completely by the responsible parties at all levels. It is expensive burdensome to the CDO to provide the necessary capacity-building and monitoring support to activities that extend beyond the urban islands into outer areas. While there is an encouraging increase in the quantity of activities as part of the overall response, continued support is needed to develop local capacity (e.g. via PACs) for support to capacity building and regular monitoring and evaluation to ensure quality.

184. For example, decentralization of the CDO function could assume a greater coordination role regionally (e.g. the 4 northern provinces) and provide technical assistance only for the southern provinces. Alternatively, capacity building could concentrate on one PAC first to ensure quality. Alignment with locally-based organizations capable of providing technical support to project design, management, M&E, and follow-up is critical to ensure quality and to support NAC Grants activities to continue beyond the one-off workshop or public event.

185. Capacity-building for improved HIV responses even in Vanuatu's low prevalence environment require moving from awareness activities to include behavior change initiatives. This needs to be an integral element of the training under the capacity development program, including for expanded peer educator training and support, and consideration for a coordinated implementation of an adapted, locally suitable version of the Stepping Stones program. An important and largely untapped resource are Kustom Healers, who have been receiving training in Sanma province to act as effective referral points of STI clients to provincial health services.

186. Improve Integration The CDO Program and the NAC can play a critical role for integration of activities into and across the health system, and to establish linkages and appropriate entry-points across the different stakeholders and sectors in a way that gives broader meaning to the national response. Within the health system, HIV/STI can be addressed as a component of Adolescent Reproductive Health (ARH) interventions and where possible, joint planning and implementation of HIV/STI activities at all levels with relevant national health programs such as Reproductive Health (RH) and Expanded Program on Immunization (EPI).

187. Consider addressing HIV/AIDS and STIs prevention programming, especially in the NAC grants, as a "package" which includes attractive entry points to more effectively reach the 'truly higher risk' target audiences, and that also encourages the PACs to be more active. GOV departments can also work in greater synergy and share resources. Where HIV is not seen as a priority in the community or among certain target audiences, livelihood or nutrition programs, for example, may attract more people and serve as a popular 'entry point' to include STI/HIV/AIDS programming and reach target audiences when they really are coming for another program.

188. Grants Administration The capacity building support and follow-up for financial management has been instrumental in ensuring effective and efficient operation of the Grants Scheme. NAC Grant proposal guidelines and financial reporting templates are in place, but outcomes are not explicit in the narrative report formats. Proposals and narrative reports formats should include a simple M&E framework that identifies project goals and objectives, and sets out the type of planned strategic activities, location and number of target populations, and with some basic output and outcome indicators and the means by which the activities will be assessed, as well as a specific budget line for M&E. Administration of the three CGs under CDO management is working well, although M&E has been largely done by external evaluators.

189. Monitoring and Evaluation Continuing technical and financial support is needed to strengthen the capacity and routine practice of NAC project M&E, including MSC story collection and analysis. Just three of the 17 NAC Grant completion reports reviewed in the cluster evaluation included an MSC story to describe changes that occurred as a result of the NAC project activities. Many more change stories were returned however, following the MSC refresh training workshop. Outcome data from MSC stories can be defined and gathered through the question, “What has changed as a result of the activities” in project proposals and reports.

190. Gender The CDO Program has achieved notable progress in mainstreaming of gender sensitive approaches and direct interventions into the CG grant processes, programming and activities. Gender is less explicitly targeted in the NAC grants activity proposals and reports, and the extent to which gender was addressed depended on the quality of the facilitators. Program delivery in relation to gender-related vulnerability to HIV could be improved with (i) introduction of a more explicitly identified and strategic policy and guidelines addressing the impact of gender inequality on HIV vulnerability in the NSP; (ii) more explicit gender targeting in the NAC Grants Scheme proposals and appraisal processes; and (iii) incorporation a simple checklist to monitor gender components in NAC grant activities, and the training of partners in its use, to encourage more targeted interactions and better monitoring around gender in the activities.

191. There is an urgent need to more directly and creatively target men for STI/HIV and prevention and treatment. Typically the responsibility for addressing issues of deep-rooted gender inequity in the society is relegated to women’s groups and to government departments responsible for women’s issues, when in fact it is the men who must consent to wear condoms, and respond to partner notification for STI contact tracing and treatment, join their wives for ANC consultations, consent to testing for STI/HIV and allow their wives to be tested. The critical gender gap is the failure to engage men in a meaningful way – young men, middle aged and married men. Potential venues to more effectively reach men include kava bars, sporting events and youth centers with WSB DVDs playing, peer educators are providing information and counseling, and condoms are freely and discretely available in the toilets.

192. Value for Money The CDO Program has represented good value for money in the efficiency of its administration and effectiveness of achieving, or partly achieving its key outcomes within the set budget, and according to the Strategic Workplan and targets set in the NSP which aim to improve the response to HIV at national and local levels. It has aimed to do this by increasing awareness and capacity of government (health and non-health sectors), politicians, leaders of civil society, NGOs, churches, young people, parents, sex workers and their clients, and members of local communities to more effectively respond to STI/HIVAIDS.

193. Another indicator of good value for money is the ability of the CDO Program to attract increased international multi-donor funding for continued HIV/STI programming support (e.g. LP 3 is fully supported by ADB). However, considerable expenditure was required for transportation and provision technical assistance to implement NAC grants as their number and geographical distribution has increased. Excessive food costs in some NAC grants may be better spent if grants allowed support to expanded behavior change strategies such as electronic media players and HIV soap series DVDs, and for on-going support of youth and adult peer educators.

194. Sustainability The transition of the CDO Program approaches to SPC management assures that this model of capacity development support facilitated through the various grant schemes will be maintained. Vanuatu is making positive and significant steps towards recognizing addressing HIV. These steps reflect a commitment to HIV as a development issue among civil society and government, and should continue to be supported. SPC should continue

to provide the full range of capacity development support to the CDO Program with a strengthened focus on building quality, support NCM development, relevant research, improved M&E, and continued surveillance to develop a stronger evidence base for use in program development and practice. Continued support is required to consolidate the achievements thus far, and to ensure that the priorities set out in the Strategic Workplan are addressed effectively.