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Projects in the HACC Program  
in Victoria  
2002–2003

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*home and community care*

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM  
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

Department of Human Services  
555 Collins Street, Melbourne  
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## *Purpose*

*This document is an overview of projects contributing to the key policy directions for the Victorian Home and Community Care (HACC) Program during 2002-2003, managed by central office.*

## *Vision Statement 2002-2003*

*Frail older people and younger people with disabilities who need support services to help them remain living independently in their own homes or to prevent premature admission to residential care should be able to gain access to the required services in a timely and uncomplicated manner regardless of their cultural background, financial position or where they live.*

# Program Standards

Four projects deal with the overall standards, quality and staffing of HACC services.

## 1. HACC Program Manual

A new HACC Program Manual will be published early in 2002-03. It will also be available on the Web site. Agencies and their staff will find the new manual an essential guide to the Program. It sets out the official definition of HACC activity types in Victoria, client eligibility criteria, the fees policy, guidelines on setting priority of access criteria, and so on. It also describes the annual planning and funding cycle.

Victoria's manual was first produced in 1993 and was rewritten in 1998 to incorporate material on unit prices, new definitions of service activities and other policy changes. Amendments were issued in 1999 and 2000. In 2001 the HDG Consulting Group was contracted to revise the manual and incorporate all policy changes since 1998. A consultation network comprising DHS central office staff, DHS regional staff, and representatives of funded agencies and peak organisations have provided valuable comments.

Agencies should note that compliance with the policies contained in the Manual is a condition of funding in DHS service agreements.

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## 2. HACC National Service Standards

Implementation of the HACC National Standards Instrument & Guidelines has been anticipated since 1999, but the project has suffered unavoidable delays. Having overcome

these, Victoria is now working towards meeting a national target of reporting the performance of agencies against the Standards Instrument by mid-2004.

The plan is to undertake a comprehensive process of agency-based appraisal with a focus on continuous quality improvement and monitoring of agency performance. A training program will help agencies undertake self-assessment and prepare for external review against the Standards Instrument. Consumer feedback is a mandatory part of the process, and a separate consumer appraisal mechanism will achieve this.

Independent assessors will be contracted by DHS to review each agency's performance by completing an agency appraisal form, rating the agency's overall performance and its compliance with the Standards. Each agency will have an action plan and a schedule for reviewing the plan's outcomes.

A 3-phase rollout of the Instrument is scheduled. The first group will consist of agencies delivering direct care services who are not currently subscribing to formal quality accreditation or certification programs, and agencies who participated in the consumer appraisal pilot project conducted in 2000.

Copies of the HACC National Service Standards *Getting it Right – Guidelines for the Home & Community Care Program National Service Standards* and the *HACC National Standards Instrument and Guidelines* are available on the Commonwealth Department of Health & Ageing website located at [www.health.gov.au/acc/hacc/index.htm](http://www.health.gov.au/acc/hacc/index.htm).

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### 3. HACC National Information Management Framework

National consultations were held in late 2001 and early 2002 to develop an information management framework for the HACC Program and to design a series of 'shell' products (that is, templates for writing brochures about HACC services, and so on). Focus groups were held in metropolitan and regional areas in Victoria, with input from special needs groups.

Following this consultation, the national HACC Information Working Group has drafted a new set of principles for HACC Information management, based on the current principles. The new principles were endorsed by National HACC Officials in June 2002.

Rather than set up a single national body responsible for disseminating information about the HACC program, it was agreed that each State and Territory, and the Commonwealth, would continue to operate independently, but would preserve a consistent national approach. Web sites, for example, would be linked. Also, it was agreed that the three 'shell' products will be helpful in maintaining consistency in style and content. It was agreed that all material would be kept up to date by including review and sunset dates.

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## 4. HACC Workforce Development

The HACC Program Workforce Development Strategy is being undertaken over a two year period. It deals with the recruitment, retention and training of staff employed by HACC-funded agencies.

Stage One (2001-02) has mainly focused on community care workers (non-professional direct care workers). Stage Two (2002-03) will focus on both community care workers and 'white collar' and clinical staff.

The overall approach of the Strategy is to improve agencies' knowledge about best practice in employment, how to obtain relevant accredited training for staff, funds for training, and government labour force interventions. It will suggest where to target efforts to attract new entrants to the community care workforce.

The project will:

- Improve the available training for community care workers through the vocational education and training system;
- Improve community care workers' access to funded training places;
- Develop a research base to inform providers how best to target their recruitment and retention strategies so as to diversify their workforce and retain staff over the medium to long term; and
- Develop a research base and strategy to attract new entrants to the workforce, to diversify the workforce and to make it more sustainable.

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## Models of service delivery

Eight projects deal with improvements to models of service delivery with respect to particular target groups.

## 5. Expansion of Adult Day Groups

The expansion of Adult Day Groups (or Planned Activity Groups) over four years was a commitment of the incoming Victorian Government in 1999. For this purpose, \$12.03 million was allocated in 1999-2000. A Best Practice Forum was held on 31 May 2002, building on the issues identified in a Ministerial Forum held in June 2000. A progress report on the Ministerial consultation in June 2000 has now been written. A Procedures document on the Good Practice Forum outlines the models that were presented at the May 2002 forum. Both documents are available on the HACC website. The next task is to publish a document on best practice in Planned Activity Groups for people at risk of homelessness.

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## 6. HACC Transport and Community Transport

Transport is an integral part of the national HACC Program. In Victoria, transport is not regarded as a separate HACC sub-program, unlike the case in most other States. Instead, where appropriate, funding for transport is considered an integral part of direct service delivery in such services as Planned Activity Groups or Volunteer Coordination. Minor capital funds can be provided to purchase vehicles or to cover the cost of vehicle use by volunteers.

Beyond the HACC program, community transport in Victoria is experiencing increasing consumer demand, but it suffers from a lack of consistent policy and guidelines.

This project will determine what role HACC funding can usefully play in community transport, taking into account other competing priorities and other community transport initiatives. The project will develop a policy framework for the HACC Program's contribution to community transport.

To this end, the Coordinated & Home Care Unit in DHS is working collaboratively on community transport issues with the Policy & Strategic Projects and DisAbility Services divisions of the Department.

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## 7. Equity & Access Projects

The goal of Equity and Access Projects is to improve service delivery to high-needs groups by identifying need, raising community and service providers' awareness of unmet needs, providing training and information, and assisting in the planning, coordination and development of services.

Following a review in 1997, a new model was developed with a modular format. In the 2000-01 funding round, the organisation Action on Disability within Ethnic Communities (ADEC) was funded to produce a Best Practice Guide for HACC Equity and Access Projects.

Each Equity & Access Project focuses on one or more HACC special needs groups and activities across three or four of the following modules:

- Direct service
- Policy and protocol development
- Education and training
- Structures and networks
- New service facilitation and demonstration projects
- Research
- Information and promotion.

In each region, two projects have been funded on a four-year cycle beginning on 1 July 2002 and ending on 30 June 2006. Some regions have chosen to roll over their existing projects, while others have funded new projects.

Two statewide projects have been extended to 30 June 2006:

- Victorian HACC Cultural Planning Project: ADEC
- Indigenous Equity & Access Project: Ramahyuck District Aboriginal Corporation

## 8. People from a culturally and linguistically diverse background

### 8.1 Language Services

The HACC Program is working within the framework of Primary Care Partnerships to undertake two best practice projects. The projects are about effective models for managing resources for language services. One project in Shepparton is delivered through a partnership between Goulburn Valley PCP and the Central Health Interpreter Service (CHIS). Another project in metropolitan Melbourne has Inner South East Partnership in Community and Health (ISEPICH) in partnership with CHIS. These projects will provide information about the level of demand for language services and will enhance co-ordination and cost effectiveness in the delivery of language services in a PCP context.

### 8.2 ECCV Mentoring Service

The Ethnic Communities' Council of Victoria (ECCV) has been funded to develop a range of strategies including outreach, consultation, partnerships and mentoring. The project will assist small rural communities and emerging ethnic communities to understand the service system and how best to respond to communities' needs. This project was developed as a direct result of the issues raised during the consultation with representatives of the sector.

### 8.3 ADEC – Better Ethnic Access to Services

Better Ethnic Access to Services (BEATS) is a three-month service development project being conducted by ADEC. It will promote service models, resources and information tools to help PCPs improve access to services on the part of people from culturally and linguistically diverse backgrounds. The project has already produced a resource kit which includes a quality assurance framework with ten standards based on the principles of the Charter of Public Service in a Culturally Diverse Society. The kit has examples of PCP consumer charters and policies, checklists for assessing services to people from culturally and linguistically diverse backgrounds, and lists of useful resources, including planning tools, directories, manuals, Internet sites and interpreting/translation services.

The second phase of the project will pilot the resource kit among PCPs in a metropolitan region and a rural region.

### 8.4 Ethnic Meals Strategy

Several ethnic meals projects have been funded in the last two HACC growth funding rounds, both one-off and recurrently funded. Against this background, a statewide project will now:

- Produce a discussion paper on how to run sustainable ethnic meals services;

- Run a forum for stakeholders in past and current projects to consider the discussion paper; and
- Make recommendations for the development and maintenance of food services that are responsive to the needs of people from culturally and linguistically diverse backgrounds.

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## 9. People from an Aboriginal and Torres Strait Islander (ATSI) Background

Although a substantial number of Indigenous people are found among the users of mainstream HACC services, the Program has always considered it important to support a network of Indigenous agencies to act as service providers and advocacy groups. A proportion of people from Indigenous communities tend not to use mainstream HACC (or aged care) services because:

- They feel uncomfortable about asking for assistance from outside their community;
- There is a lack of available transport, particularly in rural areas;
- There is a lack of easy to understand information about services available;
- Formal assessment processes may appear intimidating to people who have experienced some form of institutionalisation, for example, members of the stolen generations.

In the 2001-02 funding round, consultations were held with the four regional networks of Indigenous HACC agencies and their statewide body, the Victorian Indigenous Committee for Aged Care and Disability (VICACD).

### 9.1 Indigenous Networks

Substantial work was undertaken to re-establish the Barwon-SW Grampians Regional Network, also known as the Koori Aged and Disability Network (KADNAC), and to recruit staff to the position of Regional Indigenous HACC Development Worker. Funding was increased for all four positions. The Metropolitan Regional Network position will be re-established and filled.

### 9.2 ATSI Communication Strategy Project

This project will inform Indigenous communities about HACC services, both mainstream and Aboriginal. Culturally appropriate materials and a communications strategy will be developed. A small working group has been established under VICACD and work progressed on

- Enhancing access to information from Seniors Information Victoria for Indigenous communities;
- Design of brochures, posters, calendars, booklets and cassettes;
- Design of a logo for VICACD;
- Planning for a Ministerial launch;
- Dissemination of information initially through the Needs Analysis Project.

### 9.3 ATSI Needs Analysis Project

The aim of this project is to identify the needs of the Aboriginal communities in five DHS regions for HACC and related services. The project focuses on:

- Eight local areas in Loddon Mallee and Hume Regions;
- Two local areas (Glenelg and Southern Grampians) in Barwon South West Region;
- Five local areas in Western Metropolitan Region;
- One local area (Horsham) in Grampians Region.

The project will refer individuals or families to existing Indigenous or mainstream services. Aboriginal agencies have received funding under Flexible Service Response so they can respond when immediate referral is not possible. They have also received funding for Assessment and Care Management.

### 9.4 ATSI Policies and Procedures Project

The aim of the project is to develop, for each HACC-funded Aboriginal agency, a set of policies and procedures that are consistent with the Victorian HACC Program Manual and that are supported by the agency's management and staff.

### 9.5 ATSI Training

Workers in HACC-funded Aboriginal agencies in metropolitan areas and Hume Region have participated in training for First Aid and Occupational Health and Safety. Workers have received recognition of current competencies and have developed individual training plans. The process will be repeated in Loddon Mallee, Gippsland, Barwon SW and Grampians Regions. Workers will complete Certificate III in Community Services (Aged Care). Co-ordinators and managers will complete Certificate IV training.

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## 10. People who are homeless, living in insecure or unsuitable housing, or living in pension-level SRSs

Frail aged or disabled people who are homeless, living in unsuitable or insecure housing and people living in pension-level Supported Residential Services (SRSs) often face barriers in accessing HACC services. They tend to live outside the conventional systems of care. Their health and support needs are often met in only a partial or fragmented way. Most do not have a carer or family support to help them navigate the complex system of health and community care. Known problems include:

- Inflexible service models within HACC which expect highly marginalised people to engage with services rather than services proactively engaging with them;
- Difficulty in obtaining a holistic response to complex needs that often require a multiple service response;
- Negative and discriminatory attitudes of some service providers;
- A lack of priority given to this client group.

- HACC workers who may not have the skills to respond sensitively to individuals with alcohol or drug problems or challenging behaviour.

HACC services that have adapted their service delivery approaches to homeless or marginal people have been found to be the most effective. They include flexible models that actively engage people in this target group; outreach services operating in a range of locations; drop-in centres that do not require prior appointments; and services that help people keep appointments with mainstream services.

Other successful responses include: flexible provision of home care, personal care and meals; practical and immediate assistance with pressing needs; and ongoing case management that remains engaged should the individual move in and out of inpatient settings or between different forms of accommodation. Services have demonstrated the importance of helping people gain stable housing, particularly via the Recurring Homelessness and Supported Housing segments of the Office of Housing Segmented Waiting List.

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## 11. People living in remote rural and/or isolated areas

Problems faced by people in remote rural and/or isolated areas include:

- Lack of transport for medical appointments, shopping and social outings
- Lack of service choices
- Social isolation and loneliness.

The Victorian Rural Human Services Strategy (VRHSS) is part of the Government's commitment to revitalising rural and regional Victoria. The Strategy involves a series of projects towards a framework for the delivery of high quality and sustainable health and human services over the period from 2002-2005. Stage One is due for completion in October 2002, when recommendations for future direction will be presented to the Minister. The HACC Program will be collaborating in the development of the Strategy.

Key projects include Service Mapping and Innovative Service Models. This will clarify what human services are currently available in rural Victoria, existing benchmarks, and future demand. The projects will inform the development of a Policy Framework and a Planning Guide. The Planning Guide will offer a suite of planning tools for regions and communities to utilise in planning the delivery of services.

The VRHSS is due to publish *The Context for Change*, an overview of the provision of human services to rural communities. Other papers in the series include *The Healthstreams Evaluation* (March 2002) and *Small Rural Health Providers New Service and Funding Approach Discussion Paper* (April 2002).

Further information on the VRHSS can be attained from the Web site at [www.dhs.vic.gov.au/vrhss](http://www.dhs.vic.gov.au/vrhss). Queries can be directed to Deborah Clark, VRHSS Project Manager on (03) 9616 8136 or via email on [vrhss@dhs.vic.gov.au](mailto:vrhss@dhs.vic.gov.au).

## 12. Wound Dressings

The cost of wound dressings for people receiving HACC services has been raised as an issue in correspondence to ministers and DHS. A cross-departmental Working Group is developing a consistent approach across the department's programs. One possibility is a uniform scheme to subsidise consumables for low-income people with a need for high-cost wound dressings. However, the project has already identified the fact that the unit cost of dressings is not the most important issue. More important is the proper use of modern dressings, to speed up the healing process. The project will therefore examine the scope for a multi-dimensional strategy to improve clinical practice among GPs, community nurses and pharmacists in wound management.

An external Reference Group, chaired by a senior DHS officer, has oversight of the project, which will report in September 2002.

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## Resource Allocation and Targeting

### 13. HACC Planning & Funds Allocation Review

This review has been undertaken in response to concerns voiced by many funded agencies and the department itself. Both the MAV's *Status Report on the HACC Program* (1999) and the enquiry into DHS service agreements undertaken by State Parliament's Public Accounts and Estimates Committee (2001) made important observations on the HACC funding process.

Some of the concerns can be traced to the overall complexity of the aged and community care system in Australia. These problems can only be properly addressed at a national level. On the other hand, several problems can be solved, or at least ameliorated, by improving this department's planning and administrative processes for the HACC program. These include:

- Improving the way we plan for HACC services:
  - at a regional level
  - at a cross-regional and statewide level, for special needs groups.
- Developing a co-ordinated approach to planning.
- Improving collaborative arrangements between DHS, providers and consumers.
- Recognising Local Government's independent planning and funding role.
- Simplifying the Funding Round.
- Improving links between planning and allocating service development grants.
- Improving the process of planning and allocating capital funds.

A project team has now developed a set of proposals. Consultations on these proposals will be undertaken with the sector in August/September 2002.

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## 14. Demand Management Projects

A suite of projects are being undertaken which fit within a framework of 'demand management'. Since demand for HACC services generally exceeds supply of available resources, individual agencies already apply various techniques of demand management. These range from the crude device of merely closing the books against new clients, to the application of priority-of-access criteria based on objective indicators of need. There is considerable variability in these approaches, and little systematic evidence about their overall effectiveness in terms of the regional or sub-regional balance between home care, acute/sub-acute care and residential care.

The longer-term aim of the demand management strategy is to develop and promulgate a more uniform set of solutions to these issues of priority-setting and targeting. The first phase involves fact-finding and data development, laying the empirical groundwork for any subsequent modifications to program guidelines on assessment, priority setting and optimal service mix.

The three following projects form the first phase of this agenda.

### 14.1 Assessment audit

The HACC program will be conducting a survey of all Councils and selected other HACC providers funded for the HACC activity type Assessment and Care Management (A&CM). The survey will be done in conjunction with the MAV. It will produce information on:

- The professional backgrounds and skills of personnel carrying out the A&CM function;
- What assessment tools they use, and how the agency determines priority of access for different classes of eligible client;
- What arrangements they have with other agencies regarding the streamlining of client referrals and assessment; and
- Progress on implementing the Service Coordination framework.

The survey will produce baseline data to inform the next stage in a rationalisation of assessment for HACC and HACC-like services within PCPs. The survey and write-up will be completed by November 2002.

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### 14.2 Dependency Measurement

A national measure of dependency of HACC clients has been agreed by the Commonwealth and States/Territories, based on the consultancy report commissioned by HACC Officials (University of Wollongong Centre for Health Service Development). It consists of a screening instrument and four more detailed assessment modules to be administered as relevant. In Victoria the screening instrument forms part of the Service Coordination Templates being implemented among members of PCPs from July 2002.

There will now be a trial of the assessment modules, with a view to their incorporation into the HACC MDS Version 2. The trial will begin early in 2002-03. A sample of major HACC service providers will be invited to begin collecting these data items. The Aged Care Assessment Service MDS version 2 will also begin collecting comparable dependency data during 2002-03. The pilot will enable DHS to anticipate the problems to be resolved before the HACC MDS Version 2 goes live in January 2004. The dependency pilot will be completed by December 2002.

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## 14.3 Planning ratios

Up to now, the HACC program in Victoria has not attempted to set guidelines on some of the key parameters of resource allocation:

- The desirable balance between various activity types (e.g. relative quantities of home care, personal care and home nursing at a regional or PCP catchment area);
- The desirable balance between major client groups (e.g. post-acute clients, ongoing support and maintenance of frail aged, support of younger people with disabilities);
- The desirable balance in resources going to 'low-care' and 'high-care' clients in the HACC program.

These parameters are recognised to be essential for an overall demand management strategy. The accumulation of HACC MDS data now permits more thorough analysis of existing variations in levels of service provision. Data from the MDS, supplemented by population and target group data (e.g. the ABS Ageing & Disability surveys) will be used to paint a picture of present patterns. This approach to service planning recognises the relevance of a complex of factors in determining appropriate levels, including the role of related programs (Commonwealth and State) and the need to validate guidelines against field experience and local service structure. It will also be informed by client dependency data as that becomes available.

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## 15. HACC National Minimum Data Set (MDS) and Quarterly Output Collection (QOC)

Over 80 percent of agencies are now successfully participating in the HACC minimum data set, and over 95 percent in the Quarterly Output Collection. During 2002-03, the work of the Data Collection & Analysis team will proceed on several fronts:

- Improvement of the response rate to the MDS (the target being 100 percent of agencies delivering direct services to HACC clients);
- Improvement in data quality, through participation in the national review of Version 1 of the MDS early in 2002-03;
- Staged amalgamation of the MDS and QOC, so that agencies can submit a single quarterly data file;

- Regular feedback to agencies on the data they submit, via a revised set of reports produced by the Victorian data repository;
- Periodic analyses of consolidated HACC data will be published for the benefit of agencies, regional staff, planners and others; topics will include the demographics of HACC users, the service mix; and the relation between community care, hospitals and residential care.

As the MDS matures, trend analyses will also become possible. During 2002-03 there will be a focus on length and intensity of service to clients and its implications for optimal targeting of community care.

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## 16. Service Coordination Templates: HACC and ACAS in Primary Care Partnerships

Some 32 Primary Care Partnerships (PCPs) have been set up across Victoria. Each PCP includes HACC-funded agencies, Aged Care Assessment Services, Community Health Centres, GP practices, and a range of other kinds of community-based agency.

One of the main purposes of PCPs is to improve coordination and client referral arrangements between members of a partnership. To this end, DHS has mandated the use of a common set of Service Coordination Tool Templates. These templates allow agencies to collect a standard set of information items about clients and potential users of their services. Most of these information items are intended principally for the use of the agencies themselves, but a subset consists of data items that various government-funded programs require for the purposes of planning and monitoring. The HACC Program has therefore made sure that the data items in the HACC Minimum Data Set are contained among the items in the Templates. This ensures that agencies do not have to collect the same information twice.

Thus, when correctly used, the templates allow an agency to gather a limited set of standard information on existing or potential clients that can be used:

- For the agency's own service provision purposes;
- For referral of the client to other relevant agencies (replacing the CIARR in the case of HACC agencies); and
- For reporting to government (e.g. the HACC MDS).

The Service Coordination Tool Templates will replace the Client Information and Referral Record (CIARR) used by many HACC services in Victoria. Since all HACC-funded agencies and ACATs have a role in service co-ordination, all should phase in three of the templates from 1 July 2002 (Consumer Information, Summary and Referral, and Consumer Consent). In addition, agencies that are funded for the HACC activity Assessment and Care Management should implement the Living Arrangements Profile, the Functional Profile, and the Service Coordination Plan. The other Profiles are recommended for use as appropriate.

The Service Coordination Tool Templates and guidelines can be found on the DHS Primary Health Knowledge Base. Paper copies of these will be provided to all HACC and ACAS

service providers to photocopy. Copies of the CIARR will no longer be available from the Department of Human Services.

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