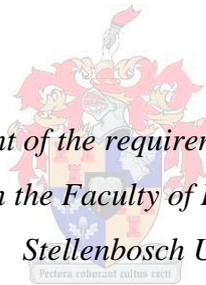


**The Effectiveness of Coordination in the fight against HIV and AIDS in Malawi: A Case
Study of Salima District Council**

by

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*Assignment presented in fulfilment of the requirements for the degree of Master of Philosophy
(HIV/AIDS Management) in the Faculty of Economic and Management Sciences at
Stellenbosch University*



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April 2014

DECLARATION

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ABSTRACT

With the existence of many HIV and AIDS service providers especially at Local Authority Level which is government closer to the people, multi sector coordination of service provision becomes crucial. Therefore, this study undertook to assess the effectiveness of coordination of HIV and AIDS service provision in Salima District Council in Malawi. The researcher used the following methods to collect data: qualitative method, through a questionnaire where data was collected from the District AIDS Coordinating Committee (DACC) responsible for multi sector coordination at district level; and qualitative method, through focus Group Discussions that enabled collection of data from targeted sector heads from government, non- governmental organisations, Faith Based Organisations and Private Sector.

The research found that Salima District Council has the necessary structural set-up to coordinate HIV and AIDS Response. In keeping with the three – one principle, Salima District Council has managed to develop one coordination body, one action framework and one M&E framework. The availability of the one action framework and one M&E framework (LAHARF) and that these are annually replicable, shows a level of coordination is available and it is working. Lack of adequate funding for HIV interventions and lack of involvement of DACC in planning process by most service providers are major challenges. It is thus recommended that Salima District Council should put in place a deliberate policy that makes it mandatory for all organizations working in the district to participate in planning and or share their plans with the district council. The Council should also ensure that strategic policy and guidelines documents are readily available to service providers for use when planning HIV and AIDS interventions.

OPSOMMING

Wanneer daar baie diensverskaffers op Plaaslike bestuursvlak is word die koördinerings van MIV/Vigsdienste baie belangrik. Die doel van hierdie studie was die bepaling van die doeltreffendheid van die koördinerings van MIV/Vigsdienste in die Salima Distriksraad in Malawi. Data in ingewin deur gebruik te maak van kwantitatiewe metodes en 'n gestruktureerde vraelys is vir dataversameling gebruik. Ten einde nog eer data in te samel is fokusgroepe gebruik binne die Regeringsorganisasies, Nie-regeringsorganisasies, die privaatsektor en geloofsgeïntereerde organisasies.

Die studie het bevind dat die nodige strukturele opset wel binne die Salima Distriksraad bestaan. Die Salima Distriksraad het ook daarin geslaag om 'n enkele koördineringsliggaam te vestig en die studie het bevestig dat hierdie koördineringsliggaam inderdaad funksioneel is.

Daar is egter nog steeds 'n gebrek aan voldoende fondse en die nie-betrokkendheid van sekere van die diensverskaffers is steeds 'n uitdaging.

Voorstelle vir die verbetering van die betrokkeheid van al die diensverskaffers word in die studie aan die hand gedoen.

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ABBREVIATIONS/ACCRONYMS

| | |
|-----------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| CACC | City AIDS Coordinating Committee |
| CEO | Chief Executive Officer |
| DACC | District AIDS Coordinating Committee |
| DC | District Commissioner |
| DEC | District Executive Committee |
| DIP | District Implementation Plan |
| DIAC | District Interfaith AIDS Committee |
| DNHA | Department of Nutrition HIV and AIDS |
| FBOs | Faith Based Organizations |
| HADG | HIV and AIDS Donor Group |
| HIV | Human Immunodeficiency Virus |
| GIZ | Deutsche Gessellschaft für Internationale Zusammenarbeit |
| GIZ-MGPDD | German International Cooperation- Malawi-German Program for the Promotion of Democratic Decentralization |
| GoM | Government of Malawi |
| LA | Local Authority (Council) |
| LAHARF | Local Authority HIV and AIDS Reporting Framework |
| LAHARS | Local Authority HIV and AIDS Monitoring System |
| MBCA | Malawi Business Coalition against HIV and AIDS |
| MDHS | Malawi Demographic Healthy Survey |
| M&E | Monitoring and Evaluation |
| MIAA | Malawi Interfaith AIDS Association |
| MLGRD | Ministry of Local Government and Rural Development |
| MPF | Malawi Partnership Forum |
| NAC | National AIDS Commission |
| NAF | National Action Framework |
| NSP | National Strategic Plan |
| OECD | Organisation for Economic Co operation and Development |
| OPC | Office of the President and Cabinet |
| UNGASS | United Nations General Assembly Special Session on HIV and AIDS |
| UEC | Urban Executive Committee |
| VACCs | Village AIDS Coordinating Committees |

CHAPTER ONE: INTRODUCTION

The first case of Human Immunodeficiency Virus (HIV) infection was identified in 1980s, and since HIV was discovered, AIDS has caused many sufferings and deaths and many more are living positively (UNAIDS, 2012). By 2012, there were 35.3 million people living with HIV in the world which is translating to 0.8 percent of the global population of which the Sub-Saharan Africa region has the highest prevalence rate with approximately 25 million people living with HIV. The severely hit countries in this region are those in the Southern Africa such as Swaziland with the highest prevalence rate at 26.5 percent; followed by Lesotho at 23.1 percent and thirdly, South Africa at 17.3% and Malawi is ranked 9th at 10.6 percent (UNAIDS, 2012).

The first Malawian HIV case was reported in 1985; at the time only one person was diagnosed HIV positive and the national prevalence rate was estimated at 0.59 percent (GoM, 2004). Then it rose to 1 percent in 1986 before frog – jumping to an unprecedented level of 14.7 percent in 1999 (Simwaka, 2009). Then it slowed down and stabilized at around 13.0 percent in 2004 (GoM, 2004). The high prevalence rate has on some occasions been accompanied by high mortality levels. For instance, 22,000 AIDS related deaths were recorded in 1999 before rising to 87,000 by 2005 (GoM 2010). However, since then people acquiring HIV and related deaths started reducing. With this reduction, it means the prevalence rate continues to decline, probably indicating that efforts to addressing the problem are yielding results and this is encouraging and giving hope.

In recognizing the impact of the pandemic on the wellbeing of Malawi, the Government of Malawi (GoM) established the National AIDS Commission (NAC) to coordinate all technical interventions in the fight against the pandemic. In addition to the establishment of NAC as a technical coordination body, Government increased its political commitment in the fight against HIV and AIDS by establishing a policy coordination body placed under the overall direction of the State President known as the Department of HIV and AIDS and Nutrition (DNHA) in the Office of the President and Cabinet (OPC).

In this regard, NAC and DNHA are responsible for coordinating the national response to the fight against HIV and AIDS. In terms of better management of the coordination mechanism, the Government of Malawi adopted the UNAIDS-based “three – ones principle”. Firstly, one coordinating authority at both national i.e. NAC and district level, the District AIDS

Coordination Committee (DACC); secondly, one coordinating framework i.e. the National Strategic Plan (NSP) and the District Implementation Plan (DIP) at district level; and finally, one monitoring and evaluation (M&E) system i.e. National M&E Framework at national and Local Authority HIV and AIDS Reporting Framework (LAHARF) at district levels.

1.1 The National Coordination of HIV and AIDS Response

The United Nations General Assembly Special Session on HIV and AIDS (UNGASS) of 2001 developed a Declaration of Commitment to which Malawi is a signatory. This declaration calls for all countries to develop and implement a multi sector coordinated response to HIV and AIDS considering the fact that HIV infection is more than a health issue (UNGASS, 2001). With this declaration HIV and AIDS was taken to be more than a health issues thus multi sector coordination was needed for its response.

Hence the understanding is that coordinated multi sector approach would pool together efforts and resources from all actors to respond effectively and efficiently to the epidemic. With coordinated multi sector response as the approach to the fight against HIV and AIDS, different countries including Malawi changed their focus. According to National HIV and AIDS Policy (GoM, 2003), Malawi chose the coordinated multi sector approach as the way to effectively and efficiently address HIV and AIDS pandemic. This approach acknowledges the cooperation and commitment of other actors and the need to align and harmonize resources (financial and human) and efforts for effective and efficient results of Paris Declaration (OECD, 2005). It is this change in focus which made Malawi Government to realign and rebrand its approach towards the fight against HIV and AIDS (GoM, 2005). This approach is inclusive in nature as it recognizes the contributions other actors are making towards the response including their responsibilities. This approach assumes that the end result would be effective and efficient since all other actors contribute towards the same cause like the spirit of Paris Declaration (2005) and Accra Declaration (OECD, 2008). It is assumed that pooling together of both human and financial resource would produce better results because all different actors would cooperate.

In response to the renewed conceptualization of the response to the pandemic, National AIDS Commission (NAC) was established in July 2001, and effectively replaced the National AIDS Control Program in order to provide broadened leadership and coordination of the response to HIV and AIDS in Malawi (Görgens, Mohammad, Blankhart and Odutolu, 2005).

By placing NAC within the OPC with the President of the Republic of Malawi providing overall leadership, the Government showed commitment and political will from the highest authority to the fight against HIV and AIDS (NAF 2004). OPC provides policy, oversight, high level advocacy and political direction while NAC heads programs which translate the policy into action (Garbus, 2003). Moreover, as the overall coordinator of the response in Malawi, NAC supports the strengthening and sustenance of the coordinated response both at national and at local level.

To successfully provide the national response, NAC works closely with other relevant organizations such as the Malawi Partnership Forum (MPF) which plays an advisory role to NAC Board of Commissioners on the national response and the HIV and AIDS Development Partners Group (HADG), which coordinates donor response and works closely with NAC on both technical and financial support to the response (NAC, 2004). Figure 1 shows the coordination structure of the national response.

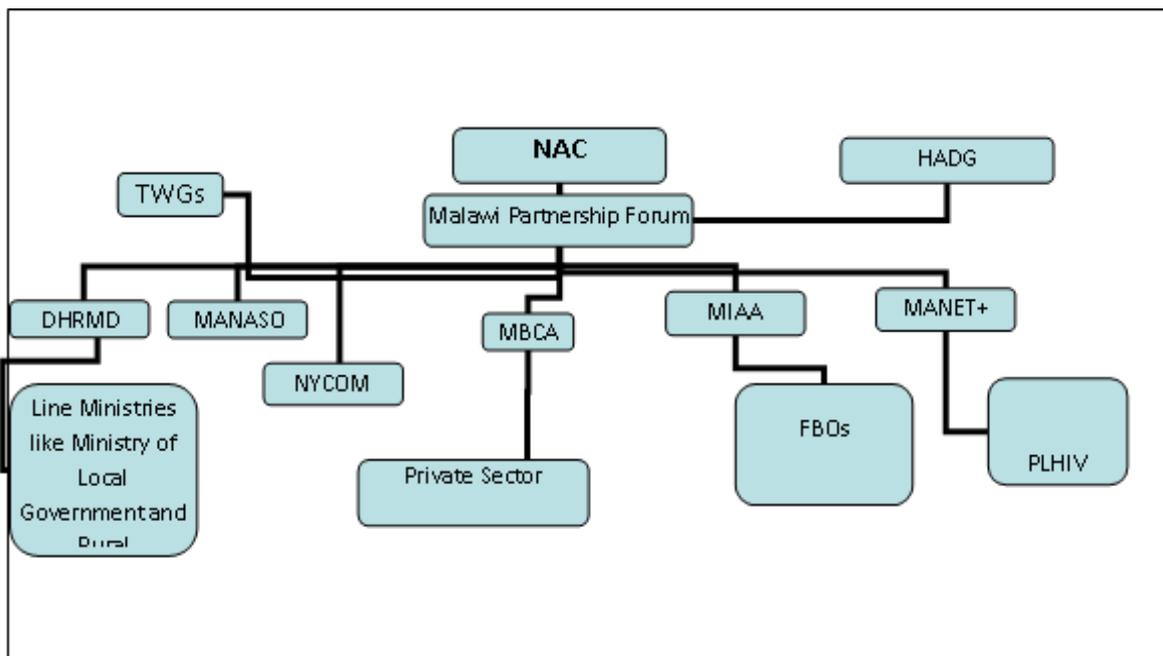


Figure 1.1: HIV and AIDS Coordination in Malawi

Source: NAC, 2005

National Action Framework (NAF) of 2005 states that the mandate of NAC which is to coordinate the national response and it is the focal point for all HIV and AIDS service providers (donors, development partners and implementing agencies) at national level.

Development partners, the private Sector, NGOs, FBOs, CBOs, Malawi Interfaith AIDS Association (MIAA), Malawi Business Coalition Against HIV and AIDS (MBCA), Malawi Network of People Living with HIV (MANET+), Malawi Network of AIDS Service organizations (MANASO) including National Youth Council of Malawi (NYCOM) are also at the forefront in the fight against the pandemic. It is said that these organizations including the HIV and AIDS Development Group (HADG) harmonizes and coordinates the response for different organizations for which they represent like development partners, faith based organizations, youth amongst others (NAF, 2009).

1.2 Decentralized HIV and AIDS Response

The Ministry of Local Government and Rural Development is the line Ministry for local authorities at local level, and it has a major role to play in the decentralized response in ensuring that enabling environment is in place in terms of guidance, policy development and direction to the local authorities.

The Local Government Act of 1998 defines a local authority as a government closer to the people mandated to provide services to the people within its jurisdiction while the National HIV and AIDS Policy of 2003 adds that one such service the local authority should provide is to coordinate the decentralized multi sector HIV and AIDS response. This is complimented by the National Decentralization Policy of 1998, which states that Local Authorities are governments in their own right meaning they have powers and authority to provide and coordinate service provision, facilitate participation of grassroots in decision making process and create a democratic environment for governance and development to be enhanced.

In response to the Malawi's democratization process, Government of Malawi moved from a centralized system of Government to a decentralized one which saw districts taking up planning and decision making tasks which were previously done through the central government. Figure 1.1 presents the decentralized structure for service provision at Council Level.

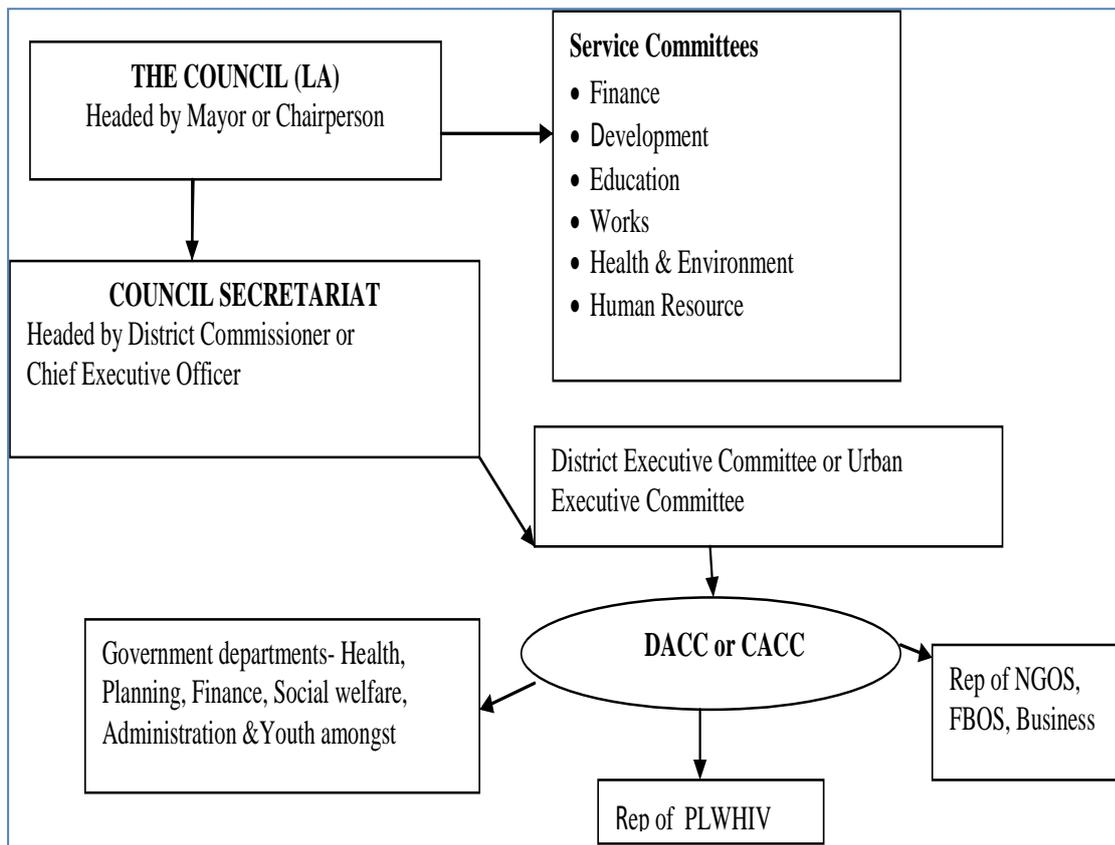


Figure 1.2: The Decentralised Response Coordination Structure

Source: Ministry of Local Government 2005

Under decentralization, all district level activities are supposed to be coordinated through the council, headed by the District Commissioner (DC) or the Chief Executive Officer (CEO) (GoM, 2005). The Council then through various Government departments coordinates support services to the communities. Through this process, grassroots communities are linked to the national level in terms of service delivery. As such, the HIV and AIDS response from the national level to the community uses the same system of delivery. The coordination of district activities is done through the main stakeholder based committee charged with coordination of all development activities known as the District Executive Committee (DEC) or Urban Executive Committee chaired by the District Commissioner or Chief Executive respectively. The DEC/UEC has technical sub-committee charged with coordinating sector based activities, one of which is HIV and AIDS. The District AIDS Coordination Committee (DACC) or City AIDS Coordinating Committee is charged with responsibility of coordinating the decentralised response on HIV and AIDS (GoM, 2005). The terms of references for the DACC state that its purpose is to provide a coordinated structure for the implementation of an HIV and AIDS response).

1.3 Salima: The Extent of the Epidemic

Salima is one of the districts in the Central Region of Malawi. The district borders Nkhonkhotakota district in the north, Dowa and Lilongwe districts to the North West and West respectively; Dedza district to the South West; Mangochi and Balaka to the South; and Lake Malawi covers its whole eastern border (GoM, 2004).



Figure 1.3: Map of Malawi Showing Salima District

Source: <http://upload.wikimedia.org/wikipedia/commons/6/63/MW-Salima.png>

Figure 1.3 shows Map of Malawi and Salima District. Due to close proximity to the lake, Salima is an important fishing district as well as a key tourist destination for its beaches, the most popular being Senga Bay where Livingstonia Beach Hotel is situated.

At the HIV prevalence rate of 8.9%, Salima district is one of the districts with a high prevalence rate (GoM, 2004). However, some of the drivers of the pandemic in the district have been identified as diversity of cultural practices due to having many different cultures as a result of migration such as initiation ceremonies, non medical male circumcision, polygamy; presence of temporary fishing villages where men go out fishing overnight and their wives indulge in open sexual relations and vice-versa; being a tourist destination also brings with it the presence of booming commercial sex industry and also the prospects of men having sex with other men and intravenous drug issue (Simwaka, 2009).

In addition, Salima poses to be an important district because it was one of the districts which had both a town and district Council operating side-by-side (GoM, 2005). As such, it has had a pilot status on various local government management initiatives, in the areas such as decentralised administration as well as HIV and AIDS management. In the year 2007, Salima district was one of five districts that piloted the development of the District HIV and AIDS Implementation Plan in its comprehensiveness aligned to the National Strategic Plan.

1.4 Problem Statement and Rationale

The most important assumption made has been that Government of Malawi adopted the three - ones principle (One coordinating Authority, One Strategic Implementation Plan and One M&E), which has seen one of the greater external outputs being establishment of national and local level coordination structures in the form of NAC and DACCs/CACCs respectively. The level of functionality of decentralised response has been variable from district to district so much so that other districts have been noted to be ahead of others and have been used as best practices or learning points for other DACCs/CACCs in implementing their three - ones principle. One of these districts is the Salima District Council.

As a case, Salima District Council stands out as one district which has a good HIV and AIDS coordination system in terms of the following parameters: a) It has managed to integrate HIV and AIDS fully into its sector plans i.e. district harmonized implementation plan, investment plans, socio-economic profiles etc., b) it has a very good monitoring and evaluation system

i.e. LAHARF and its reporting framework is timely and meets periodic reporting requirements to both NAC and its local council stakeholders; c) It has the operational structures which allow community and other stakeholders such as Non Governmental Organizations (NGOs) and Faith Based Organizations (FBOs) to actively get involved in the fight against HIV and AIDS.

1.5 Research Question

What are the factors responsible for bottlenecks in the coordination of multi sector HIV and AIDS response at Local Authority Level?

1.6 Significance of the Study

A number of studies have been conducted on different topics of HIV and AIDS. However not a single of these studies has concentrated on coordination of multi sector efforts of HIV and AIDS response at local authority level instead they have dwelt on how HIV is spread, the differences of at risk groups, stigma and discrimination, Prevention of Mother to Child Transmission (PMTCT), Male Circumcision, the uptake of antiretroviral drugs, Testing and counselling, Disclosure of HIV and AIDS Status amongst others (GoM, 2005).

Similar studies conducted in other countries within the region reveal that only some aspects of this study were investigated. For instance in Zambia, the study examined the aid effectiveness in the health sector and looked at the alignment and harmonisation of efforts of development partners to that of the government of Zambia (Pereira, 2009). In South Africa, the study reviewed the role of the local level responses in HIV prevention and AIDS responses and how these could be used to the maximum as championed by Civil Society Organisations working at that level and the local government itself (Kelly and van Donk, 2009). On the other hand, a study done in Tanzania, examined the multi sector coordination of HIV and AIDS as a social issue and centred on identifying patterns and challenges in the multi sector coordination and giving reasons why those challenges occurred (Hellevik, 2012).

It should however be mentioned these studies on management of HIV and AIDS did not look at coordinating of efforts in the HIV and AIDS fight without paying much attention on how the coordination at local authorities/councils could be enhanced to improve efficiency and effectiveness of the response (Hellevik, 2012). Hence no study has been conducted on

coordination of efforts at local authority level. Since the focus of three-ones principle is to enhance the fight against HIV and AIDS through cascading the national response to the local authority level (district, town, municipal and City) with a clear focus of ensuring the community results are seen in reduced prevalence of HIV on the ground.

The fact that there have been fewer detailed studies to check on how coordination of the three-ones principle has been done and more over, there has been inadequate documentation of such systems for ease of replication to other districts. As such, this research study tries to assess how the coordination process for Salima district has ensued and document some of its successes and practices that have been working well as well as some challenges being faced in as far as coordination is concerned in the district.

It should be noted that much as Government of Malawi can showcase Salima district HIV and AIDS coordination framework as a best practice, as long as the process is not well documented, it still poses as a challenge to those practitioners who are deemed as “learners” to the framework because there is lack of uniformity in terms of message which the council might want the learners to grasp on how their coordination systems work. Secondly, even for the Salima DACC members, without documentation it is challenging for them to even fully understand process and appreciate background to the effort in question for new members. Thirdly, process documentation also allows the district committee itself to improve the coordination systems based on recommendations for studies.

1.7 The Goal of the Study

The research study has been undertaken with the following goal in mind: “To assess the effectiveness of coordination of HIV and AIDS operations in Salima District Council”. The key assumptions that the study held in as a far as Salima district was concerned were as follows:

- a) The coordination committee exists in line with the three ones principle and its members know and understand this principle and what it entails
- b) The documentation on management of three-ones principle is fully used by all key players
- c) The prevalence of HIV and AIDS is decreasing and well documented annually

1.8 The Objectives of this Study

The specific objectives of this study were as follows:

- i. To identify the structures, institutions and policy frameworks guiding HIV/AIDS coordination in Salima district;
- ii. To assess the extent to which HIV and AIDS service providers have understood and fulfilled their roles and responsibilities of HIV and AIDS coordinating committee;
- iii. To assess the achievements and challenges faced in their coordination of the fight against HIV and AIDS ; and
- iv. To provide recommendations for improvement of coordination of HIV and AIDS activities in Salima district.

CHAPTER TWO: LITERATURE REVIEW

2.1 Definition of Coordination

Hellevik (2012) stated that coordination is defined in many ways with different understandings of what coordination implies. For the purposes of this thesis, coordination focuses on multi-sector for effective and efficient response to HIV and AIDS at local authority level. Hence multi-sector coordination is defined as taking place where there is a recognized interdependence of two or more organizations (government departments, Non Governmental Organizations, Faith Based Organizations, Community Based Organizations and the Private Sector Companies) coming together in formal coordinating structures to solve a common problem which affects many organizations. There is an understanding that this problem (HIV and AIDS) affects many organizations. Coming together of different organizations bring with it the spirit of division of labour among those organizations in order to be effective and efficient in the response - in this case HIV and AIDS decentralized response.

Here coordination is supposed to occur at two levels – vertical, which are formally established structures (NAC, DACCs, CACCs and VACCs) by the government to bring efficiency and effectiveness in the fight against HIV and AIDS; and horizontal, which are informal relationships established by different service providers to compliment and support each other in the response. These two levels of coordination are supposed to culminate in the holistic approach to the response. Ngoma, (2008) says that NAC uses National Action Framework to contribute to the overarching government's development agenda called Malawi Growth and Development Strategy (MGDS). In other words NAC uses NAF/NSP to coordinate, manage and implement interventions to fight HIV and AIDS in line with the development strategy of the country both national and decentralized responses.

At local level the response is supposed to be coordinated by local authority through the sub-committee of the executive committee. This sub- committee is called AIDS Coordinating Committee. By working with this committee it has been observed that coordination of the decentralized response is not effective and efficient suggesting there is a problem somewhere. There are organizations which bypass this committee and again not all give their work plans to their respective councils be included in the harmonized District implementation plans (NAC, 2012). Coordinating committee members are not committed as

they should towards coordinating the response as evidenced by absenteeism. This suggests there is a problem somewhere which is impeding the effective and efficient coordination of the response. Since we do not know what problem is hence this research intends to find out those bottlenecks in impeding the effective and efficient coordination of the decentralized response to HIV and AIDS.

Dickinson (2005) identifies the following models for Coordinating Authorities of HIV and AIDS as a) stand alone institutions independent of any government ministry; and b) a unit within a specific government ministry like Ministry of Health.

In Malawi, both models are used at national level though with changes whereas National AIDS Commission is independent of any government ministry because HIV and AIDS is more than a health issue and has two arms – biomedical and social aspect. However NAC works closely with Ministry of Health which heads the biomedical arm of the response and Office of the President and Cabinet amongst other stakeholders. As coordinator of biomedical arm, the Ministry of Health provides technical support on all biomedical services and issues like epidemiology, treatment, care and support and reports to NAC as the overall coordinating Authority.

Supporting Dickinson's model there are some institutions which are independent of any ministry in the national response like: Malawi Partnership Forum (MPF); HIV and AIDS Development Groups (HADG); Malawi Business Coalition against HIV and AIDS (MBCA); Malawi Network of AIDS Service Organizations (MANASO); and Malawi Interfaith AIDS Association (MIAA) (GoM, 2005). Though independent in their own right their overall coordinator is still NAC with regard to strategic guidance, technical and financial support; policy, monitoring and evaluation issues. In this case they still report to NAC. However, this model works very well at national level as these institutions coordinate and facilitate the national response but it is not clear at the local authority level where the local authority as government closer to the people is mandated to provide services which includes coordinating HIV and AIDS decentralized response.

In addition to NAC, the Department of Nutrition HIV and AIDS (OPC- DNHA) in the Office of the President and Cabinet (OPC) was established to provide oversight, policy and regulation guidance and advocated for HIV and AIDS national response. It is also responsible for overall leadership on all matters related to HIV and AIDS in Malawi.

2.2 The Beginning of Coordination of HIV and AIDS Response

The United Nations General Assembly declared its commitment to fight HIV and AIDS during its Special Session on HIV and AIDS in 2001 and the Government of Malawi signed this declaration. This Commitment calls for countries like Malawi to develop and implement a multi- sector response because HIV and AIDS is more than a health issue (UNGASS, 2001). As a signatory to this commitment the Government of Malawi shifted the focus from health to a multi – sector response and in the process disbanding the National AIDS Control Program which was coordinated by the Ministry of Health and formed National AIDS Commission (NAC) (Görgens, et al., 2005).

According to the Local Government Act (1998) local authority has the following objectives: to further constitutional order based on democratic principles, accountability, transparency and participation of the general public in decision – making and development processes. The same act gives the council the authority to coordinate all development activities within its jurisdiction. Therefore the act recognizes that there are many development stakeholders at grass root level whose work including HIV and AIDS must be coordinated and aligned to the goals of the government for them to be effectively and efficiently meaningful.

2.3 National AIDS Commission (NAC)

NAC was formed in 2001 as a trust under leadership of the Office of the President and Cabinet (OPC). It is governed by Board of Commissioners appointed by the Presidency (GoM, 2005). NAC is mandated to coordinate the multi – sector response and provide technical support to all HIV and AIDS Service providers (Government, Private, Civil Society, Faith Based and Donor agents) in the country. Through NAC the government provides strategic direction and policy guidance on all HIV and AIDS related issues.

Following the establishment of NAC, the Department of Nutrition HIV and AIDS (DNHA) was also established in the Office of the President and Cabinet to provide overall leadership on all matters related to HIV and AIDS in terms of policy development, strategic guidelines in the fight against HIV (GoM, 2010).

2.4 Coordination of the National Response

2.4.1 Policy Coordination

According to the revised National HIV and AIDS Policy (2011), the Office of the President and Cabinet through the Department of Nutrition, HIV and AIDS (OPC – DNHA) provides policy guidance, overall political leadership, oversight and high level advocacy. At local authority level, the council is responsible for policy guidance, political leadership, and overall coordination of the response.

2.4.2 Structural Framework

According to the National Strategic Plan (2012), NAC is the overall structure responsible for overall coordination of the response, monitoring and evaluation of the interventions. At Council level, the District/ City has an executive committee (DEC/UEC) which has a technical sub – committee responsible for HIV and AIDS and this called District AIDS Coordinating Committee. This committee has also its technical sub- committees which are supposed to help in its smooth functioning. These are: Home Based Care Sub – Committee, Orphans and Vulnerable Children (OVC), Youth and Proposal Review.

Below DACC at community and village levels, there are Community AIDS Coordinating Committees (CACCs) and Village AIDS Coordinating Committees (VACCs) respectively. However for the purposes of this study the focus is at Council level targeting the DACC which is the overarching committee at that level.

2.4.3 The National Strategic Plan (NSP)

However, by working with different councils it was discovered many service providers in HIV and AIDS do not involve DACC in Planning their planning processes or report to it; and many do not recognise the roles, power and authority of DACC. If the HIV and AIDS service providers recognise the roles, power and authority of DACC, then the chances are high that multi sector coordination cannot be enhanced and effective and efficient response cannot be achieved. This suggests there is a problem somewhere which makes these service providers not to recognise the roles, power and authority and consequently not to involve DACC in its planning processes and not to send copies of their work plans to the councils.

2.4.4 Monitoring and Evaluation System

Apart from the framework, there was need to harmonize all the disjointed monitoring and evaluation systems that existed and this was not an easy task. Through consultative process a comprehensive monitoring and evaluation system was developed aligned to the framework. At local level it is called Local Authority HIV and AIDS Reporting system (LAHARS). As service providers do not involve or send their work plans to DACC for harmonized response, it becomes different for DACC members to monitor and evaluate the interventions of different service providers suggesting that there is a problem somewhere. As a result councils often times under report since they do not receive reports from all service providers in that council. Thus the councils do not have clear picture of how much they are contributing to the national response to HIV and AIDS.

According to NAF (2005) says that Local Authority HIV and AIDS Monitoring System (LAHARS) is used to monitor and evaluate the decentralized response at that level. LAHARS generate Local authority HIV and AIDS Reporting Form (LAHARF) which is supposed to be used by all stakeholders when reporting on their activities. It has been observed that not all stakeholders do use this system when reporting on the activities done to contribute to the decentralized response suggesting that there is challenge somewhere. It could be that the system is not in tandem with the individual M&E system or the system is not known or it is difficult to use. Hence this research is important to uncover those bottlenecks which are hindering the effective and efficient monitoring and evaluation of the response at that level.

2.5 Local Authorities and the Decentralized Response

Government of Malawi through Local Government Act (GoM, 1998) created Local Authorities as governments closer to the people and gave them power and authority to make collective decisions and coordinate development initiatives within their jurisdiction. One such initiative is to coordinate the decentralized response to HIV and AIDS. Apart from that Local Authorities also mobilize resources to implement HIV and AIDS interventions.

The Local Government which is the Council is made up of two bodies, namely: an elected council composed of councillors and other members; and also an administrative body called the council secretariat (GoM, 2010). The elected members are political leaders who make

collective decisions and provide policy guidance on all matters relating to the running of the council ranging from administrative, governance like coordination of service provision to development including HIV and AIDS response. These elected members run their affairs through the following: Finance committee, Development Committee, Education Committee, Works Committee, Health and Environment Committee, Human Resource Committee; and Town Management Committee. The Council has the authority and power to establish other service committees within their jurisdiction with the aim of improving service delivery (GoM, 2010).

The Administrative arm of the council called the Secretariat is composed of civil servants or technical officers headed by the District Commissioner or Chief Executive. This arm also uses committees with the aim of enhancing service delivery and its main committee is called the District Executive Committee (DEC) with its sub technical committees like on HIV and AIDS called District AIDS Coordinating Committee (DACC). All these committees are supposed to improve coordination of service delivery in a multi sector approach.

2.5.1 District Executive Committee

The Decentralization Policy (GoM, 1998) mandates the council to form working committees like District Executive Committee comprised of all heads of devolved government departments, heads of Civil Society or Non – Governmental Organizations operating in that council. This committee makes decisions on all development initiatives by ensuring that there is public participation. This Committee has several other sub committees based on issues and key focus areas like HIV and AIDS.

2.5.2 AIDS Coordinating Committee

This is a sub- Committee of District Executive Committee. This committee is responsible for the coordination of all HIV and AIDS related issues in a council like Salima District. It plans, implement and monitors all HIV and AIDS related activities.

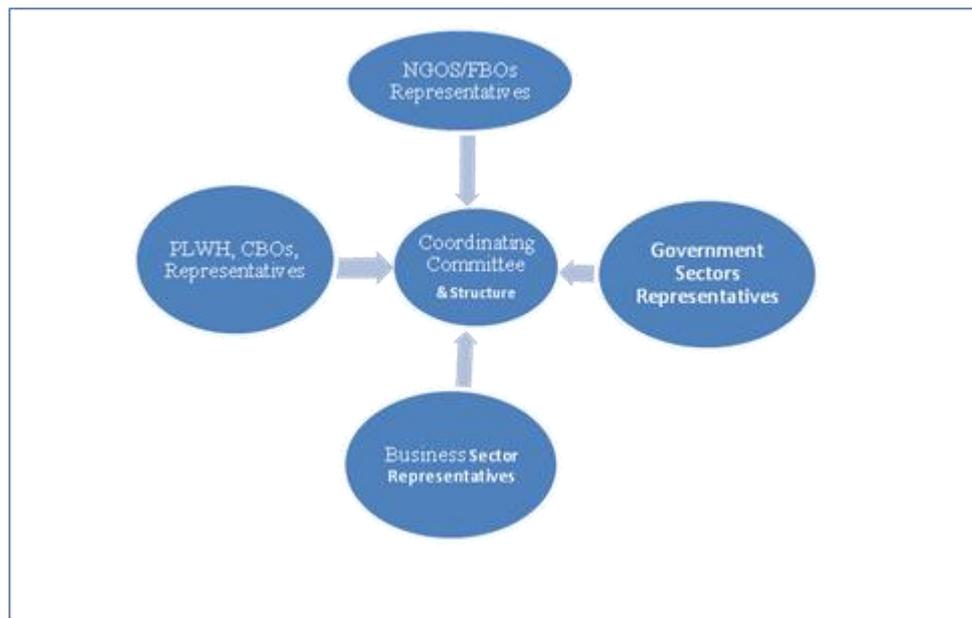


Figure 2.1: The Coordinating Committee Structure

It is comprised of members from key government departments like health, social welfare, the council secretariat, non-governmental, and faith based organizations, women groups, youth representatives, People living with HIV and the private sector. It is also mobilizes resources for the implementation of HIV and AIDS activities. The following figure illustrates the DACC Structure.

According to NAC (NAC, 2012), this committee is supposed to use the harmonized District HIV and AIDS Implementation Plan which is linked to the National Strategic Plan in order to coordinate the decentralized response. This committee is supposed to ensure that all HIV and AIDS service providers have submitted their work plans to be included in this integrated district implementation plan. Apart from coordination and resource mobilization role, this committee is also provides technical assistance to all HIV and AIDS service providers in the council. It is also supposed to jointly conduct Monitoring and Evaluation of the HIV and AIDS interventions and produce comprehensive quarterly service coverage reports.

2.5.3 Policy Framework for the Multi Sector Response

Multi – sector approach and partnerships are some of the crucial governing principles in the management of HIV and AIDS at all levels in Malawi as advanced by the National HIV and AIDS Policy (GoM, 2003) which states that all stakeholders must be involved in the planning, implementation, review, monitoring and evaluation of HIV and AIDS response. To

be effective, proper coordination, management, and monitoring and evaluation of all HIV and AIDS interventions carried out by different service providers are needed. The understanding is that HIV and AIDS can be fought better if all organizations in the society are actively involved in the process in a coordinated manner. With this approach, AIDS Coordinating committees with members from different organizations were formed to coordinate the decentralized response at local level. The following policies and acts govern the: Local Government Act (GoM, 1998), Decentralization Policy (GoM, 1998), National HIV and AIDS Policy (GoM, 2011), National Strategic Plan, (GoM, 2012), District Strategic Implementation guidelines

2.5.4 Instruments for Coordinating the Decentralized Response at Council Level

The Local Government Authority (Council) which as a level of government closer to the majority of the people has the mandate to coordinate the decentralized response in line with the National Strategic Plan thereby contributing to the national response. The Local Authorities like Salima District Council use HIV and AIDS Implementation Plans to coordinate the response. The National Strategic Plan demands that implementation plans at local level should include activities of all HIV and AIDS stakeholders operating in that Local Authority. The mode of monitoring performance from the implementation plans is a monitoring tool called Local Authority HIV and AIDS Monitoring System (LAHARS) which feeds into the national Monitoring and Evaluation Framework. Thus all stakeholders who do not follow the pillars in the District Implementation Plan (DIP) have difficulties in using the LAHARS as a monitoring tool and their reports do not form part of the desired whole picture of the decentralized response consequently they do not contribute to the national response. This is the major challenge for HIV and AIDS coordination efforts at the Local Council which paper tries to unearth and address. This research therefore is intended to find out more about these bottlenecks and how they affect delivery of HIV and AIDS services in Malawi and recommend suggestions for improvements in HIV and AIDS service delivery. Figure 5 shows how the HIV and AIDS Implementation Plan is developed by different stakeholders operating in a specific council.

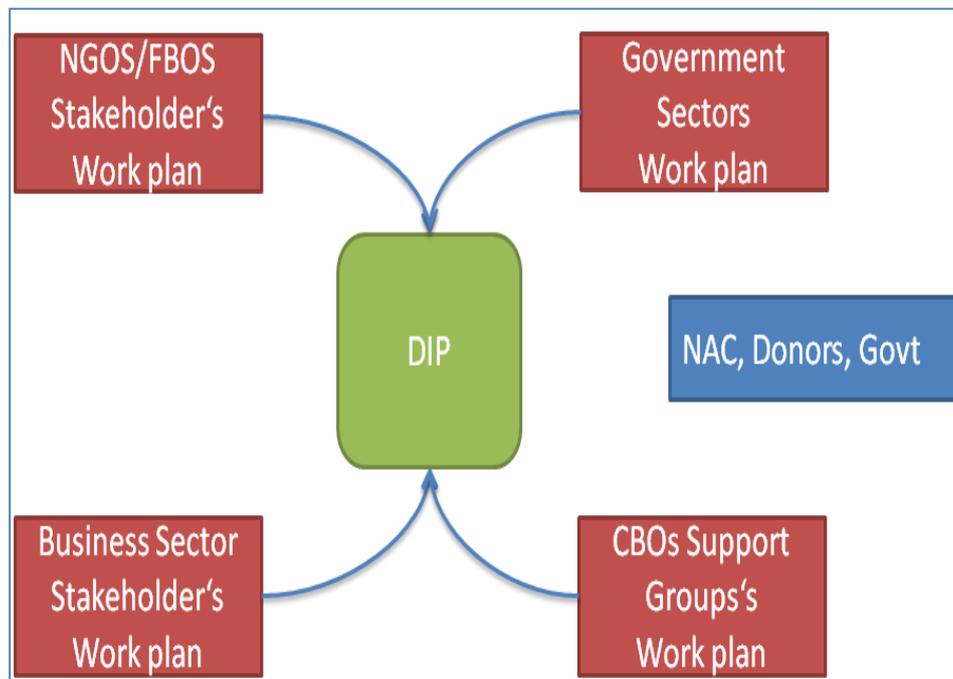


Figure 2.2: Harmonized DIP Formation (HDIP)

Source: Own Construction

Dickinson (2005), advances that decentralized response has a number of advantages like it is a result based tool since it aligns partners' support to the national framework. It is cost effective since service providers are supposed to contribute to its implementation with both technical and financial support.

Ngoma (2008) acknowledges that though they were donor driven, these decentralized structures are important in the implementation of HIV and AIDS national response. These decentralized structures ensures active participation of other service providers in a coordinated manner like CSOs, NGOs, FBOs, CBOs, private sector and donor partners. At national level there is adherence but it is not clear at local level.

2.5.5 Challenges in the Coordination of the Decentralized Response

Ngoma (2008) identifies some challenges concerning District AIDS Coordinating committee one of which concerns the origin of coordination of the response in Malawi. These efforts were because of collaboration between NAC, Ministry of Local Government and Rural Development (MLRD) and UNDP. World Bank came to support salaries of DACs after UNDP indicated that they do not support salaries Right from the beginning DAC were viewed as NAC employees and not civil servants because the government was not ready to take them on board. In this case ownership of the response was compromised at local

authority level since it was viewed as NAC activity or donor activity. This provides yet another gap for our study.

This comments Dickinson's (2005) findings that most service providers at local level including government departments are not clear about their roles and contributions to the decentralized response. This has largely been attributed to slow pace of decentralization and not letting go of the devolved departments by the parent Ministries. There is lack of ownership and active participation in the decentralized response.

Spicer (2008) talks of variety of challenges like weak coordination practices of the decentralized response. The District AIDS coordinating committee members do not receive any allowances as a result their attendance and active participation is compromised. Furthermore there are no clear mechanisms in place to foster coordination among service providers. There is poor coordination in monitoring and evaluation (because of poor resource mapping also) of the decentralized response by the service providers operating in a particular council since service providers are loosely involved in the planning processes. Some non-governmental organizations still use their own monitoring and evaluation systems which are not harmonized with the Local Authority HIV and AIDS Reporting Framework (LAHARF). All these point to the fact that there are gaps in the way the decentralized response is being coordinated at council level hence we need to find out more about this. The research methodology for this study will be discussed in the following Chapter.

CHAPTER THREE: RESEARCH DESIGN AND METHODS

3.1 Research Design

This research study was designed to assess effectiveness of coordination efforts in the fight against HIV and AIDS in Salima district. The principal assumption made was that any success or failure of the district-wide interventions to control the spread of HIV and AIDS is the responsibility of the District Executive Committee's sub-committee known as the Salima District AIDS Coordination Committee (DACC).

The use of the DACC members as primary respondents comes from the fact that they are the ones who are involved in the coordination of efforts from planning to monitoring and evaluation of the interventions at district level. DACC draws its membership from public sector as well as private sector and civil society organisations as long as they have a major stake in HIV and AIDS response. In addition to the DACC members, the study also targeted a broad spectrum of stakeholders even those outside the DACC and some of them were members of the DEC.

3.2 Research Tools Employed

The study methodology employed both qualitative and quantitative research methods for research data collection. Specifically, the following tools were used for data collection:

3.2.1 Secondary Data

Secondary data has been used in the report mostly under the introduction and literature review. The secondary data used were in form of sector policy reports such as strategic plans, policy framework documents, website articles and other reports on HIV and AIDS. The secondary data was also used in the discussion phase of the study report to back up the study findings.

3.2.2 Primary Data

The research study primary data collection exercise was sub-divided into qualitative and quantitative data systems. Firstly, the quantitative data involved questionnaire interviews based on a closed questionnaire that was administered to mainly members of the DACC and

those public officers who are directly involved in the coordination of HIV and AIDS activities at the district. The questionnaire covered all the key objectives which were being tested under the study.

Secondly, the qualitative data involved also use of an open ended questionnaire that was administered during individual interviews with key informants and also during focus group discussions with key stakeholders involved in the implementation of HIV and AIDS activities. Some of the key interviewees as key informants were the District Commissioner, District AIDS Coordinator (DAC), the Director of Planning and Development (DPD), the DACC Chairperson, NAC Head of Partnerships amongst others. Whereas focus group discussions centred mostly on community based organizations and civil society organizations working with the DACC in implementation of HIV and AIDS activities in Salima district.

3.3 Sampling and Target Group

As indicated earlier on, the research study designated the primary enumeration framework to involve all the 20 members of the Salima DACC, because they are the ones that can better gauge effectiveness of their coordination efforts. It was noted that for purposes of research validity, the number of enumeration points in the primary enumeration point was not 30 due to limited number of people in the technical sub-committees of DACC like Proposal Review; Orphans and Vulnerable Children; Home Based Care and Youth Committees.

However, other secondary enumeration points especially those that were involved in qualitative data collection, the number of respondents cumulatively reached 80. As such in total, the research study covered about a hundred 100 respondents. The specific respondents sampled and targeted are outlined as follows:

- a) DACC targeted 20 members for quantitative research. All members of the DACC were interviewed.

- b) Individual key informant interviews targeted 25 respondents drawn from the representatives from council secretariat i.e. The District Commissioner, Director of Planning and Development, Director of Finance and District AIDS Coordinator; other government departments i.e. District Social Welfare Officer, District Youth Officer, District Information Officer, District Health Officer; civil society organizations

operating in Salima District Council such as women groups, youth representatives, people living with HIV and AIDS (PLHIV) and private sector representatives.

- c) Finally, focus group discussions were held with members of the community-based organizations (CBOs) who are involved in HIV and AIDS programme work. Five CBOs were involved in FGDs which involved groups of eight people evenly divided by gender.

3.4 Data Analysis and Report Writing

The research data once collected was analyzed as follows:

- a) The quantitative data was coded and entered into the computer under the Statistical Package for Social Sciences (SPSS) computer package. This analytical package allows the data to be analyzed and formulate percentages through frequencies and cross tabulations and the analytical results have been used in the findings and results component of the study report.
- b) The qualitative data was compiled and responses so compiled were compared with literature results and quantitative results to justify the research findings in line with the study objectives and research questions.

3.5 Study limitations

The study had some challenges particularly during data collection, and the following are the main ones:

- a) Some HIV and AIDS service organizations were involved in other services delivery, hence difficult to ascertain whether the challenges they cited in their implementation of HIV and AIDS were as a result of offering mixed services or not?
- b) Some sector leaders could not just be available due to the demands of the work.

CHAPTER FOUR: STUDY RESULTS AND DISCUSSIONS

4.1 The District Executive Committee and its Sub Committees

During the research phase of the study, Salima District Council was visited and it was acknowledged that the Council exists and that it has the District Executive Committee (DEC), as its main technical body made up of heads of government sectors; Non Governmental Organisations and Faith Based Organisations. These are key decision - making stakeholders in terms of providing technical expertise and resources at the district level. The district council has also the DACC which is the DEC's technical sub-committee charged with coordination of HIV and AIDS activities at district level. The study interviewed all members of the DACC who acknowledged the presence of DEC. Table 4.1 presents the results on DEC's involvement in HIV and AIDS M & E activities.

Table 4.1: DEC's involvement in HIV & AIDS M&E activities

| Involvement in HIV & AIDS M&E activities | Percent |
|---|----------------|
| Always | 40 |
| Frequently | 20 |
| Only when invited | 30 |
| Never involved | 10 |

The results showed that 40 percent of DACC members knew that DEC is always involved in monitoring activities of DACC and ironically, 10 percent of them indicated that DEC in Salima is never involved in monitoring activities of DACC (Table 4.1). Though surprising that not all members of the DACC feel that the main committee is involved in making sure that its sub-committee is working as expected. It is encouraging to note that at least there is a strong link between the main committee (DEC) and its sub-committee (DACC).

4.2 Policy framework used in HIV and AIDS Response

The study was also interested to find out the respondents' awareness about HIV and AIDS policies guiding coordination at local authority level. The analysis showed that 67 percent of the respondents were aware of the coordination policies. However, about 11 percent of the respondents were not aware of any of the policies guiding coordination of HIV and AIDS response (Figure 4.1).

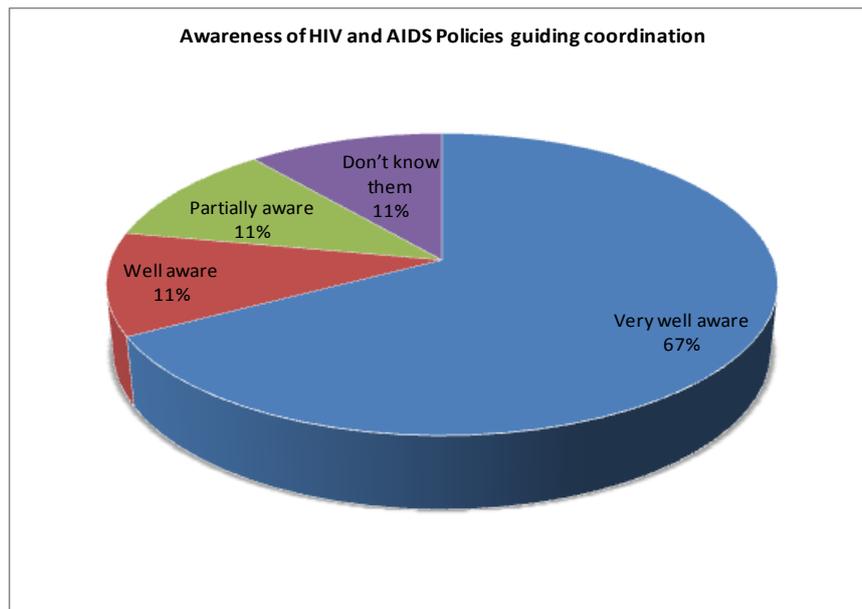


Figure 4.1: Awareness of HIV and AIDS policies guiding coordination

On the question of awareness of the policy documents guiding HIV and AIDS coordination, 78 percent of DACC members are aware of these key documents especially the National Strategic Plan and the HIV and AIDS Policy. However, 11 percent of respondents indicated that they are partially aware of the policies and another 11 percent said they do not know these policies. Specifically on the National Strategic Plan, 91 percent of respondents indicated that they are aware of the NSP as a premier guiding tool for HIV and AIDS response management.

In terms of utilization of the policies especially the NSP, the respondents indicated that they used the NSP and policies for the following:

- a) in designing projects or proposal writing in terms of pre-developing activities that can align the projects with strategic pillars i.e. standardization;
- b) provides guidance or direction to activity implementation so that they are in line with national response requirements in the spirit of three - ones principle;
- c) it helps in alignment of monitoring and evaluation (M&E) of HIV and AIDS interventions since this sets up the monitoring framework;

- d) it sets out the coordination framework and they have been necessary tools for formulation of coordination framework even at local level. Policy documents have defined or set benchmarks for coordination.

4.3 Coordination Systems of HIV and AIDS

The study investigated the DACC assessment on the strength on the coordination system for HIV and AIDS activities. The results showed that 80 percent of respondents felt that Salima district had a very strong coordination system in form of the DACC with only 20 percent thinking that the coordination system was weak (Figure 4.2).

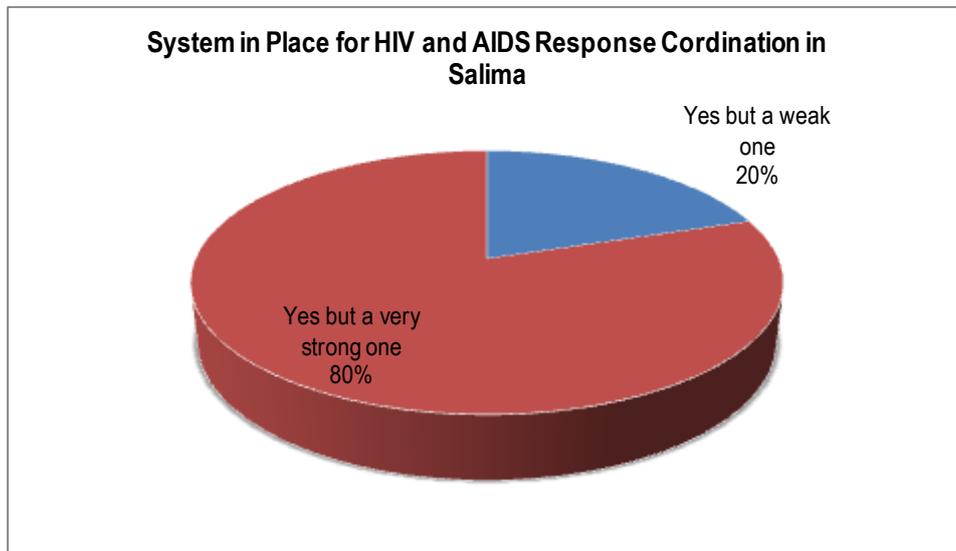


Figure 4.2: System in Place for HIV and AIDS Response

Secondly, the study investigated if the roles and responsibilities of the DACC as mentioned by the respondents were reflective of the DACC terms of references (ToRs).

Generally, the DACC members were very confident in monitoring and evaluation (M&E) and general support for implementation of HIV and AIDS activities as shown by the greater level of detail in compiled sub-activities. Overall, though the study cannot assign value to the whole concept, it can be deduced that the DACC is knowledgeable about what it is supposed to be done in terms of coordinating HIV and AIDS, (*ceteris paribus*).

At this point, it should be noted that respondents and stakeholders felt that the DACC was generally strong or in other words it knew what to do but also its members generally knew what their work entailed since only 20 percent felt that the DACC was generally weaker in its

operations. Table 4.2 presents the roles and responsibilities of DACC compared against their ToRs and Respondents' views.

Table 4.2: Roles and Responsibilities of DACC compared against ToRs & Respondents' Views

| DACC Tasks | DACC ToRs Sub-activities | DACC Respondents Sub-activities |
|---------------------------------------|--|--|
| Raising Awareness and Outreach | To ensure that all members of the District Government are familiar with the new responsibilities of the HAC and DACC. | Advise district council on issues pertaining to HIV & AIDS |
| | To ensure that all community stakeholders are familiar with the procedures and requirements for submitting work plan proposals for funding | |
| | To meet with DACCs from other districts to share lessons learned. | |
| Planning | To ensure that the District Assembly receives a District HIV and AIDS Plan that is developed in coordination with all relevant local stakeholders | DIP formulation |
| | To review and recommend proposals on HIV and AIDS from organisations addressing HIV and AIDS issues, in a transparent and needs-based manner as per the Guidelines | |
| | To identify gaps in service provision and provide transparent requests for proposals to fill gaps and to ensure geographical coverage of the entire district. | |
| Support for implementation | To identify and work with focal points in all district departments that will be responsible for mainstreaming activities and monitoring their progress. | Work with focal points on HIV/AIDS |

| DACC Tasks | DACC ToRs Sub-activities | DACC Respondents Sub-activities |
|------------|---|---|
| | To address obstacles that district departments or partners may face in coordinating and implementing HIV and AIDS Plan. | |
| | To plan, organise and support intersectional action on HIV and AIDS. | To see interventions in NSP are in DIP |
| | <p>To identify capacity building support needed for effective implementation of district HIV and AIDS response and facilitate access to such support (through the District Assembly and umbrella organisations), such as</p> <ul style="list-style-type: none"> ✓ Financial and programme management related to coordinating the district AIDS response ✓ Technical support to sub-district planning units, VDC, AEC and ADC in all elements of carrying out local HIV and AIDS activities. ✓ Financial, technical and programme management support for implementing partners. | <ul style="list-style-type: none"> ✓ Resource mobilization ✓ Promote technical guidance for partners including CBOs ✓ Advise District Council on all issues pertaining to HIV/AIDS |

The study noted some of the notable achievements that have emanated from coordination efforts of the Salima DACC, include the following:

- a) There has been increased knowledge of HIV and AIDS through various dissemination methods which even the District Commissioner for Salima District, Mr. Charles Kalemba acknowledged in June 2013 during the Malawi Interfaith AIDS Association (MIAA) function that took place in Salima.
- b) The development of annual work plans or district implementation plans (DIPs) has assisted the district to better articulate its actions on HIV and AIDS management and

there have been good results from the initiative. Some of these results include reduction of prevalence rates for HIV from 8.9 percent (MDHS, 2004) to currently 8.6 percent (MDHS, 2010).

- c) The DACC and its sub-committees have been operational such as the Proposal Review Sub-Committee, have reviewed proposals from CBOs or NGOs and other public agencies and they have coordinated disbursement of these resources for HIV and AIDS management. Under the same token, DACC has been instrumental in formulation of CBOs as well as nurturing their growth plus facilitation of financing arrangements via training in proposal writing amongst other things.
- d) Community mobilization for HIV Testing and Counselling (HTC) which has seen increased number of people in Salima going for HIV testing and subsequently increasing the enrolment for anti-retroviral therapy (ART).

These achievements can be summarized into one sentence: ... “It is true that HIV messages have reached every corner of the [Salima] district as well as the entire nation. Now, what we should do today is to change methods of channelling HIV messages to the people” – Charles Kalemba, District Commissioner, June 2013.

4.4 Planning Systems

Planning is one of the core tasks of the DACC and one of the sub-activities includes ensuring that the [Salima] District Assembly receives a District HIV and AIDS plan that is developed in coordination with all relevant local stakeholders. The study assessed the presence of an activity plan and integrated work plan in the district. About 89 percent of the respondents indicated that the activity plan for the DACC was available against 11 percent who said they had not seen one (Figure 4.3).

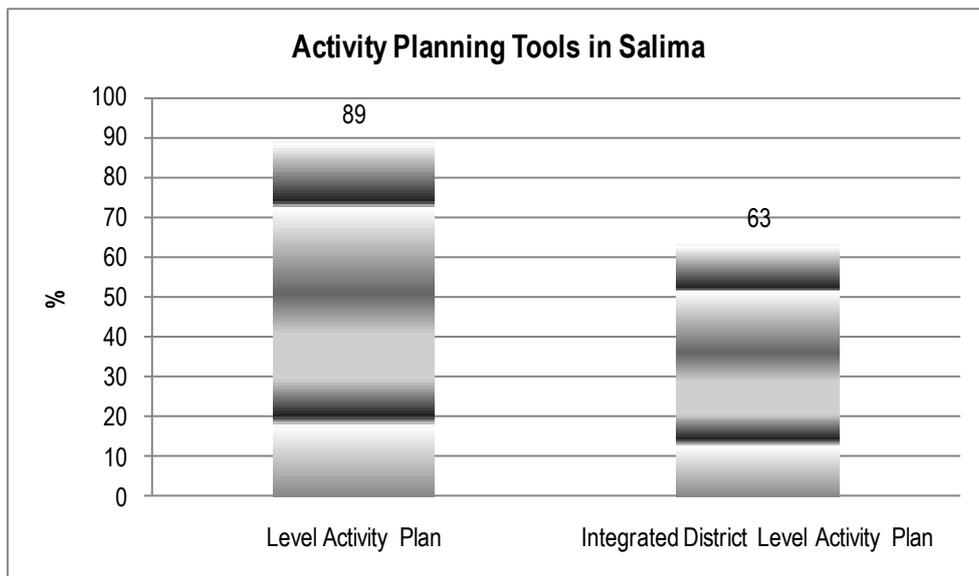


Figure 4.3: Activity Planning Tools in Salima District

In contrast, the analysis showed that fewer respondents 63 percent knew that the district had an integrated work plan. The study further established from the Salima District AIDS Coordinator that the integrated annual work plan which is part of the District Implementation Plan (DIP) is always formulated by all DACC members on annual basis.

In terms of involvement of the DACC members and stakeholders in the planning process, the results show that only 33 percent of respondents expressed that DACC is involved in planning its activities where as only about 11 percent of respondents indicated that stakeholders are involved in planning of HIV and AIDS activities for the council. Table 4.3 presents DACC and stakeholders' involvement in activity planning.

Table 4.3: DACC/Stakeholder Involvement in Activity Planning

| Variable | DACC member involvement | Stakeholder Involvement |
|-----------|-------------------------|-------------------------|
| | Percent | Percent |
| Never | 11 | 11 |
| Somehow | 11 | 0 |
| Sometimes | 44 | 78 |
| Always | 33 | 11 |

The results suggest that the work plan development is not very consultative or not well coordinated in terms of its development leading to about a third of its members not being able to get hold of the integrated plan. During focus group discussions with stakeholders, it

was indicated that planning processes was mostly done by DACC members and not all stakeholders are invited for planning and other processes. Thus the findings that some members of DACC are not aware of other planning tools available at the district were not surprising.

In keeping with the three - ones principle, the study found that use of HIV and AIDS framework development at local level is strongly based on use of national action frameworks such as National Strategic Plan [on HIV and AIDS] and National HIV and AIDS Policy; where 73 percent of respondents indicated that they use national policy framework documents for policy planning (Figure 4.4).

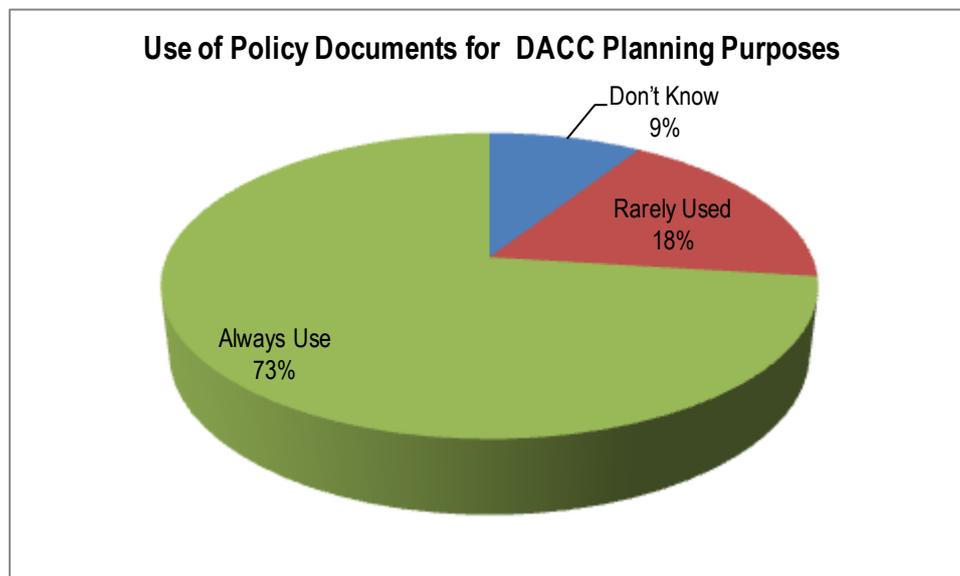


Figure 4.4: Use of Policies for DACC Planning

Coming this far, the study is finding a consistent trend where a third of all DACC members are responding not to be fully confident about each question, which is dispelling the notion that activities are not well coordinated. However, during focus group discussions, stakeholders acknowledged presence of the district implementation plan on HIV and AIDS but stakeholders complained of the plan not being representative because it did not include all key players involved in implementing HIV and AIDS even where the stakeholders' offices are within the town square. The study finds evidence on the contrary that there has been quite good progress in terms of coordinating development of one HIV and AIDS action framework at district level in keeping with the three-one principle.

4.5 Monitoring and Evaluation Systems

The study wanted to find out if DACC members were trained in not just the filling in of the LAHARF but the whole M&E framework. The analysis showed that 33 percent of the respondents had been trained in M&E by the DACC. The DACC members indicated that the trainings on M&E could have covered all DACC members but due to high attrition rates mostly due to transfers of institution based membership.

Despite a third of the current crop of DACC members had been trained in M&E, it was noted that 78 percent of them had used the derivative of the M&E effort, the LAHARF while only 22 percent had not used the LAHARF (Table 4.4).

Table 4.4: If LAHARF has been used before

| Response | Percent |
|-----------------|----------------|
| Yes | 78 |
| No | 22 |

In terms of continued usage of the LAHARF for organization work or otherwise, 63 percent of the DACC members indicated that they use the LAHARF information frequently. This shows that at least a third of respondents do not use or have never used LAHARF information before. Though, 89 percent would advise fellow stakeholders to use LAHARF information based on focus group discussion data, it was confirmed that LAHARF covers all layers of the HIV and AIDS structures in Salima including the community structures. The study found that the DACC also includes members of community structures which make it more participatory in terms of inclusion of community input into the DIP as well as consolidation of reports from the LAHARF.

One of the sub-activities of the DACC in line with their ToRs is to monitor and report on stakeholder activities and finances and ensure that they are reported accordingly. The study found that 22 percent of respondents indicated that DACC always monitors their activities and 56 percent indicated that sometimes they are monitored. In total, about 78 percent indicated that DACC at least monitors their activities (Figure 4.5). In keeping with the trends established earlier, the level of confidence in the DACC activities have at least been above two-thirds. In other words, it can be said that at least two-thirds of Salima Council stakeholders agree that the DACC is operating as expected in terms of its key activities.

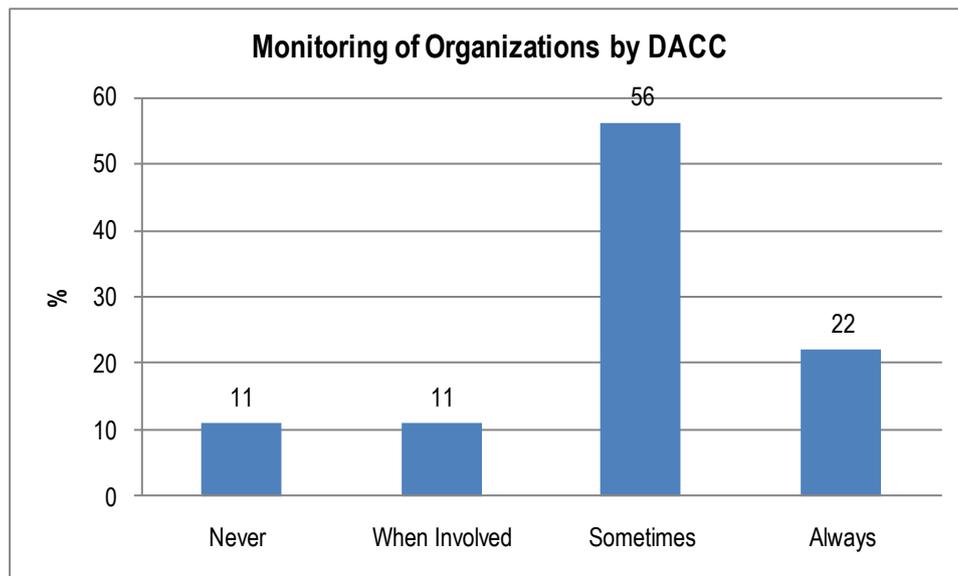


Figure 4.5: Monitoring of HIV and AIDS Organization by DACC

4.6 HIV and AIDS Financing In Salima

The study noted that the major source of financing for HIV and AIDS activities in Salima has been the NAC district response funds through the district council. The funds from non-governmental organizations (NGOs) have been the second reliable source where as Council's 2 percent allocation on other recurrent transaction (ORT) funding has been available but not at all reliable for coordination due to its sheer small size of the resource envelope.

In essence, all stakeholders agree that coordination of financing mechanism has been greatly donor funded. Though, it is pleasing that NGO funding has been provided for coordination; it is sad to note that there seems not to be any coordinated approach to harness such funding so that it is sustainable. It was noted that even the NGO funding was erratic and mostly dependent on what the 'donor' wants to dialogue with the DACC. The allowance culture has also affected DACC meeting since lack of allowances has hindered meetings and in essence also the quality of coordination has been affected as well.

4.7 Summary on coordination of HIV and AIDS Activities in Salima

The study asked the respondents to rate how HIV and AIDS activities are coordinated in Salima. The analysis showed that in overall about 70 percent of the respondents feel that HIV and AIDS activities were well coordinated. This finding agrees with what members earlier

classified the Salima DACC as a very strong DACC (Table 4.5) that is able to fulfil its mandate as provided in its DACC terms of references.

Table 4.5: Rating on the HIV/AIDS Activities Coordination in Salima

| Response | Percent |
|-----------------------|----------------|
| Partially | 30 |
| Well Coordinated | 40 |
| Very Well Coordinated | 30 |

4.8 Challenges in the multi sector coordination of HIV and AIDS in Salima

In general, it was noted that there has been a relatively high level of confidence in DACC operations in Salima but there were challenges noted at every category of operations of DACC. Some of the key challenges have been listed and discussed below.

4.8.1 Policy Related Challenges

- a) Lack of leadership commitment by Council heads or sector heads to allocate funds for HIV and AIDS; champion the cause of HIV and AIDS and to provide strategic leadership in the decentralized response to HIV and AIDS.
- b) Lack of access to information on strategic documents (HIV and AIDS Policy, National HIV and AIDS Strategic Plan, HIV and AIDS mainstreaming guidelines, 2 percent of Other Recurrent Transactions (ORT) Guidelines amongst others).
- c) Inadequate availability of policy documents such as National (HIV and AIDS) Strategic Plan, National HIV and AIDS Policy, the Decentralised HIV and AIDS Response Strategy, their Terms of Reference (ToRs) and other documents for use by DACC members and stakeholders. It was noted that once NAC and other national response agencies develop documents, they do not make available adequate copies of key documents for use to DACC members and stakeholders.
- d) High Staff turnover for the District AIDS Coordinators. This is largely because of lack of career path, establishment warrants for the District AIDS Coordinators. The District AIDS Coordinators do not feel safe and thus they leave.

- e) Inadequate capacity building on use of these documents. Sometimes DACC members are just provided documents which they do not understand. For example, community representatives or those in community-based organisations (CBOs) need to be oriented in such documents. It was indicated that sometimes CBOs have had proposals rejected for failure to use needed documents despite having them.
- f) Lack of availability of up to date data for council specific to support service providers to develop evidence based plans to address real critical issues. Instead outdated data is used for planning purposes which is counterproductive.

4.8.2 Coordination-related challenges

- a) Lack of competent sectoral devolution by some sectors. This makes some sectors to be more accountable to their line ministry headquarters than to the council. For example for HIV and AIDS planning and reporting they would rather report to their ministry headquarters. NAC also does not fully recognise the autonomy of councils that is why funding for DIPS is channelled through the line Ministry Headquarters in this case Ministry of Local Government and Rural Development (MLGRD).
- b) Inadequate material resource and financial capacity to coordinate community response. There are too many VACCs and CACCs than finances available to enable all of them to be reached with interventions. It was reported that most of the activities at community level are implemented by NGOs and CBOs which not all of them are part of the DIP.
- c) The “allowance syndrome” affects coordination meetings. In essence, without allowances key and strategic people do not come to attend those meetings or they delegate people without powers to make decisions although they are not allowed to delegate since they represent a specific “constituency”. As such, this “allowance culture” prevents service providers like District AIDS Coordinator to call for Coordination meetings since there is the tendency which says “no allowance no coordination meetings”. As a result meetings are not scheduled due to lack of allowances and there have been a lot of ad-hoc meetings which have been called by other stakeholders where DACC do not have much control in terms of agenda items.

As such the knock-on effect of allowances has been inadequate meetings and failure to properly schedule coordination meetings.

- d) Poor flow of information. Some DACC members complained that meeting notices are not provided and the result was that they have missed out on meetings and left unchecked. This poor flow of information has led to frequent absenteeism from other equally important members. This makes coordinating committee members not to be committed towards coordinating the response as they should.
- e) Some organisations bypass DACC as they implement their interventions in the council hence they overlook the role, authority and mandate of DACC. They also not involve DACC in planning their work and this poses a big challenge in terms of coordinating the response in the district and this was also noted by NAC (2005). This is a challenge since DACC do not know what they are doing as a result the likelihood of duplicating the efforts to the same community and the same issue is high.
- f) The capacity of the District AIDS Coordinator is weak and coordination load is noted to be big. Stakeholders complained that while the DAC's capacity is weak in the sense that he is alone, he wants to be in all activities as opposed to streamlining tasks according to other players working on similar activities to leverage resources. DACC members too have also their institutional workloads which are demanding because it is where they are employed and earn a living as opposed to DACC work which is voluntary. This compromises the effectiveness and efficiency of DACC in coordinating the response.
- g) Some service providers do not even know that there is a coordination body for HIV and AIDS response at district level. This defeats the purpose of active multi sector coordination of the response and accountability (UNAIDS, 2008).
- h) Lack of appreciation/understanding of HIV and Work or impacts by Council leaders and Sector heads on their sectors or even at individual level.
- i) Lack of application of the three - ones principle at council level by all stakeholders in HIV and AIDS. This affects the coordinated planning, reporting and monitoring of HIV and AIDS activities.

- j) Various capacity challenges ranging from skills competency for HIV and AIDS to financial mobilisation and material resources to executive work assignments.

4.8.3 Planning Related Challenges

- a) Much as the Local Government Act, the Decentralization Policy, the HIV and AIDS Policy and the National strategic plan emphasizes that the council has the mandate to coordinate planning process like HIV and AIDS plans for their respective jurisdiction. There are still some organization (government, private companies and Non Governmental) which do not involve DACC in planning their activities. More so, they do not even send copies of their plans to be included in the District implementation plan. Some send their work plans and reports to their headquarters and donors without sending copies to the authorities in this case the council which has the mandate and authority to coordinate the response.
- b) The other big challenge is the harmonization of planning cycle of different service providers in the council. For the Government cycle starts in July and ends in June every year. Some Non Government Organizations and Faith Based Organizations including the Private Sector have their own planning cycles. This makes it difficult that all service providers in Salima District should have their work plans included in the HIV and AIDS District Implementation Plan (DIP).

4.8.4 Monitoring and Evaluation related Challenges

- a) Many HIV and AIDS service providers have their own Monitoring and Evaluation System which are in tandem with their main goals and objectives. There is also Local Authority HIV and AIDS Reporting System (LAHARS) which is solely for reporting HIV and AIDS interventions. These two M&E Systems are not in tandem. They are different. The M&E Officer tend to use more the Organizational M&E System for reporting HIV and AIDS interventions to their bosses and donors than using LAHARS. The challenge is not reporting using LAHARS which results in the Council to under report on HIV and AIDS interventions being conducted in the council.

- b) Secondly the other challenge with LAHARS is that it is too big to be printed hence it is mostly found in software which is difficult to be shared as a result it is only the Salima District Council which has a soft copy and the computer had crashed down. In essence there was no LAHARF for reporting HIV and AIDS interventions and these results in not reporting or delaying in reporting.
- c) The other challenge is in sharing the comprehensive reports with stakeholders. There is no forum where this report could be shared and discussed and the way forward chatted by stakeholders apart from DACC members.

4.8.5 Financial related challenges

- a) Lack of financial resources. Such inadequacy has affected many operational areas. For example, lack of finances has made them unable to translate document for ease of use at community level and even training them as well. Due to lack of financial resources, they have not been able to hold adequate meetings to discuss, monitor, share best practices and appreciate what other service providers are doing.
- b) The other challenge is that DACC is not robust enough in creating an enabling environment through strategic and cost effective multi sector response. In their coordination role, DACC do not capitalize on the existence of the many HIV and AIDS service providers operating in the council to use their resources to improve HIV and AIDS service delivery in a coordinated manner. They mostly rely on resources from the National AIDS Commission which is the biggest supporter in terms of funding for HIV and AIDS interventions. This narrow view of resource mobilization is a challenge. They need to widen the base for resource mobilization since is one of its roles (GoM 1998). Weak innovative funding mechanisms do not place stronger emphasis on ownership of funding. Donor dependence to finance HIV and AIDS intervention is a challenge not only to Salima District, but more so to Malawi and other many countries in Southern Africa and this imbalance is the biggest challenge in responding to HIV and AIDS efficiently and effectively (UNAIDS, 2011).

CHAPTER FIVE: RECOMMENDATIONS

Based on the study findings, the following are some of the key recommendations to enhance coordination of HIV and AIDS activities specifically in Salima District and generally in Malawi.

- a) With the full Council once again established in May 2014, Salima District Council should establish bye-laws that would make local registration and reporting mandatory for all HIV and AIDS service organizations operating in the district. The council needs to build on the service charters that Salima District has been implementing on HIV and AIDS service delivery.
- b) Establish a broad-based forum for HIV and AIDS service organizations with at least two annual forum meetings where dissemination of HIV and AIDS information, reports as well as trainings or updates can be made. The same forum can be used for planning or consolidating district plans.
- c) Joint resource mobilization and stakeholder mapping based on areas of strength and operations. Joint proposals with stakeholders as well as encouraging stakeholders to factor in participation in DACC activities in their work plans would ease challenges of finding funds for DACC activities and the ‘allowance culture’. This would help the council to move away from predominantly donor dependence to domestic funding and indeed this should apply to Malawi as a country too.
- d) There is need for strong awareness - raising and training on the three ones principle, LAHARS and the importance of multi sector coordination of HIV and AIDS response are crucial to all stakeholders and orient them on the importance of reporting and what reports are used for. In addition, Salima District Council needs to simplify the LAHARF so that it is less laborious to fill and increase reporting time frame to quarterly from currently monthly.
- e) The District AIDS Coordinator should be encouraged to share activity plan with other service providers (coordinate) and not to be available in all service providers activity

plans. The duties and powers of the committees especially the DACC Chair should be enhanced to help render appropriate direction to national response.

- f) NAC in conjunction with the Ministry of Local Government and Rural Development (MLGRD) should set up direct reporting forums such as meetings for all DACC Chairs periodically to share best practices and experiences on the coordinated multi sector response and find ways to iron out coordination challenges DACCs are experiencing.

- g) Finally, NAC in conjunction with MLGRD could innovatively create an enabling environment which would encourage the system of twinning where the vibrant DACC could be twinned with another DACC that is struggling to coordinate the decentralised response. This enabling environment would encourage horizontal learning.

CHAPTER SIX: CONCLUSION

Görgens et al. (2007) confirms that multi sector coordinated response makes the three one principle more effective and efficient. This ensures that interventions of all actors are harmonized and aligned to national development goals. Furthermore it is said that alignment and harmonization promotes accountability, oversight and ownership of political leadership in this case Salima District Council. The research has proved that multi sector coordination pulls together resources both human and financial for effective and efficient delivery of HIV and AIDS services. With many service providers existing and operating in the district, therefore it becomes easy to mobilize resources for implementing for implementing activities.

The research has proven this fact, firstly through members who sit on the coordinating committee. These members include the participation of government departments like Health and Social Welfare, Non Government Organizations like World Relief and Salima AIDS Organization (SASO), Faith Based Organization like Malawi Interfaith AIDS Association through District Interfaith AIDS Committee (DIAC), People Living with HIV through Coalition of Women Living with HIV (CowlHA) including representatives from the District Youth Network. These are critical to ensuring health, human rights and social protection. Secondly, it is said that building of alliances and linkages in this case with donors, government departments, private sector like banks (National Bank of Malawi), Non Governmental Organizations, Faith Based Organization and People Living with HIV would lead to effective and efficient interventions since the alliance would lead to availability of financial support, skills enhancement, development and improved service provision (Ibid). The research concluded that largely these different groups are able to benefit from each other in many ways like sharing of technical skills. This enables DACC to establish and maintain some partnerships which ensure better involvement of many stakeholders in the response. This alliance helps also in vertical (with DACC) and horizontal (amongst service providers) Coordination.

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ADDENDA

Addendum 1: ToRs for District HIV & AIDS Coordinating Committee (DACC)

Management

DACC is coordinated by the HIV and AIDS Coordinator (HAC), is accountable to the District Assembly and the National AIDS Commission (NAC), and has close working relationship with the [Council] Department of Health and the organisations assigned by NAC as umbrella organisations.

Membership

A DACC may have 10 to 15 people. Because DACC is a working group, it is important that members are committed to HIV and AIDS and have the time/capacity to carry out the tasks that are allocated to them. Where possible, district Government members on the DACC should be permitted to alter their job descriptions to allocate a percentage of time (e.g. 15%) to HIV and AIDS work. In order to ensure transparency, it is essential that the DACC include at least 50% membership by representatives of civil society/private sector. The membership should be as follows:

- ✓ District HIV and AIDS Coordinator
- ✓ Financial management person
- ✓ Director of Planning & Development
- ✓ HIV and AIDS focal points from all departments
- ✓ The remaining 50% of the committee should consist of community stakeholders, particularly people living with HIV and AIDS (PLWHA), women's groups, youth representatives, faith-based organisations, informal neighbourhood organisations, private sector representatives, etc.

Duty

The DACC will be responsible for carrying out the mandate as set forth by the HAC, and the Guidelines on Local Government Responses to HIV and AIDS (forthcoming). The main objective of the DACC is to ensure that the National HIV and AIDS Plan is effectively coordinated and implemented at all levels of the district

response. The purpose of DACC is to provide a coordination structure for the implementation of HIV and AIDS response, including representation from civil society, private sector and public sector.

Responsibilities

1. Awareness raising and outreach

- To ensure that all members of the District Government are familiar with the new responsibilities of the HAC and DACC.
- To ensure that all community stakeholders are familiar with the procedures and requirements for submitting work plan proposals for funding and that the process is transparent and equitable.
- To meet with DACCs from other districts to share lessons learned.

2. *Planning*

- To ensure that the District Assembly receives a District HIV and AIDS Plan that is developed in coordination with all relevant local stakeholders (particularly Department of Health, Department of Education, Department of Social Welfare, orphan care groups, women's groups, PLWHA, and faith-based organisations)
- To review and recommend proposals on HIV and AIDS from organisations addressing HIV and AIDS issues in the district, in a transparent and needs-based manner as per the Guidelines
- To identify gaps in service provision and provide transparent requests for proposals to fill gaps and to ensure geographical coverage of the entire district.

3. **Support for implementation**

- To identify and work with focal points in all district departments that will be responsible for mainstreaming activities and monitoring their progress.
- To address obstacles that district departments or partners may face in coordinating and implementing HIV and AIDS Plan.
- To plan, organise and support intersectional action on HIV and AIDS.

- To identify capacity building support needed for effective implementation of district HIV and AIDS response and facilitate access to such support (through the District Assembly and umbrella organisations), such as
 - ✓ Financial and programme management related to the tasks of coordinating the district AIDS response
 - ✓ Technical support to sub-district planning units, VDC, AEC and ADC in all elements of carrying out local HIV and AIDS activities.
 - ✓ Financial, technical and programme management support for implementing partners.

4. Monitoring and reporting

- To ensure that there is a current and updated database/listing of all AIDS activities and organisations in the district.
- To facilitate communication and reporting on the district HIV and AIDS Plan both within the district Government, with NAC and to the general public, by:
 - ✓ Monitoring and reporting on how the money is spent within district Government – in each of the mainstreamed departments and in the workplace policy activities
 - ✓ Monitoring and reporting on how the money is spent by AIDS service organisations, in keeping with the NAC reporting guidelines
 - ✓ Receiving and consolidating reports from all sub-district planning bodies, ADDC and VDC.

Addendum 2: Terms of reference for full-time District AIDS Coordinators

Due to the multi faceted nature of the HIV and AIDS epidemic, an effective institutional framework for the national HIV and AIDS response requires a multi sectoral approach, which includes partnerships between government and all relevant stakeholders, including the private sector, community based and nongovernmental organisations (CBOs and NGOs), trade unions, faith based organisations (FBOs) and people living with HIV and AIDS. To be effective, there is a need for proper coordination, management and monitoring and evaluation of all HIV and AIDS interventions at all levels.

At district level, the increasing number of the players joining in the fight against HIV and AIDS, plus the complexity of the issues to be addressed makes the task of coordinating very challenging, enormous, requiring special skills and full time attention.

Regionally based Umbrella Organizations currently receive support from NAC to coordinate, manage and support (by channeling funds from NAC) the sub-national response to HIV and AIDS. They will also be providing capacity building support to the District Assembly. It is expected that the District HIV and AIDS Coordinator work closely and collaboratively with the local Umbrella Organization in all their activities.

Responsibilities of a full time aids coordinator:

To coordinate the multi sector response of HIV and AIDS at district level and ensure that all stakeholders at district level work towards achieving government objective as stipulated on policies and guidelines.

Specific tasks:

- To provide secretarial services to the Development Committee HIV and AIDS is on the agenda.
- Ensuring that the district has a comprehensive and operational HIV and AIDS specific work-plan.
- Ensure that there are proper linkages, networking and collaboration between the Assembly, Umbrella Organization and National AIDS Commission on issues of HIV and AIDS.

- To provide technical support in mainstreaming HIV and AIDS and integrating gender concerns in all Assembly Departments, Private Sector and Civil Society Organizations.
- Ensure that Assemblies, Private Sector and Civil Society Organizations carry in the district carry out IEC programs on HIV and AIDS issues to its service providers.
- Provide secretarial services to the District AIDS Coordinating Committee and ensure that the DACC is operational at all times.
- Ensuring that the capacity building needs of the District Assembly with regards to its HIV and AIDS activities are identified and work with stakeholders to find appropriate assistance.
- Develop and Implement HIV and AIDS Monitoring, Evaluation and Reporting systems of the District Assembly.

REPORTING:

The incumbent forms part of the Directorate of Planning and Development of the Assembly and will report to Director of Planning and Development.

QUALIFICATIONS AND COMPETENCIES

At least, a Bachelors Degree in Social Sciences, Agriculture (Rural Development), Education or Program Planning Working experience in the area of HIV and AIDS, community development, gender and human rights will have an added advantage.

PERSON SPECIFICATIONS

- Excellent coordination, networking and facilitation skills.
- Excellent analytical skills and innovation in the area of HIV and AIDS.
- Effective communication, interpersonal and community mobilization skills and ability to work effectively with people of different levels
- Experience in all facets of project management including Project Proposal Development.
- Fluency in written and spoken English. Knowledge of vernacular languages is also essential.
- Computer literate in various software packages.

Addendum 3: Approval Letter from Office of the President and Cabinet (OPC)

Tel. No. (265) 01 773 825
Fax No. (265) 01 773 827
Email :

All Communication should be addressed to:
The Secretary for Nutrition, HIV and AIDS



In reply please quote No.

OFFICE OF THE PRESIDENT AND CABINET
Private Bag 301
Lilongwe 3
MALAWI

SECRETARY FOR NUTRITION, HIV AND AIDS

Ref. No. NHA/5/3

23rd April, 2013

The District Commissioner
Salima District Council
Private Bag 15
Salima
Malawi

Dear Sir/Madam,

**RE: MASTERS OF PHILOSOPHY IN HIV AND AIDS MANAGEMENT FIELD
RESEARCH: AARON LUHANGA (Student number: 16793544) 2013 – 2014.**

The bearer of this letter, Aaron Luhanga is a student currently enrolled at the Africa Centre for HIV and AIDS Management at Stellenbosch University in South Africa studying Masters of Philosophy in HIV and AIDS Management.

In partial fulfilment of the Masters Degree program, the student is required to complete a mini dissertation that encompasses field research from 1st July to September 2013. The Department of Nutrition, HIV and AIDS hereby grants him permission to undertake the above-mentioned study in Salima District. The aim of the study is to investigate the existing coordination efforts in the fight against HIV and AIDS whose outcome is to come up with key findings and recommendations that will contribute towards effective and efficient coordinated response to HIV and AIDS in Malawi. For further enquiries do not hesitate to contact the undersigned.

Your usual co-operation and support to the student will be greatly appreciated.

Yours faithfully,

For: SECRETARY FOR NUTRITION, HIV & AIDS

Addendum 4: Letter of permission from Salima District Council



The District Commissioner
Salima District Council
Private Bag 15
Salima

Tel: 01 262 011/819/100
Fax: 01 262 819/579

6th June 2013

TO WHOM IT MAY CONCERN

We write to certify that Aaron Luhanga student number 16793544 who is studying with Stellenbosch University in Master in Philosophy in HIV/AIDS management has been given permission to conduct a research study.

The research study is on the Effectiveness of Coordination of efforts in the fight against HIV and AIDS in Malawi: The case of Salima District Council in Malawi.

Please assist him accordingly.


R.C. Mkolombwe
Director of Administration
FOR: DISTRICT COMMISSIONER



Addendum 5: Copy of final approval from REC



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Approval Notice New Application

19-Aug-2013
Luhanga, Aaron AD

Proposal #: DESC_Luhanga2013

Title: The Effectiveness of Coordination of Efforts in the fight against HIV and AIDS in Malawi: The case of Salima District Council

Dear Mr Aaron Luhanga,

Your DESC approved **New Application** received on 12-Aug-2013, was reviewed by members of the Research Ethics Committee: Human Research (Humanities) via Expedited review procedures on 16-Aug-2013 and was approved.

Please note the following information about your approved research proposal:

Proposal Approval Period: 16-Aug-2013 -15-Aug-2014

Please take note of the general Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

Please remember to use your proposal number (DESC_Luhanga2013) on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Also note that a progress report should be submitted to the Committee before the approval period has expired if a continuation is required. The Committee will then consider the continuation of the project for a further year (if necessary).

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 0218839027.

Included Documents:

Questionnaire
Permission letter
REC Application
Informed consent
DESC form
Research proposal

Sincerely,

Susara Oberholzer
REC Coordinator
Research Ethics Committee: Human Research (Humanities)

Addendum 6: Participant Consent Form



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

The Effectiveness of efforts of coordination in the fight against HIV and AIDS: The case study of Salima District Council in Malawi

You are asked to participate in a research study conducted by Aaron Andrew Luhanga Master of Philosophy Degree in HIV and AIDS Management, from the Africa Centre for HIV and AIDS Management at Stellenbosch University. The results from this research study will contribute to mini dissertation of Masters of Philosophy Degree in HIV and AIDS Management. You were selected as a possible participant in this study because the organization that you work for contributes to the decentralized response to HIV and AIDS in Salima District/ You are a member of District AIDS Coordinating Committee (DACC/ you are the District AIDS Coordinator/ You are the AIDS Coordinator of your department/Your are District AIDS Coordinator/You are Director of Planning and Development of Salima District/ You are the District Commissioner of Salima District /You are District Health Officer (DHO).

1. PURPOSE OF THE STUDY

To identify factors influencing the coordination of HIV and AIDS interventions at Local Authority level in order to contribute towards providing guidelines to achieving an effective, efficient and coordinated response to HIV and AIDS fight at both national and local levels

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

You will be asked to participate in an individual interview with the researcher. This interview will take place in Salima District Council Offices/at your office during a suitable time or at a venue and time which is convenient for you as the participant. The interview will not last about 60 minutes and will also be tape recorded for the purpose of accurate data collection. Confidentiality, anonymity and privacy of data will be maintained at all times.

Please read this consent form thoroughly and if you have any questions do not hesitate to seek clarification. After you have read and sought any clarifications then please sign this form.

3. POTENTIAL RISKS AND DISCOMFORTS

Though there is no foreseeable risk, participants may experience some discomfort in expressing their opinions regarding Coordination of HIV and AIDS response within their organization, the district as a whole and the country at large which is topic being investigated. No questions will be asked regarding participant's HIV status or the names

of those who are HIV positive in that particular organization. Participants will be assured of the confidentiality, anonymity, and privacy of the data and that answers to questions are voluntary. In terms of inconvenience, the interviews will be conducted in the offices, at council hall or at a suitable place and time that will be arranged with the participant (s).

1. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The research results may contribute to the improvements of coordination of the decentralized response in Salima District and the national response in Malawi as a whole. The study may also motivate the stakeholders to coordinate more closely, effectively and efficiently the decentralized response by developing and implementing special initiatives and innovations aimed at improving coordination in Salima district which other councils would be able to learn from and indeed the National AIDS Commission will be able to use them to accelerate the national response to HIV and AIDS in Malawi.

The study also hopes to benefit the general community more so people who are infected and affected by HIV and AIDS who will be able receive the HIV and AIDS services in a timely manner from HIV and AIDS service providers. In this regard the study will benefit more people and not only in Salima but Malawi as a whole.

2. PAYMENT FOR PARTICIPATION

No remuneration will unfortunately be offered for your participation in this research study.

3. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of no names or personal identifiers will be recorded in any of the data collection tools. In reporting the results, care will be taken not to report results in a way that would enable any participants to be identified and/or stigmatized in their views. Data will be stored in a safe place at all times. The researcher and his supervisor will be the only persons having access to the data. All data collected will be destroyed after successful completion of the thesis, for the purpose of which it was collected. The anticipated period is after one (1) year. As mentioned previously, all interviews will be tape recorded and the interviews will be transcribed verbatim, without making any reference to your name or personal identifiers. Confidentiality and anonymity will be maintained throughout.

The purpose of the study is for the completion of an MPhil degree in HIV and AIDS Management and due to the requirement of the publishing of a thesis, the data collected, analysed and interpreted in this study will be reported on. In the writing of the thesis, confidentiality, anonymity, and privacy of participants will be maintained at all times.

The data collected will only be used for the aforementioned purpose and will not be used in any way other than purpose indicated above.

4. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so. For example when the investigator is asking you about your HIV Status or the names of those who are HIV positive in your organization you may decide to withdraw from participating from this interview.

5. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Aaron Andrew Luhanga (0999 239 015; e-mail: aaronluhanga@yahoo.co.uk), the District Commissioner, Mr. Charles Kalemba, Salima District Council or My Supervisor Prof Johan Augustyn on jcda@sun.ac.za

6. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me by _____ (Name) in English and I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Name of Subject/Participant

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.



Signature of Investigator

Date