

**Malawi; Tanzania (Alliance); Tanzania (Sida); Uganda; Zambia**

**Module (A): GHI SUPPORTED HIV/AIDS CONTROL SCALE-UP *How is it happening? What are the effects?***

- 1) What types of HIV/AIDS *services* are being delivered and scaled-up? What types are not being scaled up and why not? What are the roles and contributions of different GHIs in scale-up?
- 2) What types of *providers* (public, NGO, Faith-based [FB] and private-for-profit) are delivering these services?  
*Note: as much of GHI funding is going to FB and NGO providers, it would be important to include these.*  
 - Private for profit providers are an optional extra here.
- 3) What is the *quality* of these services? - *Optional*
- 4) What is happening to important *non-HIV/AIDS services*? - *Optional*

Detailed research Questions and Objectives	Methods
<p><b>1) Types of HIV/AIDS services delivered – evidence of Scale-Up and effects of GHIs *</b></p> <p>(i) What is the level of delivery scale-up for the different types of HIV/AIDS services (numbers of patients receiving different types of services, e.g. nos. on ART? – <i>See Table 7 of the M&amp;E Toolkit for indicators</i>)?</p> <ul style="list-style-type: none"> <li>• <i>Prevention</i>: numbers of condoms delivered? counselling (number of episodes, number of patients in ongoing counselling programmes)? other preventive services?</li> <li>• HIV testing? VCT?</li> <li>• <i>Treatment</i>? Numbers on ART – which ARV regimens? TB (numbers of patients on treatment and cure rates)? Numbers receiving treatment for OIs (opportunistic infections)? Monitoring &amp; support for patients on ART? Numbers of pregnant HIV positive women receiving PMTCT?</li> <li>• <i>Care &amp; Support</i>: type of support (financial)? How many PLWHAs receiving support? Support to OVCs (how many)?</li> </ul> <p>(ii) Which of these services are being scaled-up and which not? Essential to measure Numbers of patients and numbers of treatment episodes and Trends over time.</p> <p>(iii) How are different GHIs contributing to scale-up – selective or comprehensive interventions? What is the flow and level of funds from the GHIs to district HIV/AIDS scale up?</p> <p>(iv) What are the models of support and HIV service delivery that different GHIs are funding?</p> <p><i>* NOTE: Module (C) on Equity &amp; Access extends these questions to cover the different types of patients / target groups benefiting from HIV/AIDS service Scale-Up.</i></p>	<p><b>Main methods</b></p> <p><b>A (1 to 3)</b> Review facility and district records including OPD, Lab, Pharmacy and HIV service records</p> <p><b>B1 B2</b> interview facility /NGO &amp; district managers</p> <p><b>Additional methods</b></p> <p><b>E</b> Look for evidence of financial flows from the GHIs to DHMT, NGOs and other providers</p> <p><b>B3 D</b> Interviews &amp; FGDs with patients, communities and advocates (<i>to check validity and reliability of data obtained from managers and providers</i>)</p>

<p><b>2) Types of providers delivering HIV/AIDS services</b></p> <p>(i) What are the main providers of health and HIV/AIDS services in the district (government, faith-based, NGO, private-for-profit)?</p> <p>(ii) At what level of care is each provider operating:</p> <ul style="list-style-type: none"> <li>• hospital with beds [how many beds?], lab, pharmacy and operating facilities? +/- outreach services?</li> <li>• Other fixed facility providing inpatient and OPD care? +/- outreach?</li> <li>• Fixed facility with OPD care only? +/- outreach?</li> <li>• Outreach services only?</li> </ul> <p>(iii) What HIV/AIDS services are being delivered (prevention, treatment, care) by each provider (<i>see 1</i>)?</p> <p>(iv) What are the models of HIV/AIDS service delivery offered by each provider (<i>see 1</i>)?</p> <p>(v) What is the level of GHI support to each provider (<i>see 1</i>)?</p> <p><i>* NOTE: one might only choose to include private-for-profit providers if a mapping exercise showed that they were major providers of care, e.g. a private hospital or an important independent source of ARVs.</i></p>	<p><b>District Mapping</b> (<i>important to do before deciding which providers to include in study</i>)</p> <p><b>A1 A2</b> Review facility and district records including OPD, Lab, Pharmacy and HIV service records</p> <p><b>B1 B2</b> interview facility / NGO &amp; district managers</p> <p><b>E</b> Look for evidence of financial flows from the GHIs to DHMT, NGOs and other providers</p> <p>+/- <b>B3 C2</b> and <b>D</b> Interviews &amp; FGDs</p>
<p><b>3) Quality of Care</b>                      <i>Optional</i></p> <p>(i) What is the technical quality of HIV/AIDS services delivered ? *</p> <p>(ii) What is the acceptability and patient-perceived quality of HIV/AIDS services delivered ?</p> <p>(iii) How does Quality of Care compare across different types of providers ?</p> <p>(iv) Are service users' views obtained and used to influence how services are delivered?</p> <p><i>* NOTE: there are different dimensions and measures of technical quality that range from simple facility inventories and surveys on provider knowledge to sophisticated measures that require expert opinion. As ART care is complex, simple measures combined with patient surveys on perceptions of quality are easier. Compare QoC between different types of providers using simple facility, patient and provider measures</i></p>	<p><b>Main methods</b></p> <p><b>A (1 to 3)</b> Review facility and lab records plus facility inventory</p> <p><b>B1</b> Interviews facility managers</p> <p><b>C1</b> survey providers to measure knowledge + practice?</p> <p><b>C2 B3</b> interview patients + advocates for their experiences and perceptions of quality of care</p>
<p><b>4) Non HIV/AIDS priority services</b>                      <i>Optional, but easy to add in</i></p> <p>(i) What are the trends in the delivery of other (non-HIV/AIDS) priority services: e.g. maternal health, EPI, IMCI (children's) services, etc.? Is there evidence of increases and/or reductions in these services?</p> <p>(ii) What are the reasons for these trends? How might GHI support for HIV/AIDS explain these trends?*</p> <p><i>* NOTE: These questions overlap with Module B especially a) on Human Resources</i></p>	<p><b>Main methods</b></p> <p><b>A (1 to 3)</b> Review facility, NGO and district records</p> <p><b>B1 B2</b> interview facility &amp; district managers + other stakeholders</p> <p><b>Additional methods</b></p> <p><b>B3 C2 D</b> Interviews &amp; FGDs with patients, and communities</p>

**(B): HEALTH SYSTEMS CAPACITY**

*What are the effects of GHI funds on district capacity, including*

- 1) *Human Resources* ?
- 2) *Commodities* and equipment ?
- 3) Capacity of districts to *coordinate* HIV/AIDS control (harmonisation and alignment) ?

<p><b>1) Human Resources</b></p> <p>(i) What are the <i>numbers, category</i> (level of formal training), gender, years of experience, main employer &amp; <i>location</i> of work of district providers of health and HIV/AIDS services? (rural / urban; Public / Private / NGO) What are the trends in numbers and categories of such providers? Over the last year, how many providers have left this employer and how many have arrived? What are the reasons for these movements of health workers? Level of absenteeism from work?</p> <p>(ii) What proportion of <i>working time</i> does each provider spend on HIV/AIDS control? Changes / trends in allocation of time to HIV/AIDS versus other health service priorities? Have providers shifted from delivering other services to delivering HIV/AIDS services?</p> <p>(iii) What HIV/AIDS <i>training</i> has each provider received What are the objectives and nature of the training programmes and target groups for the programmes? Time spent in training programmes,)?</p> <ul style="list-style-type: none"><li>- Source of training (funded by a specific GHI? From another source?)?</li><li>- Time spent away from main work place in training workshops?</li><li>- How is HIV/AIDS training harmonised with training of non-focal diseases?</li></ul> <p>(iv) Nature of training received – appropriate to providers’ needs? Training gaps?</p> <p>(v) How are providers of HIV/AIDS services salaried or remunerated? Are there salary or incentive differences between those who deliver HIV/AIDS versus those who deliver other services? Do particular GHIs bring particular <i>incentive packages</i>? What is the nature and level of these incentives? What are the contractual terms and conditions for staff working in programmes funded by the GHIs?</p> <p>* (vi) Do provider incentives and remuneration differ across different types of district programmes and district health service employers? In what ways do incentive packages differ?</p> <p><i>* NOTE: if studies aim to research either Module B 1) Human Resources or Module A 2)Public Private Mix, it is advised to <u>cover both sets of issues</u>.</i></p>	<p><b>Main methods</b></p> <p><b>A1 A2</b> Review facility and district records</p> <p><b>B1 B2</b> interview facility / NGO &amp; district managers</p> <p><b>C1</b> survey sample of providers (+/- in-depth interview of small number to explore findings)</p> <p><b>Additional methods</b></p> <p><b>B3 D</b> Interviews &amp; FGDs with patients, communities and advocates <i>(to check reliability of data obtained from managers and providers)</i></p>
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## 2) Commodities and Equipment

2(ii) to (iv) optional

- (i) Are the *essential commodities* for delivering HIV/AIDS services available in the facility: ARVs, TB drugs, drugs to treat OIs, condoms, laboratory tests for HIV, etc.? Are supplies regular and reliable or have there been 'stock-outs' (e.g. in the last 3 months)? Are commodities (esp ARVs) in line with national guidelines? Or does GHI support lead to different types of treatment regimens for the same conditions?
- (ii) *Procurement*: what are the sources of ARVs and other HIV/AIDS related commodities? Do different GHIs supply commodities?
- (iii) Is essential (e.g. lab) *equipment* available and are staff trained in its use? Quality control in-place?
- (iv) Are the commodities for delivering *other priority services* available in the facility (e.g. antimalarials)?

### Main methods

- A3 (+A1 A2)** Review facility, lab and district records + facility inventory (including Pharmacy and Lab)
- B1 B2** interview facility / NGO & district managers to explore procurement + reasons for absence of essential commodities

## Detailed Research Questions and Methods

### (B): HEALTH SYSTEMS CAPACITY *continued*

<p><b>3) District Coordination / Harmonisation &amp; Alignment *</b></p> <p>(i) What coordinating <i>structures or committees</i> are there at the district level (e.g. district health management team [DHMT], district AIDS committee) to oversee district HIV/AIDS control?</p> <p>(ii) Who sits on these committees? Who is not on these committees but should be sitting on them?</p> <p>(iii) Do these committees (and how well do they) carry out the <i>functions</i> of: HIV/AIDS service <i>planning, coordination</i> of service delivery, <i>monitoring and evaluation</i> (M&amp;E), and <i>reporting</i> to higher levels?</p> <p>(iv) What <i>funds</i> for district HIV/AIDS control are managed by these committees? How much for different components of control? What funds flow to the district for HIV/AIDS but outside of these channels?</p> <p>(v) As far as you are aware, what expectations do the different <i>GHIs</i> have with regard to use or non-use of coordinated district structures for HIV/AIDS control – supportive, neutral or opposing?</p> <p>(vi) Do the different district providers of HIV/AIDS services use the same formats or different <i>formats for reporting</i> according to the different sources of funding? Do they report for the same time periods and according to the same reporting cycles, or by different time periods and cycles? Are reporting formats and cycles aligned with national Ministry of Health / NACP / NAC formats and cycles?</p> <p>(vii) To what extent is coordination of GHI-funded activities integrated with coordinating structures / mechanisms for other programmes at district level?</p> <p>* <i>NOTE: This is a cross-cutting theme, which can be conducted through in-depth and guided interviews with around 4-8 key district informants. These interviews are essential to understanding other findings in Modules (A), (B) and(C).</i></p>	<p><b>Main methods</b></p> <p><b>A1</b> Review district management team reports and health facility &amp; district disease and service returns</p> <p><b>B2 B1</b> interview facility &amp; district managers + other stakeholders (DHMT, district AIDS committee members, NGO managers)</p> <p><b>E</b> Look for evidence of financial flows from the GHIs to DHMT, NGOs and other providers</p>
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**(C): ACCESS and EQUITY**

*OPTIONAL but much of the data on Equity can be obtained in Module (A): Method A1 – facility/district records. Data on Models of delivery from district key informant interviews*

- 1) To assess the effects of GHIs on *equity of access* to HIV/AIDS interventions and services at district level, focusing on barriers to access for key target groups: for example the poor, the young, rural dwellers, women.
- 2) To identify and describe *models of delivery* that help overcome these barriers; and any models that increase these barriers.

Detailed research Questions and Objectives	Methods
<p><b>1) HIV/AIDS service use WHO is getting services? WHAT services? From WHOM? *</b></p> <p>(i) How do HIV/AIDS service use patterns vary between <i>different target groups</i> (gender; age; geographical location; socioeconomic groups; ethnicity)?</p> <p>*(ii) How do patterns of service use vary for different types of services (prevention, treatment and care)?</p> <p>** (iii) How do patterns of service use vary between provider types (public; private; NGO; FBO)?</p> <p>(iv) How do patterns of service use vary between GHI-funded &amp; non-GHI funded services?</p> <p>(v) How have patterns of service use changed over time? Is HIV scale-up benefiting only some types of target groups?</p> <p>(vi) How do these patterns reflect what is known about patterns of need/current epidemiological data?</p> <p>* <i>NOTE: Module (A). on Service Scale-up will have covered the question: ‘What types of services?’</i></p> <p>** <i>NOTE: Module (A). will have covered the question: ‘What types of providers?’</i></p>	<p><b>Main methods</b>  <b>A (1 to 3)</b> facility and district records</p> <p><b>Additional methods</b>  <b>B1 B2</b> interview facility &amp; district managers + other stakeholders  <b>B3 D</b> Interviews &amp; FGDs with patients, communities and advocates</p>
<p><b>2) Access: WHY? <u>Institutional</u> Factors</b></p> <p>(i) What are the key institutional factors that act as barriers to communities / target groups accessing and using different HIV/AIDS interventions: e.g. services not being delivered? Commodities not available? Staff not present at facilities? Geographical accessibility? Financial accessibility (cost)? Organisational &amp; bureaucratic factors? Poor quality of care? Staff attitudes? Staff lack training?</p> <p>(ii) How do these factors vary between provider types (public; private; NGO; FBO)?</p> <p>(iii) How do these factors vary between different service types (prevention; treatment; care)?</p> <p>(iv) How do these factors vary between GHI &amp; non-GHI services?</p> <p>(v) Are service users’ views obtained and used to influence how services are delivered?</p>	<p><b>Main methods</b>  <b>B1 B2</b> interview facility &amp; district managers, selected providers + other stakeholders</p> <p><b>Additional methods</b>  <b>B3</b> Interviews with providers, patients and community/ patient advocates  <i>(may help to triangulate and explore findings from B1 and B2)</i></p>

<p><b>3). Access: WHY? <u>Individual/household/community factors</u></b></p> <p>(i) What are the key individual/household/community-level factors that inhibit use of HIV/AIDS services (e.g. attitudes; beliefs; gender relations; age; education; geographical location; income; service charges / cost of drugs; costs of accessing care (transport; time off work etc.); eligibility; relationships with staff)?</p> <p>(ii) How do these vary among different service users (gender; age; geographical location; socioeconomic groups; ethnicity)</p> <p>(iii) What are the key factors influencing users' choice of service?</p> <p>(iv) Are service users' views obtained and used to influence how services are delivered?</p>	<p><b>Main methods</b></p> <p><b>C2</b> exit survey of patients</p> <p><b>B3</b> interviews of community leaders / patient advocates / selected patients</p> <p><b>D</b> community FGDs</p> <p><b>C2 =</b> Optional extra</p>
<p><b>4) Impact of GHIs on access and equity: HOW do GHIs differ?</b></p> <p><i>Important to compare public; private; NGO; FBO *</i></p> <p>(i) What (if any) are the differences between the different models of HIV/AIDS prevention, treatment &amp; care that are being delivered at the district level? For example, do some models deliver single interventions (only prevention or only treatment), while others deliver multiple interventions? Do different models of care focus on different target groups?</p> <p>(ii) To what degree do differences in models of HIV/AIDS care relate to different sources of funding – GHI and non-GHI funded care? **</p> <p>(ii) What have been the effects of different GHI models of intervention on equity of access to HIV/AIDS prevention, treatment &amp; care? Do some GHIs demand that target numbers be achieved so that more difficult to reach people are neglected?</p> <p>(iii) What aspects of the models of delivery adopted by GHIs make them accessible, for which groups, &amp; related to which institutional &amp; individual/ household/community-level factors?</p> <p><i>* NOTE: These questions require that you have answered the questions in Module A: WHO is receiving WHAT services from WHAT TYPES of Providers?</i></p> <p><i>** NOTE: In some countries and districts it may not be possible to track GHI funds and clearly attribute differences in models of care to different sources of funds. For example, this may be the case if a hospital or NGO is receiving both Global Fund AND Government (or MAP) support</i></p>	<p><b>Main methods</b></p> <p><b>A (1 to 3)</b> Review facility, NGO and district records (<i>for quantitative evidence of inequity / access problems</i>)</p> <p><b>B1 B2</b> interview facility &amp; district managers + other stakeholders including patient advocates (<i>to explore reasons for access problems</i>)</p> <p><b>Additional methods</b></p> <p><b>C2 D</b> FGDs with patients, surveys of patients in community</p>

**Data collection tools**

*important that country teams use standardised tools with common indicators / questions across studies*

<b>Tool</b>	<b>Description</b>
<b>A</b>	<p><b>Facility tools</b></p> <ol style="list-style-type: none"> <li><i>Facility records review:</i> Prepare a <u>proforma (a form)</u> to capture relevant information on patients, staff and key services delivered. e.g. for each time period (often 3 monthly) to record numbers of AIDS patients, number of diseases (often this is routinely reported); numbers of patients on ART and TB treatment (breakdown by gender and age?); numbers of services delivered; numbers of key drugs (e.g. ARVs) &amp; commodities in stock; numbers of VCT / HIV tests done; staffing levels (numbers, departures and arrivals)</li> <li><i>Interview facility managers</i> and record this information on to proformas, where records are not available or not accessible</li> <li><i>Facility inventories:</i> observe and record on proformas key drugs / commodities (AIDS / non-AIDS related) in stock; treatment guidelines in-place.</li> </ol>
<b>B</b>	<p><b>Semi-structured interview schedules</b> for key stakeholders:</p> <ol style="list-style-type: none"> <li>Facility managers (including MO in charge, Administrator, Human Resource managers; for some questions interview selected providers)</li> <li>District managers / district AIDS Committee members, NGOs</li> <li>Community leaders / patient advocacy and support groups / PLWAs (People living with AIDS)</li> </ol> <p><i>NB, use meetings with district stakeholders to get copies of relevant district/NGO reports and documents</i></p>
<b>C</b>	<p><b>Structured questionnaires</b> for interviewing large numbers of:</p> <ol style="list-style-type: none"> <li>Facility staff / health care providers)</li> <li>Patients +/- community samples (<i>OPD exit interviews easiest, but minimise biases</i>)</li> </ol>
<b>D</b>	Topics guides for Focus Group Discussions (FGDs) with communities / patients
<b>E</b>	Resource Tracking (District Health Management may have information on levels of funding coming to district for HIV/AIDS control)