

8. *Taking Action* Implementation – Systems and Staffing

In Brief

Question: Are appropriate UK Government systems and staff resources in place to implement *Taking Action*?

There has been a marked increase in the percentage of DFID staff with AIDS-related objectives and success criteria in their Personal Development Plans/Performance Management Frameworks since the launch of *Taking Action*. The proportion of staff with at least one HIV/AIDS objective increased from less than 1% to 5-10%. The proportion with at least one HIV/AIDS success criterion increased from 1-2% to 15-25%.

Job descriptions refer to HIV where appropriate and this is taken into account in recruitment. Evidence from country case studies shows that DFID advisers have high levels of AIDS-related skills and knowledge. However, there is no standard briefing on HIV during staff induction nor any shared understanding of what AIDS competencies are required by staff. Heads of Profession and the Global AIDS Policy Team are stepping up efforts to provide opportunities for ongoing professional learning.

DFID is committed to reducing staffing levels as part of the UK Government's 'doing more with less' agenda. Accurate information about whether this has led to a reduction in health advisers is not readily available, although one study reported a 14.5% reduction. There are some concerns about the implications of reduced staffing for use of policy dialogue as an aid instrument. The process for determining which country offices should have a health adviser is unclear. Most PSA countries have a health adviser although Indonesia, Lesotho, South Africa, Sudan, Tanzania and Vietnam are exceptions to this. Strategies adopted to manage 'more with less' include the use of hybrid advisers e.g. combined health and education advisers, 'silent partnerships' with other donors, consultants and outsourcing.

DFID has a number of electronic resources which contain information relating to HIV and AIDS. These include PRISM, QUEST, the e-library, Global AIDS Team web pages, AIDS Portal, Research Portal and the Best Practice Guide. There is some duplication between these resources, some are out of date and links between them are limited. Measures are being taken to address weaknesses in information and knowledge management systems.

Focus on DFID

8.1 This section focuses mainly on DFID staffing and systems, since DFID is primarily responsible for implementation of *Taking Action*. There is little evidence that the strategy has influenced staffing or systems of other government departments.

DFID Staffing

Objectives, Success Criteria and Learning Goals

8.2 From 2003 to date, there have been two systems for DFID staff annual work and development plans. Personal Development Plans (PDPs) ran for calendar years until 2006. Performance Measurement Frameworks (PMFs) were introduced in 2005/6 and cover DFID financial years¹⁶⁷. *Taking Action* has had a significant impact on the extent to which HIV and AIDS is reflected in staff PDPs and PMFs. Table 12 (p106) shows there was a noticeable increase in the proportion of Senior Civil Service (SCS) and A grade¹⁶⁸ staff with HIV/AIDS objectives and success criteria¹⁶⁹ from the period prior to *Taking Action* to afterwards. The proportion of staff with at least one HIV/AIDS objective increased from less than 1% to 5-10%. The proportion with at least one HIV/AIDS success criteria increased from 1-2% to 15-25%^{170,171}. Objectives for HIV and AIDS are included for staff of a number of different disciplines, including health, social development and governance advisers.

Job Descriptions, Recruitment and Orientation

8.3 Job descriptions are prepared by the division, department, team or country office that initiates recruitment. They determine whether or not HIV and AIDS are included. DFID human resources division does not check that cross-cutting issues are covered in job descriptions, although this was done for gender in the 1990s (DFID, 2006c).

¹⁶⁷ This creates some difficulties in comparing periods before and after the introduction of *Taking Action*

¹⁶⁸ Staff grade levels used within DFID and other government departments.

¹⁶⁹ Staff typically have 4-5 objectives and each objective has 2-5 success criteria.

¹⁷⁰ The figures indicate that there has been a slight decrease in the proportion of staff with HIV/AIDS objectives and success criteria after the initial rise. However, the figures remain much higher than the 2003 levels.

¹⁷¹ There was less of a change in the proportion of staff with an HIV/AIDS learning goal between 2003 and 2005. The apparent discrepancy between the increase in HIV/AIDS objectives and in HIV/AIDS learning goals may be because the objectives component of the PDP was introduced in 2003 but learning goals were not completed to the same degree as objectives until 2004.

Table 12. Number of DFID Staff with at Least One HIV/AIDS-related Objective, Success Criterion or Learning Goal in their Personal Development Plans or Performance Management Framework: 2003-7

	PDPs			PMFs	
	2003	2004	2005	2005/06	2006/07
Number of Staff with a PDP/PMF	704	776	804	735	805
Staff with a PDP with at least one objective ¹⁷²	539	775	804		
Staff with a PDP with at least one learning goal ¹⁷³	72	715	771		
Staff with an HIV/AIDS objective					
No.	5	68	66	54	47
% of those with a PDP/PMF	0.7	8.8	8.2	7.4	5.8
% of those with a PDP/PMF with at least one objective	0.9	8.8	8.2		
Staff with HIV/AIDS success criteria					
No.	11	175	144	144	133
% of those with a PDP/PMF	1.6	23	18	20	17
% of those with a PDP/PMF with at least one objective	2.0	23	18		
Staff with HIV/AIDS learning goals					
No.	3	40	34		
% of those with a PDP/PMF	0.4	5.2	4.2		
% of those with a PDP/PMF with at least one learning goal	4.2	5.6	4.4		

8.4 Core and specialist competencies, based on job descriptions, are tested during the recruitment process through interviews, presentations, written tests, group work and other exercises. HIV and AIDS are only covered in the recruitment process where specifically relevant, e.g. when recruiting health or HIV advisers. It was reported to the evaluation team that orientation for new staff includes two days about DFID in general, and a half day from Policy Division. Learning and Development Services is developing a staff HIV and AIDS awareness programme. This builds on the workplace policy rather than being intended to ensure that staff have adequate technical competency. There is no standard briefing on HIV and AIDS either for staff with direct responsibility for the issue or for those in other sectors. Box 23 (p107) illustrates how these issues are approached by another bilateral donor.

¹⁷² In 2003, some PDPs had no objectives.

¹⁷³ Some PDPs do not have learning goals. This was particularly true in 2003.

Knowledge and Skills

- 8.5 Although it is expected that, where relevant, staff will have adequate HIV and AIDS knowledge and skills when recruited, there is no common standard of required knowledge and skills. Plans to develop improved professional advisory capacity within DFID offer an opportunity to establish clear HIV and AIDS competencies, which reflect *Taking Action* priorities. They also provide an opportunity to ensure that these competencies are included in all relevant posts and in continuing professional development.
- 8.6 Frameworks for all advisory groups are being reformulated along the lines of core technical knowledge specific to each professional group; international development knowledge required by all advisers; and core business skills and DFID-wide behaviours. This reflects recognition by senior management that, with UK aid set to increase rapidly, professional advisers will require high levels of diverse skills to deliver the new commitments in the White Paper (DFID, 2006e). Heads of Profession recently undertook a strategic review of DFID's future advisory needs and made 19 recommendations to meet changing demands for advice. Issues identified included the growth in hybrid advisory posts¹⁷⁴ and of new posts in fragile states, and the need to streamline human resource (HR) systems (DFID, 2006p).
- 8.7 DFID has plans to recruit a Professional Development Adviser to the Heads of Profession Group in Policy Division to lead on implementation of these recommendations. Key tasks will include establishing or improving systems to attract, retain, post, accredit, develop, promote and second advisers; developing a common framework for specialist competencies at each grade and guidelines for creating posts and job descriptions; and contributing to review of the performance management system and proposals to strengthen professional development (DFID, 2006p).
- 8.8 Country case studies conducted for this evaluation found that DFID staff demonstrate a high degree of HIV and AIDS-related knowledge and skills. They also highlighted the need to review the implications for knowledge and skills of the shift in the role of advisers to increased emphasis on policy dialogue and on sector support in the context of greater use of aid instruments such as poverty reduction budget support (see Box 24 p108).

Box 23 AIDS Competence: Lessons from SIDA Evaluation

A recent evaluation of Sweden's HIV and AIDS strategy focused on the concept of building 'AIDS competence' among staff in two ways. First, this involved establishing appropriate structures, including a central HIV/AIDS secretariat, regional teams/advisers and departmental focal points. Second, it focused on practical training – moving away from poorly-utilised, brief, 'sermonising' towards skills-based approaches focused on real-life situations, ongoing discussions and supported with relevant e-materials (Vogel et al., 2005).

¹⁷⁴ With responsibilities in more than one sector

Box 24 DFID Country Advisers have High Levels of Skills Yet Face Increasing Demands

In **Ethiopia**, DFID health and HIV/AIDS, social development, and livelihoods advisers exhibit extensive knowledge and good analytical skills. DFID is highly respected by partners for thoughtful counsel and wise policy advice. Staff play key roles in donor task forces that influence government strategy. Increased involvement in policy dialogue and negotiation requires different skills to those required for project management, and depends on political awareness and sensitivity, in addition to strong country and sector knowledge.

Likewise, in **Zambia**, the shift to PRBS means that DFID staff require a different skill set. Sector ministries need to develop capacity to negotiate with the Ministry of Finance and National Planning and systems to track how resources are spent. For DFID this implies greater reliance on policy dialogue and increased provision of technical assistance, and the need for staff to have 'softer' skills such as 'trust building' in addition to more traditional technical skills, and tools for tracking achievements in policy dialogue.

The move to sub-sector budget support through NACP 3 requires DFID **India** staff to have different skills from those required to manage discrete projects. This includes the ability to undertake policy dialogue, influence and advocate for policy change, identify opportunities and mechanisms for strengthening national capacity systems, and the need to be well versed in monitoring and evaluation approaches. Team members have an opportunity each year, as part of their annual PMF, to identify skills gaps and request training and skills development. They reported that they had taken advantage of training opportunities.

In **China**, staff identified the need for additional expertise in intellectual property and trade-related issues to enable them to respond to demand for greater DFID involvement on access to medicines for HIV and AIDS.

Continuing Professional Development and Technical Guidance

- 8.9 Staff learning goals are determined by individual objectives and success criteria, based on team objectives, as well as by existing knowledge and skills. Training, 'learning by doing' and field visits are among the approaches used to meet learning goals. In practice, work pressures and DFID's focus on high-level policy dialogue limit staff time for training and field visits. For example, the evaluation of the DFID Rwanda programme (Kanyarukiga et al., 2006) found that 'The programme is very strongly oriented at central government but is distant from and insufficiently informed about implementation realities on the ground'.
- 8.10 Heads of Profession have made considerable efforts to improve continuing professional development (CPD). Staff report that CPD activities, such as thematic seminars, videoconferences, presentations and annual retreats, are useful and provide an opportunity to exchange experience and share lessons learned with colleagues. The annual human development retreat plays a key role in updating staff knowledge and skills. To date, HIV and AIDS have not featured high on the agenda, but the February 2007 retreat included a day on AIDS. The extent to which HIV and AIDS has been covered in retreats for other cadres varies. Livelihoods retreats in 2003 and 2005 addressed HIV and AIDS in the context of impact on agriculture, rural livelihoods and social transfers. The infrastructure group retreat in 2005 covered transport, HIV and AIDS as part of a presentation on infrastructure and social responsibility. HIV and AIDS have not been addressed by main sessions at social development retreats in the last three

years, although market place presentations during the joint governance, conflict and social development advisers’ retreat in 2004 included HIV and AIDS in relation to social protection, children, donors and the institutional environment (DFID, 2003b; DFID, 2004e; DFID, 2005e; Wray, 2006).

- 8.11 Policy Division develops policy and technical guidance for staff. Since the launch of *Taking Action*, guidance has been produced on issues including HIV/AIDS treatment and care (DFID, 2004b), sexual and reproductive health (DFID, 2004f), and AIDS communication (DFID, 2005f). There are mixed views about DFID’s role in producing technical guidance. Some consider that this is the function of technical agencies like WHO and UNAIDS, while others consider that DFID could do more to develop evidence-based HIV and AIDS guidance for country offices. This evaluation found no evidence to indicate that the uptake or usefulness of guidance is evaluated.
- 8.12 Staff are kept up to date with HIV and AIDS developments through the HIV/AIDS Group and by the GAP team, which sends reports and publications to the HIV/AIDS Group list and organises seminars on an *ad hoc* basis. Other sectors are taking steps to improve provision of HIV/AIDS-related technical advice. For example, consultants have been contracted to develop a set of web-based learning resources for PLOW (the Professional Development for Livelihoods Website)¹⁷⁵ to contribute to the development of professional competence in HIV and AIDS of livelihoods advisers and to prepare a briefing paper on links between livelihoods, HIV and AIDS. Sources of information on HIV and AIDS are discussed under information systems (see section 8.25, p115).
- 8.13 The need to provide specific advice or support is likely to increase as country offices replace sector specialists with hybrid advisers (see section 8.6, p107 and section 8.21, p114) covering more than one sector. However there is no clear locus of responsibility for responding to requests from country offices for technical advice on HIV and AIDS. Policy Division, including the GAP team, and Regional Divisions have limited capacity to do this.

Doing More with Less

- 8.14 Like other government departments, DFID has been tasked with reducing its workforce to meet head count targets (see Table 7 p89). The Quarterly Management Report for Q1 2006/7 (DFID, 2006q) concludes that the ‘Significant reduction in head count continues. The head count figure of 1,768 at the end of June 2006 is on track for the year end target of 1,715’.

Table 13. DFID Head Count Figures and Targets

	Actuals 31 Dec 05	Actuals 31 Mar 06	Actuals 30 Jun 06	Target 31 Mar 07	Target 31 Mar 08
UK	1883	1801	1768	1715	1610
SAIC ¹⁷⁶	989	932	899	964	950
Total	2872	2733	2667	2679	2560

¹⁷⁵ See <http://www.passlivelihoods.org.uk/plow/default.asp?id=211>

¹⁷⁶ Staff appointed in-country

8.15 Information provided by the Head of Profession shows that, as of April 2006, the number of health advisers¹⁷⁷ was 64 (DFID, 2006r). Table 14 (p110) is based on this data and shows the distribution of the health advisory cadre by country. There is a correlation between deployment of advisers and PSA countries although at that time Indonesia, Lesotho, South Africa, Sudan, Tanzania and Vietnam had no health advisers. There were also 21 UK-based health advisers in Policy Division (in the RCH, GCP and GAP teams), Regional Divisions, IDAD, UNCD and CRD; four seconded staff (two to the EC Brussels, one to WHO Geneva and one to UNAIDS Uganda); three based in the UK missions to the UN in Geneva and New York; one at the World Bank in Washington; and two Heads of Office (Sudan and Kyrgyzstan).

8.16 Analysis of current trends in DFID advisory posts indicates that health advisers recorded a decline in absolute terms of 14.5% (Scutt, 2005). This finding differs from the view of the Head of Profession who reported that the total number of health and HIV/AIDS advisers had remained relatively stable during the past three years. It was not possible to objectively verify this as figures are not available prior to this year. Trends observed by the Head of Profession include:

- An increase in the number of staff appointed in country.
- Increasing seniority of UK posts.
- Introduction of hybrid posts, e.g. in Tanzania.
- Shift of some posts from the UK, e.g. a senior post on fragile states was replaced by two posts, one in DRC and the other in Sierra Leone.
- A shift in the regional distribution of staff, e.g. the number of health advisers covering Latin America and Eastern Europe has been reduced. New offices opened in DRC and Sierra Leone, and it is planned to close offices in Russia, Ukraine and China.

Table 14. Distribution of In-Country Health Advisers: April 2006

Country	Health Adviser	HIV/AIDS Adviser	Health and HIV/AIDS Adviser	Health and Population Adviser	Senior health or Health and Population Adviser	Human Development Adviser
Bangladesh	2					
Cambodia	1	1				
China	1			1		
DRC						1
Ethiopia			1			
Ghana	1 ¹⁷⁸					
India	3				1	1
Kenya	1					
Malawi	2	1				
Mozambique		1 ¹⁷⁹				1 ¹⁸⁰

¹⁷⁷ Including HIV and human development advisers

¹⁷⁸ Netherlands First Secretary Health and Gender

¹⁷⁹ Consultant

¹⁸⁰ Education cadre

Country	Health Adviser	HIV/AIDS Adviser	Health and HIV/AIDS Adviser	Health and Population Adviser	Senior health or Health and Population Adviser	Human Development Adviser
Nepal	2					
Nigeria	3	2 ¹⁸¹				1 ¹⁸²
Pakistan	1 ¹⁸³					
Rwanda		1 ¹⁸⁴				
Uganda					1	
Zambia			1			
Zimbabwe			1			

8.17 We attempted to verify these opinions by looking at data from the database maintained by DFID’s HR Division. This proved difficult because:

- There are no standardised reports available on this issue. All data for this enquiry had to be generated by word searches of the database¹⁸⁵.
- Searches of the database do not produce a snapshot for a particular date but a total number for a year. If a person changed jobs during that year, they will be counted twice¹⁸⁶.
- There are significant differences between figures generated by a search of the HR database and those provided by the Head of Profession¹⁸⁷.
- There are differences between job titles as used by the staff member and as recorded in the database.
- There are differences between the job title, as a description of what the person does, and as a description of a particular cadre or ‘career stream’. Although DFID has some ‘HIV/AIDS advisers’, i.e. people who work on issues relating to HIV and AIDS, this is not a specific cadre or ‘career stream’ within DFID. There is however an accredited cadre of health

¹⁸¹ One is AIDS adviser World Bank MAP

¹⁸² Recruitment underway

¹⁸³ Recruitment underway for additional health adviser

¹⁸⁴ AIDS adviser World Bank MAP

¹⁸⁵ This led to some anomalies, e.g. inclusion of Health and Safety staff

¹⁸⁶ This may explain why figures provided from the human resources database were roughly double those provided by the Head of Profession.

¹⁸⁷ For example, searches of the HR database failed to identify 15 staff identified by the Head of Profession. There were various reasons for this. The most common was a job title on the database which does not mention health (11). Of these, five were health advisers either seconded to other organisations or working in other roles within DFID; three were from other cadres but working on health; and three were health advisers with wider (‘hybrid’) roles. The remaining four were not found on the database. Of these, two were long-term consultants, one is employed by the Dutch Foreign Service and seconded to DFID and for one no reason could be identified. Human Resources also provided examples of six staff identified by their database search but not included in the Head of Profession’s list. Of these, two were health and safety staff; two were administrators working in GAPPT; one had left DFID and was working for WHO; and one was a Social Development Adviser working with the Reproductive and Child Health Team.

advisers¹⁸⁸. However, some of these may be working in other roles within DFID, e.g. as heads of country offices. There are also some staff from other cadres, e.g. administration, education, who work largely on health.

- 8.18 Findings from country case studies conducted for this evaluation (see Box 25, p113) indicate that staff reductions have influenced HIV/AIDS programming and implementation of *Taking Action*. They have also affected staff capacity to engage in particular sectors; decisions about choice of partners and aid instruments; and the time available for field visits and keeping up to date with developments and best practice. These issues will become more critical in future as workload increases in line with the projected rise in DFID spend. The gender evaluation noted that ‘in Nigeria between 2003 and 2007 the spending framework is scheduled to triple while staff numbers are being reduced by 10-15%’ (COWI, 2006). Similarly the evaluation of DFID’s India programme 2000/5 noted that aid expenditure had increased from £180 million in 2001/2 to £247 million in 2005/6. Over the same period, DFID India cut the number of advisory staff from 48 to 26 (Heath, 2006).
- 8.19 Strategies to manage ‘doing more with less’ include use of hybrid advisers, where an adviser covers several sectors; ‘silent partnerships’, where sector responsibilities are shared with or delegated to donor partners; joint assistance strategies and donor offices; and a range of other options including outsourcing and the use of consultants.
- 8.20 Hybrid advisers have been introduced in a number of countries, particularly those receiving budget support, as the number of sector specialists is reduced. For example, Mozambique, Nigeria and Tanzania have shifted to joint health and education advisers, although the Mozambique office is reported to have recently reverted to having two separate advisers, and DFID Zambia has converted its education adviser post into a hybrid social sector governance post. The effectiveness of hybrid advisers has yet to be evaluated. Advisers interviewed raised concerns about adverse impact on technical credibility and sector engagement. The findings of country case studies suggest that there is still a need for strong sector engagement and for sector specialists to play a role in influencing, negotiation, technical support and monitoring. Use of hybrid advisers could potentially ensure that HIV and AIDS are addressed across several sectors rather than just by the health sector. However, there is also the risk that ‘non-sector’ issues such as AIDS and gender may not be included in the objectives of advisers who already have a wider range of sector responsibilities.

¹⁸⁸ Who meet the entry criteria of a Masters degree in a health discipline and at least 3-5 years of relevant experience.

Box 25 Doing More with Less: Impact on Country Staffing

DFID **Zimbabwe** has been characterised by high staff turnover, particularly of health and HIV/AIDS advisers. Local staff have provided consistency and institutional memory. ‘Doing more with less’ has resulted in staff taking on additional roles, increasing work pressures and reducing time available to manage programmes and visit the field.

In **Ethiopia** head count pressures have led to loss of the social development adviser and administrative support. This has increased the workload of the health and HIV/AIDS adviser and created uncertainty about who will be responsible for OVC and gender issues. The decision to reduce the number of HIV/AIDS projects has been partly influenced by staff time constraints. Increased work pressure limits time available for field visits, affecting understanding of contextual factors and the impact of the epidemic on vulnerable populations. However, DFID is not the only donor dealing with staff limitations. Staff cuts are reinforcing harmonisation in areas such as shared staff, pooled funding and technical assistance.

In **Russia**, implementation of the ‘graduation plan’ and the need to phase out all personnel has increased the work load of remaining staff. The health adviser post was abolished in late 2004. Roles, knowledge, and skills have not been systematically reviewed and allocation of responsibilities has been essentially opportunistic. HIV/AIDS is not included in current job descriptions, but staff have ensured that work on HIV and AIDS is reflected in their goals. Staff referred to a ‘learning by doing’ approach and had not received specific training or tools to help them address HIV and AIDS.

DFID **China** capacity will be reduced as the office ‘downsizes’ in preparation for closure of the UK aid programme in 2011. This will inevitably increase the workload of remaining staff and require strategic choices about support for and engagement in new issues.

Taking Action was launched around the same time as the DFID **India** office was downsized by one third. This has had implications for capacity to take forward the strategy and has influenced decisions on choice of partners and funding instruments. During NACP 2, staffing constraints contributed to the decision to contract out grant management and to contract a private firm to administer the challenge fund through a Programme Management Office (PMO). The PMO arrangement worked well but is no longer an option for DFID as it counts as an administrative cost¹⁸⁹. The decision not to establish a complementary funding stream for supporting civil society during NACP 3 has been partly dictated by lack of DFID capacity to manage a fund of this kind in-house and partly by the move towards harmonisation, support for country-led programmes, and civil society participation in the design of NACP 3.

DFID **Bangladesh** is addressing the challenge of ‘doing more with less’ by increasing average investment size, developing harmonised sector approaches in health and other sectors, exploring new partnerships and creating more challenge funds to manage financing to NGOs (Batkin et al., 2006)

¹⁸⁹ The audit office has recently pointed out this anomaly to the DFID HIV/AIDS task team.

- 8.21 Experience of silent partnerships is limited and evidence to date about their effectiveness is mixed. In Mozambique, other partners represent DFID, e.g. Ireland in the agriculture sector and Finland in health. DFID Ghana recently introduced a shared education advisory arrangement with the Dutch. DFID Malawi is considering a similar approach for health with the Norwegians. An earlier decision to enter into a shared health advisory arrangement with the Dutch in Ghana experienced difficulties with management which had a direct bearing on DFID's ability to influence the Ministry of Health. The Ghana country programme evaluation conducted in March 2006 concluded that silent partnerships with other donors can be a worthwhile strategy but should be introduced with care, especially when DFID has long history of being the lead partner (Azeem et al., 2006). The Bangladesh country programme evaluation noted that 'The World Bank and Asian Development Bank have had lead management roles in education, health and HIV/AIDS. Their management has not been successful – government ownership has been negatively affected and the SWAps have suffered' (Batkin et al., 2006). While this approach can reinforce donor harmonisation efforts, establishing silent partnerships is challenging in countries where development partners, such as the World Bank, are also scaling down technical staff. Effectiveness, and the extent to which HIV and AIDS are addressed, depends on the calibre of individuals and the priorities of partner agencies. Respondents to this evaluation noted that staff of some DFID's development partners are often generic programme managers rather than sector or technical specialists.
- 8.22 In Zambia, the government and 20 bilateral and multilateral donors have agreed a joint assistance strategy, with a clear division of labour across sectors, in support of the National Development Plan. DFID is taking the lead in macroeconomics, governance, health, HIV/AIDS and social protection. Also a relatively new approach is the establishment of joint donor offices. The first fully harmonised office has recently been opened in Southern Sudan. The Joint Donor Team, comprising the UK, Denmark, Norway, Sweden and the Netherlands, have set up a single programme under a joint strategy, providing combined assistance of US\$118 million in 2006 (DFID, 2006q).
- 8.23 Other strategies include outsourcing and use of consultants. There is a risk that these strategies diminish DFID's institutional memory and ability to lead in future, a point made by the gender evaluation (COWI, 2006). It is also important to ensure that external management agencies and consultants are familiar with DFID's policy priorities including *Taking Action* and that these priorities are reflected in contracts and terms of reference.

DFID Systems

Information

- 8.24 The following is an overview of information systems within DFID and the degree to which they cover HIV and AIDS. Some, such as PRISM, are used to track programme and project information and to monitor performance. Others, such as the Best Practice Guide, are sources of guidance. Some have multiple functions.

- 8.25 PRISM (Performance Reporting Information System for Management) is a corporate management information system database which contains details of DFID programmes and projects, including spend and performance. It also includes lessons learned from annual reviews and Project Completion Reports. HIV-related projects can be found by searching for words in the title or by PIMS¹⁹⁰ marker. There are plans for the limitations of PRISM to be addressed by its replacement, ARIES (Activities Reporting Information E-System).
- 8.26 ARIES, essentially a successor to PRISM, will be rolled out between Spring 2007 and Autumn 2008. Part of the overall Catalyst programme¹⁹¹, it aims to improve the way that DFID manages, reports and monitors information, by integrating programme and financial information and linking projects to country objectives and DDPs. ARIES will also be linked to QUEST to enable users to access stored documents. The ARIES system ‘will help to improve monitoring of expenditure on AIDS and HIV activities and allow DFID policy makers to get a more comprehensive overview of activity, within countries, across regions and worldwide’ (DFID, 2006s).
- 8.27 QUEST is a DFID-wide system for storing documents. It is intended to provide access to all DFID information and records, facilitate inputs from staff and collaborative working, and improve the compatibility of in-house systems (DFID 2002). Previously project documents were saved to PRISM but these are now saved to QUEST.
- 8.28 Insight is the main internal DFID website. It provides staff with news about recent developments and links between departments. Insight will be re-launched in early 2007. Insight is structured around the following sections: staff issues; services and procedures; information resources; policy and strategy; programmes and performance; networks; partners and institutions; and regions and countries.
- 8.29 The Insight section on information resources is broken down into country information; e-library; case studies; expenditure cubes; how to notes; Internet links; news; presentation material; publications; research and research portal. The sub-section on Internet links gives two different ways of getting links related to HIV, one using an alphabetic link and the other by searching for HIV. These produce different results (see Table 15 p116). Search facilities for the e-library and publications sub-sections were not working when we tried to use them¹⁹². The research sub-section has the following elements – growth and livelihoods; human development; social, political and environmental change; communications. Through the human development option it is possible to access the research portal Research4Development¹⁹³.

¹⁹⁰ Policy Information Marker System – this allows staff to code projects/programmes according to particular inputs. There are codes for a range of issues including HIV and AIDS, sexual and reproductive health and gender. Projects/programmes can be coded as having either a principal (P) or significant (S) focus on an issue. Projects/programmes can be coded to more than one PIMS marker and there is no system of weighting.

¹⁹¹ A business change programme of which ARIES and QUEST are both part

¹⁹² 21st November 2006

¹⁹³ See <http://www.research4development.info/>

8.30 The section on programmes and performance covers Catalyst; PRISM; managing projects and programmes; PRSPs; performance assessment; and global funds and partnerships. The Insight section on partners and institutions covers civil society; other donors; Whitehall; international partners; private sector partners; and other governments.

Table 15. HIV and AIDS-Related Sites Listed as Internet Links on Insight

Website	Alphabetic link	Search for HIV
AIDS Vaccine Advocacy Coalition	✓	✓
AIDS Vaccine Clearing House	✓	✗
AIDS Portal	✓	✗
British Library	✗	✓
CDC National Center for HIV, STD and TB Prevention	✓	✓
CDC National Center for HIV, STD and TB Prevention – Department of TB Elimination	✗	✓
European Research Papers Archive	✗	✓
FHI	✓	✓
Global Campaign for Microbicides	✓	✓
Global Fund	✓	✗
HIV Insite	✓	✓
International AIDS Vaccine Initiative	✓	✓
Microbicides Development Programme	✓	✓
Staying Alive	✓	✓
The Global Coalition on Women and AIDS	✓	✗
UNAIDS	✓	✗
UNFPA	✗	✓
WHO Department of HIV and AIDS	✓	✓

8.31 The section on regions and countries is broken down into Africa; Asia; EMAD; Europe, Trade and IFI Division (ETIFID); and UNCD. There is a link to the Global Fund from ETIFID and a link to UNAIDS from UNCD. Asia Division’s HIV pages could not be readily accessed from here¹⁹⁴. Africa Division’s pages include information on health and HIV/AIDS and are linked to the GAP team and WHO. The ‘what’s new’ section is out-of-date; the latest event is an OVC workshop in 2005.

8.32 The section on policy and strategy includes links to strategies. HIV and AIDS are included under other strategies¹⁹⁵. There is also a link to a sub-section on Policy Division, structured around the following elements – for PD staff; about PD; fact sheets; teams; groups; advisory groups; who does what; policy committees; closed teams; and research. GAP team pages can be accessed through teams and groups.

8.33 Insight also has a menu¹⁹⁶ that includes DFID Connect; Blue Book; departments; A to Z; How do I; and Feedback. Through the A to Z, there is an HIV/AIDS

¹⁹⁴ We were able to access these from the Global AIDS Policy Team pages but were not able to find them here even though we knew they existed.

¹⁹⁵ But this was not working as of 21st November

¹⁹⁶ Across the top

option, which leads to an HIV home page but which does not appear to link to other relevant sites and contains outdated material.

8.34 The Best Practice Guide¹⁹⁷ is an online toolkit structured around: aid effectiveness and country-led approaches; programme management cycle; human development; governance and social development; financial sector; investment climate; pro-poor growth; international trade; sustainable development; conflict, humanitarian and security; working with international partners; working with civil society. Each section is divided into sub-sections. The HIV/AIDS sub-section under human development includes *Taking Action*, the HIV treatment and care and the harm reduction policies, and refers to the AIDSPortal as a source of further information. A search for HIV in the Best Practice Guide produces the following top 10 results:

- Best practice overview on AIDS
- Best practice overview on AIDS
- Best practice overview on gender equality and women's empowerment
- Best practice overview on fragile states
- Best practice overview on human development
- A to Z list of best practice guide
- Contents of best practice guide
- Best practice overview on social exclusion
- Best practice overview on human rights
- Best practice overview on why it is important to code projects correctly

8.35 Staff are encouraged to provide feedback on the Best Practice Guide through a generic e-mail address and to recommend other materials for inclusion. To date there has been no specific feedback on HIV/AIDS guidance. Statistics are maintained on the use of Best Practice Guidance but do not provide information about the type of guidance accessed.

8.36 The GAP team pages include the team work plan and a link to the AIDSPortal. A new feature of GAP team resources is organised by: maintaining prevention momentum; making the money work; key themes; institutions; parliamentary business; and regions.

- Maintaining the prevention momentum is broken down into the ABC of prevention; AIDS communication; girls' education; microbicides; stigma and discrimination; and vaccines.
- Making the Money Work is divided into harmonisation (Three Ones); financing; and UNGASS.
- Key themes is divided into economics; gender and women; governance; harm reduction; human rights; OVC; SRH; and treatment and care.
- Institutions covers EU, Global Fund, UNAIDS, and UNFPA,
- Parliamentary business covers Parliamentary Questions and stock replies. Topics include G8, microbicides, OVC, treatment and prevention.
- Regions include Africa and Asia. The Asia pages link to Asia Division's HIV pages. There is no similar link to Africa Division pages.

¹⁹⁷ or Blue Book II, an adjunct to the Blue Book which is the key source of guidance for staff on DFID procedures and systems

- 8.37 The AIDSPortal¹⁹⁸ includes a selection of policy, strategy and briefing documents. It was not intended to be an internal information system for DFID but was tasked to ‘provide to DFID information and material relating to the on-the-ground experience of civil society organisations as well as providing a policy interface between civil society organisations and DFID’. The AIDSPortal has recently started to send a weekly e-mail update¹⁹⁹ and a more detailed monthly newsletter to all members of the HIV/AIDS Group and others with an interest in HIV and AIDS. Use by DFID staff has been tracked and is reported to have increased significantly during 2006. More than 20 staff use the monthly newsletter and 70 read the weekly updates. Feedback from country advisers has been very positive. 45 staff have clicked through to the AIDSPortal from links in Insight since September 2006.
- 8.38 A considerable amount of information on HIV and AIDS is available to DFID staff from a number of sources. None of these sites is a comprehensive source of relevant policies, strategies and practice papers and there is currently no one central way to access information. In some cases, information is duplicated or out-of-date. Search facilities and links between different sites are poor. There is no systematic approach to tracking use of different information systems or their relevance to staff. However, DFID information systems are undergoing a process of rapid change. It is recognised that current systems, in general, and PRISM, in particular, are not always able to meet information and knowledge management needs. Weaknesses of PRISM are to be addressed through the introduction of ARIES. The use of PIMS¹⁹⁰ markers has been reviewed and there are plans to improve guidance to ensure that the codes are used optimally. The GAP team is also addressing the shortcomings of HIV and AIDS information sources and, as a first step, has commissioned a mapping exercise. The aim is to start by improving signposting between sites and, eventually, to ensure that QUEST provides staff with a ‘one stop shop’ for information.

¹⁹⁸ See <http://www.aidsportal.org/>

¹⁹⁹ which includes news stories, journal articles and key publications