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Researching National and Sub-National Effects of Global HIV/AIDS Initiatives at the Country Level
GLOBAL HIV/AIDS INITIATIVES NETWORK

An analysis of the monitoring and evaluation system for district HIV and AIDS care and support services in Zambia – Mumbwa district case study
Policy Brief 2012

INTRODUCTION AND STUDY BACKGROUND

Care and support services for HIV and AIDS in Zambia are provided by Community Based Organisations (CBOs), International NGOs and health facilities. Findings from a 2010 study (Walsh et al, 2012) reported that a lack of reporting for these services had weakened the ability of District AIDS Task Forces (DATFs) to carry out their Monitoring and Evaluation (M&E) role, and that CBOs and communities were more motivated when they were being monitored.

Monitoring and evaluation should not be seen as an end in itself, but as a condition for bringing about an improvement in programmes (Holzcheiter et al, 2010). Globally, in the 1990s, much attention was given to routine service information generated by health facilities and district health systems (Health Metrics Network, 2008), with less attention given to care and support services. In 2000, the WHO outlined the main health information systems' weaknesses: poor quality data; lack of timely reporting, analysis and feedback; and duplication and waste due to parallel HIS (Lippeveld et al, 2000).

In 2004, the National AIDS Council of Zambia (NAC) developed a national HIV/AIDS monitoring and evaluation system to track progress in AIDS control including National AIDS Reporting Forms (NARFs) that capture HIV/AIDS programme data from provincial and district levels. Information systems for HIV have mushroomed since the global HIV/AIDS initiatives – The World Bank's Multicountry AIDS Program, The Global Fund to Fight AIDS, TB and Malaria and the US President's Emergency Plan for AIDS Relief began funding in Zambia (Oomman et al, 2008). The effects and consequences of these new funds for HIV control have not been assessed at district or community levels, in particular reporting systems for care and support for HIV/AIDS.

In 2009, the Ministry of Health developed a Health Information Systems Strategic Plan (2009-2015). The NAC Monitoring, Research and Evaluation Plan 2011-2015 highlights a number of problems with the M&E system – weak M&E capacity at the provincial, district and community levels, inadequate IT equipment to support sub-national processes, and a weak M&E culture – *"It is important to demystify M&E, create a supportive M&E culture, and reduce any negative connotations of M&E, especially at the sub-national levels." (MoH, 2009)*

STUDY AIMS AND OBJECTIVES

Aim: to undertake an analysis of the district monitoring and evaluation and reporting and response system for HIV and AIDS care and support services in Mumbwa district, Zambia.

Objectives

1. To describe how different types of service providers (CBOs, NGOs, hospitals and health facilities) collect and communicate HIV and AIDS care and support service data; and to identify enablers and obstacles to these activities taking place.
2. To describe and evaluate how HIV and AIDS care and support service data are quality assured analysed at community and district levels.
3. To report and assess the extent to which evidence from HIV and AIDS care and support M&E (information) systems are being used by district stakeholders.

METHODS

National mapping comprised a review of policy, strategy, and performance documents relevant to M&E for HIV/AIDS care and support services in Zambia. Care and support services in Mumbwa district were mapped and semi-structured interviews (n=22) were undertaken with district and community stakeholders (District Health Office staff, District AIDS Task Force members, CBOs, NGOs, FBOs, health facility staff).

RESULTS

Data collection, management and reporting at community level

The District AIDS Task Force (DATF), under the supervision of the District AIDS Coordination Advisor (DACA) coordinates the district M&E system for care and support services. All CBOs, NGOs and health facilities are required to report quarterly data on these services to the DATF, through the Community AIDS Task Forces (CATFs).

From an investigation of NARF forms submitted by organisations from 2008 to the last quarter of 2011, findings show irregular reporting by organisations, meaning it was not possible to report on trends in services.

Several factors affect the collection and management of quality data, including heavy reliability on volunteer (often untrained) CATF members to collect data. This constrains data analysis at community and district levels. Findings show that while a framework to guide M&E of HIV/AIDS services existed at the national level, a system

and plan to make this operational - ie to show *what* and *how* to monitor and evaluate these services – did not exist in Mumbwa.

Recommendations

There is a need to:

- Update the directory of district level service providers to enhance reporting and strengthen the legal mandate for organisations to report to DATF. This could be done through a Memorandum of Understanding signed by all service providers in the district to enhance coordination and reporting.
- Strengthen individual organisational capacities to collect, analyse and use their own data, while feeding in the NARF reporting system. This would enhance the quality of data and regularity of reporting.

Data Analysis and Utilisation

The core of any M&E system is data analysis and utilisation to enable improvements in interventions. For a meaningful analysis, there needs to be reliable and up to date data on catchment areas and targets.

While catchment areas existed in Mumbwa, detailed targets for care and support service coverage were not available. Despite many interviewees mentioning targets, we could not locate and report what were these targets were and how they were developed.

> *"Catchment and target populations are rarely available to us as an FBO, volunteers are not motivated enough to take up such as task to map out the target population and it has also been very hard to assess the meeting point with other service providers." (FBO)*

However, some reports accessed at the District Health Office (DHO) show evidence of coverage calculations for some indicators (primarily treatment) at the district level.

For most organisations data collected on care and support services in Mumbwa were not analysed at organisational or district level. The 'uncoordinated' environment in which organisations operate at district and community levels where most reporting is to the funders also makes it difficult to set targets against which to measure the level of their indicators.

Currently, care and support data are compiled without control for quality and are passed on to the province and eventually national levels for aggregation, losing the district picture and hence making it difficult to use data for decision making at the implementation level.

While generally analysis and use of M&E data at district level has been weak, there was evidence of analysis and use of health facility data on prevention and treatment at the DHO. Targets were set and trends analysed for the district with evidence of some of it being used in the planning, though to a limited extent. There was insufficient evidence that M&E information was used to enhance planning and strengthen the response both for the DATF and DHO.

Recommendations

- There is need for all stakeholders at the district level under the leadership of the DATF and the DHO to establish consensus on district and community targets, from which individual organisations can derive their targets based on their capacities.
- Coordination of the community response needs to be enhanced to enable the possibility of assessing the coverage of care and support services in the district.
- NAC should coordinate efforts to develop capacities for organisations in the district to collect and analyse M&E data, while building the DATF's capacity to undertake such analysis and feedback at district level.
- Annual district planning forums need to be strengthened as opportunities for using M&E data in to improve the response

Reporting (upstream and downstream)

The bigger NGOs in Mumbwa have their own M&E systems and report firstly to their parent organisations, mainly on a monthly basis. They also report to the DACA quarterly. CBOs reported walking long distances to get to the deliver reports to the DACA, especially at the time of the study, when the DACAs vehicle was not operational.

The NARF system is designed to collect and report data quarterly. While most organisations were reporting quarterly, irregularities in reporting were observed. The challenge limiting consistent reporting by organisations may relate to lack of motivation for organisations to report and lack of a legal backing for the DATF to compel organisations to report. For a successful M&E system that feeds into program planning, there is need for both upward and downward reporting. This ensures that M&E data are being used by programme implementers.

The study showed an absence of downward reporting to the community, except in cases where clarification was sought for implausible data. Equally, within organisations, reporting was mainly not to enhance programme implementation, but mainly to provide the required data to the district level structures. This coupled with the finding that data were rarely analysed at reporting organisation (e.g. CBO) level – and in the case of care and support services at district level ,implies that data were not being used in day-to-day planning and implementation.

When the district submits the consolidated M&E data to the provincial office, there were reports of occasional feedback from the provincial office to the district. Equally, the district rarely fed back to other stakeholders in the district. The flow of information from the national and provincial offices to the districts was also reported to be quite limited.

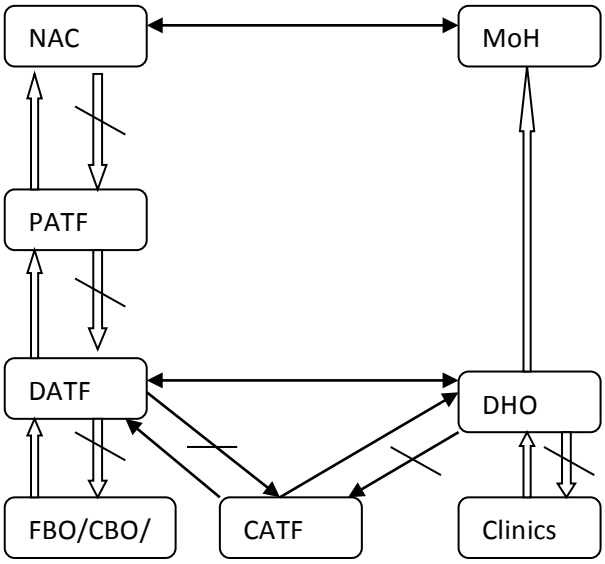
Some CBOs reported that they gave feedback to their communities based on submitted/aggregated reports. However, this was mainly on trends in numbers of services provided, with little explanatory feedback, and without comparisons with other CBOs, or other districts.

Health facilities relied on the CBOs to report back to the community.

Recommendations

- The national and provincial levels need to develop downward reporting mechanisms to the districts to ensure that the data generated in the districts are fed into planning and decision making.
- NAC needs to introduce a user friendly system which enables DATFs to analyse the data and provide feedback to community organisations on their individual performance and for the district as a whole. This in turn would trigger the culture of analysing and using data for decision making at organisational level.

Figure 1: HIV/AIDS care and support reporting system flow



District level Capacity for M & E

All interviewees credited the DACA with being effective at reporting within the district and with giving feedback to the communities. "*He has been very supportive when it comes to information sharing. At least he makes sure that you know what is happening." (CBO).* Some interviewees reported that M&E in the district could be improved by empowering the CATFs with monitoring skills.

Many interviewees reported that the DACA and DHO shared reports and carried out joint analysis. "We work hand in hand with DATF. They are our arm." (DHO representative).

However, there was a lack of capacity to monitor and evaluate HIV/AIDS care and support services at both provider and coordination levels in the district. For service provider organisations, inadequate funding to establish M & E systems as well as capacity to employ a full time person for purposes of M & E were the key capacity constraints.

At DATF level, the DACA was overwhelmed as the office was staffed by one person who was tasked with coordination, implementation and monitoring of the district response. In addition, challenges of resources, mainly manifested in limited mobility due to unavailability of transportation, were among the key capacity constraints. There was no mention of either INGOs or NGOs willingness to invest in the M & E capacities at district level

Recommendations

- There is need to expand the DATF secretariat to include an M & E portfolio to work with the DACA in building the necessary capacities and conditions for M & E in service providers in the district.
- There is need for results-oriented trainings for organisations to increase their capacity to conduct M & E.

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About the research: The study was undertaken in 2011 and early 2012 by Joseph Simbaya and Chishimba Mulambia, Zambian research consultants, who are Fellows at the Institute of Economic and Social Research at the University of Zambia, working with the GHIN team at the Royal College of Surgeons in Ireland (Ruairí Brugha and Aisling Walsh). The study was funded by the Open Society Institute (OSI) and was conducted with support from Global HIV Initiatives Research Network (GHIN: www.ghinet.org), which is co-funded by Irish Aid and Danida. The authors would like to express sincere appreciation to the community based organisations who particiated in the study, and also to the district and national level respondents for their participation. A special thanks goes to Mumbwa District AIDS Coordinaton Advisor.