



World Bank Global
HIV/AIDS Program

HIV/AIDS M&E - *Getting Results*

These reports describe activities, challenges and lessons learned during the Global AIDS Monitoring and Evaluation Team's (GAMET) work with countries and other partners.

Decentralising HIV M&E in Africa

Country Experiences and Implementation Options in Building and Sustaining Sub-National HIV M&E Systems, in the context of Local Government Reforms and Decentralised HIV Responses

Global AIDS Monitoring & Evaluation Team (GAMET)

In operationalising the 3rd of the Three Ones -- One HIV M&E system, a growing number of countries in Africa are opting to decentralise their national HIV monitoring and evaluation (M&E) systems. This decentralization is primarily driven by other decentralisation processes happening within government, and by the fact that the HIV response itself is changing towards less centralized intervention and increased community ownership. Decentralisation of national HIV M&E systems is an arduous and resource intensive process, but experience has shown that it is essential to decentralise M&E functions as HIV services are rolled out.

This note summarizes the experience of countries that are decentralizing their national HIV M&E systems and describes how it can be done. It defines decentralization, discusses the rationale and benefits of decentralizing the HIV response, and key factors to take into account when doing so. Decentralizing the HIV M&E system is linked to decentralizing the HIV response. The note describes how each of the 12 components of a HIV M&E system can be decentralized, with country examples.

What is decentralization?

The concept of 'decentralization' refers, broadly, to enabling a relatively large number of decisions to be taken lower down the organization in particular operating units.¹ Two broad types of decentralization can be distinguished: *administrative decentralization*, the decentralization of power to lower levels within an organization (e.g. transferring responsibility for purchasing textbooks from ministries of education to schools); and *devolution*, or giving powers to general-purpose local government units (e.g. the Ministry of

Education transfers responsibility for school management to a district council) (Winkler, 2007²).

"It is important to note that decentralization can be best viewed not as a single intervention, carried out at one point in time, but rather as a bundle of interventions – shifts in responsibility; creation of new managerial, supervisory, and participatory bodies; capacity building; etc. – that often occur in stages over many years. This increases the complexity of monitoring and evaluation, largely because of the sheer number of changes that must be noted (monitoring) and of impacts that must be assessed (evaluation)."

(Hutchinson & La Fond, 2004)

Why decentralize?

Decentralization aims to remove inefficient levels of bureaucracy, enabling decision making that is faster and more appropriate for local circumstances. Economic rationales for decentralization are to improve efficiency and better take account of diverse user preferences. Decentralization may allow efficiency gains by reducing the costs to the central governments of coordinating activities across large populations or geographic areas. Also, local officials may have greater knowledge of the local situation. However, decentralization does not guarantee improved efficiency, more equitable access to care or improved outcomes.

Numerous conditions influence the success of decentralization processes, including local managerial and technical capacity, systems of accountability, clear and transparent legal frameworks that delineate the division of responsibilities, and sufficient funding to fulfill mandates and to meet local priorities.

¹ Pearson Education glossary, accessed 25 July 2007: wps.prenhall.com/wps/media/objects/213/218150/glossary.html

² Accessed on 25 July 2007 from <http://education.stateuniversity.com/pages/1903/Decentralization-Education.html>

Decentralization context for HIV M&E systems

Decentralization of HIV M&E systems is affected by ongoing decentralization of many government functions, especially health systems and the HIV response.

Decentralization of Government Functions: State decentralization in developing countries has been supported by the World Bank and others as a means to enhance transparency, pursue efficiency and competitiveness gains, and strengthen democracy. The World Bank has been careful to support fiscal sustainability during transitions from centralized to decentralized public management, understanding that the process needs legal and constitutional reforms, cuts across sector ministries, involves many stakeholders, entails adjustment at the central or federal level and requires strengthening of sub-national government capacity.³

Decentralization of health systems: The move to decentralize HIV responses fits into the wider context of *health sector reform*. The World Health Organization (1978) and World Bank (1987) are among those who have argued that decentralization can (a) make health systems function more efficiently; and (b) can increase community involvement in oversight and locally relevant decision making.

Decentralization of HIV responses: When countries created National AIDS Coordinating Authorities (NACs), most also planned for multisectoral AIDS Coordinating Authorities at decentralized government levels, linked to the NAC. These regional, provincial, district, and/or local committees generally struggled to become operational. In cases where they were operational, they focused mostly on implementing HIV services, rather than on coordinating planning and implementation of HIV service delivery and on M&E of the HIV response at the decentralized level.

Health sector decentralization in general, and HIV response decentralization in particular, are part of larger democratization and good governance efforts, which are expected to promote more effective service delivery and local government responsiveness and accountability.

As government decentralization has picked up pace, the need has grown to strengthen decentralized AIDS Coordinating Authorities so they can become operational and fulfill their mandate. This view goes well beyond the NACs, for example, the clear need to coordinate the national response at a local level has been noted in the

media, as in the story on decentralized action in a Swaziland newspaper.

Why decentralize the HIV response?

There is an increased call for decentralized HIV responses, for the following key reasons:

1. Decentralization of the HIV response fits into **wider policy reforms** in many countries aimed at building a stronger health sector and stronger local responsiveness and accountability.
2. National HIV/AIDS responses cannot reach the necessary **scale** through centrally operated programs. For example, centralized programs typically do not reach enough people in rural areas.
3. A participatory approach that involves all relevant sectors (i.e. multisectoral approach) leads to wider **coverage and ownership of the response** - decentralization thus links with an essential process in scaling up the response to HIV/AIDS: community involvement and community empowerment.
4. Policy-makers and planners need the **input of local people** to understand the particular socio-economic conditions affecting the epidemic locally – there are enormous variations in needs and capabilities across communities, and only local stakeholders will be able to advise on programs required.
5. **Coordination functions** must be localized in order to be effective in responding to day-to-day needs arising from community activities.
6. Decentralization brings stakeholders together, which can improve the **flow of information** to support **informed decision making and performance evaluation**.
7. **Accountability** of service providers and contractors to local populations is easier to achieve than with distant centralized agencies.
8. Active engagement of people at the “grass roots” level is a prerequisite for wide-ranging **behavior change** – people have to trust and buy into the thinking behind the need for changing their behavior in order to change.

Decentralization of the HIV response is, however, a double-edged sword: whilst it can ensure greater scale, coverage and impact, it also relies on more skilled human resources at all levels – human resources that are often already over-stretched, and may be being eroded by AIDS.

³ World Bank website, accessed on 27 July 2007:
<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/LACEXT/EXTLACREGTOPPUBSECGOV/0,,contentMDK:20830786~pagePK:34004173~piPK:34003707~theSitePK:832592,00.html>

Issues to consider when decentralizing the HIV response

- Decentralization alters patterns of authority and accountability, vesting decision making power in those who have informational advantages, and strengthening linkages between local officials, service providers, clients and other stakeholders.
- Making results-based information public can change the dynamics of institutional relations, budgeting and resource allocations, personal political agendas, and public perceptions of governmental effectiveness.
- The need for strong central coordination does not disappear with decentralization, but the center's role shifts to policy creation, facilitation, financing and supporting local efforts.
- Decentralization generally leads to a diminished central government role in direct service delivery, but calls for strong central capacity for monitoring the efficiency and equity of services delivered by others, and for enforcing regulations and standards.
- Decentralization of planning and decision-making must be accompanied by decentralization of funding. This requires that standards and procedures for disbursing funds be developed. Financial administration must provide safeguards through consistent monitoring. The central level may be instrumental in developing manuals and databases.
- Certain functions are likely to be most efficiently undertaken at the central level, such as research and dissemination of research findings, establishing standards, regulations and accreditation, and publishing health information.
- Local capacity of facilitators, trainers, service providers, etc. in the private, non-profit and public sectors is needed to sustain the decentralized response, and must be developed. Central government's role is to facilitate and fund skills development at the local level according to needs.
- Individual and organizational responsibilities at different levels should be delineated, and a clear "line of sight" established – meaning that staff and organizations should understand their connections to common goals and the country strategy.
- Systematic collection, analysis, and reporting of information are critical elements of decentralization - uses of this information include verifying compliance with policy goals, analyzing outcomes, and guiding decision-making.

Decentralizing the HIV response and M&E are linked

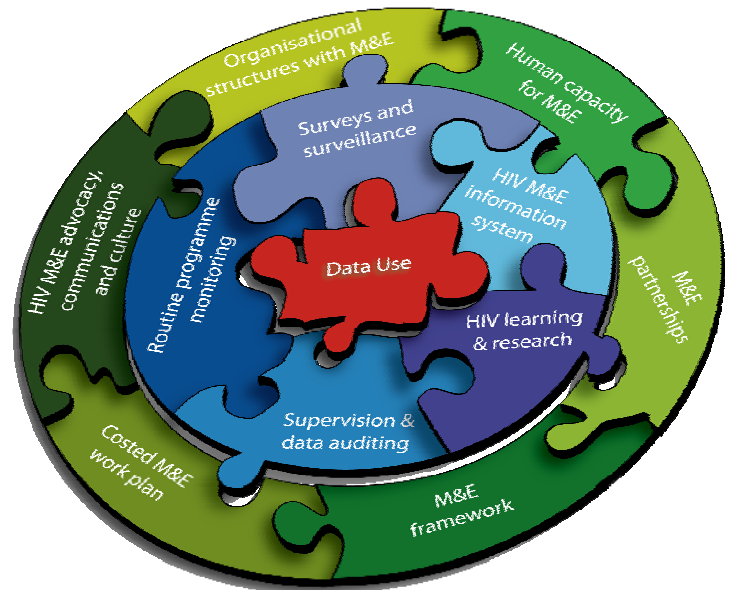
Should HIV M&E be decentralized if the HIV response is decentralized? Yes. The purpose of HIV M&E is to provide data to enable data-informed decision making about the HIV response. So if the HIV response is planned and coordinated at decentralized levels, data should be available at these levels too.

Local government and local organizations may successfully implement programs or policies, but have they produced the intended *results*? Introducing a results-based M&E system takes local decision makers one step further in assessing whether and how goals are being achieved over time.

How to decentralize a national HIV M&E system

What does an HIV M&E system consist of? Based on collected country level experience, GAMET has identified critical components which combine to make a national HIV M&E system (Gorgens-Albino & Nzima, 2006). These components have been accepted by all development partners as defining a functional HIV M&E system – the implication is: if the performance objectives of all 12 components are being achieved, then the M&E system is functional.

Figure 1. The twelve components of an M&E system



Source: MERG M&E Assessments TWG, 2007

How will the M&E system link project, program, sector, and national goals? When starting the process of system decentralization, it is important to determine the opportunities for and risks in trying to link information across the government in an aligned fashion (Kusek & Rist, 2004). In an ideal situation, project performance data are fed into and linked to program assessments that, in turn, are linked to sectoral, regional, and national goals and targets. Each level helps inform the next level to achieve the desired results. The goal is to create an M&E system that is transparent and aligned from one level to the next. A good flow of information can help ensure that policies, programs, and projects are linked and coordinated.

Staff at each level should have a clear “line of sight” into, or understand each of the other levels and how they relate to one another. In addition, it is necessary to ensure that there is commitment within each level to horizontally use and share the information that is collected and analysed. In this way, each level becomes a producer *and* consumer of results-based information.

How should the HIV M&E system be decentralized? Decentralizing the HIV M&E system means, in practice, decentralizing each of the 12 components of a national HIV M&E system. A summary description of the 12 M&E system components at central and decentralized levels is presented in Table 1.

The rest of this paper provides options and examples of how each of the 12 components has been decentralized in different countries.

Country experiences in decentralizing HIV M&E systems

Countries have chosen to decentralize the 12 M&E components in different ways. Decentralization has often happened under considerable resource constraints and pressure to avoid creating new structures and bureaucratic layers. NACs have tried to be innovative and have generally focused on building on existing well-working structures and systems. New linkages have been forged with existing structures within regional administrations, the MOH and other institutions.

1. Decentralizing Organizational Structures with M&E Functions and Posts

Organizational structures

Most countries set up structures at lower government levels early in the epidemic, in order to coordinate, plan, monitor, evaluate and supervise local AIDS response efforts. M&E responsibilities have been dealt with in several ways:

- a) Multisectoral AIDS committees at decentralized levels with broad M&E functions (most countries)

- b) Focal points for M&E in sub-national HIV committees (e.g. Burkina Faso)
- c) Technical sub-committee for supervising, monitoring and reporting.

Guinea plans to use the Ministry of Health Surveillance Officer (Médecin chargé des maladies) to carry out the monitoring and reporting tasks of the Regional AIDS Committee. This person already deals with data and statistics, and carries out regular supervision visits to lower level health facilities and community projects working with the Ministry of Health (MOH). This option will also improve communication between the MOH and Regional AIDS Commission. In Anglophone Africa, there is a strong trend towards integrating Regional AIDS Committees (RACs) with local government services, with the RACs becoming standing committees of the district councils (or equivalent).

Human resources

Ensuring the availability of skilled monitoring staff has been a challenge both at coordination level and at implementer level. Countries have used various approaches to improve human M&E capacity at decentralized levels:

At coordination level:

- a) Part time M&E staff reporting to District Councils and paid by District Councils, using Local Government's database (Tanzania)
- b) Full time M&E staff reporting to the Ministry of Regional Government and paid by the National Emergency Response Committee on HIV and AIDS (NERCHA), using a separate database as District Councils do not yet have databases (Swaziland)
- c) Full time M&E staff reporting to the HIV M&E unit and paid by the Response Monitoring and Evaluation (RM&E) sub-division in Namibia
- d) Full time M&E staff for all government functions at district level, paid for and reporting to district councils (Malawi).

At implementer level:

- a) **Designated M&E focal person** in each implementing organization whose M&E training is part of the M&E system development process. This capacity building often uses a Training of Trainers (ToT) approach for increased efficiency.
- b) **Networks of implementers** who share M&E skills during coordination meetings – this happened spontaneously in Senegal when implementing organizations realized that there is existing M&E capacity within some implementers and that training funds are very limited (the network was seen as a “palliative”).

Table 1: Summary description of the 12 HIV M&E system components, central and decentralized levels

Component	Central level	Decentralized government level (e.g. district council or regional council)
1- Organizational structures with M&E	Fulltime M&E unit at the NAC HIV Focal Persons in government ministries with M&E responsibilities Umbrella organizations have M&E officers, or HIV focal points with M&E responsibilities	Fulltime HIV M&E officers, or fulltime AIDS coordinators at decentralized government offices with HIV M&E responsibilities, or fulltime M&E officers At least one staff member responsible for HIV M&E at every HIV implementer in public sector, private sector and civil society
2- Human capacity for M&E	Capacity of all persons involved in coordinating HIV activities to be built on M&E concepts <i>and</i> system specific tasks	Build capacity of all HIV implementers, and all persons involved in coordinating HIV at decentralized level on M&E concepts <i>and</i> system specific tasks
3- M&E partnerships	National technical working group on HIV M&E	Decentralized government staff are part of national technical working group, and HIV implementers are represented on the national M&E technical working group Regional AIDS Committees work as partnership forum with general monitoring functions
4- M&E framework	National M&E framework linked to the National HIV Strategic Plan	Decentralized HIV Action Plans (which are based on the national framework) linked to guidelines for routine programme monitoring
5-Costed M&E work plan	National costed HIV M&E work plan, that includes all regional M&E work plan costs	Decentralized costed M&E work plan HIV M&E included as a separate line item in the budgets of HIV implementers
6- Advocacy, communications and culture for HIV M&E	National level advocacy and communication efforts to build M&E culture at national level Identification of highly placed champions advocating results-based M&E	Decentralized level advocacy and communication efforts to build M&E culture at decentralized levels Identification of champions at sub-national level advocating results-based M&E
7- Routine programme monitoring	National guidelines for routine programme monitoring of HIV services – at health facilities and in the communities	Submission of routine programme monitoring data at the decentralized levels, aggregated, and submitted to the national level
8- Surveys and surveillance	National level surveys	Sample frame to be stratified by decentralized administrative units (e.g. regions, provinces), where possible and if funding allows
9- HIV Information system	National HIV information system to capture data about all 12 components of a functional HIV M&E system	Decentralized data capture system – either paper-based or electronic. Where possible, this should be integrated in the national HIV M&E system.
10- HIV learning & research	National level HIV research strategy and agenda	Inputs from decentralized levels as to specific issues to be added to the national HIV research agenda
11- Supervision & data auditing	National guidelines for supportive supervision and data auditing for 3 types of visits: National HIV M&E unit at NAC to decentralized levels, staff at decentralized levels to HIV implementers and umbrella organizations to HIV implementers	Supportive supervision and data auditing carried out by decentralized staff; reports on supportive supervision visits and data auditing visits sent to national level
12- Data use	Use of data from all levels for national policy formulation and program decision making, as well as to measure overall performance and track progress in achieving desired national goals. Creation and dissemination of national level information products, where possible data in information products should be disaggregated by decentralized administrative units	Use of local level data for program decision making at local level (with consideration of national level data and strategic information) Measure performance and track progress in achieving desired goals at sub-national level Decentralized level information products created at regional level or by national level, and decentralized workshops arranged to disseminate data

2. Decentralizing Human Capacity for M&E

- a) **Umbrella organizations** of civil society groups have played an important role in human resource development for M&E at implementer level (Zanzibar)
- b) **Training of Trainers approach** used to train M&E staff in implementing agencies (Swaziland)
- c) **Pool of M&E facilitators** at decentralized level, who are available in a certain region or district for coaching M&E staff of implementing organizations (Guinea, Uganda)

3. Decentralizing M&E Partnerships

One of the most powerful ways to forge M&E partnerships at sub-national (and indeed national) level is through **multisectoral committees**. For these committees to work, the following issues have been identified during country-based work:

Multisectoral committees:

- Must have terms of reference and specific responsibilities allocated to individuals (president, secretary, monitoring & reporting, finance)
- Must have premises and basic office equipment
- Must have an operating budget and access to a vehicle
- Must meet at least once monthly *even in the absence of NAC funding*, in order to monitor *all* AIDS activities in their geographic area
- Must receive endorsement by the highest authority in their area of work and be actively promoted as the AIDS coordinating authority in the locality
- Must have monthly or quarterly reporting requirements to the superior level
- Must include review or evaluation activities in their annual work plan.

Other forms of M&E partnerships can be interest groups (NGOs in Senegal, email listservs in Zanzibar), umbrella organizations, networks, etc.

At the local level, M&E partnerships are important too. Decentralized M&E multisectoral committees are often formed; these committees need to have a dedicated M&E function.

4. Decentralizing M&E Frameworks

M&E frameworks are usually elaborated at national level as part of longer-term planning (e.g. a five-year Strategic Plan). People working at decentralized levels participate, and the M&E framework is a key document for the whole country. This is important for harmonization in that the national document declares which M&E indicators should be used nation-wide. The national framework is an essential guide for the development of sub-national

work plans. This makes it very important that the national M&E framework is well disseminated and available to all coordination and implementation structures.

In some large or federal countries, M&E frameworks have been developed for the decentralized level (e.g. Ethiopia, Malawi).

5. Decentralizing Costed HIV M&E Work Plans

Countries increasingly tend to avoid a “top down” approach to planning, since it is not conducive to appropriate planning for the different types of AIDS epidemics in a country. In addition, the approach does not strengthen ownership of the response in the way a “bottom up” approach does.

Developing **annual sub-national work plans with an integrated M&E plan** has therefore become the norm in many countries including Guinea, Senegal, Zanzibar and Swaziland. Plans are sometimes guided by **planning orientation papers** from the NAC, as in Burkina Faso, in order to give strategic direction to the sub-national plans. If well done, this approach raises the probability of sub-national levels taking into account current available evidence and national data from surveillance and research, and may increase intervention effectiveness. Annual sub-national work plans are usually consolidated into an annual national plan of action.

One of the major challenges encountered by sub-national authorities in the annual cycle of planning and implementation is **timing**. Planning, harmonization and approval of their plans and budgets, consolidation of all sub-national plans into a national plan, mobilization and then disbursement of funds usually take several months, and annual plans are often only implemented after serious delays, frustrations and interruption of activities at community level. Part of the solution lies in ensuring that the monitoring time frame and planning time period are staggered by six months. Compiling monitoring data six months earlier allows the data to be available when planning takes place (e.g. the Great Lakes Initiative on AIDS, Zanzibar)

A few countries have gone a step further and produced district plans, which are consolidated into regional and then national plans. While this approach increases further the ownership and the specificity of interventions to each local epidemic situation, it also complicates the process and increases the likely time between planning of activities and availability of funds for implementation.

Guinea is starting to use M&E software in producing work plans (Sidapes system developed within the Backup Initiative). This will make it easier to harmonize individual plans and to consolidate lower level plans into summary plans.

6. Decentralizing Advocacy and Communications to Create a Culture for HIV M&E

Countries have realized that if the local level is not convinced that M&E is important, then the M&E system will never be operational. At the national level, strategies for communicating about and advocating for HIV M&E need to be built into the national HIV communications and advocacy strategy (as done in Zanzibar and Tanzania Mainland.). High level champions, ideally located in the centre of policy-making, are important advocates for results-based M&E. Their support is crucial to the success and sustainability of the M&E system. Equally, at sub-national level, political champions are key to ensuring that results-based M&E systems are institutionalized and sustainable.

Several tools can support advocacy efforts at local level:

- a) **Sub-national participatory (or joint) reviews and evaluations** can show data gaps and needs. For instance, the realization by local people that important data are completely lacking advocated in a powerful way for better decentralized M&E in Senegal.
- b) **Informed leaders and champions** at decentralized level have been indispensable in M&E advocacy activities. For instance, the Governors and Prefects of Senegal have played a key role in demanding data on the local response and promoting use of the data. They can be powerful advocates for the M&E system.
- c) **Pamphlets and flyers** have been produced and disseminated at decentralized levels to advocate for the use of program activity monitoring systems (SHAPMoS in Swaziland, TOMSHA in Tanzania, etc).
- d) **Road Maps** for operationalising the national M&E system have been developed in a participatory way by several countries including Swaziland, Tanzania Mainland and Zanzibar (GAMET, 2006). A good Road Map, (i.e. one which plans for all levels), galvanizes the actors *at all levels* and provides an important tool for advocacy.

7. Decentralizing Routine Program Monitoring

Routine program monitoring is at the heart of an operational M&E system. It involves collecting data about HIV services from all actors involved in the HIV response. It is the most complex component of the M&E system. At the national level, uniform guidelines for activity monitoring or programme monitoring should be available.

At the decentralized level: Monitoring functions are naturally decentralized since they are commonly carried out by implementers and their direct supervisory authorities. Until a few years ago, the emphasis was on financial monitoring and reporting in HIV activities. Activity (technical) monitoring and reporting was weak and undervalued in many countries. This has changed; the importance of technical accountability is now

stressed more, and GAMET and others have focused on strengthening capacity for activity monitoring. Reporting requirements, both financial and technical, increasingly have been laid down in detail in contracts between implementing organizations and funding agencies. The "results based disbursement" introduced by the Global Fund to Fight AIDS, TB and Malaria and others is an incentive to strengthen activity monitoring. Without activity monitoring, results cannot be documented and reported – and funds will not be received.

Activity monitoring must be prepared for at the planning stage, so countries have tried to communicate the national output indicators to implementers who are applying for NAC funding. For instance, project proposals for NAC funding in Senegal had to include an M&E plan, which was based on a template and a list of national indicators for program activity monitoring. Activity monitoring costs should be budgeted for by implementers and funding agencies should expect a certain percentage of the total budget to be used for monitoring.

In most countries, reporting of monitoring results is done in a standardized way so that data can be aggregated and summarized easily. Pre-formatted monthly or quarterly reporting forms facilitate this. Some countries (Guinea, Swaziland and Zanzibar) have printed books of auto-carbonated forms with different color pages for transmission to different structures, e.g. red for the NAC, blue for RACs, yellow for NGO umbrella organizations/ supervising ministerial departments, and white to keep at implementer level. This method allows several structures to receive the same information in the absence of a photocopier or computers. It also helps prevent double-entry of data in the national data base, since only one form (e.g. the blue one at RAC level) is used to enter information into the data base.

A major hurdle in activity reporting is the lack of an incentive for implementers to do it well and at the agreed intervals. If disbursement to implementers is suspended if reports are not submitted, the target populations do not receive the planned services, and disbursement at central level slows down – two effects which are not desired. However, with considerable advocacy, training and publicizing efforts, coordinating authorities can obtain significant reporting percentages (Malawi 85%, Zanzibar 72%). Malawi, when introducing the activity monitoring forms, decided to "name and shame" non-complying organizations at the end of quarterly service coverage reports to encourage organizations to comply with reporting requirements.

8. Decentralizing Surveys and Surveillance

Some surveys and surveillance clearly need to be conducted at the national level (such as DHS, MICS) with stratified sampling frames that will ensure that survey results are also representative at decentralized

levels. Others can and should be implemented more frequently by the decentralized level. The AIDS epidemic is diverse even within a country, and smaller scale surveys can be an indispensable data source for evidence-based planning. Capacity to conduct survey activities, and even more so to analyze data, still needs to be strengthened.

National surveys need to be planned and analyzed with the interests of the decentralized level in mind. Sample sizes need to be large enough, if practical and financially feasible, to allow region-specific analysis.⁴ This also implies that the regions need to receive the raw data, the results of the analysis, as well as the final report, in a form which is useful at regional level.

9. Decentralizing HIV Information Systems

The national HIV/AIDS information system relies on a national M&E database. The database is a repository of all relevant M&E data and information for a country. A populated national M&E database that is actually used indicates that a functional national M&E system has been established successfully.

Decentralization of the information system is best achieved by decentralizing the M&E database, or by creating links between an existing decentralized database and the national HIV database. The central level usually spearheads development of the database, and the country might in a first phase operate one centralized national database. Decentralization of this database must follow, to equip sub-national coordinating bodies to be fully functional. Decentralization of the database frees the central level from massive data entry tasks and empowers the regions to manage the project planning cycle in relative autonomy.

In Tanzania Mainland, routine monitoring data will be captured at the decentralized level into an existing local government database system and then exported into the national HIV database. In Zanzibar, a new module has been created for the national HIV database to capture data at the decentralized levels and in Botswana and Namibia, the UNAIDS CRIS system version 3 will be used to capture data at the decentralized levels.

10. Decentralizing HIV Evaluation, Learning & Research

In a results-based M&E system, evaluation, learning and research need to happen at all levels. Evaluation supports a learning agenda on what is working and what is not working, and assesses whether changes expected from program and policy interventions are actually happening. It is now recognized that systematic

evaluations of key programs and interventions are needed to scale-up HIV programming sensibly and effectively. Important evaluation areas in which sub-national levels need to contribute are epidemiological & response syntheses, cost-effectiveness evaluations, surveillance and strategic information, program evaluation, and expenditure tracking evaluation.

Regarding research, it is necessary to develop a national research strategy and agenda. This requires strong participation from sub-national and community levels, in order to ensure that the research agenda includes their needs appropriately. At sub-national levels, the coordination authority must plan evaluation, learning and research activities as part of the annual work plan, in line with national research priorities laid down in the national strategy. For implementation of research studies, specific capacity strengthening activities may be required, particularly at sub-national and local levels, and appropriate ethical procedures need to be in place.

11. Decentralizing Supervision & Data Auditing

Supervision activities take place between hierarchical levels (see table 1, component 11) and procedures for data auditing should be defined in guidelines for data auditing and supportive supervision. Supervision needs to be budgeted for in all M&E work plans, and intervals and extent need to be consistent with the defined norms. Specific tools to conduct and document supervision need to be developed to achieve a standardized approach to supervision, and a mechanism should be established to act on supervision results. Supervision should always be supportive and be used as a capacity building instrument.

Data auditing is an independent, objective activity designed to check and improve data quality. Internal data auditing provides an assessment undertaken by a unit reporting to management; external data auditing is conducted by an independent organization.

Whilst linking data auditing processes to financial auditing processes may save costs, data auditing is quite different from financial auditing. Data auditing is the process of verifying the validity of data by tracking all the steps in the data collection and recording process.

Good data auditing and supervision helps to improve monitoring systems. In Swaziland, data auditing revealed that one organization submitted summary reports based on 'information that they remembered from memory'. The Officer conducting the audit then helped the organization to develop standard forms to use to record all their data.

⁴ "Region" indicates the first decentralized level.

12. Decentralizing Data Dissemination and Data Use

Data dissemination and data use rely on information products such as reports and news bulletins. Some information products need to be created at the national level; others can and should be created at decentralized levels. In Swaziland, for example, it was recently decided that the decentralized levels would create a quarterly 'dashboard' of standardized and clearly presented programme monitoring data, to submit to the regional management structures. In Senegal, the Presidents of the Regional AIDS Committees requested regular summary tables on the level of attainment of key service delivery indicators. This illustrates the importance of *data demand and use* to encourage *data supply*.

A good vehicle for sub-national data communication and use are regular dissemination seminars. They should be linked to planning activities to promote data-based planning and results-based management.

For information products to be created and interpreted well, capacity in data analysis, report writing and data interpretation are necessary. These skills should be a major focus of support in the future.

When implemented properly, results-based M&E systems provide a continuous flow of information feedback into the system, which can help guide policymakers and implementers toward achieving the desired results and gain insight into the performance of their organizations.

Viability of HIV M&E systems at sub-national level is dependent upon the information being viewed as relevant, trustworthy, useable, and timely by local and decentralized governments, enabling them to manage the HIV epidemic at the local level and make better decisions for more effective interventions.

Key lessons in decentralizing national HIV M&E systems

- It is possible and necessary to decentralize HIV M&E systems as HIV control efforts are decentralized
- Building and sustaining results-based M&E systems is not easy; it requires continuous commitment, time, effort, resources and champions at all levels
- Central M&E functions change in the course of decentralization, and necessary capacity and procedures need to be developed at central level so that it can support the decentralized level to perform and add value within the national M&E system

- Where possible, existing government structures should be used and followed, and HIV M&E functions integrated with other local government functions. This avoids inefficient duplicating of local government functions
- The Ministry of Local Government needs to be a key partner in the decentralized HIV M&E system, otherwise the system will always be seen as something 'outside' local government functions
- There is no one correct way to build results-based M&E systems, and they are continuous works in progress, and can be built in different ways
- Sustainability considerations are important when building a decentralized HIV M&E system, but it might not always be possible to fully integrate it into local existing structures and have them run the M&E system in the early stages of system development. Other considerations may be equally important, such as achieving high system performance quickly, responsiveness to stakeholder varying information needs, preparation of information products based on the information needs of stakeholders, and instilling pride into the operational system. Integration may take place in a second phase only
- Capacity, capacity and more capacity are needed at decentralized levels

"Decentralization requires considerable shifts in thinking and doing. It also requires some humility; the ability to listen to people at local level and understand that they have much to offer at all levels".

(African Development Forum, 2000)

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