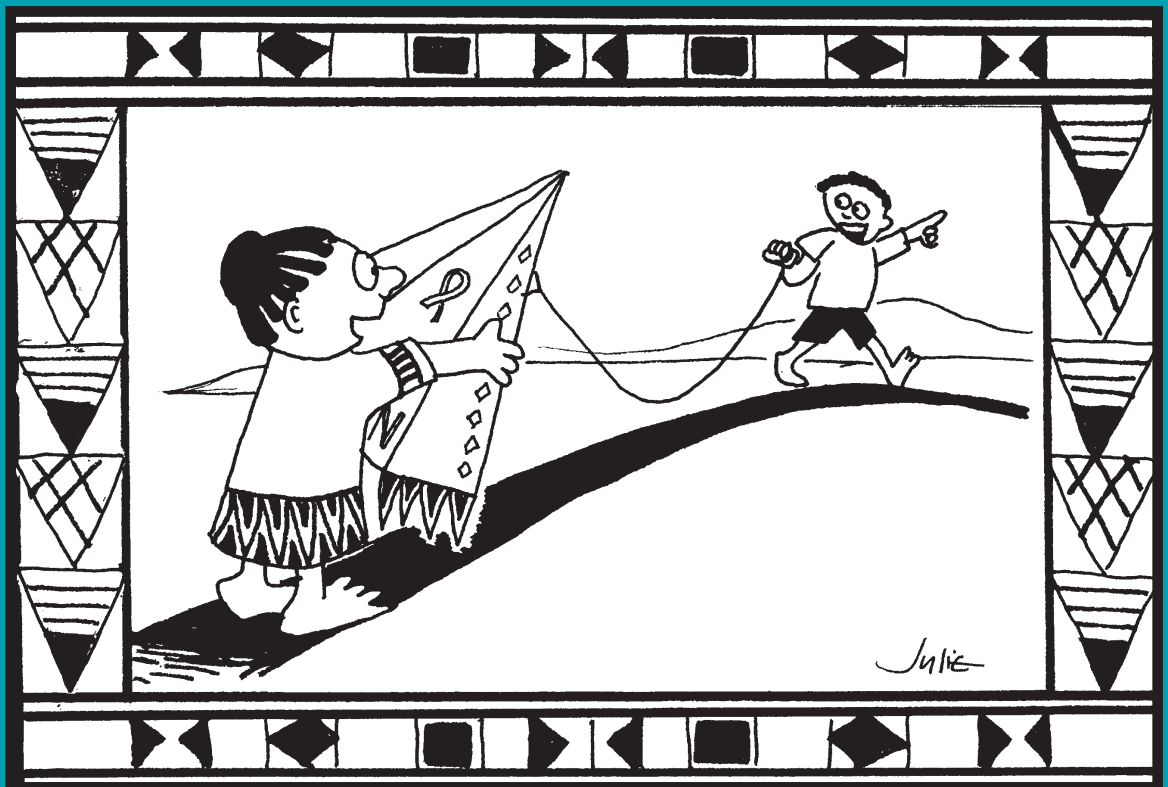


PLANNING FOR ACTION

SECTION 4

Making it Work



SECTION 4

Making it Work

In this final section of the Guide we move on to the components of a strategic plan that make up the roofing material of our model house. These are the final components required to complete the strategic plan.

Chapter 11 describes the development of an Institutional Framework. This is where the organisations and individuals involved in implementing the plan are listed, and roles and responsibilities allocated. The development of an Institutional Framework is a vital part of strategic planning, necessary for efficient and sustainable implementation.

The next chapter covers monitoring and evaluation. Monitoring, the routine gathering of information about the plan and the epidemic; and evaluation, a more systematic collection and analysis of information, help us to answer the question 'how well is our strategic plan progressing towards its objectives and goals?' A strategic planning framework from Kiribati is used as an example of presenting the framework.

Chapter 13 discusses resource mobilisation – the final key component for completing the strategic plan. Commonly required resources, such as people, money, goods and services are outlined. It is crucial to identify the resources that will be required to implement and ensure the sustainability of the strategic plan.

The final chapter of this section, and of the Guide discusses sustaining the process from here. Developing a strategic plan is a process that in itself can generate enthusiasm and commitment for responding to HIV/AIDS and STIs. It is important to make the most of the opportunity presented by strategic planning to develop and sustain an expanded multisectoral response to the epidemic at a national level.

SECTION 4 Making it Work

CHAPTER 11

Institutional Framework

Now that goals, objectives, strategies and activities have been developed, the strategic plan needs to **define the organisations** that will be involved in implementing the plan.

An Institutional Framework is a list of organisations that will be involved in implementing the strategic plan. The Institutional Framework defines how organisations will be involved in the response.

- It is important to define the institutions to:
 - **expand the range of organisations involved in the plan and the future activities.** This ensures a truly multisectoral response. By having a wider range of organisations involved, it is also more likely that the plan will be sustained over time regardless of the movements or changing responsibilities of individuals.
 - **define the roles and responsibilities of organisations involved.** This facilitates smooth implementation of the plan, and also minimises duplication of services.
 - **identify partnerships for carrying out activities now and in the future.** Working in partnership, be that within government, between sectors, within a country or internationally, strengthens any country's ability to respond effectively to HIV/AIDS. It is important to identify existing partnerships and to facilitate the development of new partnerships.

11.1 What is an Institutional Framework?

An Institutional Framework is a list of organisations that will be involved in implementing the strategic plan. This list will include those currently involved and those that may be involved in the future. The Institutional Framework also identifies the roles and responsibilities of these organisations, by defining *how* they will be involved in the response.

SECTION 4 Making it Work

11.2 Steps to follow in developing an Institutional Framework

Step 1

The first step to forming an Institutional Framework is to **make a list of those involved** in the HIV/AIDS/STI response in each of the focus areas. Key questions in defining the institutions or individuals for each of the focus areas are:

- who, or which organisations are currently involved in the HIV response?
- what do the organisations do?
- who should also be involved?
- why should they be involved?
- how should they be involved?

Answering these questions will enable you to draw up a master list of actual and potential organisations and individuals involved in the expanded national response to HIV/AIDS.

Lesson learned: It is important not to leave any organisations out of the Institutional Framework who are, or who may want to be, involved in the HIV response. It should be as expansive and inclusive as possible. Organisations not currently involved may be able to bring their particular strengths to the response in the future, and the value of these expanded partnerships cannot be underestimated.

Step 2

Identify existing links between organisations. Many organisations will already have links with other bodies, whether these links are to do with HIV related activities or not. For example two NGOs may share transport, or Ministry of Health staff may already work collaboratively with schools. These existing relationships and partnerships can be expanded to include initiatives that are part of the HIV response.

CHAPTER 11 Institutional Framework

Step 3

The next step is to **list the relevant organisations next to each defined activity** in the plan. If an organisation is not yet involved in the response to HIV/AIDS/STI, contact will need to be made. Negotiation of involvement and partnership formation should be started quite early in the planning process. It is important to investigate the capacity of current and new organisations involved in the response to HIV/AIDS/STI, and to identify how their involvement may be facilitated. As part of the coordination of the multisectoral response, there may need to be strategies developed to **build the capacity of local organisations**.

Step 4

The final step is to **define the roles and responsibilities of each organisation** involved in the expanded response to HIV/AIDS and STIs.

Key questions in determining these roles and responsibilities are:

- who implements (or will implement) the activity?
- who coordinates (or will coordinate) the activity?
- who funds (or will fund) the activity?

Answering these questions is important in avoiding duplication and increasing efficiency. These questions are also important for identifying gaps, where no one is currently taking responsibility for an aspect of the response. In answering these questions remember to also look to the future – where do you want to be in five years time? Is the current Institutional Framework viable in the long term?

By clarifying roles and responsibilities right from the planning stage, you will be able to move to coordination and implementation of activities in a straightforward manner, and contribute to the long term sustainability of the plan.

SECTION 4 Making it Work

CHAPTER 12

Monitoring and Evaluation

Monitoring the progress of the strategic plan, and evaluating the impact it is having is a vital process for ensuring that the multisectoral response to HIV/AIDS and STI is as effective and efficient as it can be.

12.1 What is monitoring?

Monitoring asks questions about the progress of the plan's implementation.

It refers to the day-to-day process of gathering information, and includes a wide range of 'routine' activities such as accounting for money spent and meetings held.

Important questions about the process of the plan could be:

- Is the plan moving as planned, within its time frame and budget?
- Is the process of implementation appropriate and acceptable to the local community?

Monitoring can include asking questions about particular programs within the response. Some examples of monitoring questions are:

- Have the planned number of peer educators been trained?
- Does the laboratory have a constant supply of HIV testing equipment?
- Have the planned monthly meetings of the National AIDS Committee been held?
- Has the number of young people attending the STI clinic changed?
- Is the counselling training program being conducted within its planned budget?

SECTION 4 Making it Work

12.2 What is evaluation?

Evaluation refers to the systematic collection and analysis of information about the effect of the plan's activities, and the impact the plan is having on the needs and problems it aims to address. Evaluation questions need to be asked about the *process* of the project. By reviewing the information that has been collected during the monitoring of project activities (such as meetings held), questions can be answered about why or why not the plan is progressing as intended.

Important questions about the *impact* of the project are:

- What is the impact of the plan on the problems it aims to address?
- Do the plan's activities achieve what they intend to achieve, e.g. do they achieve their objectives?

Some examples of evaluation questions are:

- Has the number of clients coming back to the STI clinic with reinfections changed?
- Has the number of complaints by PLWHA about breaches of confidentiality changed?
- Is information about HIV/AIDS and STI available in the local language?
- Do young people have access to this information?
- Is there representation from a wider range of sectors on the National AIDS Committee?
- Are the peer educators who have been trained implementing their new skills and knowledge successfully?

When assessing the impact of the multisectoral response to HIV/AIDS/STI and the changes that have occurred over time, the Situation Analysis provides an excellent baseline for comparison. Changes in the baseline situation from the Situation Analysis may indicate a change in the nature of the epidemic. Changes in, and progress of the epidemic (new cases of HIV infection, number of people living with AIDS, new risk factors in the community) need to be assessed, *as well* as the progress of the strategic plan.

12.3 Why do monitoring and evaluation?

When a plan is being implemented, we need to know whether it has worked. This information is important for everyone involved in the process – those developing the strategic plan, those implementing activities from the strategic plan, those most affected by planned activities and the community as a whole. Monitoring the progress of the strategic plan, and evaluating its impact is also important for donors providing resources towards the HIV/AIDS/STI response.

CHAPTER 12 Monitoring and Evaluation

Both monitoring and evaluation assess progress towards achieving the goals and objectives of the plan. Together they form a process of systematic reflection on the progress and impact of the plan. This helps to answer the question: ‘How well is our strategic plan progressing towards its objectives and goals?’

If successful, monitoring and evaluation can:

- Identify the plan’s main achievements and weaknesses
- Show where and how changes can be made
- Provide information and increase skills for planning and decision-making
- Help those involved in the plan to see the implications of their own work
- Show donors the value of the work they are supporting.

EVALUATION IN ACTION – NEW CALEDONIA

The background of New Caledonian delegates to the first strategic planning workshop reflected the reality of AIDS action in the country: almost all belonged either to the Ministry of Health (MOH) or to community organisations active in HIV/STI. Participants explained that the response to that time had not been truly multisectoral (being MOH and community based organisations only) and communication between the CBOs and the MOH was poor.

Delegates felt that the workshop was an important opportunity to overcome existing divisions, to discuss problems together, consolidate relations and develop consensus on where to move next. The group decided it was important to bring together all those involved in the response to share lessons learned. To this end it was decided that New Caledonia would hold its first National AIDS Conference in April 2000.

As there was little or not information available on how programs had performed in the past, the group also decided it was essential to **evaluate the HIV response** to date in New Caledonia. A consultant was engaged for this specific task.

Some of the evaluation’s conclusions were that

- Public perception of HIV risk was still very low, and media attention minimal
- Current messages about HIV were not adapted to the New Caledonian context and needed to be more interactive and culturally appropriate
- Responses were too strongly concentrated in Noumea and needed expanding
- More attention needed to be directed to the socio-economic circumstances that promote unsafe sexual behaviour
- Surveillance and ongoing evaluation of activities needed to improve.

The AIDS conference was highly successful, and the evaluation findings were presented and explored in this forum. This evaluation has been extensively used in the development of the strategic plan. It has identified achievements and weaknesses to date; suggested areas for improvement and change; and given priority to expanding the response.

SECTION 4 Making it Work

12.4 How is monitoring and evaluation done?

In order to monitor and evaluate the plan, we need to develop **indicators**. These should be developed right from the planning process, to make sure that it will be possible to assess that the plan is on track from the beginning. Indicators are markers – like road signs that show you are on the right road and how far it will be before you reach your destination. Indicators answer the question ‘how will I know that the plan is working?’

Some of what we want to know can be measured by numbers, amounts and **quantities**. For example, in measuring progress of health education in the community we could ask:

- How many health education sessions for women have been held in the last six months?
- How many women attended these sessions?
- How many young people are aware of the new STI service?
- How many meetings has the National AIDS Committee had in the last 12 months?

Many indicators too can be expressed in numbers, such as:

- Four months after the health education course, 75% of the trained health workers were active in health education
- In the last 12 months, the NAC held 90% of meetings as scheduled
- Of the peer educator training workshops, 80% included participants from rural areas.

It may be important to attach a specific description to the indicator. For example, instead of asking ‘How many local videos have been produced?’, a better indicator would be ‘How many local videos on safe sex for young people were produced by the end of the year?’ This indicator is more specific, and includes timeliness, which is important to monitor.

It is also important to gather information about the **quality** of what is being done, for example:

- What do women think of the new STI service?
- What involvement have young people had in developing the peer education program?
- How have parents felt about the new sexual and family health curriculum?

Monitoring and evaluation should be an ongoing process throughout the implementation of a strategic plan. Collection of information on an ongoing basis (monitoring) is vital for making adjustments to the way the plan is being implemented as you go along. Monitoring of the plan is often done as monthly reports about the different activities being implemented. Regular and systematic review (evaluation) is important to assess the overall impact of the plan, identifying intended and unintended outcomes. The more extensive and time-consuming process of evaluation may happen on a six monthly or annual basis.

CHAPTER 12 Monitoring and Evaluation



When developing a framework for how you are going to monitor and evaluate the plan, start with the objectives and activities. Ask yourself:

- Can an objective or activity be measured? How? When?
- Reformulate the objectives and activities to ensure that they are measurable
- What are the most feasible, essential and reliable indicators?
- List the indicators that you will use
- Develop these into a framework to be included in the strategic plan.

Remember that each of the programs and activities that come out of the plan should have a monitoring and evaluation framework of their own. Monitoring and evaluation for the overall plan does not require in-depth detail of every activity, but rather an overview of the direction that the plan and the epidemic is moving in.

Methods that can be used

Some commonly used methods of monitoring and evaluation are:

- Asking questions through questionnaires or interviews
- Analysis of existing information such as attendance records, hospital records, reports, minutes of meetings etc.
- Observation (including photographs and drawings)

The skills used in conducting the Situation Analysis and Response Analysis at the beginning of the strategic planning process, are also very useful for monitoring and evaluation! Information collected using these methods (refer to the appendix '*Hints for Social Research Methods*'), can be used for many purposes, including evaluating the plan.

A useful reference on monitoring and evaluation is the *Save The Children Toolkit: A practical guide to assessment, monitoring, review and evaluation* by Louisa Gosling with Mike Edwards (Save the Children UK, 1995).

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As an example, one way of presenting a monitoring and evaluation framework is shown below. This is part of the framework from the Kiribati National Plan 2000:

Area for monitoring and evaluation	Indicators for monitoring and evaluation	Methods to be used/ purpose of M&E
Information, Education and Communication	<ul style="list-style-type: none"> • No. of information sessions on radio • Local videos produced • TV programs • Responses received to materials, programs and messages 	<ul style="list-style-type: none"> • Count of number and range of media information (monitoring) • Pre-testing of materials • Surveys/Focus groups (evaluation)
Health information system	<ul style="list-style-type: none"> • No. and rate of STI, HIV and AIDS cases (new and cumulative) • TB cases • Rate of teenage pregnancy • Family planning rates 	<ul style="list-style-type: none"> • Changes in rate of STI cases (monitoring and annual evaluation) • Other indicators monitored because of association with HIV, unprotected sex and the use of condoms
HIV testing	<ul style="list-style-type: none"> • Number of voluntary tests • Locations where testing available • % of HIV positive tests • Age, sex, route of transmission of positives • Potential surveillance groups include: Blood donors, Maritime college recruits, seafarers, antenatal clinics, TB cases, STI cases 	<ul style="list-style-type: none"> • To assess acceptability and accessibility of testing through surveys/focus groups (evaluation) • Count no. locations available (monitoring) • HIV surveillance
Condoms	<ul style="list-style-type: none"> • No. of condoms distributed • Access points for condoms • Age and sex of those getting condoms 	<ul style="list-style-type: none"> • Record of stock distributed (monitoring) • Surveys/interviews with those accessing condoms (evaluation)
Sexual behaviours	<ul style="list-style-type: none"> • Knowledge, attitudes, self-reported behaviours in schools, Maritime Training College, vulnerable groups • Teenage pregnancy rates • Youth STI cases 	<ul style="list-style-type: none"> • Peer research by youth • Social research with risk groups using interview, focus groups and surveys (evaluation) • Hospital/clinic records (monitoring)

This framework from Kiribati is one example of building the process of monitoring and evaluation in at the planning stage. Some of the framework is designed to monitor and evaluate the strategic plan (e.g. stock monitoring of condom distribution) and some is to monitor and evaluate changes in the epidemic and people's behaviour (e.g. monitoring records of youth STI cases).

CHAPTER 13

Resource Mobilisation

Resources refer not only to money, but also people and their skills, goods, and services that are required to support the development and implementation of the strategic planning process, and to ensure the sustainability of the response in the long term. New or additional resources may be required, but existing resources also need to be maximised.

Resource mobilisation is the process of defining what is needed to develop, implement and sustain the multisectoral HIV/AIDS/STI response – and of identifying ways to ensure that these resources are available.

13.1 Why is planning for resource mobilisation important?

Identifying how to acquire resources and how to use them most effectively in the response to HIV/AIDS and STI are essential parts of developing a strategic plan. Without resources, there can be no effective response to HIV/AIDS.

Defining resource needs during the planning stage assists organisations and individuals involved in the response to decide whether planned activities are feasible, and to take advantage of opportunities for mobilising resources as they arise.

Defining resource needs also facilitates the development of partnerships between organisations involved in the response. By involving a wide variety of sectors, organisations and individuals in collecting and analysing information and in developing the plan, we have already involved partners. These partners are more likely to support activities in the plan because they were involved in developing it. These partners may also identify ways in which their organisation can address some of the resource needs of others involved in the plan – for example, by assisting with transport or office equipment.

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13.2 What resources need to be mobilised?

There are three main types of resources required for an expanded response to HIV/AIDS:

Money

Funds are needed to run existing programs, cover core costs and salaries, and support new areas of work. Funds may come from:

- International agencies (United Nations, European Union, donor governments, NGOs)
- National government
- Individual and business supporters



People

People may be paid, or work on a voluntary basis, to provide their skills in fields such as:

- Health care
- Management
- Information
- Fundraising
- Evaluation
- Education and training
- Advocacy
- Communication
- Documentation

CHAPTER 13 Resource Mobilisation

Goods and services

These may be freely donated, subsidised, provided at no profit, or at full cost. Examples of goods and services commonly required include:

- Vehicles
- Computers
- Advertising space
- Design and printing
- Training services
- Meetings places and venues

13.3 Where do we get resources?

Potential and actual sources of support are our 'resource partners'. We can draw up a matrix of resource partners like this:

	LOCAL	DISTRICT	NATIONAL	REGIONAL	INTERNATIONAL
Government ministries					
Individuals including PLWHA					
Businesses					
NGOs, trusts, foundations					
Donors					
Other groups – Churches and church groups, schools, colleges, unions, social & sports clubs					

Each resource partner offers particular advantages and specialties that vary depending on the level at which we engage with them. Some key features of each group include:

Government ministries and statutory bodies

- are responsible for essential services in health, education, transport
- provide substantial funding for salaries, treatments, transport, education
- are responsible for developing program frameworks and approving policies and procedures

Individuals (including People With HIV/AIDS)

- the largest potential group of resource partners
- can be a source of cash, voluntary help, goods and services
- can mobilise support from friends, relatives, and colleagues
- strengthen advocacy and lobbying activity
- *however*, building a large base of individual support can be expensive

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Businesses/private sector

- are increasingly aware of the civil / social responsibilities of business
- are beginning to realise the costs of HIV/AIDS to their work force and business
- have areas of interest which are quite easy to assess
- can offer not just one-off donations but also valuable on-going partnerships
- *however*, it takes time to build the necessary relationship before support is forthcoming
- *and* they will view support from a commercial standpoint – e.g. what will they get in return for support?

NGOs, Trusts and Foundations

- the majority exist to support community based activities. International NGOs actively support local organisations
- have well developed understanding of social, welfare, and development needs
- provide sources of substantial and ongoing support
- often link into other wider international networks
- *however*, each has its own special areas of concern that may not include HIV/STI
- often impose time consuming monitoring, evaluation, and reporting requirements
- may try to influence your programs to suit their own interests

International donors

- able to provide substantial funding
- very aware of the social and economic costs of HIV/AIDS
- have considerable experience in the area of HIV/AIDS
- *however*, often have a very lengthy and difficult approval processes
- often have their own agendas and complex reporting requirements
- often are particular about what they will and won't fund

Other groups

- many people are joined by religious beliefs, education, employment, social and sporting interests
- almost everyone has links into such groups
- groups share many of the characteristics defined for 'individuals'
- often have great strengths in volunteer support and fund raising capacity
- *however*, may be reluctant to get involved in a sexually related issue like HIV/AIDS.

CHAPTER 13 Resource Mobilisation

13.4 Key questions for planning resource mobilisation

How can the support of existing partners be maintained or strengthened?

An important strategy is to involve all existing partners in collecting and analysing information and in developing the plan. Strategic planning assists partners to review where and how their contributions to responding to HIV/STI can best be used. For example, the Tuvalu Overseas Seaman's Union (TOSU) has been a long term partner in the national response to HIV/AIDS. However, by being involved in data collection for the National AIDS Committee's Situation Analysis, the vulnerability of seafarers was reinforced to the TOSU staff. This strengthened the organisation's commitment to expanding their involvement in the HIV/AIDS/STI response, and particularly to address risk and vulnerability associated with excessive alcohol consumption by seafarers.

What additional resources will be required?

The strategic plan formulation will identify a range of new or improved strategies and activities. The Institutional Framework will also define roles and responsibilities. From these steps, we can determine what can be achieved with existing programs and whether new resources are needed. Having identified any new resources required, project plans can be drawn up and submitted for funding.

Following on from the example outlined above, it became clear that new resources would be required for TOSU to implement strategies to address alcohol issues as part of HIV/AIDS/STI prevention. Therefore TOSU developed and submitted a project proposal to the International Transport Worker's Federation (a peak union body). Resources required were funding for transport and personnel, and technical assistance in the area of social research.

SECTION 4 Making it Work

How can we identify and ensure the support of new resource partners?

It is also important to involve **potential** partners in collecting and analysing information and in developing the plan. There will also be potential partners who are identified when developing the Institutional Framework for the strategic plan (see Chapter 11). For each partner determine:

- what are the particular strengths that they can bring to the response?
- what methods can we use to gain their support?
- who should make the approach?

These newly identified partners need to be contacted, consulted, and engaged in following up the plan. Ongoing support for new partners is vital to ensure that HIV is included in their work.

How can we ensure coordination between partners?

A formal multi-sectoral HIV/AIDS committee or task force may already exist or need to be created. Key resource partners and their representatives should be included in the committee. A lot of coordination also occurs less formally as partners work together on activities and projects. This cooperation should be encouraged, as should linking HIV activities with existing programs.

There are also activities we can use to reach out to our audience to convince them to become involved in our work, including:

- face-to-face meetings with government, business, church and organisation leaders whose support we need, e.g. to initiate a nationwide condom distribution service
- direct mail appeals targeted to key organisations or personnel asking them to promote or stock information materials
- radio appeals for volunteer support and other possibilities for becoming involved in the response to HIV/AIDS.

CHAPTER 14

Sustaining the Plan

Strategic planning is an ongoing process. It does not stop once the plan has been written. In this chapter we will discuss some ways to maintain the momentum that is developed during the strategic planning process. The aim of this Guide is not for people to write brilliant strategic plans that sit on a shelf. Strategic plans need to be supported, reviewed and used for action.

14.1 Completing the plan

Working through this Guide, it should be possible to draft a national strategic plan with guiding principles; goals, priority groups, objectives, strategies and activities for each area of focus; allocate roles and responsibilities; and develop a monitoring and evaluation framework. Once the national strategic plan has been drafted, there are several steps required to finalise this draft. These steps include:

- distributing the draft plan widely for comment and feedback
- writing and disseminating the final plan
- getting support and approval for this final version of the plan.

One way that the steps for completing the plan can be outlined and planned for, is to create a matrix listing:

- What needs to be done to complete the plan?
- Why does this step need to be done?
- How will this step be done?
- By when will this task be finished?
- Who will do it?

On the following page, an example of a ‘**Completing the Plan**’ matrix is shown. This matrix was developed by Cook Islanders during the workshop for drafting their strategic plan.

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**WHERE TO FROM HERE?
COMPLETING THE PLAN FOR THE COOK ISLANDS**

What has to be done?	Why does it have to be done?	How will it be done?	By when does it have to be done?	Who will do it?
1. Finish writing the Draft Plan	For presentation	Writing it up	Tomorrow – 11:30am	Workshop participants
2. Presentation of Draft Plan	For draft to be publicised	Talking & presenting	Tomorrow – 2:00pm	Participants – spokesperson selected
3. Draft Plan to be typed up	For Draft Plan to be presentable	Computer	23rd May	Kim, Edwina, Repaio & Fanaura
4. Draft Plan printed and is ready for distribution to participants & other integral parties	Draft Plan is read and commented on	Hand-delivered & mailed	Out by 21 June	Ministry of Health
5. Receive feed-back	Improve Draft Plan and gain ownership	Reply feedback form with plan to be sent back	30/6/00	MOH & NAC
6. Coordinating meeting to reactivate NAC	To make it happen	Meetings	6/6/200	MOH/Participants
7. Re-establish NAC	Make it function to start strategic planning	Conducting a meeting of national participants, NAC members & new members	8/6/2000	MOH & Workshop participants.
8. A letter of invitation to leaders of performing teams to be involved in meeting during Constitution celebrations	Outer Islands to be aware of presentation of Strategic Plan meetings	Mail/fax	30 June 2000	NAC
9. Constitution Celebrations; meetings	Involve outer islands in multi-sectoral discussions	Meetings	August 2000	NAC
10. Final Draft Plan completed	To be presented to the Ministry of Health	Computer	Sept 2000	MOH, MBC, SPC
11. Endorsement of Draft Plan by Cabinet	Mandated	Presentation to Cabinet.	End of Sept 2000	Secretary & Minister of Health
12. Workshop – strategies for the implementation of the Plan	The Plan has to be implemented	Workshop	Feb 2001	Workshop participants, NAC, MBC, SPC
13. Review/Evaluate the Plan	Find gaps, to fine-tune	Undertake a review	June 2001	NAC to coordinate

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This matrix highlights that one of the most important steps in completing a plan is gaining approval and support from decision makers in the community. This may involve getting a plan officially endorsed by government (if this is the normal national protocol).

14.2 Gaining approval and support

Think strategically about how to gain support for the plan! This means identifying potential barriers to getting support (e.g. resistance from Church groups, territorial attitudes of health officials, indifference from politicians), as well as identifying opportunities for gaining support and approval.

The strategies for gaining approval and support used by the Solomon Islands strategic planning team, are one example of how this can be done successfully. Following the drafting of the initial version of the Solomon Islands National Multisectoral Strategic Plan for HIV/AIDS/STI, the strategic planning team made a concerted effort to ‘sell’ the plan to key stakeholders in the community during the process of requesting feedback on the draft.

The team embarked on an extensive process of consultation with various government ministries, churches and NGOs. This process of **face-to-face meetings** was aimed at:

- Identifying potential roles and responsibilities in the HIV/AIDS/STI response for stakeholders and their organisations, as well as potential donors
- Gaining commitment from organisations to fund, implement or coordinate specific activities in the plan
- Identifying the application procedures of the various funding bodies from whom assistance was sought (and the dates applications were due by)
- Strengthening institutional links between different organisations involved in the response, such as the existing partnerships with Churches and traditional leaders
- Facilitating integration of STI/HIV/AIDS activities within existing programs.

This consultative process was successful in obtaining feedback and comment on the initial draft plan, as well as obtaining widespread support and commitment to the national plan from community decision makers.

Gaining approval and support for the plan can be done in other ways as well. Existing concerns of communities and stakeholders (for example rising STI rates or teenage pregnancies) can be linked with HIV/AIDS, and the plan promoted this way. Utilisation of the media and public events (such as World AIDS Day on December 1) is another way to publicise the draft plan and seek feedback and commitment.

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14.3 Linking to national planning processes

In many countries existing planning processes and priorities already exist. Linking a strategic plan to respond to HIV/AIDS with these national priorities is another way to facilitate high level approval of the plan. For example in Samoa, the Government's current Statement of Economic Strategy is titled *Partnership for a Prosperous Society*. One of the objectives outlined in this document is 'improved health standards', and the strategies outlined to achieve this include 'health promotion' and 'prevention'. Linking HIV/AIDS and STIs to these existing national objectives and strategies, and emphasising 'partnership' is one way of facilitating Samoan government support on these issues.

14.4 Implementation of the Strategic Plan

The strategies and activities in the strategic plan become the framework of project plans for project implementation. Plans for project implementation need to outline in greater detail:

- **The place.** This refers to the setting in which the project will take place
- **The people.** This means specifically defining the target group, organisation or situation you are planning to address in the project
- **The time.** The time by which you expect to have achieved your project goal, or started to achieve change, needs to be outlined (e.g. within six months of the beginning of the project...)
- **The amount.** How much change do you expect to achieve, and in what direction? It is important to define the amount of change that it is feasible to expect. This will depend on the scope, resources and timeline of the project, as well as how difficult the situation is to address

Some guidelines on how much change to expect and by when:

- Look at national goals or targets set by government as part of a larger health plan
- Look at what 'best practice' in other places recommends or has achieved
- Check with donors and funding bodies as to expected targets or levels of change
- Check what responses that have been made in the past have achieved
- Talk with as many people as you can – the involved communities, leaders, colleagues and members of the target group – about what is achievable (and what is their aim)
- Compare the size of the problem being addressed in a particular community, with the size of the problem in surrounding communities

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- Check for natural fluctuations in the size of the problem (normal changes such as those associated with the tourist season, end of school year, or festival time, need to be considered)
- Consider what other factors may impact upon the success of your program (for example changes in the national economic situation, the start of a new industry in town, another program running that is disseminating conflicting information to yours etc.)

Considering these factors when planning to implement programs will assist the development of objectives that are SMART:

- S – Specific
- M – Measurable
- A – Appropriate, Affordable, Achievable
- R – Realistic, Result oriented
- T – Time bound

14.4 Integrating HIV/AIDS with multisectoral programs

Sustaining the commitment and momentum developed during the strategic planning process is far easier if the planned activities of the HIV/AIDS/STI response are integrated with existing multisectoral programs where appropriate. Examples of this may include integration of HIV/AIDS into existing curricula at schools, training colleges and universities; expansion of existing STI prevention and control activities to include new elements from the strategic plan; including HIV/AIDS issues in existing policies or policies under development. NGOs already conducting programs on human rights for example, may be able to integrate activities from the strategic plan for HIV/AIDS in their work.

Integration is vital to ensure sustainability of the plan, to effectively use limited resources, and to expand the response to HIV/AIDS and STIs so that it is truly multisectoral. However! It is important to ensure that HIV/AIDS/STI issues are addressed well in integrated programs – and are not treated as an after-thought. Integration is vital in settings where resources are limited. However, the risk is that the message may be diluted or lost, and that some of the unique issues associated with HIV/AIDS and STIs are skimmed over in the rush to deal with other elements of a program.

SECTION 4 Making it Work

It is also important to assess the implementing organisations capacity for integration of HIV/AIDS/STI response activities into their work. It may be very difficult for a small women's NGO for example, to include HIV/AIDS in their work without specific training and additional resources. People with good intentions and enthusiasm may try to include HIV issues in their existing work, but then find they are not equipped to answer people's questions and don't know where to refer for further information. These support structures (such as referral services, information and training) need to be in place first. Local organisations and local partnerships can assist with some of these needs to make integration of the HIV/AIDS/STI strategic plan more sustainable, and more successful. Regional bodies, such as the Secretariat of the Pacific Community (SPC), may also be able to provide support.

Strategic Planning to respond to HIV/AIDS and STI is an ongoing process. Its sustainability can be enhanced by regular review and adaptation of the strategic plan to changing circumstances. HIV/AIDS/STI is an ever-changing field – there are constant technological, political, social science and ethical developments in this area (the changing cost of anti-retroviral therapy being a good example of this). The Pacific region is also undergoing constant change. Therefore strategically planned responses need to adapt to changes in the virus itself, changes in ways of addressing the epidemic, and changes in the Pacific context. This adaptation and review is vital to ensure that the multisectoral response to HIV/AIDS and STIs in Pacific Island Countries is a living and active one – not a theoretical plan that sits on the shelf fading in the sun.

HIV/AIDS and STIs are a very real problem to be addressed by all countries in the Pacific region. And now is the time to act. To do so effectively requires the development of carefully considered strategies, all working toward overall national goals. The strategic planning process facilitates the development of a broad multisectoral response to what is a broad multisectoral issue. **HIV/AIDS and STIs affect families, children, churches, schools, villages, businesses and governments. It is an essential community responsibility to respond with care and consideration – looking candidly at the national situation, building on what has been done, being guided by community values, and planning to put a comprehensive, strong response into action.**

SECTION 4 Making it Work



OVERHEAD

What is an Institutional Framework?

- An Institutional Framework is a list of organisations that will be involved in implementing the strategic plan. The Institutional Framework also defines how organisations will be involved in the response.

Steps to follow in developing an Institutional Framework include:

- list those organisations that are currently involved in the response
- identify who could also be involved
- identify existing links between organisations
- list the relevant organisations next to each defined activity
- define the roles and responsibilities of each organisation

Key questions to answer include:

- who implements (or will implement) this activity?
- who coordinates (or will coordinate) this activity?
- who funds (or will fund) this activity?

OVERHEAD

What is monitoring?

Monitoring is the day-to-day process of gathering information and includes a wide range of 'routine' activities such as accounting for money spent and meetings held. Monitoring assesses whether the plan is moving ahead as planned.

What is evaluation?

Evaluation refers to the systematic collection and analysis of information about the impact of the plan's activities, and whether the problems it aimed to address are actually being addressed.

In order to monitor and evaluate the plan, we need to develop **indicators**. Indicators are markers – that show whether the plan is on the right track.

Indicators can be about **quantity**, e.g. how many health education sessions were held in the last six months?

Indicators can also be about **quality**, e.g. what did the health workers think about the education sessions that have been held?

OVERHEAD

What is resource mobilisation?

Resource mobilisation is the process of defining what is needed to develop, implement and sustain the multisectoral HIV/AIDS/STI response – and of identifying ways to ensure that these resources are available.

What resources need to be mobilised?

- Money
- People
- Goods and services

Where do we get resources?

- Government ministries and statutory bodies
- Individuals including PLWHA
- Businesses/the private sector
- NGOs, Trusts and Foundations
- International donors
- Other groups

Key questions for planning resource mobilisation:

- How can the support of existing partners be maintained or strengthened?
- How can we identify and ensure the support of new resource partners?
- How can we ensure coordination between partners?