

C H A P T E R

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*Strategic
Planning,
Program
Design and
Management*

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Strategic Planning, Program Design and Management

INTRODUCTION

After many years of inadequate funding for HIV/AIDS programs and speculation that “donor fatigue” was beginning to set in, there seems to be renewed interest and global commitment to redouble efforts and mobilize resources for prevention and care. In this context, it is essential to make optimal use of available resources and integrate the lessons learned to date with the level of response required for scaling-up to achieve national level impact.

The dynamics of HIV and its multifaceted determinants are such that HIV situations now prevailing in a country or even within a specific population may change, sometimes rapidly and dramatically. Planning for effective and relevant responses to HIV/AIDS therefore demands approaches that take into account these different and changing situations and the unique dynamics of HIV. Such approaches are the essence of strategic planning.

Following a brief historical overview of the evolution of national AIDS planning and programming, the first part of this chapter focuses on essential elements and key aspects of strategic planning, specifically of strategic approaches to planning as they relate to HIV/AIDS. The second part addresses specifics of program design and management, particularly in the context of HIV/AIDS programming.

STRATEGIC PLANNING

STRATEGIC APPROACHES TO PLANNING FOR HIV/AIDS

A strategic planning process examines and answers several key questions:

- What is the current situation?
- What is the desired future situation?
- How does one get there?
- How would one go about it?

This section outlines some of the key elements that should be incorporated in a strategic approach to planning.

STRATEGIC PLANNING AND HIV/AIDS

With such a wide range of specific and changing HIV/AIDS situations, planning effective responses to the epidemic requires approaches that take into account the dynamics of HIV and the complex cultural, political and socioeconomic determinants that underpin its spread and influence the consequences. Effective HIV/AIDS programs set priorities, address the complex web of underlying determinants, and recognize the links between prevention and care.

HIV/AIDS AND DEVELOPMENT

The devastating consequences of the AIDS epidemic on the socioeconomic fabric underscore the importance of tackling HIV/AIDS within a broad framework of health and human development. A strategic approach to HIV/AIDS planning must therefore be informed by a thorough understanding of the human development context that shapes and is shaped by the dynamics of the HIV/AIDS epidemic.

THE STRATEGIC PLANNING PROCESS FOR A NATIONAL RESPONSE TO HIV/AIDS

If there is to be a sustainable, effective national response, national governments must be responsible for setting the agenda and leading the entire strategic planning process. Another overarching principle relates to the widespread recognition of the multifaceted nature of HIV/AIDS, its roots in and consequences for human development—and the need for a multi-sectoral, broad-based program that extends beyond the health sector and engages all concerned communities. Key stakeholders, including the broad range of national participants and international partners, must participate genuinely and strongly throughout the planning process.

The three key steps in a strategic planning process, examined in depth in this section, are:

- Situation analysis
- Response analysis
- Strategic plan formulation

PROGRAM DESIGN

The strategic plan will have defined goals, priority objectives, key strategies to reach those objectives, broadly identified responsibility for implementation and a set of broad targets and indicators. The next step will be to translate the objectives into specific work plans—“implementation plans”—for putting the strategic plan into action. This section uses the development of an implementation plan for increasing access to VCT as an example.

EFFECTIVE PROGRAM DESIGN

An effective program design requires careful, rigorous planning to ensure that all of the required program elements are identified and addressed.

It will:

- Start with a clear goal and purpose.
- Define clear program components or “outputs.”
- Spell out major activities.
- Define measurable results.
- Assess risks and assumptions.

This section examines these aspects of effective program design.

THE PROGRAM LOGICAL FRAMEWORK

One method for rigorously formulating an effective program design is the Program Logical Framework, or LogFrame, an organizational schema for conceptualizing and presenting the goal, purpose, outputs, major activities, measurable results and critical risks and assumptions of a proposed program. This section presents the VCT example used in the program implementation section in LogFrame format.

MONITORING AND EVALUATION

The monitoring and evaluation plan is intricately tied to the planning process and needs to be put in place at the start of the program.

A comprehensive program evaluation plan will address process and outcome, and possibly even impact data needed to determine program progress and effectiveness. This section describes two key steps in the implementation process:

- Timeframe and responsibilities
- Budgeting and financial management

SUSTAINING AND SCALING-UP PROGRAMS

The issue of sustainability must address not only financial sustenance but also organizational, technical and management readiness. Planning for sustainability requires, among other things, constructing careful networks and alliances of key partners. Program scale-up is one of the most timely concerns of HIV/AIDS programs worldwide: Unless programs are able to move from “boutique” to massive coverage, even successful programs on the national-level epidemic will continue to have a marginal impact in many instances.

PROGRAM MANAGEMENT

Successful programs require a sound design. But even the most effective design will be jeopardized by a lack of skilled management of human, financial and technical resources within supportive structures and systems. This section examines some of the program management issues that can improve the likelihood—or alternatively reduce the chances—for program success. Many are particularly relevant to HIV/AIDS programming in resource-constrained countries. They include:

- Organizational Development
- Leadership
- Staffing
- Alliance Development
- Advocacy

CONCLUSION

Years of experience, valuable lessons, emerging new technical strategies, expanded partners and increased donor funding all suggest the importance and relevance of strategic planning at all levels and for strong program and project management. It is time to transform limited demonstration projects into an effective, multi-layered, national-level response guided by across-the-board strategic approaches to planning and implementation. Careful, participatory planning will help make the best use of available and future resources as well as offer greater flexibility to respond to new challenges and opportunities.

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I N T R O D U C T I O N

Although there has been considerable progress in understanding and appreciating the many facets and determinants of HIV infection, the likely course of the epidemic is still unpredictable in many countries. The response to the potential threat or the reality of HIV/AIDS is often inadequate and late in coming. Program efforts in most countries have been modest and limited to demonstration-level coverage. After many years of woefully inadequate funding for HIV/AIDS programs and speculation that “donor fatigue” was setting in, there seems to be renewed interest and global commitment to redouble efforts and mobilize resources for prevention and care. In this context, it is essential to make optimal use of available resources and integrate the lessons learned to date with the level of response required for scaling-up to achieve national-level impact.

It is now clear that the pandemic is not uniformly distributed around the globe. And as more and more countries adopt good, reliable surveillance methods, it has also become apparent that the dynamics of HIV and its multifaceted determinants are such that HIV situations now prevailing in a country or even within a specific population may change, sometimes rapidly and dramatically. Planning for effective and relevant responses to HIV/AIDS therefore demands approaches that take into account these different and changing situations as well as the unique dynamics of HIV. Such approaches are the essence of strategic planning.

Following a brief historical overview of the evolution of national AIDS planning and programming, the first part of this chapter describes and focuses on essential elements and key aspects of strategic planning, specifically of strategic approaches to planning as they relate to HIV/AIDS. The second part addresses specifics of program design and management, particularly in the context of HIV/AIDS programming.

STRATEGIC PLANNING

FROM NORMATIVE TO STRATEGIC AIDS PLANNING: A HISTORICAL PERSPECTIVE

One of the characteristics of the early response to HIV/AIDS in the mid- to late 1980s was the remarkable global nature of the effort. Coordinated by the World Health Organization's (WHO) Global Programme on AIDS (GPA), and benefiting from unprecedented financial support from donors, this effort translated within a short time of its inception into more than 145 national AIDS programs (NAP) in resource-constrained countries. Between 1987 and 1991, short-term plans (STP) and national medium-term plans (MTP) for the prevention and control of AIDS were drawn up and implemented with the assistance of WHO/GPA. At the same time, in some of the more affected countries other AIDS projects or programs took shape, funded and often driven by bilateral donors.

In these early years, national plans were naturally articulated around public health approaches and responses to an epidemic. With virtually all NAPs coordinated by and located within ministries of health, it was not altogether surprising that these first plans, largely uni-dimensional and mono-sectoral, focused on the health sector or addressed the biomedical and health-related aspects of HIV/AIDS. But as useful as they often were in providing a framework for planning and implementing a "national" response, the MTPs were largely viewed by countries as "external," or as WHO plans. These perceptions can be attributed to the process of development of the first MTPs, which drew upon local expertise and knowledge but relied on significant international inputs and framework from WHO/GPA.

One important feature of these early planning processes was the application of universal norms and the assumption of uniform contexts in defining strategies and activities. Such normative planning meant there was little attention to individual situations or national needs and capacities. But as the epidemic's growth accelerated in the late 1980s and early 1990s, so too did the realization that an effective response to

HIV/AIDS had to take into account the complex dynamics, determinants and consequences of HIV infection and be relevant to the different situations prevailing in and between countries. By that time, most countries in the throes of an AIDS epidemic had become all too aware that the disease was a multisectoral problem requiring a multisectoral response.

Since the beginning, many NAPs, as well as WHO/GPA, effectively promoted closer collaboration on HIV/AIDS programming between health and other sectors. Still, the responsibility for tackling the problem usually rested squarely and solely on ministries of health. Despite multisectoral representation on national AIDS committees and the commitment of many political leaders to the issue, implementing a coordinated multisectoral response posed a continuing challenge. As a rule, the less visible HIV/AIDS was in a country, the bigger the challenge. But it was to prove no easier even in some of the more severely affected countries.

Against this background, the first MTPs proved to be an inadequate framework for engaging different sectors of government—to say nothing of nongovernmental organizations (NGOs) and other national partners—in a truly national response. The focus of many MTPs on the health sector's responsibilities was as responsible for this failure as the planning processes themselves with their own lack of participation or involvement of key national stakeholders.

WHO/GPA by 1991 had revisited the general approach to the design and formulation of MTPs by NAPs. The process of so-called "second-generation" MTPs sought to generate a more strategic reflection on countries' diverse needs and, consequently, plans that were relevant to the different national situations. It also aimed to address the critical issue of stimulating a truly multisectoral response. This process resonated particularly well with countries where AIDS had by then become a painful reality, with noticeable impact on families, communities and society at large.¹

The second-generation MTPs represent a significant milestone. Within the context of what could be called “the natural evolution” of national AIDS programs from a narrow health focus to a broader multisectoral approach, these new MTPs were useful tools. Despite their limitations, they marked a definitive move from a mostly normative approach to what could be considered a more strategic approach to HIV/AIDS planning.²

But what is actually understood or implied by the term “strategic” and the concept of “strategic planning”? Why is it critical to adopt strategic approaches to HIV/AIDS planning and implementation? What are the key elements or steps in a strategic approach, and what is the broad scope of strategic planning and implementation for HIV/AIDS? These issues are addressed in the next section.

STRATEGIC APPROACHES TO PLANNING FOR HIV/AIDS

What is “strategic” and what does “strategic planning” imply?

It is important at the outset to have a common understanding and appreciation of the term “strategic” and, specifically, what is meant by “strategic planning.” It is easy to create a certain mystique around the subject of strategic planning and argue that it should be left to experts or specialist strategic planners. At the same time, it is often tempting to use the term “strategic” loosely to qualify anything that is even remotely the outcome of a process of reflection and analysis. It is therefore necessary to demystify the subject and spell out the minimal prerequisites of a truly strategic process.

The term “strategy” has its roots in the Greek word *strategia* and refers to the art of generalship in war, i.e., the ability to plan ahead and direct the complex maneuvers and operations of a military campaign. Regardless of the issue or program area it is addressing, a strategic planning process examines and answers the following questions:

- What is the current situation?
- What is the desired future situation?
- How does one get there?
- How would one go about it?

Box 1

KEY ELEMENTS OF A STRATEGIC PLAN

- Assessing all relevant factors that could be contributing to, or impacting on, the situation in question. Depending on the issue or area of work, these may be economic, social, cultural, political and/or geographical.
- Analyzing the current status of these factors and their likely future dynamics.
- Assessing and analyzing the current overall response and/or any specific responses to the issue or program area.
- Identifying major obstacles to such responses and working out how to overcome or circumvent these obstacles.
- Pinpointing opportunities to improve and/or strengthen the response.
- Assessing available and potential resources to enable realistic planning.
- Weighing the most important factors and setting priorities for future action.

Although each question is important in its own right, the first one is fundamental. Any approach to planning that claims to be strategic must be grounded in, and informed by, a systematic in-depth look at the prevailing situations with regard to the specific area or issue. (Box 1 outlines some of the key elements of a strategic plan.)

Such an analysis lies at the core of all strategic thinking and underpins the whole strategic planning process. It serves to map out the steps—or strategies—that enable planners and beneficiaries to adapt a program from a current situation to a desired new situation. These steps can then be translated into discrete activities or groups of activities that are costed out, have specified targets and have defined management and implementation responsibilities.

STRATEGIC PLANNING AND HIV/AIDS

It is particularly critical to plan strategically with regard to HIV/AIDS for at least two good reasons. First, the HIV/AIDS situations at any one time vary between regions and countries as well as within countries, states, provinces or districts. Second, the HIV/AIDS epidemic and its context are far from static and are subject to potentially rapid changes. With such a wide range of specific and changing HIV/AIDS situations, planning effective responses to the epidemic requires approaches that take into account the dynamics of HIV, and the dynamics of the complex cultural, political and socioeconomic determinants that underpin its spread and influence the consequences.

TWO REASONS TO PLAN STRATEGICALLY FOR HIV/AIDS:

- In space—there are diverse and specific HIV/AIDS situations and contexts.
- Over time—there are dynamic changes in the HIV/AIDS situations and contexts.

There are other good reasons to be strategic in HIV/AIDS planning. After all, the HIV/AIDS epidemic has been at least 20 years in the making and there have been many positive as well as some less-than-positive lessons in HIV/AIDS prevention, care and support. With the recent progress made in anti-retroviral (ARV) therapy, the focus has shifted once again to care and the biomedical aspects of HIV/AIDS. But primary prevention lessons from many different settings suggest the continued importance of prevention programs and, above all, that they can work when tailored to specific situations and applied consistently within an enabling environment.

By the same token, clearly effective HIV/AIDS programs are those that set priorities, address the complex web of underlying determinants and recognize the links between prevention and care. Notwithstanding the relentless advances of the epidemic in many parts of the developing world, HIV/AIDS program planners are continually learning in vivo what works and what does not. A strategic approach to HIV/AIDS planning requires integrating these many lessons into new responses, and applying or adapting them to specific as well as changing situations.

HIV/AIDS AND DEVELOPMENT

In the last few years, national HIV/AIDS programs have faced the growing challenge of addressing the impact of the epidemic. In many sub-Saharan African countries, and also in parts of Asia, AIDS is increasingly affecting the health care system, communities and families, and indeed the whole social and economic fabric. With the growing number of orphans, the loss of teachers and other skilled professionals and the effects on agricultural production, psychosocial care and support and planning for and managing the socioeconomic impact of the epidemic have become imperative for many countries. Besides the negative impact of AIDS on national development, strategies for development—particularly when they put people in situations that increase their vulnerability to HIV—may actually exacerbate the epidemic.

The devastating consequences of the AIDS epidemic on the socioeconomic fabric underscore the importance of tackling HIV/AIDS within a broad framework of health and human development. At the same time, the dramatic consequences also underscore the importance of prevention and heighten appreciation of the factors that contribute to the situations of risk and vulnerability that drive the spread of HIV. These factors include poverty, illiteracy, gender inequities and inequalities of power and autonomy. A strategic approach to HIV/AIDS planning must therefore be informed by a thorough understanding of the human development context that shapes and is shaped by the dynamics of the HIV/AIDS epidemic.

THE STRATEGIC PLANNING PROCESS FOR A NATIONAL RESPONSE TO HIV/AIDS³

Before looking in detail at the discrete steps in a strategic planning process, it is important to mention some overarching principles.

KEY PRINCIPLES OF A NATIONAL STRATEGIC PLANNING PROCESS

- National or government leadership
- Participation of key stakeholders throughout the process

One of the major lessons of the first decade of national responses to AIDS, and specifically of the development and implementation of national plans, was the importance of national ownership of these plans and the AIDS programs that emanated from them. If there is to be an effective and sustainable national response, it is vital that national governments be responsible for setting the agenda and leading the entire strategic planning process. Nevertheless, when governments are slow to respond it is quite appropriate for NGOs and external agencies to take the lead and show the way. Indeed, in many countries external agencies have often played a key role in provoking and stimulating commitment by governments. But the fact remains that the national authorities should—sooner rather than later—assume a lead role in directing the pace and scope of the national response to HIV/AIDS.

Another overarching principle relates to the widespread recognition of the multifaceted nature of HIV/AIDS, its roots in and consequences for human development, and the need for a multisectoral and broad-based program that extends beyond the health sector and engages all concerned communities. As with governments, there must be genuine and strong participation of key stakeholders throughout the planning process, including the broad range of national actors—public and private sector, NGOs, people living with HIV/AIDS (PLHA)—and international partners, such

as international agencies, NGOs and bilateral donors. Securing their participation from the outset is essential to mobilizing their resources.⁴

THE THREE KEY STEPS IN A STRATEGIC PLANNING PROCESS

- Situation analysis
- Response analysis
- Strategic plan formulation

SITUATION ANALYSIS

The previous section has highlighted the importance of an in-depth situation assessment and analysis as the starting point of a “strategic” approach to planning for any issue or area. The following section looks at this first step in a strategic planning process, specifically with regard to HIV/AIDS planning at the national level. It examines the approaches to carrying out a situation analysis and the elements of information needed to elicit and distill from such an analysis.

The process of situation analysis

A greater understanding of the complex factors that influence the course and evolution of HIV/AIDS in a particular situation has resulted in an appreciation of the range of expertise required for a real in-depth national situation analysis. Assessment teams should include:

Breadth and depth of skills. Moving beyond the biomedical (i.e., epidemiological and medical) focus of the early days of AIDS programming, the team will bring together the breadth and depth of knowledge and skills needed to capture and analyze the social, economic, cultural, religious or other factors that may be contributing to the dynamics of HIV.

All relevant key stakeholders. As many of the key national and international stakeholders as possible should be involved. Not only will they contribute a rich diversity of skills and expertise but, as noted, their participation is important in mobilizing resources. It is particularly important that PLHA

be involved in the planning process. Those who are infected or affected by HIV have much to contribute to this and other relevant activities through their lived experience and the unique perspective it offers on the HIV/AIDS situation.

Box 2 lists the main questions all teams will want to address in a situational analysis.

In probing for answers and deciding upon the areas or factors that are most relevant to in-depth analysis, the team will be guided as much by the available body of epidemiological, social and other research as by the different interests and specific knowledge of the members. As the assessment progresses, the different country situations will dictate the focus of enquiry and distinct areas to emphasize. Many of the factors to be scrutinized overlap or are interrelated, and each team will wish to draw up an appropriate checklist. Such a checklist could include in one form or another these broad categories:

- Population (demographic patterns, population movements).
- Health (health services, health indicators, data on sexually transmitted diseases [STDs]).
- Sociocultural (risk behaviors, education, communication, gender issues, religion).
- Economic (employment patterns, labor migration, etc.).
- Political (administrative structures, government commitment).
- Legal (relevant national policies, discrimination issues, etc.).

Box 2

HIV/AIDS SITUATION ASSESSMENT AND ANALYSIS—MAIN QUESTIONS

- Where does the country stand in terms of HIV/AIDS? What are the likely trends in the near and medium term?
- What major factors and which risk behaviors are driving the epidemic?
- What are the main social or environmental factors contributing to the vulnerability of individuals and communities, and/or placing them in risk situations?
- What impact has the epidemic had or is it likely to have? How and in what areas?
- What are the priority areas or issues that need to be addressed now and in the short and medium term?
- What obstacles are there to improvement or change in priority areas?
- What opportunities are there for positive changes?

The outcome of a situation analysis

The situation assessment provides the team with background information on and insight into the broad context within which the HIV/AIDS epidemic is evolving in the country. The analysis takes this a step further—distilling the relative importance of the various factors at play as well as the interaction between them. The outcome is therefore not a mere description of the status of the HIV/AIDS epidemic in the country; it is a diagnosis of the major underlying determinants and an identification of groups or populations most vulnerable to HIV and the epidemic's impact. In the process, the team also pinpoints the major obstacles to, and potential opportunities for, improving the situation and strengthening the response. It thus paves the way for elaborating the most appropriate strategies.

OUTCOME OF THE SITUATION ANALYSIS

Provides insight into the specific context of HIV/AIDS in the country, namely:

- Who is most vulnerable and the reasons why.
- What are the priority areas for effecting change.
- What are the major obstacles and how to overcome them.
- What are the opportunities and how to seize them.

SITUATION ANALYSIS IN BURUNDI ⁵

Burundi conducted an HIV/AIDS situation analysis in 1997 involving national program staff, NGOs, PLHA, bilateral agencies, various ministries and the country's UNAIDS technical working group. Besides noting the marked increase in the prevalence of HIV in both urban and rural areas, the analysis underscored the impact of the epidemic on health services and society at large, including a growing number of orphans. It also stressed the contextual factors—war and sanctions—contributing to the vulnerability of large sections of the population to HIV and other harms. These factors had given rise to massive displacements and dislocations, with attendant risks of violence, including sexual abuse. The analysis highlighted the scale of sex work, driven by poverty and conflict (among other forces), and the particular vulnerability of children and young adults, not least within the confines of refugee camps.

Against this background the analysis pointed to the opportunities presented by a very dynamic community environment and the emergence of several NGOs and CBOs. At the same time, it indicated a need for greater coordination and building capacity within those sectors to mitigate the impact on PLHA and their families. Specific obstacles and challenges identified included the sociocultural and religious barriers to effective condom programs as well as the lack of access to appropriate services for care and treatment of STDs.

The situation analysis team arrived at three broad priority areas for the national program: prevention of sexual transmission of HIV; improvement of care and support for PLHA; and reduction of the HIV/AIDS impact on affected families. For each of them, the team further defined strategies for which an adequate response was required.

RESPONSE ANALYSIS

It is clear that a country's response to the epidemic is an integral part of its HIV/AIDS situation. But it is important to distinguish between the situation and response analyses, and to promote them as discrete steps in a strategic planning process. Even though the situation analysis takes into account many elements of an ongoing national response, promoting response analysis as a discrete sequential step after a situation analysis underscores the importance of analyzing the response in relation to the specificities of a situation, especially the priority areas defined by the situation analysis. Were they not separate, the response analysis would tend to focus on what is actually going on rather than what should be done. In short, the conclusions of the situation analysis guide the response analysis.

The response analysis process

Given that situation and response are so intimately connected and that the response analysis overlaps to some extent with the situation assessment and analysis, it makes sense for the same team to be responsible for both steps.

A response analysis primarily seeks to answer the following major questions:

- Is the response relevant to the current HIV/AIDS situation?
- Is it addressing the priority areas and needs identified in the situation analysis?
- What is and is not working? Why?

These in turn will generate critical questions whose answers will guide the formulation of a new strategic plan and inform the development of new strategies. Box 3 lists some of these key questions.

For a start, the team will want to appraise the major activities underway and, in particular, activities in priority areas or priority issues as identified in the situation analysis. It will note any evaluations that may already have been carried out. Besides all the information from the situation assessment itself, a body of specific information and documentation is likely to be available with regard to the priority areas. In areas with apparent information gaps, the team will want to investigate further—through specific interviews with key informants, for example, or through field research and site visits.

Relevance and adequacy

This initial phase of the process will answer key questions about both the adequacy and relevance of the response. What is actually being done to address areas and issues that the situation analysis has pinpointed as critical to HIV/AIDS prevention and impact mitigation in the country? Is it relevant in terms of specificity and adequate in terms of coverage? Are there still major gaps? And, importantly, are there ongoing initiatives that are no longer relevant to the current situation? This inquiry is especially relevant today as countries begin planning for significantly expanded responses.

Box 3

RESPONSE ANALYSIS – KEY QUESTIONS

- How is the country responding to HIV/AIDS?
- Are the responses relevant to the current situation?
- Are some of them no longer relevant?
- Are there adequate responses in priority areas?
- In which areas are they inadequate?
- Are there major gaps?
- Are the responses in priority areas effective or not?
- What is working? Why?
- What is not working? Why not?

Effectiveness and efficiency

After ascertaining the priorities from the situation analysis and determining what responses are still relevant in the current situation, the team will ask questions about the effectiveness and efficiency of the response specifically in relation to the priority areas and issues, including the potential for a scaled-up national response. Is everything working equally well and/or having an impact on the situation in these priority areas? What is and is not working?

Obstacles and opportunities

These answers in turn will prompt questions as to why some things are working and others are not, and stimulate reflection on obvious and not-so-obvious obstacles. Are human and financial resources inadequate? Or are they just inappropriate? Are the activities or strategies plainly unsound? Are the activities culturally unacceptable? Is there resistance from communities or key decision makers? Is there a conflict with pressure groups?

At the same time there should be some reflection on possible opportunities that may have been missed. Are there potential new partners who may contribute to the effectiveness and coverage of activities? Are there opportunities to integrate HIV/AIDS-related activities

into ongoing initiatives? Are there new program initiatives—such as rapid testing technologies or new strategies for reducing mother-to-child transmission (MTCT)—that should be considered for introduction?

THE FOCUS OF A RESPONSE ANALYSIS IS ON:

- ✓ Relevance
- ✓ Adequacy
- ✓ Effectiveness
- ✓ Efficiency
- ✓ Impact
- ✓ Obstacles
- ✓ Opportunities

The outcome of the response analysis

Many national programs rely on program reviews to assess whether they are meeting their objectives and to guide their programming. To the extent that some of these programs are now broad-based and concern several sectors, these reviews generate a fairly comprehensive assessment. But with the changing and dynamic characteristics of HIV situations, program objectives may also need to change.

As such, program reviews may not always provide the strategic focus and reflection on current areas of major relevance to the epidemic and its impact. In contrast, a systematic in-depth situation analysis followed by a response analysis ensures that kind of strategic focus. Together with the situation analysis, the response analysis provides critical and objective insight into the overall context of HIV/AIDS in a country.

CAMBODIA⁶

The National Program in 1997 conducted a situation and response analysis which brought together all the major stakeholders, from provincial AIDS offices to NGOs, bilateral donors, international organizations and the United Nations (UN) system. By that time the country already rated as one of the hardest-hit countries in Asia. The analysis clearly pointed to an epidemic that had spread from core vulnerable groups to the general population and pinpointed the major factors fueling its growth: poverty, migration within the country and across the borders, high levels of STDs and the availability of and demand for commercial sex.

The team of reviewers set out a number of priority strategies and approaches based on the above analysis. Among others, they recommended that the country base geographic and population priorities on the current epidemiological situation. Given the burden of HIV/AIDS they also recommended that provision of care and support be a priority cross-cutting strategy.

With regard to commercial sex work and STDs, major factors in the spread of HIV, specific priority activities were recommended to initiate and expand interventions among commercial sex workers (CSWs) and their clients, promote condom use, especially in sex work settings, and improve the accessibility and quality of STD services. Another area for development and/or improvement was the capacity for voluntary testing and counseling (VCT). At the same time the team emphasized the need for a response to match the dynamics of the epidemic, recommending that socio-behavioral and socioeconomic research be strengthened so as to better inform program design and guide policy.

Box 4 summarizes the ideal cumulative outcome of a situation and response analysis and underlines the importance of these two steps in a strategic planning process.

STRATEGIC PLAN FORMULATION

The situation and response analysis will provide planners and all key stakeholders with the information they need to plan effectively for the future.

The essence of a strategic plan is its relevance to a specific situation. The issues of relevance and specificity are fundamental given that HIV/AIDS situations and contexts are not only different at any one time between and within countries, but they are also prone to often rapid changes over time. HIV/AIDS strategic planning is therefore not just about being relevant but also about remaining relevant. It is about mapping out strategies that are relevant to current situations while remaining alert to the dynamics of these situations and being flexible enough to accommodate changes.

Strategic plan formulation process

Once the situation and response analysis has identified or pointed to specific priority areas for action, the formulation of a strategic plan entails a number of sequential planning steps.

KEY STEPS IN THE FORMULATION OF A STRATEGIC PLAN

- Setting criteria for prioritization.
- Defining and agreeing on the priority areas.
- Setting clear objectives within these priority areas.
- Developing or mapping out the strategies to attain these objectives.
- Defining the broad activity areas within these strategies.
- Identifying and assigning broad responsibilities for implementation.
- Setting broad targets and indicators for monitoring and evaluation.

Box 4

OUTCOME OF A SITUATION AND RESPONSE ANALYSIS

Data and guidance on activities and strategies:

- ✓ What should continue.
- ✓ What could be expanded.
- ✓ What should be reoriented.
- ✓ What should be discontinued.
- ✓ What should be initiated.

It is imperative that there be national leadership and genuine involvement of all key stakeholders, not least those institutions and sectors that are expected to be the major implementors and/or partners in implementation. As stated already, many of the early national plans against HIV/AIDS did not fully address the multidimensional aspects of the problem and many lacked national ownership, being seen as externally driven.

The lessons learned from the past need to be applied most diligently at this stage of formulating a strategic plan. Involvement of all would-be implementing partners will ensure ownership of the plan and have the added benefit of setting up a platform for the kind of collaborative partnerships that are now the hallmark of the more successful and sustainable HIV/AIDS programs.

The outcome of strategic plan formulation

When examining the outcome of strategic plan formulation it is also useful to look at the scope of national HIV/AIDS strategic planning.

SCOPE OF NATIONAL STRATEGIC PLANNING

National strategic planning is often seen as referring only to the process by which a national or central-level plan or framework is developed. But in fact its scope is much wider and includes strategic approaches to planning for HIV/AIDS at decentralized levels—provincial, state, even municipal—and also with respect to planning on thematic areas or project development.

Within large countries it is evident that different situations need to be understood and addressed accordingly. In China, India or Nigeria, adopting strategic approaches to planning at provincial, district or county levels is clearly as critical as the need for a national or central-level framework. But even moderate-size countries can exhibit more or less important internal differences with regard to the epidemic, its determinants and impact.

Likewise, when planning for national responses in specific “thematic” areas (e.g., injection drug use and HIV, STD prevention and care, blood safety) or even when it comes to discrete projects from NGOs or community groups, the application of strategic approaches and thinking as described for national-level planning remains as valid and important.

The content and scope will naturally differ for “national” strategic plans per se and those that are developed for decentralized levels or “thematic” areas. At a national level, the outcome is likely to be a framework that sets out key principles and policies, major objectives and the broad strategies to reach those objectives. Progressing to a more decentralized level—with provincial or district plans, for example—more detailed objectives would be expected, with correspondingly more detailed strategies and discrete activities.

Strategic planning should not be confused with implementation planning. Strategic planning will focus broadly on the strategies, resources and targets of the national (provincial or district) program, while implementation planning will provide more detailed attention to how the strategies are to be carried out. It will look in particular at how resources will be allocated as well as the annual, interim steps for achieving the broader strategic planning targets.

CHINA⁷

In 1997 the Chinese Ministry of Health carried out an HIV/AIDS situation assessment with support from the UN system and other national and international partners to map out the priorities and needs for an effective Chinese response to the problem.

The result was a national-level, medium-to long-term plan that set out broad national objectives and strategies. These have to be reflected in specific provincial and local government policies and strategies according to their respective situations. Given the size of China, these situations are as different as they are complex and there has to be a strategic approach to planning at the local level.

The UN system and others are collaborating with a core working group on strategic planning at the central level and with local authorities to address these different and specific situations. A pilot situation and response analysis is being conducted in one province, Guangxi, at the provincial as well as the more decentralized prefectural and county levels. These served to guide similar processes in other provinces in 2000.

In this way China is implementing its policy of planning its AIDS prevention and care activities in a way that matches the diverse and changing determinants between provinces, counties and municipalities.

In all cases, successful strategic approaches to HIV/AIDS planning result in plans that are relevant to specific and changing situations, have clear responsibilities for implementation, appropriate targets and indicators for monitoring and evaluation and are realistic about available resources.

RESOURCE MOBILIZATION

Resource mobilization is often seen as an activity that complements and takes place exclusively after the planning process and the elaboration of a plan. Often it also equates with the mobilization of new or additional resources, or only with financial resources.

Resource mobilization is in fact an integral part of a truly strategic planning process and should refer to mobilizing financial resources, people, communities, goods and services. It has at least as much to do with making better use of available resources as with securing additional ones.

RESOURCE MOBILIZATION IS ABOUT

- ✓ **Funds . . .** but also people, goods and services
- ✓ **Mobilizing new resources . . .** but also better utilization of available ones

There are a number of ways in which resource mobilization effectively takes place through a well-managed strategic planning process. First is the involvement of key stakeholders and potential donors throughout the process. Besides the ownership issue it resolves, such involvement goes a long way towards mobilizing the resources of the various concerned communities for future implementation. At the same time it helps to strengthen partnerships and build new ones. Identifying new partners and involving both public and private sectors in the planning process is a fundamental strategy for countering the multifaceted determinants and consequences of HIV/AIDS.

Secondly, the processes of situation and response analysis contribute to the optimal allocation and use of available and potential resources by provoking reflection on, and providing answers to, the following key questions:

- Is the current response relevant?
- Are current responses effective? Are they cost-effective?
- What are the priorities now?
- Are there opportunities for reprogramming and/or reallocating resources?

By pinpointing interventions that are less than effective, adopting and adapting “best practices” or lessons learned, setting priorities and allocating resources accordingly, strategic planners are indeed maximizing the use of available resources.

Of course additional or new technical and financial resources will be required in the resource-constrained settings within which most national HIV/AIDS programs have to operate. But by demonstrating their ability and commitment to make judicious use of existing resources, national programs will be all the more successful in raising new ones. Plans that result from genuine strategic planning processes are a concrete expression of that ability and commitment, as is demonstrable national political leadership on the issue. Together they are a powerful means of mobilizing both external and international resources.

The next section looks at the issues of program design and management which are so critical to successful implementation.

PROGRAM DESIGN

PROGRAM IMPLEMENTATION⁸

The strategic plan will have defined goals, priority objectives, key strategies to reach those objectives, broadly identified responsibility for implementation and a set of broad targets and indicators.

The next step will be to translate the objectives into specific work plans (or “implementation plans”) for putting the strategic plan into action.

There are key implementation strategies for each objective: a purpose, strategic outputs, measurable anticipated results, activities, inputs, an estimated timeframe, responsibilities for all partners, a monitoring and evaluation strategy and a budget.

As with strategic planning, operational planning and execution can be carried out at central, provincial or local levels. Strategic plans are often set within a timeframe of three to five years, but the implementation plans or work plan should be set year by year to allow for greater specificity of the work being planned and the flexibility needed to adapt to change in future years.

It is always tempting to overdo an implementation plan by making it too ambitious, perhaps to impress funders, boards or departmental heads. Program managers should resist this as much as possible so that the plan remains feasible, realistic and one that can be successfully delivered.

The plan’s focus is *well-planned action*.

- Great plan and no action = no use
- No plan and lots of action = little use

MAIN ELEMENTS OF A WORK PLAN/IMPLEMENTATION PLAN

For each strategy there will be a program design that clearly articulates the

- Purpose
- Strategic outputs
- Measurable anticipated results
- Activities
- Inputs
- Estimated timeframe
- Responsibilities of all partners
- Monitoring and evaluation strategy
- Budget

This section uses the development of an implementation plan to increase access to VCT as an example. (For a comprehensive examination of the role of VCT in HIV care and prevention programs, see Chapter 23.)

VOLUNTARY HIV COUNSELING AND TESTING (VCT): THE ISSUES AND A LOCAL SOLUTION

Background

Imagine that the situation analysis has estimated that less than five percent of those believed to be infected with HIV actually know they are infected. In addition, virtually all those interviewed and involved in the situation analysis expressed the concern that despite estimated adult HIV prevalence levels of 25 percent, very few people in urban or rural areas are involved in HIV care and prevention.⁹ The response analysis revealed that only three dedicated VCT centers exist, and these are located in the capital city. It also revealed that there is little integration of VCT in either STD services or primary care services, and found that training in VCT is sporadic and not systematized.

Thus, a program's strategic *objective or purpose* might be to increase the accessibility and use of HIV counseling and testing services. If this is achieved, it will contribute significantly to the overall objective or goal of reducing the incidence of HIV.

Objective Target

Increase by five percent per year the level of those estimated to be HIV infected who receive testing and counseling.

Strategic Outputs

- Establish national policy on VCT.
- Improve accessibility of VCT services.
- Establish post-test support clubs for PLHA.
- Institute VCT service providers skills development program.
- Establish VCT program management and coordination structure.

EFFECTIVE PROGRAM DESIGN

An effective program design requires careful, rigorous planning to ensure that all the required program elements are identified and addressed. It also ensures that extraneous activities—those that take up scarce resources and time but do not specifically help to achieve program outputs—are avoided. It also takes into account the external but relevant conditions and collaborations necessary for success.

Effective program design will:

Start with a clear goal and purpose

The program goal is the highest level, a program's ultimate objective. The program alone generally can't achieve this objective—reducing the incidence of HIV in a specific country, for example—though it will help achieve it. The overall objective of the program is its main purpose. The program should be able to achieve this objective if the design is successfully implemented. The purpose needs to be carefully and specifically articulated since it is the ultimate measure of the program's effectiveness. The purpose of a VCT program might thus be “to increase the accessibility to and use of HIV VCT in country X.”

Define clear program components or “outputs”

Program outputs are the major components that need to be undertaken to achieve the purpose. These must be clearly defined from the beginning since activities will be directly linked to them. A VCT program's major outputs might be: (1) Establishing a national VCT policy; (2) Improving access to VCT services; (3) Establishing post-test VCT clubs for PLHA; (4) Establishing a VCT service providers training institute; and (5) Establishing a management/coordination structure for the program.

Spell out major activities

Major activities are those broad tasks to be completed to produce a given output. Activities that are not specifically relevant to achieving outputs should be avoided since they will, in fact, draw time and effort away from successfully achieving the program purpose. Carefully articulating the major activities and resource inputs needed to achieve the desired outputs will help the designers judge whether the planned outputs are realistic given the available resources. Major activities for establishing a national VCT policy, for example, might include establishing a working group, consulting with relevant communities, developing and presenting a consensus strategy for consideration, adapting it as a result of the consultative process and finalizing and disseminating it.

Define measurable results

Program indicators describe how the program will define success. They need to be articulated for the purpose and outputs. The program indicators specify in measurable terms what is to be ultimately achieved; benchmark indicators allow one to assess periodic progress toward reaching the target. Effective indicators are those that are specific, measurable, appropriate, realistic and time-bound (SMART). An indicator for improving accessibility of VCT services might be “three integrated services in the capital city and one rural center established by program month 12” or “A hundred VCT clients tested per week by month 18.”

Assess risks and assumptions

Every program relies on specific external factors and conditions that need to exist for it to run smoothly. An NGO’s post-test club program for HIV-positive youth, for example, may rely on government-provided condoms and quality public sector STD services. External policy factors, e.g.,

legal restrictions on the promotion of condoms to youth or the openness of the community in allowing meaningful dialogue with youth on matters of sexual health, can present challenges to key program components. It is useful for each output to carefully consider and clarify its inherent key assumptions for successfully reaching the planned outcomes. In many instances, factors that initially appeared “external” may well be within some realm of action by the program. For example, if the district health team or NGO is not confident about community reaction to condom promotion for sexually active youth, program managers can simply risk launching the program and hope for the best—or they can build in an early consultation and advocacy component to cultivate the support and seek the ideas of key stakeholders and influencers in the community for working with youth who are living with HIV. It is important that programs carefully monitor the external assumptions and risks for any negative impacts and consider alternative strategies should they become necessary.

THE PROGRAM LOGICAL FRAMEWORK

One method for rigorously formulating an effective program design is the Program Logical Framework, or LogFrame. A LogFrame is an organizational schema for conceptualizing and presenting the goal, purpose, outputs, major activities, measurable results (and how those results will be captured) and critical risks and assumptions of a proposed program. At the activity level, the LogFrame summarizes resource inputs required to undertake the program. When used as a participatory design tool with key stakeholders, the LogFrame provides a structure for clearly defining the program purpose, logically thinking through the key program elements (outputs) necessary to achieve the purpose and the major activities needed to produce each output. By actively considering the external risks and assumptions at the time of design, program planners are able to assess whether these “externalities” can be internalized or incorporated into the program design. They can also assess whether the program can identify strategic alliances and partnerships that will

Program Description	Objectively Verifiable Indicators	Means of Verification	Risks & Assumptions
<p>Goal: To reduce the incidence of HIV in Country X.</p>	<p>HIV incidence reduced from ___% to ___% by 2004 among target populations.</p>	<p>Incidence study</p>	<p>Those tested adopt risk reduction behaviors.</p>
<p>Purpose: To increase accessibility to and use of HIV VCT services in County X.</p>	<p>The level of PLHA who receive counseling and testing increases by 5% per year through 2004.</p>	<p>Clinic records</p>	
<p>Outputs:</p> <ol style="list-style-type: none"> 1. National policy on VCT established. 2. Improved accessibility of VCT services 3. Post-test support clubs for PLHA established. 4. VCT service providers skills development program instituted. 5. VCT program management and coordination structure established. 	<ol style="list-style-type: none"> 1.1 Policy adopted by month 12 and disseminated broadly by month 18. 2.1 Three integrated services in capital city and one rural center by month 12. 2.2 One hundred clients per week being tested by month 18. 2.3 Three new rural VCT sites established serving 20 clients per week by month 12. 3.1 Post-test clubs to have membership base of 150 by month 12. 3.2 One new financial supporter identified by month 12. 4.1 X staff trained per year. 5.1 Organizational structure approved by MOH by Month 2. 5.2 All management unit staff in place by Month 6. 	<ol style="list-style-type: none"> 1.1 Policy document 2.1 Clinic records 2.2 Clinic records 2.3 Clinic records 3.1 Quarterly program reports 3.2 Quarterly program reports 4.1 Quarterly program reports 	<p>Donor funding is available to ensure a steady supply of test kits.</p> <p>Strategic alliances are formed with community groups who can provide follow-on PLHA and their families.</p> <p>Stigmatization regarding HIV testing is reduced.</p>
<p>Activities:</p> <ol style="list-style-type: none"> 1.1 Establish working group. 1.2 Consult with communities. 1.3 Present consensus strategy. 2.1 Integrate VCT into existing antenatal/MCH services. 2.2 Expand capacity of central referral clinic. 2.3 Establish three new VCT clinics in rural centers. 3.1 Appoint board for post-test clubs. 3.3 Establish full range of services. 3.4 Establish new financial supporters. 4.1 Develop curricula for service providers. 4.1 Conduct training for staff. 5.1 Identify key staff. 5.2 Produce organizations structure proposal. 5.3 Finalize structure based on MOH input. 	<p>Inputs required:</p> <ol style="list-style-type: none"> 1. Staff salaries, transportation costs, facilities for meetings, printing and distribution costs. 2. Staff, training, test kits, local promotion, facilities renovation, stationery. 3. Staff, training, volunteer support, meeting costs, material support for PLHA. 4. Staff, training, teaching materials, facilities. 		

need to be established. By providing in a one-page table the descriptive program information, anticipated results and how they will be measured and the key assumptions, the LogFrame is also a very useful overview and monitoring tool. LogFrames can be used inappropriately by some as a prescriptive model to achieve the ends of planners (to have a plan) without respecting the process of consulting key stakeholders. To be effective, they must be used in a participatory, consultative manner.

The VCT example discussed above is presented above in LogFrame format.

MONITORING AND EVALUATION

Managers need to monitor the progress of program implementation and find out whether activities are being carried out as planned, with regard to the timeframe and planned resources, and whether the activities are having the anticipated impact. (For a comprehensive discussion of program evaluation and surveillance, see Chapter 5.)

Developing a monitoring and evaluation plan is a critical task and a key management tool for:

- Assisting and guiding managers in adapting the strategies and activities to increase their effectiveness in a timely fashion.
- Providing information about the program's progress and effectiveness to decision makers and funders.

A comprehensive program evaluation plan will address process and outcome and possibly even impact data needed to determine program progress and effectiveness. Process data will allow the program managers to measure implementation targets such as the number of people reached, condoms distributed, people seeking STD services, individuals referred for counseling and HIV testing, schools that have instituted HIV education programs or PLHA who have been referred to community support services. Outcome data reflect behavioral results of target audiences such as the percentage of the target audience who report condom

use with the last non-regular partner, knowledge of prevention methods or who were treated correctly with standard treatment protocols. Impact data generally refer to biologic targets, such as reductions in STD or HIV incidence.

The overall program evaluation plan will probably be articulated in the broader, multi-year strategic plan. For the work plan, it will be important to note the evaluation/monitoring activities to be conducted during the specific year, as well as the periodic targets. Paying attention to the process data that measure the progress of program implementation will help determine whether the program is reaching its service objectives. If not, it will provide an opportunity to analyze what the program needs to do to get on track.

The monitoring and evaluation plan must be put in place at the start of the program. Setting goals and productivity targets helps to motivate and assess performance, particularly when the targets are realistic and relevant to available resources. The monitoring and evaluation plan is thus intricately tied to the planning process.

Timeframe and responsibilities

This step provides a “reality test” for the design by spelling out the implementation partners and the timing of activities. Considerations at this step will include assessing the readiness of partner institutions to participate, the feasibility of implementation staging and the time proposed for program start-up and implementation. It will also provide an indication of the intensity and timing of funding requirements as the program moves through the stages of planning toward launch and full-scale implementation.

An implementation schedule provides in tabular format a summary of the major activities in a timeline. It shows who does what, by when and in what order. It also clearly displays the temporal relationship between major activities and helps to ensure internal consistencies for program launch and implementation. Thus, for example, behavioral research that will serve as the evaluation baseline for a post-test club PLHA support program will need to be conducted early on in program implementation. These data will also be useful in preparing outreach educational materials, and

SAMPLE TIMELINE FOR STRATEGIC OUTPUT 1

Timeline	Month 3	Month 6	Month 9	Month 12
Strategic Output 1: Establish National policy on VCT				
1.1. Convene working group.	X			
1.2. Consult communities, rural areas, major NGOs.	X			
1.3. Prepare draft policy for circulation and comment.		X		
1.4. Finalize draft policy based on input.				X
1.5. Present revised document for departmental approval and financial support.				X
1.6. Disseminate policy to all health centers and other appropriate entities.				

Figure 1

SUMMARY BUDGET

Title: Kenya VCT — Project ID #: 4558-89

	Fiscal Year 02	Fiscal Year 03	Life of Project
	1 October 2001 30 September 2002 12 months Kenya shillings	1 October 2002 31 March 2002 6 months Kenya shillings	1 October 2002 31 March 2002 18 months Kenya shillings
1. Salaries	326,667	163,333	490,000
2. Fringe Benefits	65,333	32,667	98,000
3. Consultants	1,658,000	410,750	2,068,750
4. Equipment/Procurement	108,500	11,500	120,000
5. Travel/Transportation	433,333	216,667	650,000
6. Office Expenses	115,403	57,701	173,104
7. Other Direct Costs	1,854,007	270,993	2,125,000
Total Project Costs	4,561,243	1,163,611	5,724,854

are thus key to the process. Educational materials must be made available before interpersonal outreach can begin. The timeline will help determine the sequencing of inputs and activities. It also will help program managers take into account realistic timeframes for the various program stages—planning, launch, pilot testing, planning for scale-up and

program expansion. The implementation schedule will also provide a quick reference for monitoring progress of activities and anticipating where subsequent, dependent program activities may either be ready to start earlier or need to be delayed. It is therefore useful to keep the implementation schedule in a visible place so it can be referred to often and easily updated as needed.

Budgeting and financial management

Among the data that program managers should monitor closely is financial information. Budgeting is a straightforward process that defines the financial resources needed to implement the proposed work plan. Budgets need to:

- Provide enough detail to allow effective monitoring, but be simple enough to allow managers to easily comprehend what is important and be periodically updated without too much trouble;
- Distinguish between recurrent costs (e.g., salaries, rents, fuel, transportation costs) and less frequent capital costs (e.g., computers, vehicles); and

- Provide sufficient estimation leeway to accommodate small, unanticipated costs or small cost overruns.

Standard line items are salaries, salary benefits, consultants, travel/transportation costs, procurement, and other direct costs. A sample budget is provided in Figure 1.

It is not uncommon for program managers to relegate development and monitoring of the program budget to “finance people.” But it is clearly important in managing a program to know whether the budget

Figure 2

FAMILY HEALTH INTERNATIONAL
Kenya VCT — Project ID #: 4558-89

Budget Line Item	FY02 Budget	Q1	Q2	Q3	Q4	Total FY01	Budget Remaining
I Salaries	326,667	74,321	95,788	95,788		265,897	60,770
II Fringe Benefits	65,333	14,864	19,158	19,158		53,179	12,154
III Consultants	1,658,000	258,845	455,858	501,852		1,216,555	441,445
IV Equipment/Procurement	108,500	45,850	54,790			100,640	7,860
V Travel/Transportation	433,333	75,855	89,523	154,852		320,230	113,103
VI Office Expenses	115,403	24,458	35,450	43,500		103,408	11,995
VII Other Direct Costs	1,854,007	156,384	569,211	456,235		1,181,830	672,177
VIII Total	4,561,243	650,577	1,319,778	1,271,385		3,241,739	1,319,504
Budget Summary							
FY02 Budget	3,816,569						
Total Expended	3,241,739						
Remaining Balance	574,830						

is adequate and spending is proceeding as planned. Financial expenditures are one important indication of program pace. By actively monitoring program expenditures it is also possible to identify over-expenditures that may jeopardize the availability of funds for other elements of the program or, alternatively, any budget savings that can be applied in a timely manner to unfunded or underfunded program areas. Program managers should work closely with financial officers to regularly study the budget and program expenditures tracked against it.

A number of simple tools can help in monitoring the budget. A simple graph plotting planned quarterly expenditures against actual expenditures provides a useful visual presentation of spending rates. A quarterly expenditures table by major line items showing annual budget and remaining balance allows managers early on to identify expenditure trends and potential financial constraints.

SUSTAINING AND SCALING-UP PROGRAMS

The concept of sustainability generally relates to the ability of the implementing organization and partner organizations involved in the program to continue to pursue the objectives when initial funding ceases or is diminished. While securing long-term financial resources is critical to a program's continuity, it is essential for program managers to look more broadly at the issue of sustainability.

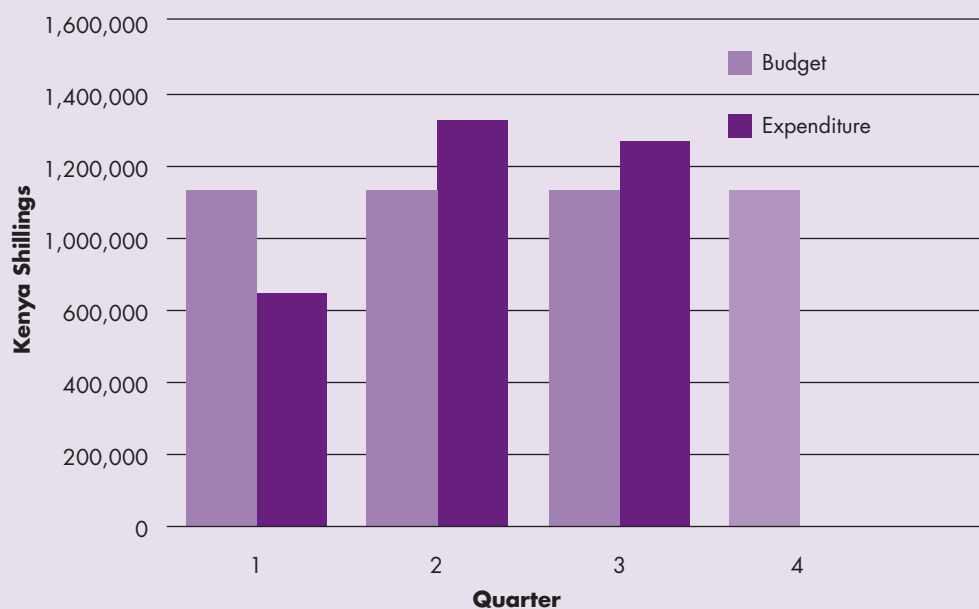
First, one must ask whether the program should be sustained and, if so, at what level and via what mechanisms. Determining whether a program should be sustained is a matter of assessing the need for it and its level of success in addressing this need. If there is a need and the program is successfully addressing it, the implementing organization must consider the appropriate level and mechanisms for continuing it. Is the program meeting all of the identified need? If not, how can it be expanded or scaled-up? Can the current implementation structure be extended to accommodate the need for growth, or should the implementing agency/agencies take on additional partners? Should the primary implementing agency evolve from an

implementing body to a facilitating agency, catalyzing the participation and adoption of the program by other organizations? Is there sufficient capacity to continue or expand the program?

In this context, the issue of sustainability must address not only financial sustenance but also organizational, technical and management readiness. Planning for sustainability requires, among other things, constructing careful networks and alliances of key partners who share a common vision and commitment to the point of contributing their own unique resources to seeing it fully take hold. If, for example, a pilot life skills program is being carried out in the education sector, a comprehensive alliance of educators from the senior education policy arena—from decision makers to the teachers who will ultimately be responsible for teaching the curriculum—must be involved from the beginning so they have a sense of ownership in continuing and expanding the program after initial funding runs out.

Program scale-up is one of the most timely concerns of HIV/AIDS programs worldwide. Clearly, unless programs are able to move from “boutique” to massive coverage, the impact of even successful programs on the national level epidemic will continue to be marginal in many instances.

Table 1
KENYA VCT FY 02 BUDGET—
EXPENDITURE ANALYSIS (PROJECT ID#: 4558-89)



PROGRAM MANAGEMENT

As noted earlier, successful programs require a sound design. But even the most effective design will be jeopardized in the absence of skilled management of human, financial and technical resources within supportive structures and systems. It is not uncommon for competent technical experts, specialists and community activists to find themselves in management positions though they have little training or experience making decisions, which can leave them at times feeling uncertain or even uncomfortable. Finding the time to access formal management training, even finding time to read management books, is often difficult for busy managers who relegate skills upgrade to the bottom of their priority list. Finding a mentor, someone with good management skills who can regularly consult and provide support and feedback, is often a more viable strategy with timely benefits.

The remainder of this chapter examines some of the program management issues that can improve the likelihood—or alternatively reduce the chances—for program success. While many of the points apply broadly to management, many are particularly relevant to HIV/AIDS programming in resource-constrained settings.

Successful program implementation rests on effective management of human, financial and technological resources.

ORGANIZATIONAL DEVELOPMENT

The way that individuals in an organization relate to each other through formal structures and shared values will have a major influence on their effectiveness.

Organizational structure

Structure should always follow the objectives and functions of the program, not the other way around. It is important to articulate the organization's objectives and functions before determining the kinds of skills and structures an institution needs to achieve its mandate. Structures, systems and processes that facilitate rather than hinder the achievement of an organization or program's objectives will be:

- As simple as possible.
- Clearly articulated and understood by all.
- Transparent in their rationale.
- Responsive to the evolving size of the organization and program mandate.

This last point is important as it suggests that structures, systems and processes need to be reviewed periodically so they continue to be relevant and support the organization and its programs. This is especially important for HIV/AIDS programs, which often start small but may grow rapidly, particularly with the emphasis on program scale-up. In these instances system development often lags.

Organizational culture and values

Organizations often rely too much on structure alone for their smooth functioning. When major problems arise, their automatic reflex is often to restructure the organization rather than deal with its underlying values and culture.

In one STD clinic there were major problems with staff morale and conflict, leadership and job performance. The staff blamed these problems on the physical surroundings of the clinic and its internal structure. These were both changed, but the problems remained simply because the central issues of leadership, performance management and staff morale were not addressed.

The values to which a program aspires and adheres should be developed with the broad participation of all parts of the organization, and be clearly articulated, disseminated and strongly supported by all staff, particularly the leadership team. Such values might include honesty, openness of information, integrity and teamwork. The process of articulating organizational values should be more than an exercise in brainstorming lofty rhetoric. Giving lip service to values that are not put into action will contribute to declining staff morale and lower productivity.

The culture and values that are adopted should be consistent with the values needed for effective HIV prevention and care, such as the participation of those infected and affected by HIV, commitment to dissemination of open and honest information and non-discrimination.

Posting your culture and values on the wall will encourage you and other staff to stick to them.

LEADERSHIP

HIV/AIDS programs around the world have notably been led by strong, charismatic individuals, whose distinctive styles and characteristics are clearly imprinted on the work of their organization. While their drive and passion have frequently been primary motivators for program success, effective leaders know that more than “star quality” is required to consistently deliver productive and sustainable programming.

Characteristics of leaders

There are many different analyses of the characteristics of effective leaders and managers. While different characteristics and skills are needed in different cultures, the following are typical leadership qualities¹⁰:

- **Self-awareness:** the ability to recognize one’s moods, emotions and drives, as well as their effect on others.
- **Self-regulation:** the ability to control or redirect disruptive impulses and moods, to act rather than just react.
- **Motivation:** a passion for work that goes beyond status and money.
- **Empathy:** the ability to understand others.
- **Social skills:** skills in managing relationships and building networks, and the ability to find common ground and build rapport.

Effective leaders also:

- **Understand the difference between leadership versus management.** Leadership involves providing the vision, inspiration and encouragement to all program participants, and management involves direct supervision of staff who report to a manager. Effective leaders will manage only the staff members who report to them and leave management of other staff to the managers concerned.
- **Delegate.** In many public health programs where managers often have little formal management training, managers often try to “over-control” program implementation and their staff. Organizations and individuals invariably work most productively when staff have clear delegation of responsibility together with the necessary authority.

- **Manage information efficiently.** Most AIDS programs manage a huge amount of information, including correspondence, requests for briefings, reports and new information about the many aspects of the epidemic. Effective leaders will develop a mechanism for dealing with issues rapidly, such as using the principle of “touching paper only once.” It is important to make a decision about the appropriate action generated by a briefing—such as write a letter, request more information or send an e-mail—at the time of first encounter, rather than deferring action and possibly forgetting about it. Such delays in responding can be very demoralizing for staff or stakeholders who may have gone to great lengths to prepare the document or briefing and whose follow-up is stymied until a response is received. This also relates to the next issue.
- **Set priorities.** Most AIDS programs place too many demands on too few managers who may find themselves reacting only to the urgent issues or the easy ones that do not require much “thinking time.” But it is the important issues—particularly those addressed in the implementation plan—that need to be dealt with as priorities, not the urgent or easy ones. Effective leaders try to spend some time every couple of weeks to refocus on the major issues in the implementation plan.

Effective leaders or would-be leaders often have a personal plan for building their leadership skills, including identifying a mentor for ongoing advice and guidance.

STAFFING

Most HIV/AIDS programs struggle with staffing issues. All too often in the public sector, HIV/AIDS responsibilities are added on to already full portfolios. In the private NGO sector, staffing is limited by insufficient funding. In both sectors, inadequate remuneration, poor skills and burnout affect performance. This is why recruiting, supporting and guiding high quality and suitable staff are key to effective HIV/AIDS programming.

Post descriptions

Position descriptions need to be well-formulated and clear and fit into the overall structure of the organization (see below). As a guide they should cover the following areas:

- Objectives (what the job is trying to do).
- Organizational context (how the job fits into the overall structure and function of the organization).
- Responsibilities (specific tasks and areas covered).
- Accountability and reporting (clear account of reporting requirements, which should also include responsibilities of the supervisor).
- Special features (of the job, the organization or the external environment).
- Knowledge and skills requirements (these are key selection criteria for the post).

Recruiting

The process for selection should be clear to all concerned and should be as open as possible to find the best candidates and be consistent with organizational values of transparency and integrity. After a clear position description is prepared, it should remain at the core of assessing and recruiting the candidate. Candidates whose skills and background are simply not well matched to the post—regardless of how impressive or passionate about the work they may be—should not be selected with the intent of “fitting them in” or recasting the job. It is important to match the requirements of the post with the skills and experience of the candidates.

As HIV/AIDS programs evolve beyond their originally limited scopes, there is a tendency to promote people beyond their level of competence. Premature promotion can be damaging both to the individual as well as the organization. To the extent possible, program managers should actively support professional development to prepare staff for additional responsibilities before they are considered for promotion.

Professional development

As noted, it is in the best interests of the organization and staff to institute a system for professional development. Most people come to a job with only 60 percent to 80 percent of the skills and experience needed to best carry out the post. So it is important that they have the opportunity to develop some level of skills “on the job,” for which time and a small budget need to be allocated. This professional development also becomes part of performance management.

One often overlooked area of professional development is communication and presentation skills. Most programs require interaction with a large number of internal and external colleagues and partners. Several staff across the program should be able to convincingly and clearly articulate the program’s goals, activities and successes.

Performance management

This is perhaps one of the most difficult, but essential, areas of human resource development. Performance management requires regular formal and informal communication between managers and staff. It is key to ensuring reflection and analysis of effectiveness and efficiency, and to identifying in a timely fashion adjustments that may be needed to schedules and objectives. Managers should remember to praise strong performance, identify performance problems and address how the manager can facilitate greater performance.

Individual work planning

Individual work plans articulate the expected output from each staff member. They also spell out the distinct contributions of various team members across the program toward the achievement of the program objectives. Individual work plans should be derived from the implementation work plan of the program as a whole, and then from the work plan of the units or teams. Often a great deal of time is spent in developing detailed work plans that are not followed. This is why it is important to develop flexible, relatively easy and quick individual work plans that can be referred to regularly.

Moving staff on

Sometimes people are in positions where they are not performing and, despite their own and their supervisor's best efforts, their performance may not improve. This can refer to staff who do not have the skills they need to perform well in a specific job, may be "burned out" or insist on controlling or blocking the activities of colleagues or the staff they supervise. In this case it is in both the individual and organization's interest to help the individual find alternative employment.

Volunteer staff

Many community-based HIV/AIDS programs rely heavily on the support of volunteer staff. Volunteers significantly expand the capacity of NGOs and CBOs. But they present special human resource management issues. Performance management takes on special nuances for these programs. Individuals who volunteer often hope their volunteer status will evolve to paid employment at some point. They can become quickly disillusioned when this does not materialize. Sustaining motivation and expecting quality performance can be challenging. Many projects find they need to search constantly for volunteers to replace those who have faded out of the program.

Despite their heavy reliance on volunteers, many programs have only a rudimentary knowledge of how to manage these special staff. It is essential for programs that rely on volunteers to understand what motivates people to volunteer and what will retain their interest in doing so. Program managers need to ensure that there is consistency between volunteer motives and what the program can reasonably offer in return. Aside from the possibility of paid employment, many people volunteer out of a strong desire to help or be seen as a leader in their community. HIV/AIDS programs can satisfy these motivations, though doing so requires specific action on the part of program management. This can include:

- Involving volunteers in program design, implementation, monitoring and evaluation decisions.
- Reporting back to them on the successes of their combined efforts (e.g., comparing current and previous behavior change survey results or counting the number of people in the community

reached by the program, those who have come forward for counseling and HIV testing, or the number of condoms that have been distributed).

- Providing volunteers with a "career path" of increasing responsibility (e.g., from peer educator, to peer educators group leader, to peer educator volunteers coordinator).
- Taking time to recognize their efforts (e.g., writing letters of thanks or congratulations for personal achievements; celebrating their birthdays; selecting "Volunteers of the Year"; honoring them at an annual general meeting and sending a press release to the local media; and encouraging them to help promote the program in press conferences and in meetings with donors).

It is important to recognize and plan for the possibility that volunteers will eventually want to leave the program. The program should clearly show its appreciation for their participation through whatever means may be possible, and volunteers should be encouraged to be informal "ambassadors" for the program within their community.

This kind of support for volunteers takes time but offers real benefits in terms of retained, motivated volunteers. To ensure this support, programs should identify a staff person with specific responsibility for coordinating and supporting volunteers.

ALLIANCE DEVELOPMENT

It is evident that neither governments nor NGOs alone can effectively combat HIV/AIDS. This is why program management and implementation depend upon the willingness of different partners in the local, provincial or national response to build alliances, particularly with sectors outside health. In successful, sustainable alliances all parties achieve benefits they could not achieve on their own. To build such alliances program managers should fully involve potential planners early on, look for common ground, identify the comparative advantages of each partner, ascertain where everyone's interests intersect and articulate how responsibilities and workloads can be coordinated and shared for mutual benefit.

TANZANIA'S NGO CLUSTERS

Tanzania is a country rich in community-based organizations (CBOs) serving the diverse needs of numerous specific constituencies. When USAID in the early 1990s wanted to develop a program to support the NGO response to HIV/AIDS, the agency struggled for a mechanism to reach out to a large number of these organizations. In collaboration with Family Health International and local NGOs, USAID created the concept of “NGO clusters.” Under this mechanism, NGOs and CBOs in the same geographic area met together, conducted joint strategic planning exercises, and developed joint regional plans for HIV/AIDS prevention and care. The cluster concept allowed each NGO or CBO to contribute its unique strengths to the combined effort, and to achieve broad coverage while minimizing redundancies and internal competition. NGO clusters have expanded across the country and now include local government offices as cluster partners.

Governance boards, management committees

Most programs have some form of internal advisory committee or council. If used inappropriately, these bodies can present obstacles to getting things done. If used well and supported by the program with good information, they can provide strong political protection, support and advice to the program. Given that in virtually every country effective HIV programs require political and bureaucratic courage in challenging the cultural and political status quo, an influential council or board can indeed be useful. These boards and committees are most useful for their strategic guidance and support, and also for their influence and networks. They should not be involved in running day-to-day programming.

Key points to remember in selecting a board or management advisory committee include:

- **Do not simply select friends or colleagues to sit on the board.** The program will be served best by individuals who maintain some distance and objectivity, not those who will merely “rubber stamp” the ideas of program managers.
- **Aim for membership from a broad spectrum of society beyond only health professionals.** People from banking, local government, successful private sector businesses, social welfare agencies, religious institutions, and PLHA can all help to open doors for the program when necessary.
- **Ensure that there is a well-defined mandate of responsibilities and length of service for the board.**

Constituent feedback and collaboration

Besides management advisory councils, programs will want to have direct and regular contact with their target audience and the communities they are serving to make sure program activities are both responsive to and supported by their constituency. This contact can be achieved through such strategies as regular focus groups, informal but purposeful interaction by peer educators and outreach workers, more formal periodic meetings with program management staff and by convening constituent advisory councils.

Program monitoring isn't these efforts' only goal. Other goals include appropriate, two-way discussion of program goals and objectives; implementation strategies; and results to motivate continued community action—such as sustained behavior change by the target audience or continued political, economic and social support for the program by key stakeholders. Promoting program activities and successes through meetings, the media, newsletters, etc., will help to ensure political support for the project. It can also strongly motivate individuals in the community to adopt and sustain behavior change strategies, directly helping to achieve the program's goals.

ADVOCACY

Arguing for resources and appropriate policies and legislation requires careful planning and strong advocacy skills. Inside government, managers need to “manage upwards.” This requires persistence and attention in presenting well-argued proposals to senior staff and government ministers. National AIDS programs likewise require other government offices and sectors in society to commit time, personnel and finances to HIV control. From the NGO perspective, it is often difficult for community groups to get governments to take their roles and responsibilities appropriately, see them as true partners and allocate sufficient resources to them. Whether it is securing funding or policy change, advocacy is a key strategy.

Important characteristics of effective advocates include:

- **Credibility.** To influence others, one must first be seen as knowledgeable and trustworthy. Policy makers and funders need to be convinced that advocates know the issues and can substantiate their position.
- **Strong communication skills.** It is essential to be able to clearly and persuasively share information.
- **Familiarity with the system.** Successful advocates know “how things get done,” who are the key influencers, the processes available for achieving changes, the pressure points and the most critical timing. Finding a “champion on the inside”—someone who will benefit from taking up the cause—can improve the likelihood of success.
- **Ability to find win-win situations.** Successful advocates structure policy advocacy so that both sides find some benefit from a policy or agreement. One-sided wins may be successful in the short-term but will make subsequent negotiations and alliance building more difficult.
- **Taking the long-term view.** Success often does not happen overnight. Being patient and persistent is often critical to eventual success. Successful advocacy also requires compromise.
- **Being strategic.** Often there may be a number of ways to achieve the same result. Successful advocates will find the most plausible, least politically costly strategy.

CONCLUSION

The HIV/AIDS epidemic has evolved over the past 20 years to the point that HIV/AIDS experts refer not only to epidemics and sub-epidemics at global and regional levels, but within individual countries as well. The scope and nature of the responses to HIV/AIDS have also evolved over this time, in some countries more effectively than in others. Early, externally driven planning processes and plans have been replaced by participatory, community-driven strategies responsive to resource levels and citizen sensitivities. The notion of a national HIV/AIDS program is often over-simplistic and naïve. More often than not the national program is really a loosely connected array of discrete public and private sector activities that may or may not be guided by common goals, objectives and targets. Years of experience, valuable lessons, emerging technical strategies, expanded partners and increased donor funding all suggest the importance and relevance of strategic planning at all levels, as well as strong program and project management.

It is time to transform limited demonstration projects into an effective, multi-layered, national-level response guided by across-the-board strategic approaches to planning and implementation. Careful, participatory planning will facilitate optimal use of available and future resources now as well as greater flexibility to respond to the new challenges and opportunities that lie ahead.

Program scale-up presents new challenges. The way forward is unclear and there is much debate about next steps: Can community-based efforts effectively be grown into district and multi-district programs? Should community-based programs be overlooked in favor of programs that can start and sustain themselves at the national level? Will strategies that work at a community level be equally successful when they are franchised, multiplied and repackaged? Will NGOs be able to transform themselves to work on larger scales, or will they lose those qualities that make them most successful?

What is known for certain is that coverage must increase. But while funding scenarios now appear more positive than they did in the recent past, additional resources will still not be enough to address global requirements. This is why program managers must vigilantly promote effective strategic planning and solid program design, and maximize the effectiveness of management and implementation.

RELEVANT CHAPTERS

- Chapter 5 *Evaluation and Surveillance Approaches for HIV/AIDS Programs*
- Chapter 23 *Counseling, Testing and Psychosocial Support*

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