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Global HIV / AIDS initiatives and coordination, reporting and evaluation of HIV/AIDS programmes.

Global HIV/AIDS Initiatives Network
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POLICY BRIEF
OCTOBER 2009

GLOBAL HIV/AIDS
INITIATIVES NETWORK

GLOBAL HIV/AIDS INITIATIVES AND COORDINATION, REPORTING AND EVALUATION OF HIV/AIDS PROGRAMMES

Global HIV/AIDS initiative (GHI) funding has made a substantial contribution to the rapid scaling up of HIV/AIDS services in Zambia since 2004. With multiple actors providing funding through different channels, concerns have been raised at the national and district levels about how well GHI programmes are coordinated and aligned with Zambia's multi-donor dependent health system.

This policy brief describes the effectiveness of national and district level coordination structures and monitoring and evaluation systems in Zambia and the extent to which GHIs have engaged with these, and/or created new structures and systems for HIV/AIDS programmes. The overall study, whose field was conducted in 2007 and 2008, explored the effects of three GHIs on the Zambian health system: the Global Fund to fight AIDS, TB and Malaria (GFATM), the World Bank's Multi-country AIDS Program (MAP) and the United States President's Emergency Plan for AIDS Relief (PEPFAR).

National level coordination

At the national level, the body responsible for coordinating HIV/AIDS funding and services is the National AIDS Council (NAC). While the NAC has made progress in implementing elements of the *National HIV/AIDS Strategic Framework 2006-2010*, its ability to coordinate funding flows and HIV programmes in Zambia has been overwhelmed by the complex stakeholder and funding environment, funding shortages and a lack of effective mechanisms for engaging across government ministries. NAC has made progress in bringing most sectors together in an effort to have a single national review of the AIDS programme and all three GHIs participated in these reviews.

The World Bank and PEPFAR funded organisations provided some technical assistance and support to the NAC, but coordination was not considered to be a priority area for funding. There were mixed views from informants about whether ownership of national HIV/AIDS plans was with government or with the GHIs. Some credited NAC with strong leadership and success in uniting donors. Others suggested that the NAC lacked the authority to hold GHIs to account for the effectiveness of their programmes. The Global Fund County Coordination Mechanism (CCM) operated in parallel to NAC.

District level coordination

The District AIDS Task Forces (DATF) and Community AIDS Task Forces (CATF) had some success towards improving district level coordination in Zambia. However, the absence of a legal mandate for all service providers to register with DATFs proved a major impediment to coordination, and in many cases PEPFAR recipient organisations were unwilling to share information with DATFs. There were frequent references to the lack of resources for DATFs and often organisations that DATFs were meant to be supporting had higher capacity than DATFs, which often relied on the capacity of the District AIDS Coordinator alone.

Nevertheless, improvements in district coordination were observed – increased NGO registration, the creation of referrals networks, and information sharing. PEPFAR sub-recipient organisations frequently side-stepped district coordination structures to work with NGOs and CBOs directly. Some reported that this led to service duplication and an imbalance where there was too much focus on one area (prevention, treatment or support). However a PEPFAR recipient organisation pointed to how they work with the priorities of government.

Reporting, monitoring and evaluation

In 2004, NAC developed a National HIV/AIDS monitoring and evaluation (M&E) system to track progress in AIDS control including National AIDS Report Forms (NARFs) that captured HIV/AIDS programme data from provincial and district levels. Whilst GHIs have come a long way towards ensuring the projects they fund use the NARF and the Health Management Information System (HMIS) format, they still demand additional indicators and reports. These have placed an additional burden on facility and district staff.

A second reason for multiple reporting has been the inability of ministries to make their systems work. Delays in reports from the Ministry of Health (MoH) have encouraged GHIs to maintain parallel indicators and systems because GHIs and other donors were accountable and needed to report promptly for the funds they had disbursed. The DATF in Kabwe and CATF in Mumbwa have begun mapping exercises in preparation for the development of a database to document all HIV/AIDS activities and in an attempt to eliminate double counting of clients.

Recommendations on coordination

- The NAC requires processes to ensure effective communication and flow of information between national provincial and district levels.
- There needs to be greater clarity on the divisions of roles and responsibilities at all levels – between:
  - AIDS coordination mechanisms (NAC, PATFs and DATFs) and the MoH;
  - The MoH and the other sector ministries;
  - CSOs and public sector managers.

  There then needs to be commitment by all stakeholders, including GHIs, to support mechanisms that reflect agreed roles and responsibilities.
- Government needs to formalise the positions of DACAs and PACAs (District and Provincial AIDS advisors) in line with the recommendations in the Joint Mid-Term Review of the National AIDS Strategic Framework 2006-2010.
- GHIs and other donors should make it conditional for the granting of funds that their recipients and sub-recipients work with DATFs and support and help make these coordination bodies effective.
- Government and the cooperating partners (including GHIs) need to build the capacity of DATFs as the main coordination body at the district level and provide funding to make them effective.
- All potential service providers wishing to operate in the district should be obliged to sign a Memorandum of Understanding with NAC/PATFs and DATFs, to contribute to and align with district plans, and to abide by common reporting requirements.

Recommendations on monitoring and evaluation

- All stakeholders should work to operationalise and improve a unitary integrated health information system.
- GHIs should avoid and where possible eliminate the addition of agency specific indicators and reporting requirements.

Recommendations on health information systems

- Government and the cooperating partners, including GHIs, should invest in capacity-building of facility and district managers to undertake analysis, supervision and quality control of facility records.
- Health information quality control systems, such as Lot Quality Assurance, should be implemented at facility and district levels.
- Support and incentives should be given to district staff to analyse data and take action (e.g. to act on differential coverage levels at sub-district level).
- Support from higher levels should include summary findings that would enable facilities, sub-districts and districts to see how they were performing relative to others at their level.

About the research

This policy brief is based on research conducted from 2007-2009 by the Frontiers Development and Research Group, Zambia, supported by researchers from the Royal College of Surgeons in Ireland (RCSI). Funding for field work was from the Open Society Institute. The study is part of the Global HIV/AIDS Initiatives Network (GHIN), a network of researchers in 22 countries that has been exploring the effects of three global HIV/AIDS initiatives on country health systems: the Global Fund, PEPFAR and the World Bank. Coordination of the Network is carried out by RCSI and the London School of Hygiene and Tropical Medicine (LSHTM). The GHIN Network is funded by Irish Aid and Danida.

More detailed policy briefs on human resources and scaling-up can be found on the GHIN website.

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