NAHIP in review (2010-2012): provider agencies' final views on the programme

At the conclusion of the National African HIV Prevention Programme, all agencies contracted to deliver within the programme were invited to complete a brief survey enabling them to reflect on the processes and outcomes of the NAHIP partnership in the most recent national contract phase (2010-2012). Agencies were invited to discuss the survey items internally, with each organisation submitting one response.

16 agencies responded to the survey, with the vast majority stating the name of their organisation in their entry. This summary will not report data in a way that would identify the specific responses given by individual agencies.

The questions asked throughout the survey comprised a mixture of open-ended and close ended questions. This summary report will offer a summary overview of responses to each of these questions, and in each section below, the question is repeated exactly as it was asked in the survey.

1. Contribution to a shared goal

All participants were asked:

During the last three years, to what extent do you think NAHIP has contributed to our shared goal of minimising the number of sexual acquisitions and transmissions involving African people living in England.

PLEASE THINK ABOUT:

- *What influence has NAHIP had on our national response to the HIV prevention needs of Africans living in England?*
- *Has NAHIP changed anything at a national level (what?)?*

When responding to this question, most agencies tended to focus more on local implementation than on national impact. However, there was some discussion of regional and national successes as well. Mostly, agencies discussed the development of a strong national delivery infrastructure which included a recognised evidence base, strategic plan, centralised delivery contracting and monitoring, and campaign development (n=9). There was also considerable pride in the fact that the recognised strengths and branding of NAHIP meant improved strategic influence on the national stage (ie. through participation in the House of Lords prevention hearings), improved recognition and funding from commissioners, and demonstrable influence over policy changes (n=5). In response to the question about national impact on transmission, two responses mentioned that there was no impact assessment that could enable a reasonable indication of success on a national scale, while others (n=3) focussed on a more anecdotal and 'gut' feeling sense that knowledge, attitudes and behaviour seemed to be shifting regionally and locally.

> *It has given a voice to African communities at a national level.*

Usually answers to this question to raise two interrelated issues, one being the programme's support of improved, targeted and relevant interventions for African people (n=11), and the other being the extent to which the programme had resulted in improved collaborations and shared expertise both with other African agencies delivering HIV prevention, as well as with those outside of the HIV sector (ie. faith based settings, NHS staff, n=10). Enthusiasm for the interventions was mainly focussed on agencies' improved capacity to gain further reach into African communities with appropriately targeted materials that had been well developed and branded. There was also praise for the fact that standardising small media interventions at a national level meant that messages being dispersed through a range of geographic areas were clear and consistent. A number of respondents also suggested that they had seen increased uptake of HIV-related information, condoms, HIV testing, and community involvement initiatives, meaning that increased provision had resulted in increased demand at a community level.

> *Over and above from the feedback we got from these activities [interventions], people were acknowledging that there is a need for them to go for testing, and also understood that it is better to know than not. We believe [we] helped many cases of HIV infection [to] have been prevented as many people now understand that people living with HIV show no symptoms, and the only way to know was though testing.*

Although it was not possible for most participants to definitively respond to the question as it was asked, they broadly used their response to reflect on the positive aspects that NAHIP participation had brought to their work, the benefits of the consistency and strategic partnership approach that it offered, and the tangible gains that they felt had happened regionally and locally as a result.

2. Organisational benefits

Participants were asked:
How has being part of the NAHIP partnership benefited your organisation?
PLEASE THINK ABOUT:

- *For your agency, what have been the benefits of being part of a national HIV prevention programme for African people?*
- *What influence has NAHIP had at local and regional level?*
- *Has NAHIP supported more partnership working at local and regional levels?*
- *How has the NAHIP programme influenced your local work and your local funding?*

The responses to this question were almost all enthusiastically positive, and were largely clustered around a small number of key themes. The most significant of these were the extent to which NAHIP supplemented and supported ongoing local HIV prevention for African people (n=11), and the real gains that the partnership brought to organisations in terms of meaningful collaboration with other organisations (n=11). In terms of the aspects of local activity that the programme enhanced, participants mentioned that ongoing non-NAHIP prevention contracts were either extended in their reach, size or relevance with the addition of NAHIP materials and intervention contracting.

> *NAHIP programme has complemented [agency name]'s local work including widening access to condoms to African people across [local area name] as well as assisting the skilling up of black business owners. The additional resources have enhanced [our] local initiatives by increasing the volume of work and reaching more people.*

> *We believe that the workshops conducted, will go down as one of the best intervention activities ever done by our organisation.*

Participants mentioned a large range of new partnerships that had been spawned by their participation in NAHIP. Not only did many have a great deal of praise for the strength and pooled resources gained from their local NAHIP delivery partnership, but there was also extensive mention of improved working relationships with new partners (including provision of capacity-building for fledgling and volunteer-driven agencies), improved collaboration with local NHS agencies, and improved collaborative funding opportunities outside the national programme.

It was also notable just how many participants mentioned their improved internal capacity that had resulted from their involvement with NAHIP (n=11). Half of these focussed on the financial importance of receiving funded contracts to deliver local interventions, or the improved capacity that partnership had given them to fundraise from elsewhere (n=5). The remainder of responses in this category (n=6) focused on the improvements to staff skills, and interventions that had been made possible through the stability offered through the programme, as well as the quality of NAHIP resources. Agencies mentioned the utilisation of service users on planning committees, increased staff numbers, skills gained through the provision of training by NAHIP and ongoing sector development that keeps staff abreast of new developments in the field as examples of the way that programme partnership had boosted their internal capacity to deliver high-quality interventions.

> *Working with NAHIP has assisted our organisation in achieving a level of success in creating and maintaining awareness of pertinent issues. It has also meant that we have been kept aware of trends and issues as they have arisen, which has meant that the work that we do has been more effectively tailored to the needs of the people served.*

Finally, in response to this question, it was also mentioned by about two thirds of participants (n=10) that one of the local gains of NAHIP participation was the improved local profile that their organisation had gained. NAHIP had come to be regarded locally as a trusted, quality, strategically engaged brand, and agencies associated with it benefitted from this association.

> *All our current contracts with local authorities and PCT's across the north of England recognise/mention and relate to NAHIP.*

There was one participant who mentioned that they had not recently benefitted from NAHIP participation due to contract variation part way through the programme. It is unclear from this response if the responder was referring to the re-tendering of the partnership in 2010, or an event that had happened since that time.

3. Challenges associated with the partnership

Participants were asked:
How has being part of the NAHIP partnership been a problem your organisation?
PLEASE THINK ABOUT:

- *For your agency, what have been the costs of being part of a national HIV prevention programme for African people?*
- *What influence has NAHIP had at local and regional level?*

- *Has NAHIP damaged or undermined partnership working at local and regional levels?*
- *Has NAHIP undermined your local work or your local funding?*

All but one of the responses to this question positively re-iterated the benefits of the NAHIP partnership for local organisations. Previous themes with regard to extension of local work, improved capacity and partnership working, and use of high-quality written materials were mentioned. One participant did use their response to this question to focus on the negative impact of changes to the NAHIP programme that were introduced by AHPN in the 2010 re-tendering. This participant felt that their agency had reduced capacity for influence and expression at NAHIP national board level because of the infrastructure change toward regional delivery networks. It was also felt that cost-cutting had reduced their capacity to disseminate research materials, participate in planning away days, and to benefit from a more extensive programme of regional sector development seminars.

4. Meeting programme goals arising from 2008 review process

Participants were asked:

In 2008 a Department of Health review of national HIV prevention programmes identified 5 "areas of change" it wanted AHPN to address when it re-funded NAHIP. For each, say whether you think NAHIP has "Achieved this", "Not achieved this" or if you are "Not sure".

Number of NAHIP agencies responding to the above question (n=16)	Achieved this	Not achieved this	Not sure
Better programme branding/communication/social marketing	13	1	2
Better planning and delivery structures	14	-	1
Having a strategic delivery plan	15	-	1
Linking national work to local delivery	16	-	-
Having stronger links with CHAPS	2	5	9

5. Meeting NAHIP's 12 strategic objectives

Participants were asked:

In 2009-10, AHPN commissioned a Strategic Plan for NAHIP, which identified 12 key objectives for NAHIP for 2010-2012. For each of the following challenges, say whether you think NAHIP has "Achieved this", "Not achieved this" or if you are "Not sure".

Number of NAHIP agencies responding to the above question (n=16, missing one response in two items below)	Achieved this	Not achieved this	Not sure
Responding to a need for 'additionality' by delivery of campaigns and resources on the ground (thereby funding interventions for end-users, but not implementing them directly).	15	-	1
Taking account of the needs of African communities, and incorporating Africans with HIV into local delivery plans.	14	1	1
Make reporting lines and NAHIP contract management clear and transparent.	14	-	2
Provide a link for NAHIP sub-contracted agencies in terms of grievances.	9	1	6
Based its programme of work upon the approach, methods and interventions described in KWP and the Handbook?	16	-	-
Ensured that its work is delivered to the priority groups identified in KWP, making use of the priority direct contact interventions listed therein.	15	-	-

A NAHIP communications strategy will provide a statement of key target audiences and some of the key communication challenges as well as a plan for overcoming these.	12	1	3
NAHIP will aim to develop four Skills Hubs for specific work streams and programme outputs. The Skills Hubs will capitalise on partners' knowledge and skills and promote innovation and learning.	9	4	3
NAHIP will develop a Project Board, which will be responsible for determining the strategic direction of the NAHIP programme, and performance managing the development and delivery of all interventions. The Project Board will offer transparency and accountability around governance.	10	-	6
Consultation with Partner Agencies identified a lack of skills and confidence in working with African MSM. In addition, similar gaps were identified in relation to African culture and faith within CHAPS and other mainstream providers. NAHIP will seek to address these gaps wherever possible in its work.	7	2	7
The new NAHIP structure, combined with the criteria for contracted agencies and health promotion interventions, opens up opportunities for joint bidding. In order for this to take place, agencies will need to understand the value of submitting joint bids and commissioners will need to put in place mechanisms that promote transparency in the tendering process at every stage.	15	1	-
NAHIP partners and stakeholders value on-going training that enables them to lobby and contribute to policy development. They also described valuing AHPN disseminating details of new and ongoing policy and other consultations to help inform and enable organisations and communities to get involved.	12	1	3

6. Further comments

Participants were asked if there was anything further that they wanted to add. One participant pointed out that the 2 year funding of the last programme meant that it was too short-term to fully develop, and there were two participants who mentioned the challenge that the programme continually felt under-resourced.

Other than this, the responses given here were overwhelmingly positive, once again re-iterating the themes of improved reach, benefits of collaborative working, and improved strategic voice through programme participation. The following are a selection of such comments provided by participants in this section.

> *Feed-backs and testimonials from service users did help us to evaluate our work and it is fantastic plus cost effective.*
>
> *It is my belief that NAHIP has taken my organisation through this journey of enjoyment, shared experience and lots of lessons to be learnt. My thanks to all contributors, in one form or another.*
>
> *Above all the staff and volunteers were able to learn and put into practice the concept of KWP which will be of tremendous use in their continued effort of providing HIV prevention interventions to African people in England.*

The Plus One research undertaken by Sigma has been excellent as a tool to raise awareness of the sometimes unheard needs of positive and negative people and highlighted the need for appropriate language in communications to clinic patients and not to assume that knowledge shared is knowledge understood or retained.

This is an opportunity to thank the NAHIP for bringing resources to [name of city] and the region that were not available before. Commissioners and other decision makers have started to get involved in NAHIP efforts to reduce HIV transmission and progress testing and diagnoses of the undiagnosed cases.

Being involved with NAHIP has enabled our service users and communities to have a voice in [city name] in the planning and development of interventions for African communities. NAHIP holds a lot of respect within the PCT's and local authorities that we work with which also then adds value to the work that we deliver. NAHIP has enabled us to be creative in developing interventions where we know there is need but where there is no current funding locally. This ensures that we can be responsive to change and flexible with different communities.

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