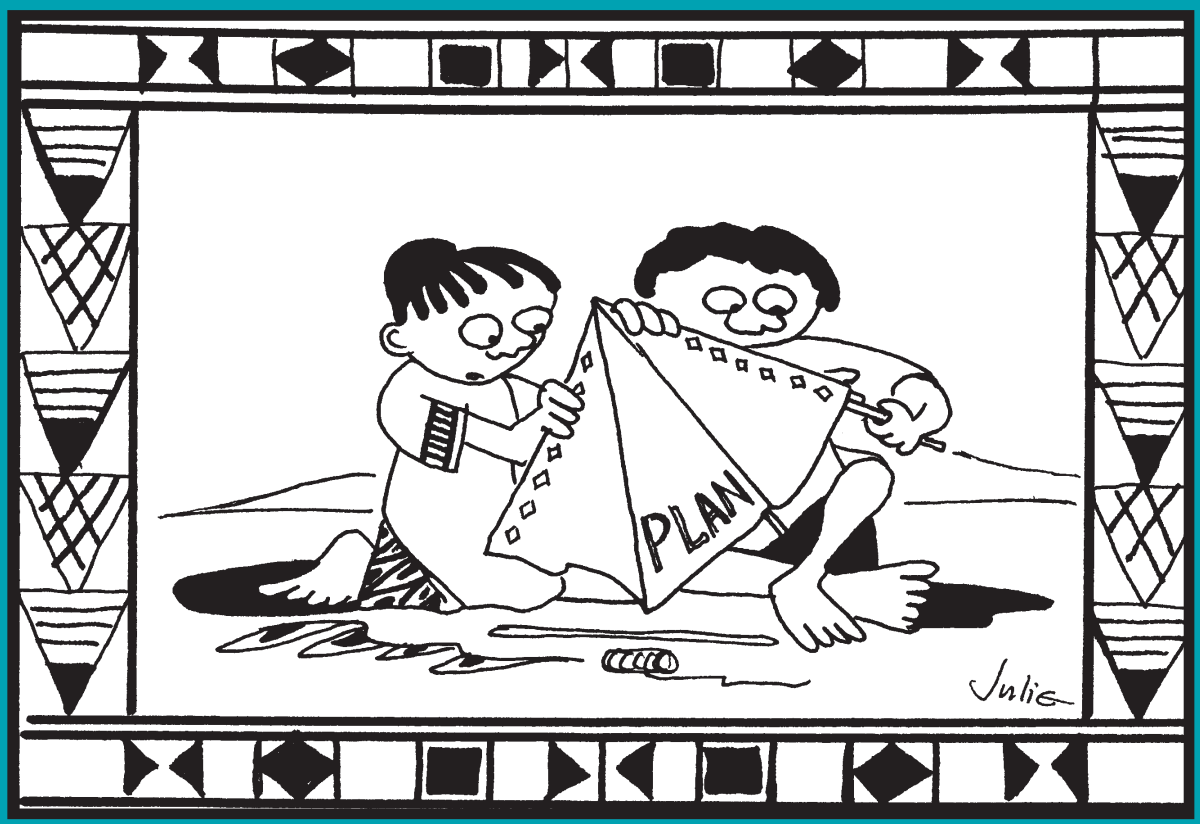
SECTION 3
Creating the Plan



SECTION 3
Creating the Plan

In this third section of the Guide we are going to cover the four key elements of a strategic plan – goals, objectives, strategies and activities.

Chapter 7 illustrates the planning hierarchy – how these four key elements fit together. It then goes on to define what we actually mean by 'goal' in strategic planning. Some examples are given to illustrate ways of writing goals.

The next chapter defines objectives and gives examples of how to develop them to meet the goal, to overcome obstacles and to make use of opportunities. This chapter also describes the specific ways in which goals, obstacles, strategies and activities should be written to prevent confusion between the different layers of the plan.

The third chapter of this section, Chapter 9, introduces strategies, which are the methods for achieving the objectives that have been developed. This chapter includes a *Strategy Toolbox* that includes many ideas and possibilities for strategies, which may be useful to consider in your national response.

The final chapter in this section moves on to activities – the steps that we actually have to *do* to put the response into action. This chapter also illustrates how all four levels of the strategic plan fit together.

The **section summary** is particularly useful to refer to when writing the plan, as a reminder of the differences between the four elements, and how they fit together.

CHAPTER 7
Developing Goals

Strategic planning defines the framework of the national response (through its guiding principles as outlined in the last chapter), as well as the steps that need to be taken to change the current situation into one that reaches the **national goals.**

Strategic planning is different from:

- **normative planning,** which has been used to implement vertical health services or programs (for example measles control programs) using the same plan in different settings.
- **activity based planning** which plans activities that apply to 'risk groups', irrespective of their conditions or situations (for example condom distribution programs that are implemented because they have worked in other places, regardless of the religious or cultural values of the new 'target' group), and without a coherent overall goal.
- **planning of project proposals,** which focuses on the in-depth details required to propose and implement activities that make up a specific aspect of the response. Strategic planning is quite broad, whereas project plans need to be focussed and detailed.

As outlined in Chapter 3, Strategic Planning takes into account a given and changing situation, and is based on broad objectives. These objectives are developed to meet the **goal of each focus area** of the national response, and are sensitive to the context of local opportunities and obstacles. This chapter examines how to develop these goals and the next chapter looks at developing objectives.

7.1 Planning hierarchy

The key elements of a strategic plan are:

- **Goals**
- **Objectives**
- **Strategies**
- **Activities**

7.2 How do we define goals?

Goals tell us what we intend to achieve. The goal is the future situation you are working towards in each focus area of the plan. A goal defines the final achievement or end result, and the population (target) groups to be reached. Goals should be defined for **each focus area** of the response.

For example, a goal from the Kiribati national plan in the priority area of prevention and control of STIs, was **'To prevent and control the spread of STI amongst seafarers, youth and adults'.**

Another example of a goal, from the plan developed by the Ministry of Women's Affairs in Samoa is **'Reduced vulnerability of girls, women and their partners, and safer sexual behaviours promoted'.**

You will notice that there are two different ways to write goals – a statement of what you are working towards (as in the first example, 'To prevent…') or a statement of the end result (as in the second example, 'Reduced…'). Both of these goals describe the future situation and the population groups to be reached.

The next chapter looks at how to develop objectives – the methods of achieving change to reach the desired future situation, and the particular groups that are most affected by situations or behaviours that need change.

CHAPTER 8
The next step – Objectives

8.1 What are objectives?

For each focus area, you will have defined a goal. **Objectives answer the questions:**

- ➜ What **behaviour or situation** do you want to address to meet this goal?
- ➜ What **change** do you want to achieve in this area?

For example, situations and behaviours that would impact on meeting a goal such as 'The human rights of people living with HIV/AIDS and their families are protected', could include: lack of confidentiality in health care settings; discrimination in the workplace against people living with HIV; and lack of legislation and policy. **Therefore objectives aimed at changing these situations and behaviours need to be developed.**

As an example of how objectives can be developed, we will work through one of the goals from the Kingdom of Tonga's Strategic Plan. One of the focus areas (see Chapter 5 for discussion of focus areas) in this plan is 'reducing the vulnerability of specific groups and promoting safer sexual behaviours'. A goal that was developed for this area was 'To reduce the vulnerability of young people in Tonga to STIs and HIV infection'. Some examples of the **objectives** developed to reduce the vulnerability of young people in the Tongan community were:

- ➜ **to ensure that young people have access to relevant, complete and accurate information and services related to STI/HIV/AIDS and associated issues**
- ➜ **to ensure that all sexually active Tongans have access to information on safer sex alternatives and the means to protection**

The table on the following page shows how these objectives were developed to meet the goal of reducing the vulnerability of young people to STI/HIV infection. This type of table can be used as a method for outlining the focus area, goal, priority groups, behaviours and situations to be addressed, in order to develop objectives to meet the goal in a particular priority area of the national strategic plan.

Focus area: **Reducing the vulnerability of specific groups and promoting safer sexual behaviours**

Goal: **To reduce the vulnerability of young people in the Tongan community to STIs and HIV infection**

Priority Groups: **Young people (15-24 yrs), parents, young employees at risk (seafarers, hospitality industry)**

Behaviours or situations that need to be addressed to meet the goal	Objectives developed
— lack of community knowledge about why people may be more vulnerable to HIV/STI (social, economic, cultural factors) — ignorance and denial that HIV/STI affect Tongan youth — resistance of the education system to incorporate sex ed. into the school curriculum	1 To increase the awareness of parents, teachers and employers of the underlying causes of vulnerability to HIV/STI, of the need to reduce risk behaviour, and of healthy lifestyle choices.
— lack of information in the workplace (eg. ships, bars) — resistance to health messages given by non health personnel — lack of integration of HIV into wider health programs — difficulty talking about sensitive issues to young people particularly	2 To ensure that young people have access to relevant, complete and accurate information and services related to STI/HIV/AIDS and associated issues.
— lack of IEC messages tailored for youth — limited services tailored to the needs of youth — difficulty targeting men/men's groups — difficulty some groups have in accessing condoms	3 To ensure that all sexually active Tongans have access to information on safer sex alternatives and the means to protection.
— peer pressure amongst youth (sex and alcohol) — social acceptance of alcohol — easy access to alcohol — existing laws not enforced (alcohol and drugs) — lack of community awareness of the link between alcohol and sexual health risk	4 To reduce the effect of alcohol and drugs on risky behaviours by raising awareness at all levels.

CHAPTER 8 The next step – Objectives

To give another example of how to develop objectives, we will this time look at the Strategic Plan developed by Fiji. One of the focus areas seen as a high priority for Fiji is 'coordinating the multisectoral response to HIV/AIDS'. The goal for this area in the Fiji Strategic Plan is 'To develop an effective and well coordinated response to HIV/AIDS in Fiji'.

Behaviours and situations that need to be addressed to meet this goal include:

- ➜ many different agencies involved in the response, but no currently functioning coordination mechanism
- ➜ NAC meets only occasionally, not currently fulfilling a coordination function
- ➜ poor communication between NGOs, government and other agencies
- ➜ lack of coordination results in duplication and wasting of precious resources as agencies target the same people, and gaps in service provision as no mechanism to initiate a response to unmet needs
- ➜ limited capacity of some service providers in overall project management (including monitoring and evaluation, implementation etc.)

Objectives developed to meet the goal of a well coordinated response were:

1. To strengthen the coordinating mechanisms for the HIV/AIDS/STI response
2. To improve communication and partnerships between agencies working on HIV/AIDS in Fiji
3. To develop the capacity of government organisations and other service providers in planning, implementation, management, monitoring and evaluation.

It is common for people to get goals, objectives, strategies and activities mixed up when first writing the strategic plan. You may not get everyone's ideas into the plan at the right level the first time, but with practice, patience and usually a few revisions, the structure of the strategic plan will emerge. One way to separate the different levels of the plan is to use specific language for the different elements of the strategic plan. The language used for each of the different elements of the plan is outlined on the following page.

'MIND YOUR LANGUAGE'

One of the common problems people have when writing goals, objectives, strategies and activities is getting them mixed up – for example by putting an activity, such as 'conduct HIV counselling courses for pastors' up at the objective or strategy level.

The four key elements of the strategic plan can be written using particular language, to make it easy to recognise them – and to ensure that they are in the right place.

Goals are a statement of what we aim to achieve

e.g. Safe blood supplies for all health facilities in the country, *or*
To prevent HIV transmission through blood supplies in all health facilities in the country.

Objectives use verbs that define the changes to be made, such as:

- ➜ To ensure
- ➜ To reduce
- ➜ To decrease
- ➜ To enhance
- ➜ To improve

e.g. To ensure testing facilities for blood borne viruses are available at all times.

Strategies are tools for meeting objectives. Therefore we do not use verbs, but simply describe the means or methods by which the objectives can be achieved, such as:

- ➜ Promotion and distribution of condoms
- ➜ Peer education
- ➜ Review of legislation

e.g. Supply of HIV test kits

Activities – the steps necessary to implement the strategies — are described using verbs (doing words) such as:

- ➜ Establish
- ➜ Conduct
- ➜ Train

e.g. Provide laboratory with back up generator to ensure continuous electricity supply

By 'minding your language' when writing the strategic plan, confusion between the various levels can be avoided. These language guidelines will also add clarity to your writing.

CHAPTER 9
Developing Strategies

9.1 What are strategies?

Strategies are the methods by which objectives can be achieved. Key questions in formulating strategies are:

- ➜ what methods could be used to achieve the objective?
- ➜ which methods are most effective?

There are many strategies for responding to HIV/AIDS/STI that have been used in different settings around the world. To give you some ideas of different strategies that may be used, we have developed a strategy 'toolbox'. This toolbox contains strategies for each of the potential focus areas of a national response outlined in Chapter 5.

THE LANGUAGE OF STRATEGIES

In defining strategies we avoid verbs and simply use nouns that describe the means by which the objectives can be achieved. For example:

- ➜ promotion of condoms
- ➜ review of legislation
- ➜ peer education
- ➜ policy development

Strategy toolbox

Below is a 'toolbox' of possible strategies that could be used in each focus area. This is not an exhaustive list, but rather a way of stimulating ideas about potential strategies that may be applicable to your setting. Strategies are listed under focus area headings – but some of them are useful in several areas of the response. Therefore the whole toolbox can be explored for ideas of how to achieve your particular objectives.

Strategies are listed in dot points – where clarification is necessary, examples or explanation are given in brackets after the strategy.

CARE AND SUPPORT

Every country has a system of providing care and support to people when they are unwell – for example through the health care system, pastoral care services and traditional healers. It is not necessary to design a whole new set of care and support services for people with HIV/AIDS and their families. In some instances it will be more practical to strengthen and expand existing services so that they can provide this care.

Possible strategies for Care and Support:

- ➜ Strengthen existing services (to care for people with HIV/AIDS)
- ➜ Health care worker training (on care needs of people with HIV/AIDS)
- ➜ Strengthen counselling and testing facilities
- ➜ Home-based care (through training and support of families)
- ➜ Community care (Churches and NGOs engaged in care and support)
- ➜ Support families, carers and people affected by HIV/AIDS (financial, psychosocial, spiritual, legal)
- ➜ Diagnosis, prevention and treatment of opportunistic infections
- ➜ Link with existing programs (TB, maternal & child health, sexual health, mental health etc.)
- ➜ Train traditional healers (about care and support needs of people with HIV/AIDS)
- ➜ Policy development for anti-retroviral therapy
- ➜ Essential drug list review
- ➜ Minimisation of mother-to-child transmission (policy development on antenatal risk assessment and testing, breast feeding, management during labour, access to anti-retroviral treatment etc.)

REDUCING VULNERABILITY TO HIV/STI INFECTION AND PROMOTING SAFER SEXUAL BEHAVIOUR AND CONDOMS

Vulnerability to HIV and STI infections can arise through individual behaviours but may be increased by a variety of social factors such as lack of access to accurate information (in appropriate language) and education, socio-economic factors, overcrowding, the difficulties confronting youth, gender inequality, substance abuse, minority sexual orientation, and the risks particular to mobile populations (including mobile workers, students, politicians and business travellers). In developing strategies we need to understand the factors that influence individuals within particular groups towards unsafe behaviours, and build on the findings of the Situation Analysis to determine the most vulnerable groups and risky behaviours. Following are some suggested strategies for reducing vulnerability to HIV/STI.

Possible strategies for reducing vulnerability:

- ➜ Awareness raising through formal education (schools, colleges, universities, training institutions)
- ➜ Appropriate information materials (e.g. group specific and targeted information for youth, women, sex workers, media, travellers, language groups)
- ➜ Peer education (for at-risk groups: information, skills training, self esteem building, mutual support)
- ➜ Community initiated prevention
- ➜ Theatre, drama, music (in schools, community settings, churches)
- ➜ Traditional learning methods (using traditional groups)
- ➜ Media (stories, radio shows, news items)
- ➜ Workplace education (Occupational Health and Safety issues, e.g. education specific to fisheries, timber mills and the hotel industry)
- ➜ Research (into social risk factors e.g. unemployment, poverty, gender issues, sexual and injecting drug use behaviours)
- ➜ Advocacy (of politicians, church and community leaders to address social risk factors; and advocacy for young people's needs among politicians, teachers, parents)
- ➜ Discussion and support groups (schools, youth, community, church)
- ➜ Community events (e.g. World AIDS Day, Candlelight rally)
- ➜ Education programs for young people (in and out of school, outreach programs and use of the appropriate media)
- ➜ Facilitate alternative incomes for sex workers; vocational training for youth

Possible strategies for promoting safer sexual behaviour and condoms:

- ➜ Research (sexual and social behaviours, including patterns of condom usage and obstacles to their use, effectiveness of promotion and sales of condoms)
- ➜ Mass media campaigns aimed at the general public
- ➜ Education programs for sex workers, men who have sex with men (MSM) and other specific groups who may be at higher risk (e.g. street children, seafarers)
- ➜ Promotion and distribution of condoms (social marketing to increase condom acceptability and use)
- ➜ Review of advertising, pricing, and access (to ensure constant supplies of condoms to the general public and vulnerable groups)
- ➜ Policy revision and development (e.g. reviewing policies on distribution of condoms to ensure they are available to all, including young people)

PREVENTING AND CONTROLLING SEXUALLY TRANSMITTED INFECTIONS

- ➜ Case management (early treatment; laboratory based medical management; syndromic management i.e. treatment based on symptoms, not laboratory diagnosis; partner management including contact tracing, treatment and counselling of infected and non-infected sexual partners)
- ➜ Policy development and review (including treatment protocols; policy on who can dispense treatment; confidentiality; partner notification)
- ➜ Counselling and testing for STI and HIV (confidential, non-judgmental counselling; condom provision and advice)
- ➜ Accessible services (integration of STIs in health and family planning facilities; acceptable and affordable (free) services; ensuring vulnerable groups have access to treatment)
- ➜ Drug supply system review
- ➜ Education (clinic-based education; community education; health worker training)
- ➜ Alternative medicine (research on treatment seeking behaviours, alternative treatment methods, referral systems and effectiveness of various treatment alternatives)
- ➜ Surveillance

ELIMINATING TRANSMISSION RISK THROUGH BLOOD AND BODY FLUIDS

- ➜ Blood screening (all blood and blood products screened for HIV, Hepatitis B and syphilis; test kits are made available at all times at national and local level)
- ➜ Pre donation counselling (history taking; linking to pre and post test counselling)
- ➜ Education (for regular donors such as military and police, about test window period, HIV transmission etc.; education for traditional birth attendants)
- ➜ Minimise blood transfusions (policy review to minimise collection and use of blood and blood products)
- ➜ Policy development and review (policies on blood donation to ensure that it is voluntary and not for payment, blood testing procedures, blood storage, universal precautions and safe needle disposal in health services and community reviewed)
- ➜ Safe tattooing (IEC materials should include risk messages regarding tattooing practices)
- ➜ Universal precautions (safety from all bodily fluids is ensured in hospital and public services e.g. police etc; community awareness; occupational health and safety awareness)
- ➜ Safe cultural and medical practices (cultural practices involving bodily fluids – such as circumcision, scarification, piercing, tattooing – are reviewed to ensure safety from HIV and Hepatitis; unsafe or unnecessary medical practices should also be reviewed; review of disposal of medical waste)
- ➜ Clinical procedure review (sterilisation of clinical instruments; clean injecting equipment; links with organisations such as national Diabetes Associations regarding safe disposal of needles and syringes)
- ➜ Policy development on provision of anti-retroviral drugs to those exposed to the virus occupationally, eg. through a needlestick injury. This is known as post-exposure prophylaxis.

REDUCING THE HARM ASSOCIATED WITH DRUGS AND ALCOHOL

- ➜ Harm reduction principles (access to clean needles and syringes; drug substitution; counselling)
- ➜ IEC programs (designed by and for users and people who drink alcohol)
- ➜ Treatment and rehabilitation (ensure access for HIV positive users also)
- ➜ Training (health workers trained to provide care and support for HIV positive users)
- ➜ Social research (to gain information on extent of injecting drug use or alcohol abuse, and patterns of drug/alcohol use and risk)
- ➜ Policy and legislation review (including law enforcement; taxation review for alcohol)
- ➜ Awareness raising (particularly raising community awareness of potential sexual health risk associated with alcohol, kava and marijuana use)
- ➜ Education (for young people in and out of school regarding risks associated with alcohol and other drugs; for parents and teachers, including parenting issues associated with commercialisation of kava in some communities)

HUMAN RIGHTS AND HIV/AIDS

- ➜ Confidential testing, care and support services
- ➜ Legislation and policy review (for example anti-discrimination legislation, protection of privacy guidelines, policies for prisoners)
- ➜ Advocacy (to ensure protection of the rights of women and children, and to strengthen the rights of people with HIV/AIDS – right to work, travel freely, receive care and support)
- ➜ Advocacy to address underlying causes of vulnerability to HIV (advocacy for the rights of ethnic minorities, refugees, migrants, drug users, sex workers and the poor)
- ➜ Awareness raising (to reduce stigma)
- ➜ Education on international conventions (the Universal Declaration of Human Rights and CRC, CEDAW)
- ➜ Education (of police, judiciary, military and prison personnel)
- ➜ Lobbying (through Churches and other groups already working to protect human rights)

COORDINATION OF THE MULTISECTORAL RESPONSE

➜ Coordination
- By National AIDS Coordinating body, consisting of representatives from government, churches, NGOs and CBOs

➜ Management
- By a Management body (Technical / Secretariat)
- Includes drawing up Action plans
- Allocating roles and responsibilities

➜ Advocacy (mobilisation of leaders)
- Raising issues to decision-makers, church leaders and traditional leaders (to increase their ability to act as advocates on HIV/AIDS issues)
- Raising issues and awareness in general public

➜ Policy development
- coordinate policies; review and develop policies

➜ Networking
- Information distribution, create opportunities for learning
- Building on existing partnerships

➜ Monitoring and evaluation of:
- Implementation of the strategic plan (that activities are happening as planned)
- The effects of the strategic plan (that activities are having the desired impact)

➜ Surveillance and research
- Disease surveillance
- Behavioural surveillance

➜ Resource mobilisation
- Expanding partnerships
- Obtaining broad support from donor organisations etc. Donors acting as role models in partnership
- Linkage with development. Working to change the social and economic contexts of people's lives (eg. educational opportunities for girls, income generation activities for women).

Methods that have worked in other countries, are not always appropriate or feasible for your situation. Therefore after brainstorming a list of strategies that may be useful in your particular setting, it is important to set priorities among them and thereby select a smaller set of most useful strategies. One way of doing this is to take into account likely **barriers and opportunities** for each strategy, using the urgency/success *prioritisation tool* that was described on page 35, in Chapter 3.

Case Studies – Strategies in Use

WHAT IS 'HARM REDUCTION'?

Harm reduction is an approach that has mainly focused on the injecting of illicit drugs such as heroin and amphetamines. The harm reduction approach does not condone or encourage illicit drug use, but rather is realistic in accepting that it does occur, and attempts to minimise the harms associated with these activities. Much of the potential harm associated with injecting drug use occurs through the sharing of needles – increasing the risk of the drug user being exposed to blood borne viruses such as HIV and Hepatitis C. One example of harm reduction in the area of injecting drug use is Needle and Syringe Exchange Programs. These programs do not encourage the injecting of drugs, but do try to ensure that those people who are injecting drugs already have access to clean needles and syringes, reducing the potential harms that result from sharing needles.

The harm reduction approach could also be applied to **alcohol** – a drug that is far more common in most countries around the world. Many Pacific Island Countries and Territories have reported that excessive alcohol consumption is a significant issue for their communities. Alcohol has also been found to be associated with increased sexual risk behaviour. For example, in-depth research with young people in Tuvalu found that alcohol increased the vulnerability of both young men and women. As one young man put it "No alcohol, no sex!" Therefore when planning a response to HIV/AIDS/STI, strategies to address alcohol should also be included.

The harm reduction approach for both illicit drugs and alcohol can incorporate information programs, drug substitution programs, outreach through peer educators, needle and syringe exchange programs, counselling and testing, increasing access to health care, removing barriers to safer injecting (including working with police and law makers), targeting special groups and circumstances.

A multisectoral approach to minimising the harms associated with alcohol is being developed in Tuvalu. The National AIDS Committee is working with diverse groups including bar owners, police, youth groups, the Seamen's Union and Church groups to develop and implement strategies that specifically address alcohol. Some of the strategies being considered are peer education, counselling, law enforcement, review of policies (on serving those already drunk or serving large volumes of alcohol at once), pricing review and condom availability at hotels and bars.

Reference: *Manual for Reducing Drug Related Harm in Asia*, The Centre for Harm Reduction, Macfarlane Burnet Centre for Medical Research and Asian Harm Reduction Network.

PARENT TO CHILD TRANSMISSION – STRATEGIES FOR PREVENTION

Preventing Parent to Child Transmission (PTCT) of HIV infection is a complex and constantly evolving area. Some strategies for consideration are shown below, however frequent review of developments in this field is required when deciding what strategies for preventing PTCT are appropriate for any particular country or setting.

Some examples of strategies to prevent PTCT include:

- ➜ Voluntary Counselling and Testing (provide voluntary counselling and testing for HIV, for women, men and couples)
- ➜ Quality ante natal care for women (to promptly treat infections particularly STIs, and to improve the health and nutrition of pregnant women)
- ➜ Couple counselling during pregnancy (to explain how the risk of PTCT is influenced by the behaviour of the man and woman during pregnancy and lactation)
- ➜ Condoms (ensuring couples can access both male and female condoms)
- ➜ Health worker/TBA training (to minimise unnecessary procedures that may increase the risk of mother to child transmission such as episiotomies, artificial rupture of membranes and abdominal massage during delivery)
- ➜ Breast feeding promotion (it is recommended that exclusive breast feeding is promoted when the mother's HIV status is not known. Support for replacement feeding should be provided if it is known that the mother is HIV positive)
- ➜ Policy development (including policy on anti-retroviral prophylaxis and Caesarean deliveries for pregnant women who are known to be HIV positive)
- ➜ Anti-retroviral prophylaxis (in women who are known to be HIV positive during pregnancy, labour and lactation).

Further information about PTCT and its prevention can be found at the UNAIDS website www.unaids.org/publications/documents/mtct/index.html

COORDINATION FOR SUCCESS – THE SOLOMON ISLANDS

Solomon Islands' National HIV/AIDS Manager, Mr. Ken Konare was asked to describe the role of coordination in strategic planning:

"**Coordination** is a process that ensures a strategic plan is put in place during its implementation phases. It can be carried out at different levels of the various government organisations, NGOs, Churches and CBOs to facilitate a multisectoral response. Coordination can also act as a catalyst to ensure that the strategic plan is in progress. Coordination of the strategic plan intends to strengthen consensus building amongst different implementers in relation to resource mobilisation and execution of the activities. It also enhances **networking** amongst different organisations, NGOs, Churches and CBOs in relation to implementation of multisectoral responses.

Coordination requires good **leadership** and regular **communication** with different organisations, NGOs, Churches, and CBOs to ensure that the strategic plan implemented is in line with what is intended to be achieved. It requires someone who is knowledgeable about the strategic plan and prepared to provide **technical advice** in relation to its execution. Coordination requires good working relationships between the coordinator and the implementers and supporters of the plan.

Coordination is a bond for the multisectoral approach in implementing the strategic plan by many different potential players in the country".

CHAPTER 10
Activities and putting it all together

10.1 What do we mean by activities?

Activities are the broad tasks or steps necessary to put a strategy into action. In strategic planning, it is important to keep activities broad – and not get into the specific detail as you would in project planning. For each strategy there will be a number of activities undertaken.

Activities are what we actually need to **do** to put the response into action.

10.2 How do we develop activities?

Activities are developed by asking the key question: what are the steps that need to be undertaken to put the strategy into action?

Remember, activities means 'doing things', so we use 'doing words' (such as 'establish', 'conduct', and so on).

In the area of STI prevention and control, a strategy that could be used is 'awareness raising'. **Activities** to put this strategy into action may include:

- develop IEC materials on STI symptoms, treatment and prevention
- produce translated IEC materials
- distribute IEC materials to appropriate agencies
- conduct training program for youth peer educators on the symptoms of STIs

Of course there are many smaller activities that must be carried out in order to train peer educators for example. To train peer educators these smaller activities would include recruiting potential educators, developing training materials, conducting meetings etc.

In strategic planning however, activities do not go into the level of detail that would be necessary for actual implementation, as they would in a project plan. strategic plans are broad and cover many different focus areas – therefore we keep the activities broad, to avoid producing an enormous document that sits on the shelf because it is too big and difficult to use.

When an organisation decides to use the strategic plan to develop its own project plans, they can decide which activities would best suit their needs and capacity. The specific details required to implement each activity do need to be thought through, but this should be done for each specific project plan – not the overall strategic plan.

10.3 How do the different layers fit together?

Using an example from Tonga, we will see how the key elements of the plan – goals, objectives, strategies and activities – fit together. On this page is the goal, the priority groups and the objectives for one focus area, 'prevention and control of STIs'. On the following page is a table showing the strategies and activities developed to achieve objective 2. This table is an example of one way of organising strategies and activities:

PRIORITY AREA	Prevention and control of STIs
GOAL	To reduce the incidence of STIs in the Tongan community.
PRIORITY GROUPS	Health workers at all levels, youth, adults, mobile groups (overseas travellers including business men, sports people, civil servants, seafarers, army and navy etc), sex workers, current STI clients.
OBJECTIVES	To increase the community's knowledge of STI symptoms, transmission and prevention. To increase the skills and knowledge of all health workers about STI diagnosis, management and prevention. To increase access to information on and the means to protection from STIs, for specific target groups.

OBJECTIVE 2	To increase the skills and knowledge of all health workers about STI diagnosis, management and prevention

STRATEGIES	ACTIVITIES
2.1 Laboratory based case management	2.1.1 Strengthen supply and stock take system to ensure ability to test for STIs at all times, in Nuku'alofa and outer island hospitals 2.1.2 Develop partnerships between hospitals, private practitioners and NGOs doing STI testing to ensure accurate diagnosis and appropriate treatment
2.2 Syndromic management	2.2.1 Conduct refresher training programs on the Syndromic Approach to management of STIs for health workers in the peripheral areas 2.2.2 Review drug policy with regard to nurse delivery of drug combinations for treatment of STI (particularly in the peripheral areas) 2.2.3 Ensure supply of essential drugs to the peripheral areas 2.2.4 Train peripheral health workers in drug stock take and ordering 2.2.5 Develop policy on management of STI in peripheral areas (particularly re-infection management and contact tracing protocols)
2.3 Training – counselling – traditional healers	2.3.1 Review and expand training for health workers on counselling of STI clients and contact tracing. Include pre and post HIV test counselling skills 2.3.2 Strengthen measures to ensure confidentiality of STI clients 2.3.3 Conduct training for peripheral health workers on liasing with traditional healers who manage STI cases
2.4 Surveillance – STI – HIV	2.4.1 Strengthen information sharing between MOH and private facilities who treat STI cases to improve monitoring of STIs 2.4.2 Develop standard, anonymous method of recording STI cases treated at govt./non govt. facilities 2.4.3 Develop protocol on HIV surveillance amongst STI cases 2.4.4 Develop policy to ensure HIV testing is confidential, voluntary and accompanied by counselling and informed consent 2.4.5 Develop coding system (or unlinked sentinel surveillance system) to strengthen confidentiality of HIV testing 2.4.6 Lobby for STI recording to be included in upgrading of health information system at MOH facilities

Activities in Strategic Plans are broad

It is clear that many smaller tasks for each of the activities listed above will need to be identified. However this should be done in a project plan. For example, a project may be proposed that incorporates the activity 'Conduct refresher training programs on the syndromic approach to management of STIs for health workers in the peripheral areas'. In this project plan, there would need to be details of how the refresher training program would be developed, how health workers to attend the program would be identified, a timetable of trainings would need to be outlined, a budget for the program drafted and so on. Such detail is not required in a strategic plan, as a strategic plan gives an overall direction and guidelines for the development of project plans and proposals (the next stage of planning).

OVERHEAD

What are the key elements of a Strategic Plan?

A **Strategic Plan** is based on an assessment of the current situation, and defines the steps that need to be taken to change this situation to reach the **national goals.**

The **key elements** of a strategic plan are:

- ➜ Goals
- ➜ Objectives
- ➜ Strategies
- ➜ Activities

A **Goal** defines the final achievement or end result, and the population groups to be reached.

Objectives define the changes in behaviour or situations required to achieve your goals.

Strategies are the methods by which objectives can be achieved. They are the tools that we use.

Activities are the broad tasks or steps necessary to put a strategy into action. Activities are what we actually need to do to have an active national response.

OVERHEAD

The language used when writing a Strategic Plan clarifies differences between the key elements of the plan:

Goals are a **statement** of what we intend to achieve.
e.g. Provision of safe blood supplies in the Republic of Kiribati.

Objectives use **verbs** that define the changes to be made.
e.g. To ensure HIV testing equipment is available at all times.

Strategies do not use verbs, but simply **describe the methods** by which the objectives can be achieved.
e.g. Equipment supply system.

Activities – what has to be done – are described using verbs (**doing words**).
e.g. Conduct training program for laboratory staff in stock take and order system to ensure continuous testing reagent supply.