

MID TERM REVIEW NMSF II

District Level Assessment

August 18th to September 16th 2010

Purpose

- to generate district based experience regarding the implementation of NMSF II specifically looking into implementation status; i.e., constraints and opportunities

Methodology

- **Coverage:** 5 zones on each 3 selected districts = 15 districts
- **In each district:** 2 villages- urban and rural
- **Targeted respondents** (\approx 60 pax. in district):
 - Village level: Female and male youths, PLHIVs, Care takers, orphans/OMVCs, WMACs and VMACs
 - District level: CMACs, PLHIV clusters, CSOs, LG staff (CD, DPLO CHAC, DAC)

Methodology

- **Type of assessment:** Qualitative using interviews and focus group discussions (FGDs)
- **Tools:** Tailored questions per NMSF II themes
- **Field teams:** Consultants, TACAIDS staff and research assistants
- **Field work duration:** 10 days

Limitations

- Tools for data collection were adopted from another TACAIDS study and not pre-tested due to time limitation.
- Duration for conducting field visits was short and limited to only two days per council.
- National torch racing and elections campaigns
- CMAC members (councilors) are absent until after elections 31st October

Key Challenges – Enabling environment

- Low involvement of leaders and community members
- Some people who tested HIV+ status are yet to disclose
- Increasing legal and gender based violence cases
- Limited awareness and weak enforcement of legal and human rights

Enabling Environment –cont...

- HIV mainstreaming (internal and external) is less evident and technical capacity of actors is questionable
- Dissemination of IEC and BCC messages does not reach rural areas.
- Some of disseminated messages are not context specific and lack gender sensitivity

Key Challenges - Prevention

- Few youth groups and limited support.
- Men involvement remains low
- Condom outlets are few in rural areas
- Community is aware of gender issues, social and cultural practices which are perceived as risk factors to fuel new HIV infections; but remain largely silent.

Prevention- cont...

- Limited access to counseling and testing services to rural population.
- Community members did not mention abstinence and faithfulness as key strategies towards HIV prevention.
- No workplace programs in some districts = ad-hoc activities!

Challenges – Care, Treatment and Support

- Inadequate number of health staff
- Few are trained on HIV management
- Poor adherence to ART – drug regime, disclosure, shortage of drugs for opportunistic infections and unfriendly services.
- Referrals with between Care and Treatment, and other support interventions i.e. PMTCT, TB /HIV need strengthening

Care, Treatment and Support

- Limited capacity of the system to track lost to follow patients.
- Inadequate home based care and support services - shortage of CHWs and volunteers, lack of kits and lack of motivation.
- No clear regulatory framework for volunteer HBC operations
- Limited management of malnutrition in PLHIVs

Key Challenges – Impact Mitigation

- Insufficient food and nutritional support
Increasing number of orphans and MVCs
- Lack of comprehensive planning and integration
- Poor and outdated databases for program evaluation and validation of support services.
- Lack of community own initiated IGAs, which affects ownership and sustainability
- Limited technical capacity to manage IGAs

Key Challenges-Institutional Arrangements

Village level

- VMACs and WMACS are not functioning - members do not understand their roles, some VMACs have not been established.
- There is no plan of HIV and AIDS activities at VMAC and WMAC; HIV activities are earmarked by CMAC.

Village level

- Some PLHIVs and youths met never participated in planning and decision making about HIV and AIDS.
- HIV and AIDS is seen as a Project (no sense of urgency)!
- No proper HIV information sharing mechanisms; no feedback is given.

Key Challenges-Institutional Arrangements

Civil Society Organizations

- CSOs and their networks have weak leadership, management and financial capacity
- Most CSOs met do not receive funds from LGAs (only Kahama)
- Use donor planning guidelines NOT directly related to NMSF II.
- Most planned activities are not implemented.

CSOs – cont...

- Weak participation in the monitoring of HIV responses
- Limited transparency on HIV plans and expenditure.
- Most are accountable to donors, less to target groups and LGAs
- A few were trained on TOMSHA , but have limited M&E skills

Key Challenges-Institutional Arrangements

Council level

- Some CMAC members have attained only primary school education-limits decision making capacity.
- Orientation and refresher trainings not given to MAC members.
- Limited or lack of support from CMAC to WMACs and VMACs

Council level- cont...

- HIV plans lack gender responsiveness; poor stakeholders participation
- Lack of sector coordination and participation
- Networks and Clusters are at infancy stage, lack HIV plans
- Insufficient budget to respond and coordinate to priorities.

Key Challenges-Institutional Arrangements

Council level

- Allocated funds for HIV from 'own source', is a small proportion and depend on revenue collections
- Limited information about partners and actors in the council
- Inadequate stakeholder participation in monitoring

Council level-cont.....

- Few trained CSOs submit TOMSHA reports
- No feedback is given on submitted TOMSHA forms and reports
- Most of non medical HIV data is not disaggregated by gender

Conclusions

- Thematic areas and strategies spelt out in NMSF II remain valid and effective to implement HIV responses.
- CMACs understand their roles, but VMACs and WMACs are not. Support is need
- CMACs need technical and financial support to effectively coordination and monitoring district HIV responses.

Conclusions

- Workplace programs need to be given more emphasis
- LGA actors (PLHIV groups & clusters, CSOs& CSOs networks) have been established and remain willing to effectively participate in NMSF II implementation; however they have inadequate technical and financial capacity.

Conclusions

- Partners are interested to support district HIV responses. There is a need for strengthened partnership and ensure equitable distribution of resources to implement priority HIV services .
- Environment to enable actors participate has improved- put more emphasis on HIV mainstreaming, advocacy, gender responsive programming and stakeholders participation;

Conclusions

- Condoms are available and accessible in urban areas. There is a need to expand education and outlets to reach rural and remote communities.
- Availability and access to care and treatment services (incl. ARV) has generally increased, need to focus on primary health facilities;

Conclusions

- Food security and nutrition remain a challenge to PLHIVs, Orphans/MVCs. Effort to integrate into other government programs are required

Recommended Actions

Both short and long term actions are provided.

Councils with guidance from TACAIDS will have to adopt actions according to their priorities for HIV response to include in the annual plans for 2011 and 2012; and those to consider after 2012.

Recommended Actions

Enabling Environment:

- Conduct gender needs assessment (GNA) of impact and priorities of key stakeholder groups in LGAs
- Integrate GNA issues and use advocacy strategies in HIV mainstreaming and programming
- Support HIV mainstreaming efforts (external and internal)

Enabling Environment

- Create awareness on existing and relevant laws, i.e., HIV act, marriage act, and human rights instruments
- Empower and provide support to PLHIVs, girls, women and other vulnerable groups on their individual and legal rights
- Create knowledge on HIV and AIDS using context specific and gender sensitive IEC and BCC materials

Recommended Actions

Enabling Environment

- Provide technical support to strengthen established groups, networks and clusters of PLHIVs, youth and other civil society organizations
- Improve participation of youths and PLHIVs groups in decision making and planning processes

Prevention

- Continue to promote use of both male and female condoms.
- Create new condoms outlets other than health facilities and awareness on particularly in remote rural underserved villages
- Prioritize HIV risk factors and drivers of new HIV infections.
- Orient and engage opinion and traditional leaders in advocacy of risk practices and HIV preventive education.

Prevention

- Work with religious leaders to promote abstinence and faithfulness as part of ABC prevention strategy.
- Strengthen the dissemination of information and advocate for behavior change using multi-media communication channels (edu-entertainment, community theatre, cinema, dialogues, etc)

Prevention

- Involve youth in designing context specific messages and choice of right messengers
Provide testing services in remote areas
- Scale up of Home Based Counseling and Testing initiative
- Promote the implementation of PICT by training more health personnel
- ? Community suggestion:' ***make HIV testing compulsory***

Care, Treatment and Support

- Expand CTC services to primary health care facilities
- Improve supply chain management
- Strengthen referrals
- Improve tracking of lost patients - use CHWs, CSOs and volunteer CHBCs

- Assess and manage malnutrition
 - *educate on nutrition and food processing using locally available food products*
 - *Multivitamins*
- Train and deploy more CHWs and volunteer CBHBC provider, and ensure availability of kits and working facilities

Institutional Arrangements

- Orient new CMAC members of roles and responsibilities; and support establishment and functioning of VMACs and WMACs
- Provide technical support to MACs and CSOs on resources mobilization and coordinate of HIV responses
- Promote joint and gender responsive planning, reviews, supervision and monitoring with partners and key actors in the council

Institutional Arrangements – cont..

- Create and maintain database of partners and actors operating in the council
- Increase proportion of budget allocated for monitoring, reporting and supervision work
- Design and adopt gender sensitive monitoring tools for collection and analysis of non medical data/information

Institutional Arrangements – cont....

- Orient more HIV actors in the Council on monitoring and TOMSHA reporting.
- Analyze and use TOMSHA data/information for planning and decision making at the Council level
- Link TOMSHA with LGDM system
- Review submitted reports and provide feedback to stakeholders

Acknowledgement

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Thank you for listening !