



WORKSHOP ON

**DEVELOPMENT EFFECTIVENESS IN PRACTICE:
APPLYING THE PARIS DECLARATION TO ADVANCING
GENDER EQUALITY, ENVIRONMENTAL SUSTAINABILITY AND HUMAN
RIGHTS**

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**Scaling up the AIDS response with the Country Harmonisation and Alignment
Tool (CHAT), Indonesia**

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The Country Harmonization and Alignment Tool (CHAT) - A resource to assess International and National partners' involvement and adherence to good practice in Harmonisation and Alignment of their support to the national AIDS response.

What is the CHAT?

The **Country Harmonization and Alignment Tool (CHAT)** offers an approach for use by national AIDS coordinating authorities and its partners to help answer the following questions:

- Do we have inclusive, participatory national responses to HIV?
- Do we have effective coordination and funding partnerships for the national AIDS response?
- How can we improve our partnerships to strengthen the fight against HIV?

The CHAT consists of a three-part process of i) mapping stakeholders in the national response, and conducting structured interviews with i) national and ii) international partners.

Where has the CHAT come from?

The Country Harmonization and Alignment Tool (CHAT) has been developed by UNAIDS and the World Bank in response to recommendation 4.1 of the *Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors*: to develop a tool to "Assist national AIDS coordinating authorities (in collaboration with international partner agencies) to assess 1) the participation and degree of engagement of country-based partners in the national response, and 2) the degree of harmonization and alignment among HIV international partners".

Field testing of the pilot CHAT was carried out in 7 countries (Botswana, DR Congo, Somalia, Zambia, Nigeria, Indonesia, Brazil) and extensive involvement of national civil society was ensured, in addition to full engagement and feedback elicited from national and international partners in the piloting countries.

Why use the CHAT?

The AIDS response in most countries is institutionally crowded and displays highly complex technical and resource flows. The CHAT provides information about the stakeholders and relationships that support the national AIDS response. These relationships, if they are working effectively, create the enabling conditions for delivering the results and objectives set out in the national HIV strategic plan and other global targets such as UNGASS. CHAT is a way of assessing the strengths and the areas for improvement in these relationships.

When and how should CHAT be used?

Ideally all components of CHAT can be used on a regular basis (e.g. once every two years) as part of a joint national HIV/AIDS programme review process. Mapping, the National Partner Assessment, or International Partner Assessment can also be used as one-off, stand-alone processes to quickly diagnose the extent to which either national or international partners are harmonizing their support to the national AIDS response.

Who are CHAT informants?

CHAT informants or participants are the national and international partners engaged in supporting the AIDS response. Via purposeful sampling, partners are selected and surveyed using rapid, open-ended, qualitative techniques to understand their perspectives on the national AIDS response. Efforts must be made to also solicit responses from agencies and partner

groups that are not yet fully participating. Strategies can then be found to include these ‘missing groups’ in the national AIDS response.

Who are CHAT users and decision makers?

The national AIDS coordinating authority (as the group representing the multiple stakeholders and sectors involved in the national AIDS response) is the main implementer and manager of CHAT, as well as the primary ‘owner’ and user of any CHAT information. CHAT information can be used by the national AIDS coordinating authority to further improve its own programming and management functions as well as to advocate for national and international partners to increase their levels of engagement, participation, harmonization and alignment. Data can also be collated and analysed at the global level to track trends and catalyse dialogue with international institutions

Who conducts the CHAT research?

The CHAT is managed by a focal point designated by the national AIDS coordinating authority to take forward the CHAT on their behalf. Research consultant(s) with expertise in qualitative and participatory or action research can conduct the surveys with informants and undertake the required analysis with input from the CHAT focal point and a multi-stakeholder advisory group.

What are the areas of assessment for the Country Harmonization and Alignment Tool?

Areas for national partners	Areas for international partners
1. Extent of participation and alignment by national/domestic partners in the national HIV strategic framework	1. Extent of alignment between the HIV strategies of international partners and national and/or sub-national HIV strategic frameworks
2. Extent of representation for national/domestic partners in the national AIDS coordinating authority or equivalent body	2. Extent to which international partners are supporting and cooperating with the national AIDS coordinating authority
3. Extent to which national/domestic partners are using the national HIV M&E framework and/or system	3. Extent to which international partners are aligned with the national HIV monitoring and evaluation framework and/or system
4. Extent of participation by national/domestic partners in the national joint annual programme review or equivalent process.	4. Extent of participation by international partners in the national joint annual programme review or equivalent process
5. Extent to which domestic/national partners receive a fair portion of the national HIV budget	5. Extent to which international partners have indicative multi-year commitments (i.e. more than three years) for the national HIV response
6. Extent of integration by domestic/national partners in decision-making and reporting about allocation of financial resources	6. Extent to which international partners support pooled funding arrangements for the national HIV response
7. Extent to which domestic/national partners participate in the design and assessment of the administrative systems for the national HIV response	7. Extent to which international partners are harmonizing their HIV procurement mechanisms response
8. Extent of openness and transparency among national/domestic partners and with the national AIDS coordinating authority	8. Extent to which international partners are building technical capacity and harmonizing their HIV technical assistance strategies
	9. Extent to which international partners are harmonizing administration, technical/financial reports and human resource approaches with each other and in relation to the national HIV response
	10. Extent of transparent, timely and accurate communications among international organizations and with all members of the national AIDS coordinating authority

What are the main products of CHAT?

At the country level, CHAT provides detailed qualitative information on participation, harmonization and alignment as well as on organizational processes and relationships, and the roles and functions of both national and international partners in the national AIDS response. At the global level, UNAIDS will use the country CHAT reports to distill international trends and gaps related to partner support for the international AIDS response.

Can CHAT Assess All Aspects of the National AIDS response?

No. The CHAT provides detailed qualitative information on only two key dimensions of the national AIDS response: national and international partner participation, alignment and harmonization. A wide range of other tools that are available or under development can be used to assess overall national programme effectiveness, results, the strategic planning process, or the organizational performance and internal capacities of partner organizations and/or the national AIDS coordinating authority itself. Furthermore, CHAT has not been developed as an internal organizational assessment tool for assessing the capacity or readiness of some national partners to be full participants in the national AIDS response.

Experiences from the Indonesia Pilot of the CHAT

Summary

Key obstacles to alignment, harmonization and participation have included poor communications, insufficient mechanisms for coordination and review, under-representation of some stakeholders in strategic planning, and the perceived weakness of the NAC as the national coordinating authority. However, noticeable improvements have been made in the last few months since the instalment of the new NAC leadership, and there is tremendous goodwill and support for the 'new' NAC to take the lead in coordinating the response. The challenge now will be for the NAC to maintain this momentum and make real changes within a relatively short period of time. For this, it is essential that all partners provide very strong support and cooperation.

Recommendations

A. CHAT

1. **Adapt the tool to suit country needs**, recognizing that sub-national needs may be different to national needs. Specify the period of reference. Remove questions that are not relevant to the national context (such as those on procurement).
2. **Adopt CHAT as part of the national review process** to strengthen harmonization and alignment at national, provincial and district levels. Hold workshops among each stakeholder group to solicit input on how the CHAT can be integrated into this process and formulate a plan of action.
3. **Ensure that Papua, East Java, Central Java and North Sulawesi are prioritized** when the CHAT is implemented at sub-national level.

B. The shape of the response

1. Conduct a **joint evaluation of the 2002-2007 national strategy** and an analysis of the current epidemic situation and the priorities, involving all core stakeholders. Explore how the four major review processes scheduled for early 2007¹ can become part of such an evaluation. Identify the gaps in the current strategy. This process should begin by the end of 2006 with workshops at

¹ USAID, DFID, AusAID and the Health Sector Review

national, provincial and district levels. Feed the results of the evaluation into the development of the new strategy, ensuring that the gaps identified in the current strategy are addressed.

2. **Develop a mechanism to ensure participation and consultation by all partners** in the drafting of the new national strategy and the formulation of a costed, prioritised annual plan. Ensure that results are disseminated widely at each stage of the process, for example through a dedicated page on the 'AIDS Indonesia' website. Build in mechanisms for regular (annual?) review of the National Strategy (e.g. through the review of the annual costed workplan).
3. **Develop coordinating mechanisms to implement the national strategy.** For example, work groups could be revitalized and empowered to coordinate each technical area. The NAC should be responsible for overall coordination, with all partners reporting to the NAC on a specified schedule. Consider mechanisms used in other countries, such as Uganda's Partnership Forum, as potential models for facilitating harmonization.
4. **Rethink the way international assistance is provided.** Significant modifications may be needed to reflect changes in the epidemic and in the response itself (for example, with the addition of GFTAM and the Partnership Fund). There may need to be a shift from unilaterally designed programmes in separate locations to a more thematic/technical focus, with donors/agencies consolidating into specific technical areas (e.g. IDUs/HR) but covering all geographical areas. With a strong national strategy and plan in place, donors could choose which components to support.
5. **Regularly involve all stakeholders in consultation on all aspects of the response,** from planning through implementation to M&E. The NAC should lead, coordinate and monitor this process and activate similar consultation mechanisms led by the provincial and district AIDS commissions. Transparent, timely, two-way communications should be maintained between each level of coordination.

C. The National AIDS Commission

1. **Strengthen the capacity of the NAC** (with support particularly from UNDP and UNAIDS) to ensure that it can function as the focal point of the entire national response: assess capacity building needs; increase the number of staff, emphasizing people who are highly skilled, qualified, who represent civil society and/or who can liaise effectively with government sectors and civil society. Recruit professional support staff who can facilitate communication (through reports, minutes, administration, management etc).
2. **Improve the profile of the NAC** as the national coordinating body. Hold a public launch for the website; issue regular press releases; advocate to senior levels of government and the private sector. Hold high-level meetings at the NAC. Establish that all partners in the response should report to and get feedback from the NAC.
3. **Build national capacity—especially within the NAC—to absorb and manage funds.** Actions may include recruiting highly skilled and qualified financial and administration managers, and coordinating with international partners on a comprehensive program of capacity building needs assessment and provision.
4. **Improve coordination/advocacy to secure counterpart funding from the national budget.** Ensure that this is done in a timely manner, i.e. sufficiently far in advance for changes to be accommodated in budgets.
5. **Strengthen capacity for M&E:** the most important role for the NAC is to coordinate and facilitate all actors. Ensure, through reviews of all programming documents, that M&E is included in all plans; make use of existing M&E systems and data flows from sectors; strengthen efforts to harmonize indicators; involve all partners, including civil society; allocate budgets for travel and meetings. M&E should be positive, well-planned and well reported.
6. **Support and strengthen focal points in government sectors** and encourage linkages with UN focal points. Communicate more vigorously to sectors about the role of the NAC and cooperate with them to define own their roles and appropriate strategies. Advocate actively and regularly to ministers and director-generals to secure their support and keep them informed.

D. Joint planning and review

1. **Devise a joint planning mechanism;** consider whether assistance should be organized along technical rather than geographical lines (see above). Hold a workshop for all key stakeholders to design this mechanism and identify where existing synergies can be strengthened.
2. **Clarify the national review process.** Map existing review processes and work with all key stakeholders (through a series of workshops) to identify elements that can be harmonized and integrated into a joint national process. Existing processes may include sectoral reviews, donor/project reviews, UNGASS etc.
3. **Strengthen NAC mechanisms for reviewing/validating programme plans.** This will require very high planning and monitoring capacity in NAC and ensuring that all documentation is submitted in Indonesian.
4. **Increase coordination among donors** (at embassy/senior UN level). This should be an international partner initiative. UNAIDS should advocate globally to donors for greater consensus and harmonization on both M&E and reporting requirements. UNAIDS should facilitate regular donor coordination meetings and establish a communication mechanism that efficiently keeps donors updated on the response.

E. Communication and dissemination of information

1. **Strengthen communication and networking between all partners.** The NAC should establish a program of regular meetings, ensuring that agendas are specific and issued well in advance and minutes are distributed to all stakeholders; publish a bulletin regularly; evaluate the website and update it regularly. All partners have a responsibility to contribute and proactively seek involvement.
2. **Use the upcoming Surabaya National Conference as a forum for sharing information and progress** on the National Strategy process, CHAT and other issues. Ensure that plenary sessions/workshops are allocated for these issues.
3. **Ensure that reports and program documents are submitted to the NAC and other national partners in Indonesian.** At the very least there should be an executive summary in Indonesian.

F. Strengthening civil society

1. **The NAC should clarify the role of civil society in the response** and ensure that they have a representative voice in policy development and planning at national, provincial and district levels. The NAC and established, national-level NGOs should cooperate on facilitating coordination and consolidation among civil society at each level.
2. **Ensure that more funds are channelled to civil society** and that civil society organizations have full and transparent information on how to access resources.
3. **Strengthen civil society's monitoring/advocacy role.** The NAC and provincial and district AIDS commissions, in cooperation with international partners and established NGOs, could hold a series of national and local-level workshops to clarify this role and establish practical mechanisms to implement it.

G. Sustainability

1. **Build the sustainability of the national response.** All activities and funding should always take into account sustainability through strengthening the capacity of national partners. Ensure that capacity building reaches the grassroots level. Make efforts to include a better spread of NGOs and facilitate consolidation among them. Use well-established NGOs to mentor and build the capacity of smaller, weaker NGOs (*viz.* UNFPA programme). Facilitate linkages between NGOs and universities.
2. **Develop mechanisms to make better use of national competency and expertise,** e.g. a National Advisory Board; establish centres of excellence in universities/hospitals to ensure that local competencies are used as far as possible for capacity building/training.

H. Procurement

1. Build capacity and coordination on local pharmaceutical procurement, emphasizing quality, reliability and competitive pricing.