

Malawi: A National HIV/AIDS Monitoring & Evaluation System

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Executive Summary

The HIV/AIDS epidemic in Malawi necessitated not only a multisectoral response to impact, but an integrated national monitoring and evaluation (M&E) system. With donor “basket support” for HIV/AIDS, the Malawi National AIDS Commission – challenged to create a multisectoral M&E system rather than a health-sector-oriented epidemiological surveillance system – was conceptualized around a four-tiered results pyramid (measuring inputs, outputs, outcomes and impact). The system was designed around four cornerstones in which indicators (Cornerstone A) were informed by data sources (Cornerstone B) that were analyzed to produce information products (Cornerstone C) that are distributed to stakeholders (Cornerstone D) in a timely fashion – thus enabling M&E results to be utilized for decision making. The indicators and data sources allowed for both episodic population-based evaluation and for routine and recurrent output monitoring across sectors.

Operationalizing the M&E system was an incremental process, relying on ongoing training, advocacy, and participation from all sectors and each level of government. This case study illustrates the need to dedicate funding and skilled resources for the implementation of the system; to build capacity using a national HIV/AIDS output monitoring system curriculum; to link national HIV/AIDS M&E systems with other M&E and MIS systems; and to include HIV/AIDS M&E requirements in all HIV/AIDS related documentation. It also demonstrates the level of detail and ongoing effort that is required to ensure that an M&E system will be functional, especially in a multisectoral environment where recurrent program monitoring is essential.

The Malawi M&E system supports the Marrakech principles in several key respects: specific information products were defined and are being produced, and dissemination channels were created and are being used. Dialogue with stakeholders takes place through regular consultation. The M&E system is directly linked to the goals of the National HIV/AIDS Strategy, and a complex report has been simplified for use within the districts and among a wide spectrum of organizations. Furthermore, the M&E cycle has been synchronized with the annual planning and programming cycle, thus maximizing the opportunity for M&E results to be used for critical decision making.

The Need for Multisectoral Monitoring of AIDS

HIV/AIDS has changed the face of development in Africa, not only negating 20 years of gains but draining resources from every area of development activity. The vicious cycle of poverty and AIDS is multidimensional. It takes its accumulating toll on human resources, financial resources, agriculture, education, health, and welfare across the private sector, the public sector, and at every level of civil society.

Malawi established a National AIDS Commission (NAC) in August 2002 as an independent trust under the auspices of the president and his cabinet. At the same time, the National AIDS Control Program within the Ministry of Health and Population was disbanded. Its staff was transferred to the new organization, sig-

naling recognition that the crisis demanded a multisectoral response extending beyond the health sector. This was meant to kick-start a process of not only recognizing but establishing multisectoral responses to HIV/AIDS. Although the shift in the national response from a health focus to a multisectoral focus may have been initiated with the creation of the NAC, the actual implementation and ownership of this multisectoral response took a great deal of advocacy and technical work by both government and partners.

The first goal of the new national commission was to secure funding. Discussions were successful with multilateral and bilateral funding partners, and were the result of significant time and effort invested in the first-ever “basket fund” for HIV/AIDS in Africa. Support was consolidated from the World Bank and the



governments of the United Kingdom, Norway, 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 assist in the management of grants in an accountable and transparent manner. Five umbrella organizations were identified to manage grants at decentralized levels.

Parallel to setting up the National AIDS Commission, the Malawian government had participated in the UN General Assembly Special Session on HIV/AIDS (UNGASS), and Malawi is a signatory to the Declaration of Commitment on HIV/AIDS (June 2001). This commitment calls for each country to report biennially on 13 HIV/AIDS indicators.

For Malawi, the commitment to report according to specific international HIV/AIDS M&E standards presented a new challenge. The M&E challenges also reflected institutional challenges at the NAC itself. The Ministry of Health and Population had focused primarily on monitoring and evaluating HIV/AIDS in terms of epidemiological surveillance. Biological surveillance had been conducted consistently at 19 antenatal clinic sites since 1985, with three rounds of behavioral surveillance completed by 2000.

In 2003, however, the commission found itself in a precarious position – it had inherited an exclusively epidemiological monitoring and evaluation system, while UNGASS and a newer multi-sectoral orientation called for a broader approach. A number of disjointed monitoring and evaluation efforts were in effect in Malawi, but a far cry from a uniform national system.

International donors contributed to the complexity and to unrealistic expectations in regard to reporting and data. Between 1998 and 2002, UNAIDS, the World Bank, and the World Health Organization 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 surveillance, activities reporting, and impact analysis.

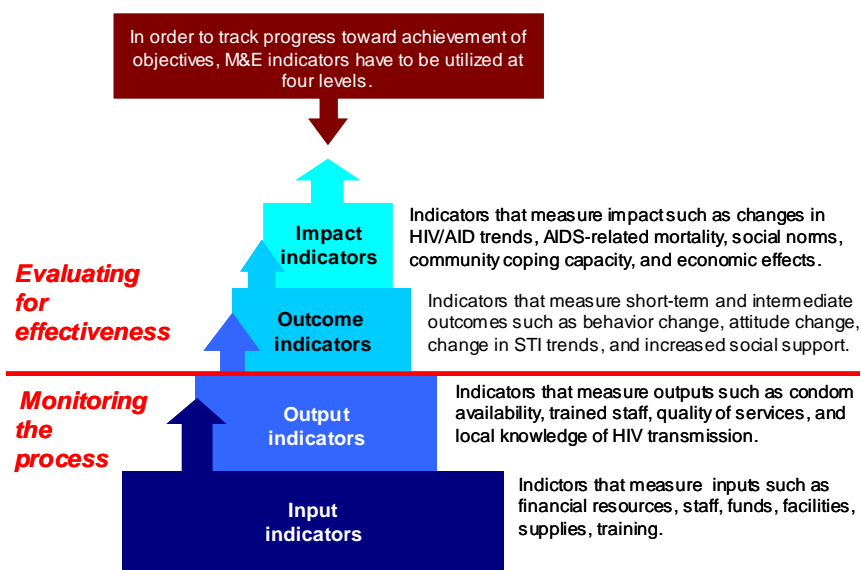
Objectives

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 achievement of specific development objectives, M&E indicators would be utilized at four levels "stacked" on a results pyramid of indicators (input, output, outcome, and impact) (see Figure 1).

Figure 1. The “Results Pyramid” – Measurement at Four Levels

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



- To produce M&E results that would be highly accessible and usable by the full range of implementers actively working to confront HIV/AIDS.
- To produce information that would be comparable across borders, both to meet donors' reporting requirements and to contribute to the international scientific research enterprise.

Design and Implementation

Designing the M&E system. 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 translate outputs into results (outcomes and impacts). 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, not only by installing a single (specially created) Management Information System (MIS), but by combining functional responsibilities for data and financial auditing from multiple sources. To monitor at the level of 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 –

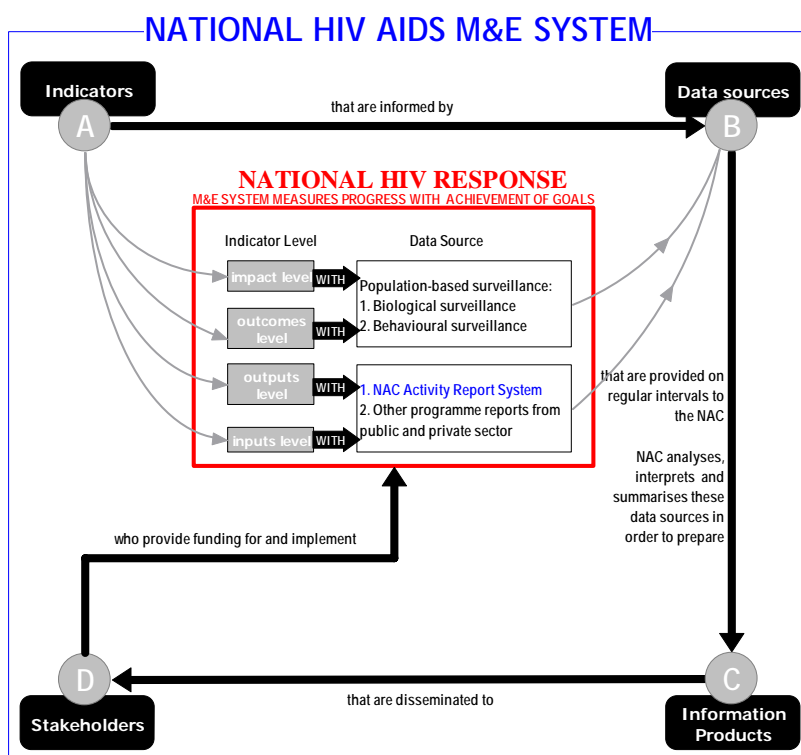
for all administrative functions, for example – was encouraged to control costs and ensure timely deliverable-based management.

The system that emerged 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 finance and develop additional data sources.

Conceptual cornerstones of the national M&E system. The system emerging from the design process rests on four linked cornerstones: indicators, data sources, information products, and stakeholders. Their relationship is illustrated in Figure 2:

Figure 2. Systemic Conceptual Framework

Adapted from: Malawi National AIDS Commission, 2003



(A) Indicators. A national set of 59 HIV/AIDS indicators to assess achievements at input, output, outcome, and impact levels. 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 incorporates data from 20 data sources.⁴⁷ Sources are defined in terms of who is responsible for collecting the data, the frequency, and the source of funding for each. 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.

With this conceptual scheme in place, a detailed operational plan was then 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?

Implementation. The diversity of stakeholders and the multisectoral approach demanded incremental, step-by-step implementation – operationalization took just over 18 months. First, the new MIS 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, and so forth.

The system was launched with two major information products – a quarterly service coverage report and a first annual HIV/AIDS M&E report.⁴⁸ These 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.

⁴⁷ These 20 data sources are drawn from 10 different institutions.

⁴⁸ The annual HIV/AIDS M&E report follows the calendar year. It was purposely done in order for its results to inform the Malawi planning process which starts in March.

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 the need for routine recurring programmatic monitoring. Dialogue with the Ministry of Health and Population was not optimal, eventually resulting in the ministry not routinely collecting all necessary HIV data from its health centers.

Unfinanced data sources produced no data. Despite their inclusion in the integrated work plan, appropriate procurement mechanisms were not included for two key data sources – the health facility survey and the workplace survey. This meant backtracking and undue delays, a particularly serious matter because Malawi's commitment under the UNGASS declaration required inclusion of this data for 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 activities reporting might have been delegated to the district level. Such efforts were however hampered by the fact that there was no fulltime staff in place to manage or coordinate HIV/AIDS activities at the district level. Before December 2004, when fulltime District AIDS Coordinators were appointed, the 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 HIV/AIDS and in the national HIV/AIDS activities monitoring system (i.e. again pointing to how institutional challenges affected the HIV/AIDS M&E system). If it had been possible to have full participation and cooperation from the districts from the beginning, this would have meant not only less work, but far more important, broader utilization of information that was eventually generated. This lost opportunity came at a significant cost and now needs to be resolved retrospectively (a much more time consuming process).

Inadequacy of data from some source providers. Written contracts notwithstanding, many public sector ministries and parastatals did not adequately comply with their data commitments. As a result of uneven consistency from key providers, the M&E teams were



significantly limited in their 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. The situation was worse for non-NAC grantees since they had to regenerate the same information prepared for their funding agencies to suit NAC Activity Reporting System format.

Inappropriate utilization of M&E staff. The M&E staff was frequently assigned to tasks other than working on the system. Time was then insufficient for them to build the system completely and then 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 NAC provided direct grants to many, but not all, implementers of HIV interventions. 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, defeating the principle of 'three ones' which UNAIDS is currently advocating.⁴⁹

Factors for Success

The Malawi HIV/AIDS M&E system is in an early stage of implementation. Yet several factors clearly present themselves as keys to long-term success:

- HIV/AIDS indicators must adhere to international reporting norms and the broader requirements of scientific and advocacy dialogue on AIDS – including the UNGASS commitments and the Global Fund to Fight AIDS, among others. Indicators must adequately cover all four levels conceptualized in the results pyramid – input, output, outcome, and impact (see Figure 1).

⁴⁹ The Three Ones principle, launched in Washington on April 25, 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 epidemic response. The Three Ones are: one agreed HIV/AIDS action framework, one national authority for HIV/AIDS, and one agreed country level M&E system.

- 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.
- Existing data sources should be used to the utmost. New primary data should be collected only if absolutely essential and as a last resort.
- To earn its keep, an M&E system must provide information, and that information must appear somewhere. The acid test, however, is not publication, but whether information is used. For that to happen, it is crucial that results reported from the M&E system appear before decisions are taken in the quarterly and yearly planning cycles.
- Unless ministries such as the Ministry of Health and Population strengthen their own systems to ensure that the data required by the national HIV/AIDS M&E system are routinely collected, civil society is unlikely to follow suit. This is because NGOs and even the private sector tend to follow the cues of government in how HIV/AIDS-related activities are reported.
- Uniform data that have been derived from the commission's Activities Reporting System must now filter down. Data need to be incorporated into all relevant national dialogues on HIV/AIDS, including policymaking, strategic planning, training manuals, and even job descriptions.
- Continuous advocacy, dialogue, and discussion will be essential for keeping the system robust and healthy – not as a one-time visit but for sustainable implementation of the system.
- 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.

Results Achieved

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

- Stakeholders from 150 organizations⁵⁰ in the private sector, public sector, and civil society have been trained in the system.
- A comprehensive new Activities Reporting System has been piloted and launched. More than half of organizations trained have submitted forms that

⁵⁰ These are organizations each with various projects sites, branches, departments spread across Malawi.



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 has taken place with funding partners and umbrella bodies about the importance of harmonizing the reporting systems, which has led to these funding partners and umbrella bodies agreeing to inform their various supported projects to abide by the Commission's Activity Reporting 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.
- 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 the development of new databases for HIV interventions, stakeholders, and HIV/AIDS research.

Lessons Learned

Learning – like the development of the M&E system itself – has been a continuous, iterative process. A few illustrative lessons:

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 "shortcutting" is sometimes necessary – for example, a shortcut guide was developed to make the system more generally accessible to a wider range of stakeholders.

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 logically group the output indicators were also used to logically group the commission's annual integrated work plan and its medium-term strategic plan. This worked particularly well, and it maximized the opportunity that results from the M&E system would be used.

Government structures should be adhered to – at least as a first choice. Ongoing education, promotion, and advocacy for the system are not only important; they are paramount to its functionality. But 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 with the data flow.

A national system requires a well-trained, dedicated interdisciplinary team with expertise beyond the traditional epidemiological focus – and that requires money. Adequate financing must not only be included in the annual budget and work plan, but in the government's procurement plan.

Capacity building in M&E requires a national program monitoring curriculum. 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 seemingly mundane issues such as how to tally individual records, how to develop log books, etc.

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 commission's system. Similarly, synchronization with the Ministry of Health's Health MIS would facilitate smooth data transfer to the national HIV/AIDS M&E system.

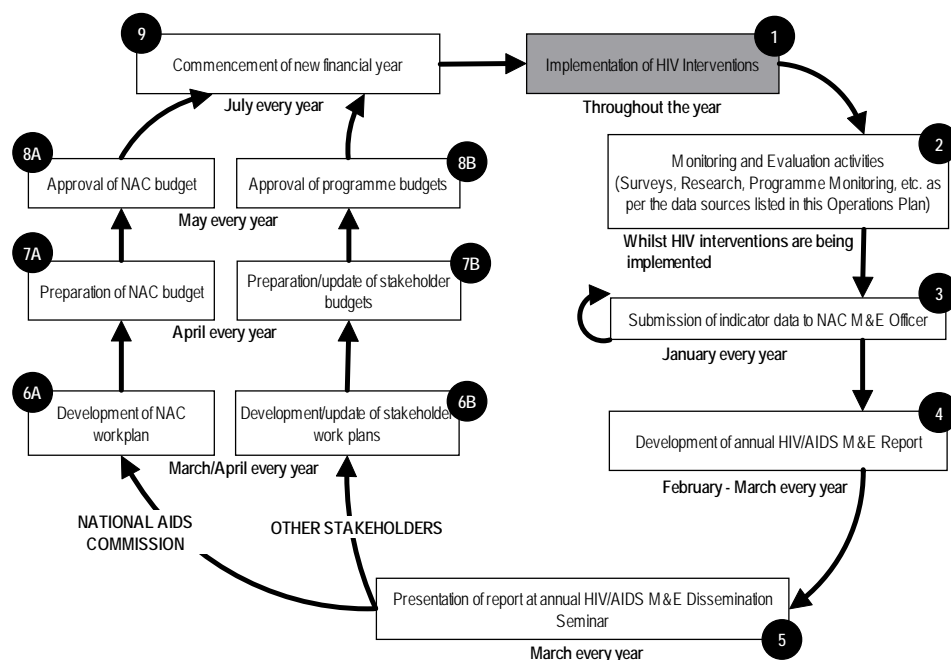
When designing a national system, M&E reporting requirements must be captured and presented conspicuously in all related policy and strategy documents. Monitoring and evaluation takes place at many levels – including project level, organization level, coordination structure, and national level. In addition to data for decision making at each level, all actors need to take cognizance of the national system and ensure that they help collect data required across the board.



To ensure that M&E systems do not simply pay lip service to the notion of "using results for decision making," the M&E implementation cycle must be synchronized with the project planning cycle. This implies that M&E information products should be made available before annual work planning. The ideal process is illustrated in Figure 3.

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

Adapted from: Malawi National AIDS Commission, 2003.



Conclusion and Applicability to Other Programs

Increased international attention to managing for development results has moved monitoring and evaluation away from its previously narrow focus on inputs and outputs to the achievement of outcomes and impacts. The Malawi HIV/AIDS M&E system demonstrates the level of detail and ongoing effort that is required to ensure an effective system within a multisectoral environment.

The Malawi case study strongly reinforces the need to implement the Managing for Development Results principles throughout the project cycle. It illustrates a system that should enable the National AIDS Commission to manage for development results for years to come. Yet the core principles can be also be applied to management for M&E results. Thus, the case demonstrates not only the principles to create an enabling environment for results-oriented development, but how to manage for M&E results as well.

Summary: How MfDR Principles were Applied in the Malawi AIDS/HIV Monitoring and Evaluation System

1. At all phases – from strategic planning through implementation to completion and beyond – focus the dialogue on results for partner countries, development agencies, and other stakeholders.

- A multisectoral M&E system was conceptualized around a four-tiered results pyramid of indicators – input, output, outcome, and impact.
- Specific information products were defined, and specific dissemination strategies and channels were created.
- Dialogue with stakeholders also takes place through regular consultation with M&E stakeholders.

2. Align actual programming, monitoring, and evaluation activities with the agreed expected results.

- The M&E system is designed around the goals of a results-oriented National HIV/AIDS Strategy,



which in turn is aligned with international conventions and accords.

3. Keep the results reporting system as simple, cost-effective, and user-friendly as possible.

- A newly designed Activities Reporting System was designed following extensive consultation and district-level input; the 2-page monthly form dovetailed with existing reporting. Indicators were revised to facilitate disaggregation of data for statistical analysis.
- A curriculum was developed to train grassroots organizations in the system, as well as a briefing document to be used with stakeholders

4. Manage for, not by, results, by arranging resources to achieve outcomes.

- Conceptualization of the M&E system and follow-up operationalization is an example of how management for M&E results occurred. The M&E system is itself a tool to allow the National AIDS Commission to manage for development results in future.

5. Use results information for management learning and decision making, as well as for reporting and accountability.

- The system was designed around four cornerstones in which indicators (cornerstone A) were informed by data sources (B) that were analyzed to produce information products (C) that are distributed in a timely fashion to stakeholders (D), thus enabling M&E results to be utilized for decision making as well as reporting and accountability.

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