



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.

Zanzibar's National HIV M&E System bears fruit soon after launch

The Global AIDS Monitoring and Evaluation Team (GAMET) & Zanzibar National AIDS Commission

“Setting up a functioning HIV Monitoring and Evaluation System in Zanzibar wasn't easy or fast. But persistent and carefully planned efforts have borne fruit. Even skeptics now see how generating good M&E data enable good decisions that achieve better results.” Asha Abdulla, Executive Director, Zanzibar AIDS Commission.

Zanzibar's AIDS response – national plans

The first three AIDS cases in Zanzibar were officially reported in 1986. By the end of 2002, HIV prevalence was still relatively low in the general population (0.6%)¹, but high in most-at-risk populations such as needle-sharing injecting drug users (29% in 2006).

Between 1987 and 1988, the Revolutionary Government of Zanzibar (RGoZ) designed and carried out an Emergency Short Term Plan. This was followed by Medium Term Plans I and II which lasted from 1989 to 1996. The first two medium term plans were health-oriented with a focus on: Motivating behavior change; Ensuring blood safety; Counseling and caring for people living with HIV (PLHIV) and Community involvement. From 1998 to 2000 the RGoZ Medium Term Plan III provided a framework for a multisectoral response to fight HIV&AIDS, recognizing that HIV is not only a health problem but also a potential social and economic crisis.

In 2002, the RGoZ established the Zanzibar AIDS Commission (ZAC) with the mandate of leading, managing and coordinating the national multisectoral response to HIV in Zanzibar. In developing and implementing the five year Zanzibar National HIV&AIDS Strategic Plan 2004/5-2008/9 (ZNSP), Zanzibar has tried to mobilize all Government and non Governmental sectors to design and implement various HIV interventions in Zanzibar.

How the Zanzibar M&E system was developed from 2003 to 2007

ZAC worked with stakeholders to start developing the National Multisectoral HIV&AIDS system in late 2003. The first M&E plan developed in 2003 was pre-condition for accessing World Bank funds (through the Multi-country

AIDS Program, the “MAP”). In 2004, under the UK DFID-funded *Support to International Partnership Against AIDS in Africa* (SIPAA) program, an M&E assessment was undertaken. This assessment led stakeholders to critically review and update the M&E system plan and tools. In late 2005, the World Bank Global AIDS Monitoring and Evaluation Team (GAMET) and UNAIDS reassessed the M&E system, and made suggestions for strengthening it. Building on the two assessments, ZAC then led stakeholders to redesign the Zanzibar National Multisectoral HIV M&E System. GAMET provided technical leadership, working in close collaboration with the ZAC M&E unit, the SIPAA program and UNAIDS.

In May 2006, the re-developed M&E system was launched in a colorful ceremony by the Chief Minister of Zanzibar. Its goal is 'to enable ZAC and its partners to monitor the spread and impact of the epidemic in Zanzibar, to monitor the efficiency of the national response to HIV, and to evaluate the effectiveness of the national response to HIV, using relevant and accurate HIV data in planning effective interventions.' After the launch, ZAC trained a team of national accredited M&E trainers, who then rolled out M&E training for all key stakeholders in Zanzibar in 2006 and 2007. At the beginning of 2007, ZAC increased the number of staff in its M&E unit from one to four in order to cope with the scaled up HIV M&E activities.

The investments in the HIV M&E system paid off; by December 2006 the HIV M&E system had obtained and processed the first round of data from HIV implementers.



All key stakeholders – more than 300 organizations - were trained on M&E and using the HIV M&E system

¹ Source: Zanzibar MOHSW population survey 2002

These data were used to create an HIV quarterly service coverage report and brochure on the Oct-Dec 2007 quarter, which were both disseminated to all stakeholders. Generating, compiling, and disseminating M&E data to HIV stakeholders in Zanzibar is now routine, with quarterly HIV service coverage reports being generated every quarter.

A slow start to HIV M&E

HIV Stakeholders were reluctant to participate in M&E and did not appreciate its value

At the early stages of the national multisectoral HIV response in Zanzibar, most implementing agencies had not yet developed a close and trusting working relationship with Government. Nor did these agencies recognize the importance of undertaking M&E:

- Some of the civil society agencies misperceived M&E as a way for Government to play an unfriendly 'watchdog' function towards civil society, and so they were reluctant to provide reports on the activities they were implementing to the Government.
- Most civil society organizations had raised their funding from private donors, and had received little or no funding for their HIV activities from Government funding mechanisms. Therefore civil society mistakenly felt no obligation to report to the Government in addition to reporting to the donors who fund their activities.
- Many civil society agencies also were struggling to provide services for HIV interventions with limited financial and human resources. Their staff was very busy, and tied up with HIV operations, which made them even more reluctant to spend time and money generating data for M&E. They viewed M&E as a time consuming and administrative function that would not add much value to their HIV service delivery goals and targets.

Negative attitudes to HIV M&E affected program planning and implementation

Because of stakeholder reluctance to collect and provide data for HIV M&E, the HIV M&E system in Zanzibar was not yet functional when the assessments were done in 2004 and in 2005. Without a function M&E system, a couple of things went wrong in planning, implementing and achieving the desired goals of HIV interventions:

- (a) Critical decisions were made without readily available, reliable & accurate data;
- (b) M&E staff in a number of agencies were underemployed and de-motivated;
- (c) There was limited structured learning and research and it was hard to really know which interventions were making a difference or how they might be improved;

- (e) It was hard to plan, manage, coordinate and support equitable and non-duplicated work;
- (f) People questioned the commitment levels of AIDS organizations and questioned the outcomes of their work; and
- (d) Implementers did not like M&E activities.

Great progress in HIV M&E by the end of 2007

Dramatic improvements were achieved in 2006 and 2007 in M&E staffing and expertise, recognition of the value of reliable data, enthusiasm and commitment to M&E that started data flowing. Now, the components of a functioning M&E system are in place, and recent relevant data from stakeholders across the islands are widely available in easy-to-use formats.

The national M&E system has staff at national and decentralized sub-national levels. ZAC has four HIV M&E staff at the national level. The Zanzibar AIDS Control Programme, the Health Management Information System, and the Office of the Chief Government Statistician also have M&E staff. The District HIV Focal Persons and the Ministerial HIV focal persons also conduct M&E functions within their activities. Over 300 agencies have Zanzibar National HIV&AIDS Programme Monitoring System (ZHAPMoS) focal persons who conduct M&E. Health clinics have Data Officers responsible for M&E. **The key HIV M&E staff have been trained on M&E** under the ZAC rollout of M&E capacity building in Zanzibar.

The M&E Task Team for HIV&AIDS in Zanzibar (METTHAZ) is functional and vibrant. METTHAZ has regular meetings and members take part in overseeing and coordinating various M&E functions.

ZAC and the district HIV&AIDS teams (DHAPs) **advocated** with implementers to provide data and reports for HIV M&E, which increased the number of implementers reporting. Over 80% of those who were trained (more than 300 organizations) submitted data to ZAC using ZHAPMoS forms.

Zanzibar has developed a **full set of "how to" documents:**

- the M&E Operational Framework Volume 1 and Volume 2 to guide M&E processes at all levels;
- The Zanzibar National HIV&AIDS Programme Monitoring System (ZHAPMoS) Guidelines;
- Data auditing and supervision guidelines;
- a costed National HIV M&E Road Map;
- Packages for training stakeholders in M&E.

A national HIV Road Map (costed work plan) is developed every year with inputs from METTHAZ and

forms the basis of resource mobilisation and decisions about HIV M&E investments that need to be made.

A national HIV database was designed, developed, and installed onto the ZAC computer. Guidelines for data auditing and supervision were developed and District and ZAC staff were trained on how to use the guidelines.

Steps have been taken to coordinate HIV research and learning in the future. By the end of 2007, ZAC had developed Terms of Reference for a consultant to support the development of a joint learning, research and evaluation agenda.

Data have been generated and reports developed using the ZHAPMoS system and the health clinic data collection systems. Using the data submitted by implementers, ZAC has generated quarterly service coverage reports, the annual HIV report, and the biennial UNGASS report. The reports have been disseminated to key stakeholders to use for decision-making in HIV programs.

Critical success factors for stakeholder participation in the M&E system

ZAC undertook a number of activities which were a catalyst to making the HIV M&E system operational. These are the main factors that caused stakeholders to provide data and use information generated from the M&E system:

- ZAC led intensified and continued advocacy, targeting heads of agencies and encouraging them to implement HIV M&E activities and provide reports to ZAC
- ZAC mobilized sufficient domestic and international HIV M&E funding and technical resources and supported implementers to undertake their M&E roles
- A functional METHAZ steered HIV M&E activities, and mobilized and encouraged HIV stakeholders to undertake M&E activities
- ZAC developed training materials, trained accredited trainers who then rolled out the M&E training to all implementers from national to community levels
- ZAC developed and disseminated communication and advocacy materials on HIV M&E which increased stakeholders' understanding, appreciation and support for HIV M&E activities
- ZAC delegated M&E system roles to various stakeholders among the implementers, Ministries and Districts at national and decentralized levels. With ZAC staff sharing the responsibilities for implementing M&E activities with others, it was possible to implement activities efficiently and on time
- ZAC involved all stakeholders in developing and implementing the HIV M&E system

- Different technical support partners – The World Bank, SIPAA, UNAIDS, USG and other consultants – all worked together in a spirit of partnership without concern about 'turf' issues: they shared lessons, strategies and experiences.

Useful lessons for other countries

- **A functional M&E system is the backbone of good governance, favorable publicity and a positive corporate image for a national AIDS response.** Since the M&E system in Zanzibar became functional, reports of HIV activities being implemented have been produced and disseminated broadly. People who read these reports get an insight into stakeholders' HIV achievements, which increases respect for the HIV organizations. The M&E system has been used to monitor implementation and improve the quality of programs being implemented.
- The **secret to success in M&E work is to join hands in concerted efforts by all stakeholders** in all sectors, from national to decentralized levels.'
- **Capacity building, communication and advocacy** are key to empowering all stakeholders to meaningfully participate in a national M&E system.
- To **ensure stakeholders use M&E data for decision making**, National AIDS Commissions should generate and disseminate **user friendly and interesting information products**, and **continuously advocate for stakeholders to deliberately and consciously use M&E data for decision making**. Many HIV reports are seen by stakeholders as complicated, long and difficult to understand. Therefore ZAC published user friendly, easy to read, and well illustrated brochure and M&E guidelines. Stakeholders are interested in reading these materials and in using them.
- A **national costed HIV M&E work plan** is important for ensuring that enough resources are generated for HIV M&E.

Early results from the M&E work

Data obtained from the M&E system have been used in **information products** which cover:

- Key highlights and trends in the national AIDS response
- Main achievements and quantity of HIV services provided
- Challenges and shortcomings in implementing HIV work in Zanzibar
- Recommended actions to strengthen the HIV response in Zanzibar.

With the achievements that have got the M&E system functioning, the following **changes** have been noted:

- Misconceptions and reluctance were replaced by understanding and support
- Instead of resistance, now there is eagerness to participate without prompting
- Stakeholders own the M&E system and implementers have become M&E advocates
- Public confidence in HIV service organizations is gradually increasing

Most important of all, **M&E data have been used to make decisions:**

- **M&E data have been used for budget reallocation:** The first two M&E quarterly service coverage reports analyzed and presented data that indicated that media had been underutilized in HIV communication, advocacy and campaign work. This issue was discussed by the ZAC management and Ministry of information during the National HIV Advocacy and Communication Committee meeting. Subsequently, ZAC increased the budget for HIV media activities and also increased the budgets allocations to stakeholders to undertake HIV work with media.
- **M&E data have been used to develop and scale up interventions for most-at-risk populations (MARPs):** The M&E quarterly service coverage reports of 2007 indicated that most-at-risk populations (MARPs) have not been targeted enough by the AIDS response in Zanzibar, given that Zanzibar's epidemic appears to be concentrated among MARPs. The HIV implementers undertaking MARP programs and ZAC management discussed this data, and decided how to act on it. (a) ZAC identified available funding that could be used to reach these underserved populations, as a priority for the Zanzibar response. The ZAC planning team worked with organizations serving MARPs to plan activities that could be funded through the World Bank TMAP project component for the Community AIDS Response Fund. (b) NGOs scaled up their interventions targeting MARPs using resources from Global Fund round 6 and other sources.
- **M&E data have been used to catalyze private sector AIDS activities:** A ZAC meeting with AIDS Business Coalition in Zanzibar reviewed a quarterly service coverage report which highlighted the need for informal businesses to be involved in HIV activities. The AIDS Business coalition of Zanzibar then started discussing and developing strategies to involve informal private sector in HIV activities.
- **M&E data have been used to decide and identify M&E technical assistance and training needs:** The quarterly service coverage reports help HIV stakeholders identify strategic areas that need

technical assistances, and training needs. So, for example, in discussing the M&E data, people realized that technical assistance was needed for undertaking workplace surveys, and to harmonize the data collection tools used for poverty monitoring, the Zanzibar AIDS Control Program and ZAC.

- **M&E data have been used to develop a Zanzibar Advocacy & Communication Strategy:** The quarterly service coverage reports have shown that HIV & AIDS awareness among the population in Zanzibar has reached very high levels, but behavioral changes lag. In response, ZAC decided to develop an advocacy and communication strategy for HIV that would use a Behavioral Change Communication (BCC) approach instead of an Information, Education and Communication (IEC) approach.

In implementing the new advocacy and communication strategy -- which is in place and operational -- ZAC management and the M&E and Advocacy & Communication staff will continue to take the lead in advocating for technical and financial resources, for strong implementation of M&E activities, and for wide dissemination of HIV&AIDS information among all HIV-related agencies.

What bottlenecks and challenges remain for the M&E system?

There are bottlenecks that still challenge implementation of various HIV&AIDS activities in Zanzibar. Some stakeholders are reporting after the deadline for quarterly reporting has passed. Data analysis was a long and tedious process before the database was developed; March 2008 will be the first time that the database is being used, and there may be "teething problems" to resolve. Districts need a lot of supportive supervision to fully embrace their M&E roles. More publicity and dissemination of M&E information products is needed. A deliberate and conscious culture of using M&E data needs to be nurtured.

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