

COMMUNICATION CHALLENGES IN HIV AND TB PROGRAMMING AND FINANCIAL MANAGEMENT AT DISTRICT LEVEL

Introduction

The achievement of the objectives of the HIV, AIDS, STIs and TB (HAST) and community outreach services (COS) business plans relies on effective working relationships between different stakeholders. Therefore, optimising communication between key stakeholders such as financial and HAST programme managers is necessary for optimal planning and achieving district-level objectives. This brief presents the communication-specific outcomes of engagements conducted to understand bottlenecks to HAST business planning faced by districts for their HIV, AIDS, STIs, TB and COS Conditional Grants.

Methods

The data collection process involved facilitated district-level focus group discussions between the FINCAP project team and the district health directors, HIV, AIDS, STI and TB (HAST) coordinators and managers and support staff. Some districts brought on board sub-district coordinators responsible for the management and/or coordination of health facilities. These meetings took place between August and November 2019.

Challenges in communication between district health financial and programme managers

A common theme identified in focus group discussions with most districts was a challenging working relationship between programme and finance managers.

The information on final budget allocations and cuts were not consistently and timeously shared, leading to inability to respond to established programmatic needs. This sub-optimal information sharing reflects a lack of standardised administrative procedure required for effective public administration. District officials also described how information flow lacked coordination between financial and non-financial reporting, and between the provincial and district HAST units. Provincial finance teams were generally

aware of their reporting obligations but had varying ideas about what information they were required to share with district programme managers and the mechanisms to do so.

Districts also observed an information flow gap between support services (finance, supply chain management (SCM) etc.) and clinical services staff. It was stressed that procurement officers do not fully understand the work of programme managers. They focus mainly on financial procurement processes and discount the need to timeously respond to the request for goods and services for programme implementation. This breakdown in communication delays purchasing of essential goods and services and leads to slow decision-making and compromised service delivery.

In response to these communication gaps, districts have started to convene quarterly team meetings to discuss key aspects of financial management such as monthly cash flow, budgets, and expenditure reviews. However, there was a common concern in most districts that many managers do not attend these financial management meetings. The non-attendance of many critical managers in these meetings makes these platforms ineffective in tackling the reported planning and implementation challenges.

Additionally, support staff particularly from the SCM and finance units do not participate in district quarterly programme performance reviews that would improve their understanding of programme implementation and their essential role in it.

Challenges in communication between district-health and provincial finance offices

Information sharing between the district and provincial finance teams is essential not only for effective accountability of budget expenditures but also for the budgeting and planning processes. Districts identified the need to spend money more

efficiently, based on approved plans and budgets. However, the provincial planning process was described as 'top-down,' where provinces exclusively made final budget allocation decisions with limited consideration for in-district planning based on actual programme needs. This was frustrating because districts were able to develop and submit their plans and budgets on time, but unfortunately provincial managers do not consider these plans when making budget allocation decisions, and rarely give feedback why this is happening. They referred to not being informed when money has been transferred, a lack of knowledge of the activities that are funded and lack of complete performance management information.

In addition, districts indicated that latest targets (from the provincial level) are communicated at short notice before annual plans are finalised. Sometimes information on targets may be incomplete and facilities have challenges in filling in the gaps and translating targets into implementable workplans.

Further, changes in the district-sourced targets to those set by provincial managers are not always accompanied with additional funding or human resource capacity for their implementation.

Sometimes when the district targets are changed, sub-districts and facilities have already developed workplans based on their initial targets and are already working towards them. Some of the information that trickles down does not reach sub-districts and facilities until reporting time, causing confusion regarding which targets facility and sub-district performance are measured against.

This problem also extends to the lack of complete and up to date programme data from the District Health Information System (DHIS) and other sources. Therefore, districts do not know their relevant baseline values to guide in accurate target-setting and may set targets based on inaccurate information.

Recommendations

1. There is a need for improving and streamlining the communication within district management teams and also between district and provincial managers at all stages of the financial management cycle.
2. Programme teams and finance teams should both be involved in the creation of the district HAST plans, including the active participation in district quarterly performance reviews to keep everyone updated and hopefully reduce miscommunications and misunderstandings which affect service delivery.
3. This would facilitate engagements between district, sub-district, and facility levels staff to align plans, analyse trends in overall performance, and promote improvement in programme execution and outcomes.

Reference

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