



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.

Malawi – Developing a National Multisector HIV/AIDS Monitoring and Evaluation System

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Summary

The Malawi National AIDS Commission faced the challenge of creating an integrated, multisectoral national Monitoring and Evaluation (M&E) system rather than a health-sector-oriented epidemiological surveillance system. The new M&E system measures inputs, outputs, outcomes and impact. *Indicators* are informed by *data sources* that are analyzed to produce *information products* that are distributed to *stakeholders* in a timely fashion—enabling *M&E results to be used for decision making*.

Operationalizing the M&E system is an incremental process, relying on ongoing training, advocacy, and participation from all sectors and levels of government. Malawi's experience illustrates the need to: (a) dedicate funding and skilled resources for implementing the system; (b) build capacity using a national HIV/AIDS output monitoring system curriculum; (c) link national HIV/AIDS M&E systems with other M&E and MIS systems; and (d) include HIV/AIDS M&E requirements in all HIV/AIDS related documents. It also demonstrates the level of detail and ongoing effort required to ensure that an M&E system functions as needed, especially in a multisectoral environment where recurrent program monitoring is essential.

Moving to a multisectoral response to HIV/AIDS in Malawi also required a new approach to monitoring and evaluation

Malawi broadened the national HIV/AIDS response from health to many sectors

The Malawian government participated in the UN General Assembly Special Session on HIV/AIDS (UNGASS), and signed the Declaration of Commitment on HIV/AIDS (June 2001). This commitment calls for each country to develop and implement a multisectoral national strategy and financing plan for combating HIV/AIDS, and to report biennially on 13 HIV/AIDS indicators, according to specific international HIV/AIDS M&E standards.

Having recognized the need to shift the national response from a health focus to a multi-sectoral focus, Malawi established a National AIDS Commission (NAC) in August 2002 as an independent trust under the auspices of the

president and his cabinet. The National AIDS Control Program within the Ministry of Health was disbanded, and its staff transferred to the new organization. This was a strong start, but implementation and ownership of the multi-sectoral response took a great deal of advocacy and technical work by Government and partners.

Donors and government agreed to contribute to a common HIV/AIDS “basket fund”

The new National Commission's first goal was to secure funding. Multilateral and bilateral agencies agreed—after much discussion—to the first-ever “basket fund” for HIV/AIDS in Africa. Support was consolidated from the World Bank and governments of the United Kingdom, Norway and Canada and the Malawi government's own resources. Malawi and the funding partners agreed that the new multisectoral approach would be guided by an integrated annual work plan and that a grant mechanism would be created for grassroots organizations involved in HIV prevention, treatment, care, and support services. A single financial management agent was assigned to help manage grants in an accountable and transparent manner. Five “umbrella organizations” were identified to manage grants at decentralized levels.

Existing M&E efforts were far from an integrated, national multisectoral system

The Ministry of Health had focused primarily on epidemiological surveillance in its HIV/AIDS M&E. Biological surveillance had been conducted consistently at 19 antenatal clinic sites since 1985, and three rounds of behavioral surveillance had been completed by 2000. In 2003, the Commission found itself in a difficult position. It had inherited an exclusively epidemiological monitoring and evaluation system, while UNGASS and the new multisectoral orientation called for a broader approach. A number of disjointed monitoring and evaluation efforts were in effect in Malawi, but it was a far cry from a uniform national system.

International donors contributed to the complexity and to unrealistic expectations for reporting and data. Between 1998 and 2002, UNAIDS, the World Bank, and the World Health Organization had published six different manuals and sets of guidelines related to HIV/AIDS monitoring and

evaluation practice. Every funding partner demanded strong monitoring and evaluation, yet each bilateral funding partner had its own M&E system directed toward the projects it supported. No system was in place that could handle them all, meaning that Malawi could neither use data for decision-making nor comply with its commitments under the UNGASS declaration.

It soon became obvious, both to the National Commission and to its international partners, that a comprehensive national HIV/AIDS M&E system was badly needed—a robust, multisectoral system that could integrate biological and behavioral surveillance, activities reporting, and impact analysis.

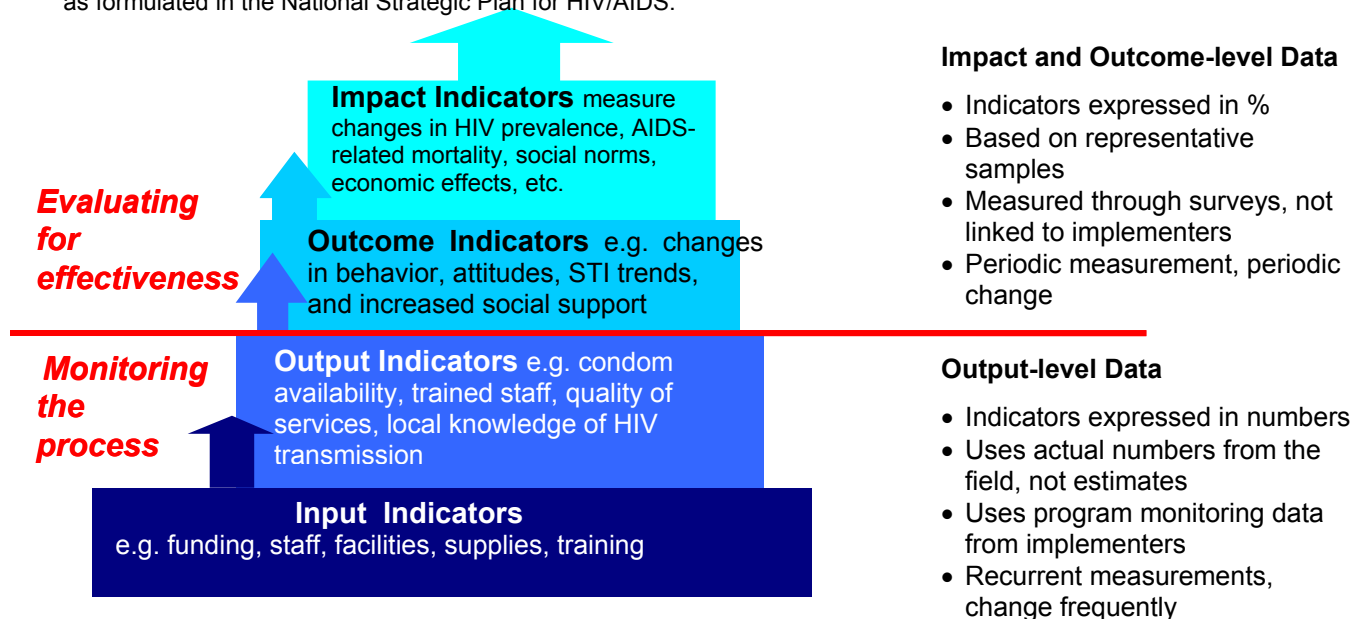
Objectives of the New HIV/AIDS M&E System

Malawi's HIV/AIDS Monitoring and Evaluation System was designed to attain four objectives:

- To assess how well the National AIDS Commission met its goals. This assessment would be ongoing and dynamic.
- To track progress toward achieving specific development objectives. (Figure 1 shows the four levels of M&E indicators—input indicators, output indicators, outcome indicators, and impact indicators, “stacked” on a “results pyramid”).
- To produce M&E results that would be highly accessible and usable by the full range of implementers actively working to confront AIDS/HIV.
- To produce information that would be comparable across borders, both to meet donors' reporting requirements and to contribute to international scientific research.

Figure 1: The “Results Pyramid”—Measurement at Four Levels

Indicators are needed to track progress towards achieving national HIV objectives, as formulated in the National Strategic Plan for HIV/AIDS.



Adapted from: M&E Operations Manual for National AIDS Councils, the World Bank and UNAIDS, 2002

Designing the M&E system

The first step was to consult widely, and assess needs and existing data

A series of field visits to implementers of HIV interventions—in the public sector, private sector, civil society, and faith-based organizations—was the first step in conceptualization and design. Among other requirements, these visits flushed out the range of information needs among HIV stakeholders. Next, the

adequacy of existing data sources and HIV indicators was assessed.

Meeting the wide range of information needs with a single national system posed formidable challenges. First, the system would require dedicated professional staff, with specific activities to be assigned and costs allocated within an annual work plan and budget. Both episodic evaluation (that is, epidemiological surveillance) and routine program monitoring had to be accommodated in a meaningful and

mutually reinforcing way. A simple system needed to be designed to link inputs and outputs to outcomes and impacts, that is, to assess which interventions contributed to changes in HIV prevalence or behavior. Because this was new, it would require an incremental, step-by-step, learning-by-doing approach.

The M&E system would need to encompass self-reported data as well as periodic validation of data and auditing by external evaluators. Financial and programmatic monitoring would need to be linked, which meant installing a single (specially created!) Management Information System. The MIS and M&E systems would need to be managed by the same entity, which would be responsible for both data auditing and financial auditing. To monitor individual programs, the Commission would need to collect comparable program monitoring information from all AIDS/HIV implementers, irrespective of the sector, kind of organization, or location.

Realistically, the National AIDS Commission could not finance a large M&E department. Existing data sources had to be used to the utmost. Duplication had to be avoided at all costs. Subcontracting—for all administrative functions, for example—was encouraged to control costs and ensure timely deliverable-based management.

The system was designed around the principle of “utilization-focused evaluation,” following Quinn-Patton (1999). This implied attention not just to indicator design but to the larger challenge of providing decision makers with timely, useful, and reliable data. Not all desirable data were available immediately, much less in a uniform state. So the Commission also needed to put in place funded work plans to ensure that all data sources were up to the same level of maturity and were able to deliver the same quality of results on a consistent basis.

Conceptual cornerstones of the national M&E system

The system that emerged from the design process rests on four linked cornerstones: indicators, data sources, information products, and stakeholders (see Figure 2). The four cornerstones change the focus in M&E from being theoretical to being operational: the focus changes from exclusively indicator design, to the ‘mechanics’ of data analysis, data summary, report writing, and data dissemination, creating a solid platform for data use. This operational framework has also been used in Malawi and in other countries as a practical basis for an annual M&E work plan. Dividing the work plan into these four operational cornerstones and adding a fifth element focusing on management of the M&E system¹, makes it

¹ So, a typical M&E work plan would have activities under 5 headings: indicators, data sources, information products, dissemination to stakeholders, and management. Management sub-headings might be: human resources for M&E, advocacy and communication, capacity building for M&E, review of the

possible to cost all elements of an operational and functional M&E system effectively, realistically and comprehensively. This in itself is positive, as many program managers are unsure of “what to cost” in the M&E component of their systems. So the Commission also needed to finance and develop additional data sources.

(A) Indicators. A national set of 59 HIV/AIDS indicators to assess achievements at input, output, outcome, and impact level. At the program output level, the indicators were grouped into six areas. These were used to logically organize the Commission's annual work plan and its medium-term strategic plan.

(B) Data sources. The system collects data from 20 sources, in 10 different institutions. For each source, it is clear who is responsible for collecting the data, the frequency, and the source of funding. At least one data source, but sometimes more than one, is required for each indicator.

(C) Information products. The system defines the M&E information products (reports) to be generated, starting with regular reports by the commission.

(D) Stakeholders. The system defines who information products are to be produced for, and when and how they are to be disseminated.

Hundreds of decisions were taken during the detailed planning

With this conceptual scheme in place, a detailed operational plan was developed. How would each indicator be defined? What specific data and data sources were necessary for each indicator? What content was needed for specific information products that would fulfill stakeholders’ information needs? Who would define, approve, and disseminate particular products? Were the needs of all stakeholder communities being addressed? How would the system be managed?

M&E plan, software for M&E, and annual M&E budgeting and work planning.

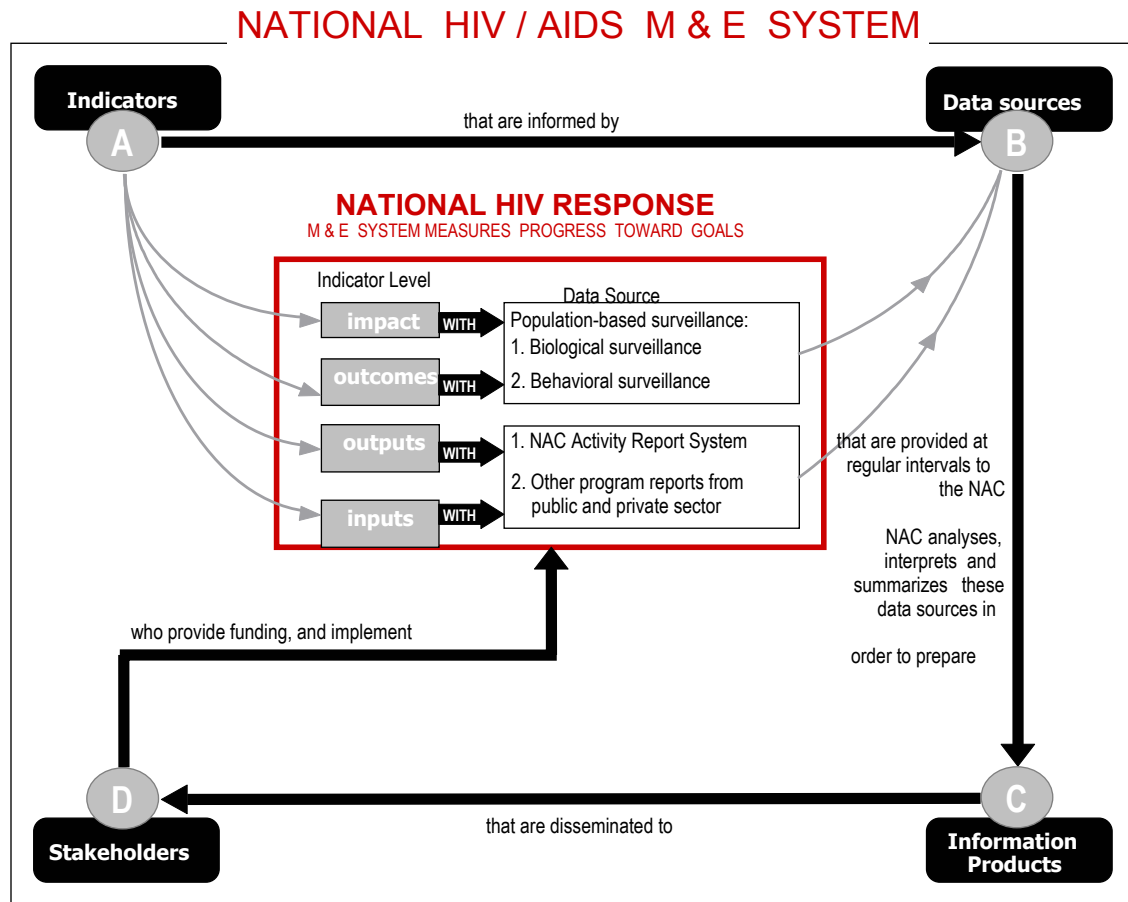


Figure 2: Conceptual Framework

Adapted from: Malawi National AIDS Commission, 2003

Implementation

The diversity of stakeholders and the multisectoral approach demanded incremental, step-by-step implementation – operationalization took just over 18 months. First, the new Management Information System had to be developed and installed. Simultaneously, meetings were held with 20 data providers, whose feedback led to many innovative refinements of the system. Signed agreements with the providers needed to specify content, time frame, and terms of payment (if applicable). Ongoing interaction with stakeholders and donors ensured that reference to institutional program monitoring reporting requirements would be included in all HIV/AIDS-related documentation produced by the Commission and its partners, including the national HIV policy, contracts, grants, training manuals, implementation guidelines, etc.

The system was launched with two major information products—a quarterly service coverage report and a first

annual HIV/AIDS M&E report. The annual report follows the calendar year, so that it is available in time to inform the Malawi planning process which starts in March. The reports were disseminated nationally and at district-level workshops. A curriculum was developed to train grassroots organizations in the system, as well as a briefing document to be used with stakeholders, and a “shortcut guide”—an 8-page summary of the 100 page document explaining the M&E system, for senior managers and politicians.

Problems Encountered

Finalizing the set of indicators. With a myriad of existing AIDS/HIV indicators to start with—including strong, often opposing points of view on which should be used—agreement on a common set was no easy task. The historical health sector-driven approach to HIV/AIDS, with its focus on epidemiological surveillance, strongly permeated assumptions and thinking. There was initial disagreement as to the benefits of and need for routine

recurring programmatic monitoring. Dialogue with the Ministry of Health was not optimal, eventually resulting in some necessary HIV data not being collected routinely at health centers.

Un-financed data sources produced no data. Despite their inclusion in the integrated work plan, funding was not secured for two key data sources – the health facility survey and the workplace survey. This resulted in backtracking and undue delays, a particularly serious matter because Malawi's commitment under the UNGASS declaration required inclusion of these data in its 2005 report to UNAIDS.

Involving local communities in the Commission's new Activities Reporting System is a challenge. At the district level, new policies and strategies are being developed to deal with HIV/AIDS. With better planning and more community-level dialogue, a far greater share of responsibility for reporting on activities might have been delegated to the district level. But efforts were hampered by the fact that there was no full-time staff in place to manage or coordinate HIV/AIDS activities at district level. Before December 2004, when full-time District AIDS Coordinators were appointed, coordination of HIV/AIDS activities was done in a part-time capacity by a person within the district health office, which severely hampered the extent and quality of involvement of districts in the HIV/AIDS response and in the national HIV/AIDS activities monitoring system (i.e. again pointing to how institutional challenges impacted the HIV/AIDS M&E system). If it had been possible to have full participation from the Districts from the beginning, this would have meant not only less work, but far more importantly, broader utilization of information that was eventually generated. This lost opportunity came at a significant cost and needed to be resolved retrospectively (a much more time consuming process).

Inadequacy of data from some source providers. Many public sector ministries and parastatals did not adequately comply with their data commitments, despite the written contracts. Uneven data quality from key providers significantly limited the monitoring and evaluation teams' ability to produce the highest-quality information products.

Inappropriate disaggregation of indicators. To report program monitoring results fully, output indicators frequently had to be disaggregated. Yet for grassroots organizations in particular, this often generated unrealistic demands for tallying and summarizing numbers. For non-NAC grantees the situation was worse since they had to redo the information prepared for their funding agencies to fit the NAC Activity Reporting System format.

Inappropriate utilization of M&E staff. The monitoring and evaluation staff was frequently assigned to tasks other than working on the system. Time was then insufficient for them to build the system completely and advocate widely for its use. Follow-up to ensure that data from the system

would be incorporated into all related reports and documents was often sacrificed. The casualty was weaker-than-hoped-for dissemination.

Non-NAC grantees provided far less information. The Commission provided direct grants to many but not all implementers of HIV interventions. Intervention implementers who were receiving independent financial support from other bilateral or private donors were far less compelled to provide data consistent with the Commission's new Activities Reporting System. Since they are not contractually obligated, their uptake of the "uniform" activities reporting forms has been slow, resulting in significant gaps in the overall database, compromising the 'three ones' principle which UNAIDS, the World Bank, the Global Fund, and many other donors support.²

Results Achieved

As it has moved from a pilot to a fully operational system, the national HIV/AIDS M&E system is proving itself. Evidence of early results includes:

- Stakeholders from 150 organizations in the private sector, public sector, and civil society have been trained in the system. (Each of these organizations have projects sites, branches, or departments spread across Malawi.)
- A comprehensive new Activities Reporting System has been piloted and launched. More than half of the organizations trained have submitted forms that conform to the standard, laying the groundwork for a uniform metric in activities reporting.
- Malawian national HIV/AIDS policy has indirectly incorporated the Activities Reporting System. Responsibility for reporting devolved to the five civil society umbrella organizations working with the NAC's M&E team, and these have taken on the supervision and training of sub-grantees' reporting. Dialogue has taken place with the districts on activities reporting, which has led to full-time district AIDS coordinators being appointed to work within local government structures.
- Further dialogue with funding partners and umbrella bodies about the importance of harmonizing the reporting systems has led to their agreeing to ask the projects they support to abide by the Commission's Activity Reporting System.

² The Three Ones principles, launched in Washington on 25 April 2004 by UNAIDS in collaboration with national HIV/AIDS programs, bilateral funding partners and the Global Fund, reinforce international stakeholders' commitment to harmonize the HIV/AIDS response. The Three Ones are: one agreed HIV/AIDS action framework, one national coordinating authority for HIV/AIDS and one agreed country level monitoring and evaluation system.

- M&E information products are being produced, including quarterly service coverage reports as well as the annual HIV/AIDS M&E report. Not all 20 data sources have been incorporated into these products; nevertheless, the achievement of real-time data flow, even though it is still partial, marks a huge milestone in achievement.
- M&E results are increasingly penetrating into the public domain. In April 2004, more than 200 people attended an M&E workshop, and a first biennial research conference was held in May 2004. The workshop and conference were repeated in April 2005 and over 500 people attended.
- A significant shift has occurred in the direction of electronic information management. A shift toward online management was reinforced with the appointment of a data manager at the National AIDS Commission and development of new databases for HIV interventions, stakeholders, and HIV/AIDS research.
- The National AIDS Commission developed a national stakeholder profile of all HIV and AIDS participating agencies including CBOs which includes information on the type of intervention area each agency is engaged in. This information is used to define the denominator for indicators.
- The National AIDS Commission maintains a web based research database containing all research carried out in Malawi, with abstracts for each research study and contact details of responsible researchers.

work plan and its medium-term strategic plan. This worked particularly well, and maximized the opportunity for results from the M&E system to be used.

Making sure data are collected

- ***Existing data sources should be used*** to the utmost. New primary data should be collected only if absolutely essential and as a last resort.
- ***Funding needs to be secured*** for all important planned activities. If funding is not secured, there is a high risk that planned surveys and other activities will not be done.
- The ***government must “show the way” in collecting needed data***. Unless ministries—especially the Ministry of Health—strengthen their own systems to ensure that the data required by the national HIV/AIDS M&E system is routinely collected, civil society is unlikely to follow suit. This is because NGOs and even the private sector tend to follow government’s lead in how AIDS/HIV-related activities are reported.
- When designing a national system, ***M&E reporting requirements must be captured and presented conspicuously in all related policy and strategy documents***. Monitoring and evaluation takes place at many levels—including project level, organization level, coordination structure, and national level. In addition to data for decision-making at each level, all actors need to take cognizance of the national system and help collect data required across the board. Their data collecting and reporting responsibilities should be clearly spelled out in their work plans and policy and strategy documents.

Lessons Learned and Success Factors

The Malawi HIV/AIDS Monitoring and Evaluation system is at an early stage of implementation. Learning—like the development of the M&E system itself—has been a continuous iterative process. Many lessons and several factors emerged as key to long-term success:

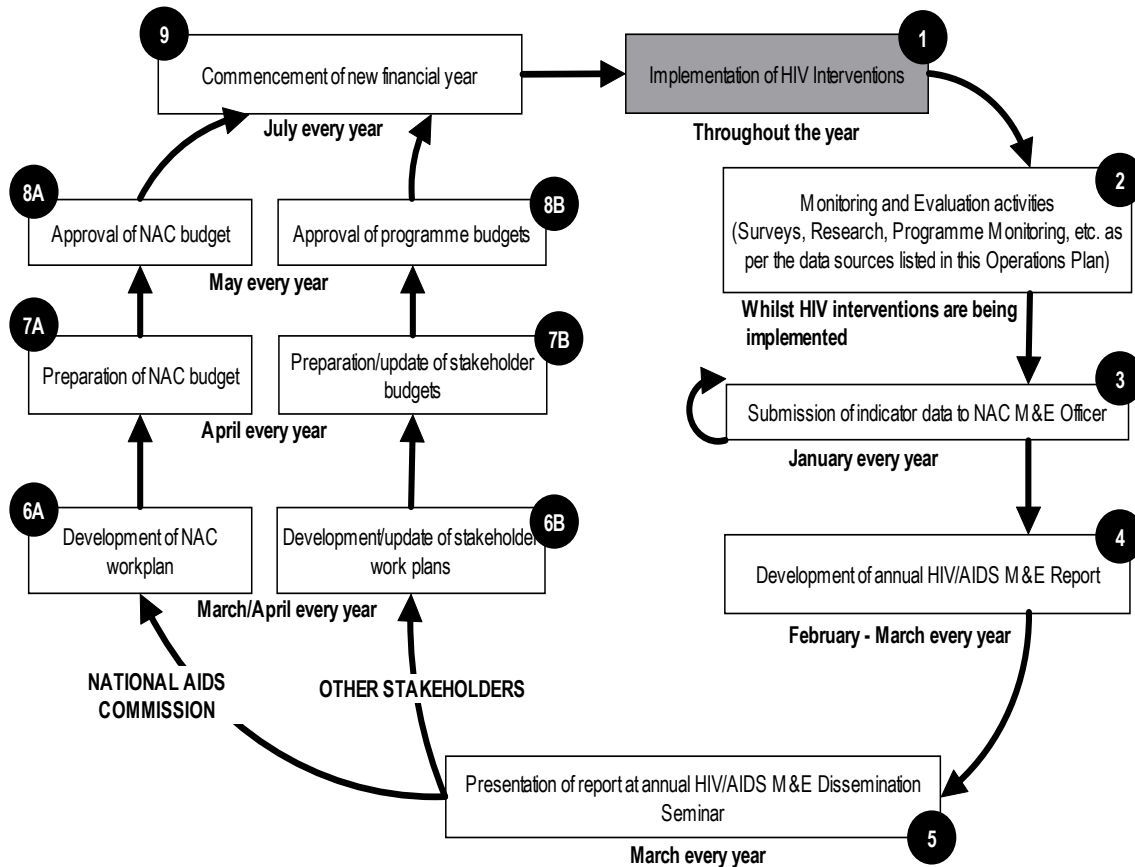
Decisions about Indicators

- ***HIV/AIDS indicators must adhere to international reporting norms and the broader requirements of scientific and advocacy dialogue on AIDS—the UNGASS commitments, and the Global Fund to Fight AIDS, among others. Indicators must adequately cover all four levels in the results pyramid shown in Figure 1—input, output, outcome, and impact.***
- ***A national M&E system must span the full range of components to be monitored, including biological surveillance, behavioral surveillance, national-level output translatable as results, and data that can be used for operations research and scientific research.***
- ***A thoughtful mesh between program groupings and output indicators enhances the likelihood that they will be used. The six programmatic areas that were used to group the output indicators were also used to logically group the commission’s annual integrated***

Making sure data and reports are used

- ***M&E data must be used*** for the system to be of real value, so the M&E implementation cycle must be synchronized with the project planning cycle. An M&E system must provide information, and that information must appear somewhere. But the acid test is not publication, but whether information is used for decision-making. For that to happen, results reported from the M&E system must be available before decisions are taken in the quarterly and yearly planning cycles. The ideal process is illustrated in Figure 3.
- Uniform data that have been derived from the Commission’s Activities Reporting System must filter down. These data need to be incorporated into all relevant national dialogue on HIV/AIDS, including policymaking, strategic planning, training manuals, and even job descriptions.
- There is a critical need for strong senior management support and accountability for M&E, particularly with respect to ensuring the use of results for decision-making.

Figure 3: M&E System Synchronized with Annual Project Implementation Cycle



Adapted from: Malawi National AIDS Commission, 2003.

Being pragmatic, considering stakeholders' constraints

- While planning is a good thing, too much of a good thing sometimes undermines operational progress. During the long, systematic planning process, which produced a lengthy, detailed M&E Operations Plan, effort may have been invested disproportionately on the discussion and selection of indicators. **Pragmatic shortcuts are sometimes necessary**—for example, a shortcut guide was developed to make the system more accessible to a wider range of stakeholders.
- **Government structures should be adhered to**—at least as a first choice. Government structure cannot be ignored. For example, if the government has decentralized to the district level, then the Activities Reporting system must include district-level structures within the data flow.
- **Implementers need to be trained in program monitoring.** Capacity building in M&E requires a national curriculum for program monitoring. The funding available for HIV interventions has attracted the participation of many grassroots organizations. These are often small groups without the necessary skills to collect, capture, and summarize output-level data for reporting. M&E capacity building is needed, but it must

be practical in focus, addressing basic issues such as how to tally individual records, how to develop log books, etc.

Funding and Sustainability

- A national system requires a well-trained, dedicated interdisciplinary team with expertise beyond the traditional epidemiological focus—and that requires money. **Adequate financing must be included in the annual budget and work plan**, and also in the government's procurement plan.
- **Continuous advocacy, education, dialogue, and discussion are essential** for keeping the system robust and healthy—not as a one-time visit but as part of sustainable implementation of the system.

Linkages – between systems, processes

- For synergies in scale and maximum benefit, **the national HIV/AIDS M&E system should be linked with other M&E systems and with related MIS systems.** International NGOs within Malawi are still using their own HIV/AIDS M&E systems. These are important, but they need to be harmonized and integrated with the national M&E system. Similarly,

synchronization with the Ministry of Health's Health Management Information System would facilitate smooth data transfer to the national HIV/AIDS M&E system.

■ **A crucial part of M&E systems is to link them to other processes, and to think through and plan all aspects of the implementation of the national M&E system.** If M&E systems are to work well, the following are needed:

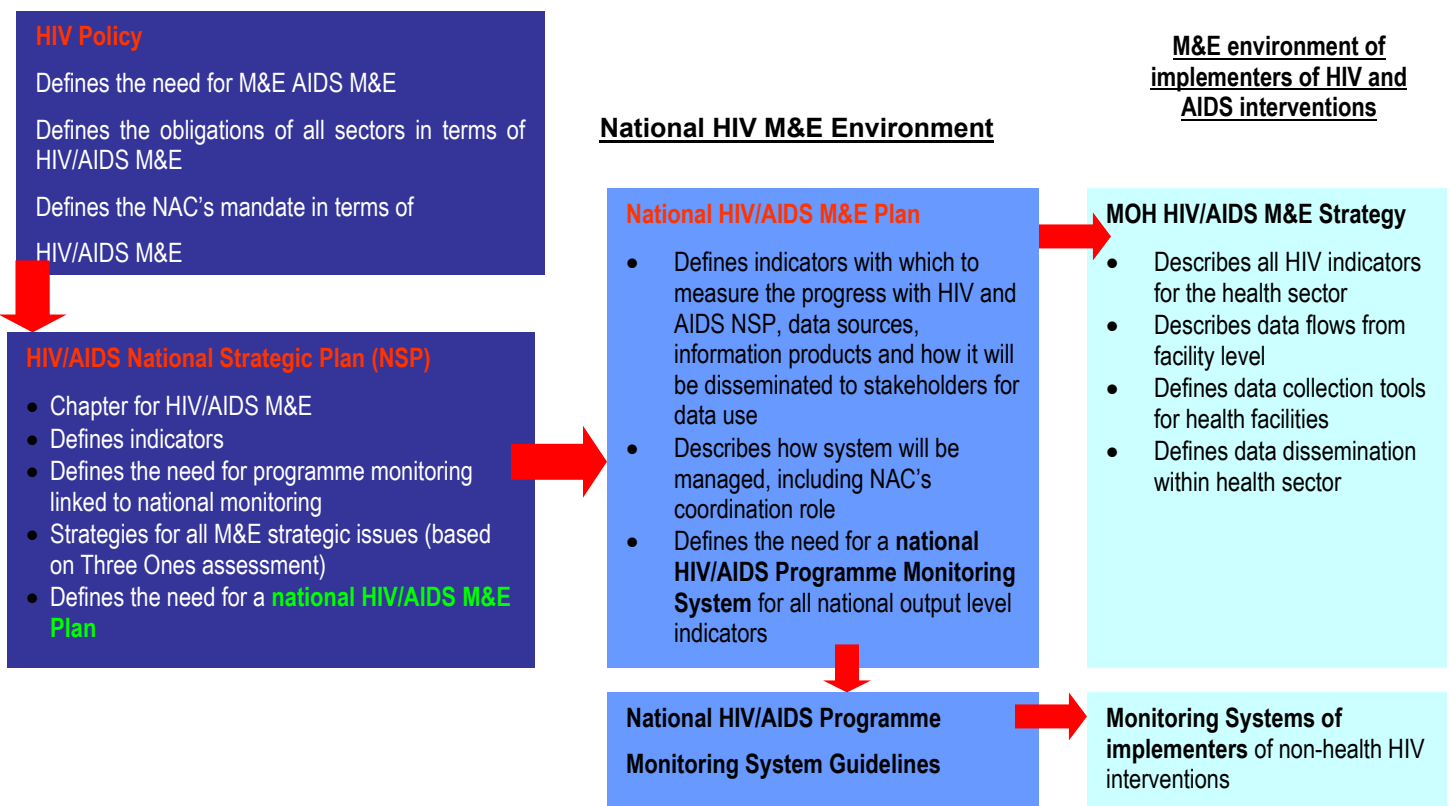
- an M&E section in the national HIV/AIDS policy,
- an M&E section in the HIV/AIDS National Strategic Plan,
- a national HIV/AIDS M&E plan,
- a costed national HIV/AIDS M&E Road Map,

- national HIV/AIDS Program Monitoring System guidelines,
- national participatory supervision and data auditing guidelines,
- a training plan to explain the system guidelines
- A communications plan for the national HIV/AIDS M&E Strategy and system.

Figure 4 shows that HIV/AIDS M&E does not stand alone, but is integrally linked with and part of the national HIV/AIDS policy and strategic plan, and of the strategies of implementing agencies.

Figure 4: Essential M&E Linkages


National policy and strategy environment



■ **M&E must be linked at all levels within a single coherent, integrated system** (Figure 5). M&E at the project level needs to be linked to M&E at the organization level, to M&E at the coordination level, and to M&E at the national and international levels. The linkages and consistency across different levels are needed for all four cornerstones of the system: indicators at project level need to link with indicators at national level; data sources at project level need to link with data sources at national level (the same for information products and stakeholders). So for example, one of the UNGASS indicators is the "percentage of schools with teachers who have been trained in life-skills-based education and who taught

it during the last academic year". In Malawi, this international indicator was included in the national list of HIV indicators. The Ministry of Education included collection of these data in their annual planning, by adding a question on this to the annual school inspections done by education support officers. This provided the Ministry of Education with useful information for planning purposes (which schools needed to be targeted for future HIV training sessions), and gave the NAC the data it needed to understand the extent of in-school HIV education and to report to UNAIDS - without the need for yet another expensive survey.

Figure 5: The M&E system needs to be consistent and integrated at all levels



M&E at international level	UNGASS indicators			
M&E at national level	National HIV/AIDS M&E system			
M&E at coordination level	Private sector	Government	Faith-based sector	Civil society
M&E at organisation level	Companies	Ministries/ Departments	Different faith-based organizations	NGOs, CBOs
M&E at project level	Projects	Projects	Projects	Projects

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