Title: An evaluation of the Eastern Cape Department of Health HIV/Aids Business Plan for 2003/04.

Description: The evaluation formed part of a joint submission by the Public Service Accountability Monitor, Treatment Action Campaign and the Black Sash to the Finance Standing Committee on the Health Department's 2004/05 Strategic Plan.

An Evaluation of the Eastern Cape Department of Health HIV/Aids Business Plan for 2003/04

By the Public Service Accountability Monitor

Submitted to the Finance Standing Committee, Eastern Cape Legislature, Bisho

2 March 2004

The HIV/AIDS Business Plan was signed between the 10th and the 15th of April 2003 by the Director: HIV/AIDS and TB, the Chief Director: District Health Services, and on behalf of the Head of Department: Department of Health[1].

This document contains a number of important insights to which the PSAM hopes to draw the attention of the Finance Standing Committee. These insights relate to the dangers of awarding considerable budget allocations to departmental programmes and sub-programmes without first obtaining an indication of the coherence and costing of programme activities.

Policy Priorities

The plan, said to be in line with the National Health Strategy, identifies eight priority areas:

1. Popular mobilisation
2. Awareness and prevention
3. Treatment, care and support, including TB Care
4. HIV/AIDS in the workplace

[1] All references to figures contained in this document refer to the Eastern Cape Department of Health, HIV/AIDS and TB Directorate, Business Plan 2003/4. This document was obtained by the PSAM through a process of litigation involving the Promotion of Access to Information Act, 2000 in November 2003.

5. Poverty Eradication
6. Provision of basic services
7. Information management and monitoring
8. Co-ordination

It is unclear why 'poverty alleviation' falls under the remit of the Department of Health as opposed to other provincial departments, such as the Department of Social Development. The Business Plan contains no references to activities relating to poverty alleviation.

The plan claims to provide 'an integrated package of programmes around which participating departments and organisations can plan and budget for in the next three years'. Despite this claim, however, the plan only sets out activities and budgets over a single financial year and these activities are restricted to the Eastern Cape department of Health alone.

Programmes and programme objectives

The Business Plan identifies ten programme areas. These include:

Programme 1. Voluntary Counselling and Testing
Programme 2. Prevention of Mother to Child Transmission
Programme 3. Sexually Transmitted Infections
Programme 4. Commercial Sex Worker Programme
Programme 5. Non-Occupational Post Exposure Prophylaxis (PEP)
Programme 6. Home Community Based Care
Programme 7. Step Down Care
Programme 8. Management
Programme 9. Centre of Excellence
Programme 10. Social Mobilization

There is no logical connection between a number of the programme areas and the policy priorities, which are said to inform the plan, such as poverty alleviation, HIV/AIDS in the workplace and co-ordination. No programme activities set out to address these policy priorities.

Budget allocation and outcomes

The plan indicates the following budget allocations, and the division of this budget into the following programmes:

Budget Source		**Programmes**	
Provincial Budget	R32.013m	VCT	R11.021m
Conditional Grant	R38.934m	PMTCT	R7.845m
Total	R70.947m	STIs	R2.34m
		Commercial Sex Workers	R2m
		PEP	R4.99m
		Home Based Care	R19.068
		Step Down Care	R7.7m
		Management	R862 000
		Centre of Excellence	R6.19m
		Social Mobilisation	R9.108m
		Total	R71.124m

Figure 1 Budget source and programme divisions

It is significant that when the above budget amounts are added up the total cost of the proposed programmes (R71.124 million) is R177 000 more than the amount contained in the budget (R70.947 million). This indicates a failure to conduct a set of cursory checks on the figures contained in the plan.

Proposed Budget Outcome	Amount	Percentage of Total Budget
Training (includes Umtata Centre for Excellence)	R 29 220 000	41%
Social Mobilization	R 10 092 550	14%
Stipends to lay counsellors and community health workers	R 11 614 000	16%
ARVs for PMTCT	R 2 141 832	3%
ARVs for PEP	R 3 500 000	4.9%
Other medication	R 2 455 000	3.4%
Test kits	R 1 800 000	2.5%

Figure 2. Percentage of budget allocation by proposed outcomes

The budget division demonstrates an overwhelming emphasis on training. Whereas 71 percent of the budget is allocated for training, social mobilisation and the payment of lay counsellors and community workers, only 7.9 percent was allocated for the purchase of anti-retroviral drugs (ARVs) and 3.4 percent on other medication (for opportunistic infections). Only 2.5 percent of the budget was allocated for the purchase of test kits.

Due to a lack of supporting information listing the most pressing health care needs to be met by those living with HIV in the province it is impossible to say whether these proposed budget outcomes constitute the best possible use of budgeted funds.

Identification of health needs to be addressed by Business Plan

The Business Plan fails to provide any account of the process through which the programme activities were identified. Under a discussion entitled ‘Background’, the department recognises that the nature of the threat from HIV/AIDS necessitates ‘combined action and joint campaigns between Government and civil society organisations’ and ‘partnerships with trade unions, business faith-based organisations, higher educations institutions, donors and NGOs’. However, there is no evidence that any of these stakeholders were consulted in the process of drawing up the current plan.

There is also no indication that the plan has been informed by a thorough needs analysis. Other than a solitary reference to the HIV infection rate of 22.9 percent in the Alfred Nzo district municipality there are no other hard figures cited in the plan indicating the latest research into how many people have been infected with HIV in the Eastern Cape. No demographic information for persons living with HIV is cited in the plan. Consequently, there is no indication of which demographic groups (including age groups, genders, and geographic locations) would be targeted in the plan.

Despite the fact that the department has run a number of PMTCT test sites, at which extensive counselling, testing and administration of ARVs must have been conducted, none of this information is reflected in the business plan. For instance, there are no average times indicated for counselling and testing of patients. There is also no indication of the quantity of medication consumed by the average patient on opportunistic infections as the basis for ordering medication.

Activities identified per programme and setting of programme targets

There does not appear to be a rational and informed relationship between the activities identified in the various programmes and the setting of targets. For instance, in programme 1, which deals with VCT, an objective is set to increase the number of VCT sites from 150 – 350. No indication is provided of where these sites need to be located in response to pressing health needs. Whilst a target is set to train 768 lay counsellors, it is only proposed to pay stipends to 317 of these counsellors. For this reason the relationship between activities and the setting of targets appears to be arbitrary.

In many instances the activities listed under the various programmes do not make sense. For instance, under programme 1, which deals with VCT, a proposed activity is to 'train professional nurses on counselling and rapid testing @ R400 per person for 10 days'. Another listed activity proposes to 'conduct 10 day training for 32 lay counsellors per district (24 districts) @ R400/person per day'.

The question that needs to be posed in respect of these activities is: why should it take 10 days to train an already trained health professional to undertake voluntary counselling and testing? Why should it take 10 days to train a lay counsellor to undertake voluntary counselling? Are two solid weeks of workshops really necessary for these activities? Can the cost of R4000 per person per workshop really be justified? Why have the workshop costs been calculated on the basis of the number of the participants rather than the cost of materials and the daily rates of the training staff? The total cost of these two activities alone within programme 1 amounts to an astronomical R5 472 000 (or 7.6 percent of the total budget).

A subsequent activity listed under programme 1 is to 'organise mentorship workshops for 768 lay counsellors on VCT/MTCT @ R400/person * 3 days'. Again under programme 2, which deals with PMTCT, it is proposed to 'conduct a 5 day PMTCT Training workshop for 786 Lay Counsellors (32/district, for 24 districts) @R400 per person per day'. No indication is given as to how these two activities differ from each other, or indeed how the content of the training offered differs from that proposed in the previous training activities listed for programme 1.

Costing of programme activities

Many of the figures setting out the cost of programme activities appear to have been arbitrarily calculated or have been miscalculated.

In the instance of the proposed training of 786 lay counsellors on PMTCT already cited for programme 2, the cost figures have clearly been miscalculated. The activity proposes to train a total of 32 counsellors from 24 districts, which would provide a total number of 768 counsellors not 786. The numbers used to calculate the cost of this activity have clearly been reversed. However, these calculations have not been checked. Consequently the costing for the activity is calculated on the training of 18 more counsellors than necessary, and an extra R36 000 is budgeted for this activity (R1 572 000 instead of R1536 000).

The costs for training under programme 1 appear to have been arbitrarily arrived at. Whereas the costs of training professional nurses in counselling and rapid testing are set to amount to R400 per day per workshop participant, the 'in-service training of nurses on rapid testing' is costed at a mere R40 per person per workshop. Again the cost of training HIV/AIDS coordinators 'on project management' for programme implementation amounts to R1208 per person trained, as opposed to R4000 per

person for VCT skills. The cost of R40 allocated to VCT/MTCT trainers and managers to attend quarterly meetings appears to be similarly arbitrary.

Also in programme 2, which deals with PMTCT, an amount of R850 000 is allocated for purposes of social mobilisation (without any costing of individual activities) despite the fact that R9.1 million is allocated to a separate programme to address this purpose.

Under programme 9, R6.19 million is allocated for purposes of establishing a Centre of Excellence at the University of the Transkei despite the fact that no breakdown of the costs of the individual activities, or the targets to be achieved by these activities, is provided.

Under programme 10, which deals with social mobilisation, R750 000 is allocated to the Men's Forum, FOHAP and WIPPA to draw up a 'program/plan of action'. No explanation is provided as to who these organisations are, and what activities they will undertake. Nor is there any indication of why it should cost R250 000 per organisation to draw up an action plan. Similarly R250 000 is allocated for the purposes of establishing 3 district AIDS Councils (in the OR Tambo, Chris Hani and Cacacu districts) at a cost of R250 000 per district. No indication is given as to what these structures will consist of or how this budget allocation will be utilised.

Also under programme 10, an amount of R4 million (44 percent of social mobilisation budget and 5 percent of budget overall) is allocated to the following activity: 'conduct special events, namely the candle light (sic), partnership anniversary and Condom-STI week both at provincial and at district level'. No internal breakdown is provided as to the costs of these individual activities or the targets to be achieved and the amount allocated appears to be totally disproportionate to the potential impact achieved through these proposed activities.

Responsibility for Programme Implementation

It is significant, when looking at programme 8 (which deals with Management), that no Financial Administration Officer had been employed up until 2003 'to assist in the management of conditional grants'. It is also significant that 'head office' staff had not yet been trained in terms of the Public Finance Management Act or in project management. This is despite their responsibility for managing a budget of over R90 million in the 2002/2003 financial year.

The implementation of many of the programme activities seems to rest on five staff members (Makwedini, Nqini, Gobodo, Magenuka, Madonsela). There do not appear to be sufficient numbers of suitably qualified staff and programme managers to run the programmes effectively.