

How to use these resources



Resources for Developing National Strategic Frameworks January 2013

Introduction

The purpose of these resources

These resources aim to build country leadership of responses to the HIV and STI epidemics, by bringing together government and community leaders and health experts to develop more effective prevention, treatment and care strategies. The resources aim to:

- Build capacity for shared leadership of national responses to HIV and STIs
- Strengthen political commitment to effective strategies
- Ensure that planning takes account of evidence, including the results of research and the lived experiences of people in each country
- Expand the number of people involved in national planning, and ensure they include people from governments, community groups, representatives of vulnerable people, and people who live on many islands, not just the island which is the capital of each country.

They have been prepared by Burnet Institute, based on lessons learned over four years of supporting leadership in Pacific Island Countries, from 2009 to 2012. This work was funded by the Pacific Islands HIV and STI Response Fund, managed by the Secretariat of the Pacific Community. It fits within the regional implementation plan. [Reference A : Where this project fits within the regional strategy](#)

These resources specifically aim to support participatory development of National Strategic Frameworks for HIV and STIs. These national frameworks include:

- One national coordinating mechanism (to plan then to coordinate the response)
- One national strategic plan
- One national monitoring and evaluation framework
- Ideally, one national funding stream.

Under agreement with other regional partners, Burnet was responsible up until the end of 2012 for directly assisting with development of the first two of these: strengthening national coordinating mechanisms, and then developing new national strategic plans.

The development of one national monitoring and evaluation system is supported by the Secretariat of the Pacific Community (SPC), or UNAIDS, or both. This cannot be done until the national strategic plans are finalized, and the national plans must be in a format which enables complementary

development of the M&E frameworks. In the final two years of the project, an agreed format for the plans was determined by Burnet, SPC, UNAIDS and UNICEF. Other regional partners had input through workshops in previous years. These included members of the Pacific Planning, Monitoring and Evaluation Working Group, convened by SPC and UNAIDS. Other contributors to this working group during this project included UNDP, UNFPA, WHO, Oceanic Society for STI and HIV Medicine (OSSHM), Pacific Islands AIDS Foundation (PIAF), Regional Rights Resource Team (RRRT), UNIFEM (now replaced by UNWomen).

People who now want to facilitate development of new national plans are welcome to use or adapt these resources. Over the coming years commencing in 2013, it is likely that UNAIDS and/or the Global Fund will develop more specific criteria for the format and processes for the development of national strategic frameworks. When this occurs, the processes outlined in these resources will remain relevant, but the format of final plans may need to be reviewed.

How to use these resources

There is no set way to develop a national strategic framework. This project developed new processes as it progressed. This set of resources therefore includes options and examples of group exercises, but not a fixed method for planning.

Read through this website, and click on the links to download PDF documents that sound like they might be useful to what you want to do. They are presented as PDF documents so that they will appear the same throughout the Pacific. The PDFs are not affected by different paper sizes or by earlier or later versions of Word or Powerpoint.

Burnet is happy for you to use these or adapt them. We would like it if you can acknowledge that you got these ideas from Burnet and SPC. Where possible, we have acknowledged known sources. But planning resources are used by many people, they are often adapted as they are used, and we don't always know where they originated.

What are some requirements for good national plans?

There are currently no global guidelines on national strategic plans for HIV, let alone for HIV and STIs and Reproductive Health combined.

There are some historical documents, and we have extracted some key points. We acknowledge that these are extracts from the World Bank's AIDS Strategy and Action Plan guidelines of 2008, and from a UNAIDS draft discussion paper in 2011. The planning tool to consider the capacity of national planning teams is adapted from resources prepared by the Constellation for AIDS Competence.

* Download [Reference B – What makes a good national plan](#)

Steps in developing national plans

These resources were used to assist with development of national strategic frameworks in countries which were, during this period, undertaking revision of existing national strategic plans, or developing new national strategic plans. Not all of these resources were used in every country. The resources were used according to country needs and capacities at the time when Burnet worked with them.

1. Readiness to Plan (5 days)

Before this starts, the country must form a national planning team and invite other stakeholders to participate. The planning team must include policy makers from the Ministry of Health, and representatives of civil society groups. Ideally it will be about ten people, but there may be a minimum requirement that meetings can proceed if there are at least five people in the meetings.

* Download [Reference C - Example of who should be on a planning team](#)

The planning team might be the same as the National AIDS Council or the Country Coordinating Mechanism. In most cases, smaller national planning teams will be formed, but these teams will report to the higher level bodies, and the membership should overlap.

The Readiness to Plan is conducted through a two day workshop of the national planning team, and then with a two day workshop of stakeholders. One day is left in between for organisation. The Readiness to Plan process includes these workshops going through three processes:

1. Introduction to the Navigation Cycle
2. Going through the Planning Team Capacity Assessment Tool
3. Completing the Quality Assessment Tool.

These are the processes for the national planning team to consider:

The Navigation Cycle for national planning, implementation and monitoring.

* Download [Process 1 - Navigation Cycle](#)

This was adapted from the World Bank's AIDS Strategy and Action Plan website, which includes a "Road Map". This is an overview of all steps that are taken in a continuous cycle over many years. No country starts without some experience of planning, implementation and monitoring. No country ever reaches the end of this cycle. The most usual process is that countries move through this entire cycle once every five years.

The Planning Team Capacity Assessment.

*Download [Process 2 – Planning Team Capacity Assessment.](#)

This is used by a newly formed national planning team to consider their readiness to lead the development of the next stage of the Navigation Cycle. This was adapted from resources of the Constellation for AIDS Competence. The team can go through this document together, to work out what capacities they already have, and what further assistance they may require. It usually takes one full day to go through this capacity assessment tool.

The Quality Assessment of the current National Strategic Framework.

* Download [Process 3 – National Framework Quality Assessment.](#)

This is used by the planning team to consider the current quality of ten aspects of national strategic framework, and to start thinking about what might be improved over the period of the next strategic plan. This was adapted from the World Bank's AIDS Strategy and Action Plan website, which includes a similar tool in MSExcel format, with the same ten aspects to consider, but with slightly different questions because we adapted this for the Pacific. The ten aspects are: (i) policy environment, (ii) capacity development, (iii) costing, (iv) participation of national partners, (v) monitoring and evaluation framework evaluation, (vi) prioritization, (vii) analysis and summary of situation and responses, (viii) last National Strategic Plan, (ix) National Coordinating Authority, (x) annual specific action plans.

2. Participatory review of existing situations and responses (6-10 days)

The objectives of the Review are to

- Evaluate how successfully the National Strategic Plan has guided the national response over the last six years
- Assess progress towards meeting the objectives of the National Strategic Plan, including developments in processes for coordination and monitoring

- Identify potential improvements in current programme methodologies in prevention, testing, treatment, and reducing stigma and discrimination
- Identify barriers, and solutions to overcoming barriers, in participatory strategic planning, programme development, implementation, monitoring and evaluation
- Assess current levels of progress (this might include reference to Global AIDS Progress Reporting, USA National HIV/AIDS Strategy, or Millennium Development Goals, depending on what reports on progress are routinely compiled by the country).

There is no set process to conduct the Review, and different facilitators will make their own suggestions.

You can download [Process 4 – One process for participatory reviews](#)

Some processes used by Burnet are noted here so that you can either use them or adapt them:

- Initial planning meeting with the Review Team and an appointed Facilitator (this may be a person from within the country, or a regional adviser from SPC, UNAIDS, UNICEF or Burnet)
- Review of relevant national documents, including the last National Strategic Plan and any Monitoring reports
- Initial planning meeting with the National HIV and STI Planning Team
- Key informant interviews with a selection of people involved in national implementation from different sectors and engaged in different types of responses (e.g. prevention for general community, prevention for risk groups, testing, reduction of stigma and discrimination, research, engagement in different parts of the country)
- Meetings of Review Team to document what was reported, what conclusions can be drawn, what recommendations can be made (this takes two days)
- Reporting to a National Stakeholders' Workshop, so that a broader group can consider the findings of the review and add their own knowledge and experiences (this takes two days)
- Finalising a written Report (this may be done by one person after the workshops, and may take up five days).

An example of a report of a complete review process is provided here.

Download [Reference D - Solomon Islands National Review](#).

Some participatory processes to help describe situations

Community mapping and drawing

Community mapping can be used to help explain current situations. This is not just used to show external people what is happening: different participants in planning will know about different situations, but not everyone knows about every situation. For example, some people might know about clinical services but not so much about community education, and vice versa.

One option that sometimes works is to split people into small groups, with different types of people in each group, and then compare what they draw. For example, some groups of young people, some of older people, some of men, some of women.

The processes are summarised here, along with some examples from the project. Download

[Process 5 - Community mapping and community drawing](#)

The problem tree

The problem tree is a commonly used approach in evaluation. If you Google "The Problem Tree" you will find many websites which describe this in various ways. You can even click on "images" to see about 100 different examples of how groups have used the problem tree.

For the Pacific project, Burnet prepared guidelines for using the Problem Tree in HIV and STI reviews. Our advice is to do this in small groups and keep it simple. Consider what is known from research reports, but also the group participants' own experiences and small group discussions.

Participants reported that they enjoyed using the Problem Tree. This involves starting with an agreed set of problems, then exploring what contributes to those problems. It is best done in small groups of up to five people. You may want one group to work on HIV prevention, one on treatment, one on monitoring, one on coordination, and so on.

Process 6 – The Problem Tree

Group action methods

During planning, it is possible to explore some situations and options for the future by using group action methods. These were used often in this project. They are *not presented here* because the processes are complex, fluid, and dependent on innovation by trained drama facilitators.

In some countries, there are NGO staff who are familiar with using drama methods. For example, some of the processes of the community process of *Stepping Stones* use drama methods. For those who want to learn more about group action methods, a good starting point is the website of the Australian and Aotearoa New Zealand Psychodrama Association. While Burnet staff do not claim to be psychodrama or sociodrama experts, we have found their courses and professional development support to be very useful. Their locations in Australia and New Zealand make them accessible to people from Pacific Island Countries.

Considering gender issues

Gender issues are incorporated into all stages of planning. One of the most important considerations in planning is that all planning groups include women and men in roughly equal numbers. There are many methods used to ensure that women get to talk or have other inputs as often as men. None of the methods we use in planning allows just one or two people to dominate every session. This is deliberate, so that many participants and stakeholders are able to contribute to the planning.

To help ensure that gender is being considered in situation analyses and in planning, the following overview can be presented. We acknowledge that this is informed in part by previous work of SPC staff: Robyn Drysdale and Linda Peterson.

Download: [Reference E - Gender and HIV some issues to consider](#)

Considering High Impact Prevention

During the final year of this project, the US Centers for Disease Control started using the term "High Impact Prevention". While this was too late to inform this project, the concepts are important for all countries to know about. Here is a link to a short and simply worded document which describes what is meant by High Impact Prevention.

http://www.cdc.gov/hiv/strategy/dhap/pdf/nhas_booklet.pdf

3. Epi Synthesis (prepared by a Burnet epidemiologist)

For some countries, the Burnet project was able to allocate the time of an epidemiologist, Dr Ben Coghlan, to prepare four-page summaries of what is known from research. Our experience was that this is very time consuming, because in most Pacific Island Countries there is not yet any single place where all research and reporting forms are collated. The development of Monitoring and Evaluation Frameworks, including the appointment of national M&E teams, is a major focus of work currently being conducted (in 2012 and 2013) by the SPC and UNAIDS. This should make such collation of information easier for development of future plans.

The Epi Syntheses that have been produced were used either in the Situation Reviews process, or in advocacy to parliaments and civil society leaders after the planning was completed.

Examples of these short Epi Syntheses are included here:

[Synthesis FSM, 2012](#)

[Synthesis Kiribati 2013](#)

[Synthesis Marshall Islands 2013](#)

4. Participatory development of the new national strategic plan (10 days+)

This section of the website describes processes that can be used to develop specific plans. There is no fixed way to do this. This project used many different methods, and some worked better than others. Thus, this is a set of processes, but it is not a self contained step by step guide.

There are two principles underpinning this type of planning:

1. The plans should be Results Based. This means that many exercises are used to help participants to identify what results they want, before they start to think about what specific activities should be included in the plans, or what resources will be required to implement the plans.
2. The planning process should be Participatory. This means that many people with their own experiences and understandings of their own countries are heavily involved in deciding what results to aim for and how to reach these results. It means that one or two influential people don't just write a plan based on their own understandings. Towards the end of the planning process, one or two people might write up the plan, but what they write will draw on what has already been determined in the planning workshops.

The experience of this project was that there are *many ways* to encourage participants from different sectors to talk together about what they would like to see happen during the period of the next plan.

Some of these discussions can occur in small groups working on their own issues, e.g. Prevention, Treatment, Monitoring and Evaluation, Governance and Coordination. This is important so that details can be provided by people who are familiar with their own specialized areas of life experience or work.

Some discussions can take place in large groups, particularly when the small groups report back. This is important so that planning participants gain an overview of the whole plan, not just the things that they will do.

Start by thinking about changes and results

Early in the planning process, it is important to ensure that everyone understands the concepts of results based planning, often summarized as a results chain. This means that all participants understand the sort of plan we are heading towards. Here are some slides that show some options.

These are some slides that introduce the concepts of changes, results, and strategies to achieve them. [Reference F - Understanding Results Based Strategic Planning](#)

Each plan will eventually include a Results Matrix. This outlines high level indicators of national impacts and the outcomes of specific national objectives (e.g. prevention, treatment, coordination).

But the *starting point* of these planning processes is *not the Results Matrix*. That is a formal matrix which is written by a designated person only after many others participate in working out what should be the national priorities, what sorts of programs work best, and what the national partners can realistically do over the next few years.

[Reference G - Some formats for Results Chains](#) These slides will provide ideas for developing your own Results Chains. At this stage, just look at them quickly. You do not have to decide now exactly what terms you will use, or what your final Results Matrix will look like.

We are now working towards developing a Results Matrix. However, if you look at a completed Results Matrix, you will see that it is full of details, and would be impossible to write during a workshop. [Reference H - Results matrix from Kiribati 2012](#)

Instead, there are different exercises that can be used to generate discussion about what will be done in each priority area, and what changes will result. These can include some drawing, some writing, and some group drama. It can take a few days. Indeed, it is important to do this slowly, so that participants can have lots of discussion, get to know more about each others' work and ideas, and have some good discussions about difficult issues. This step takes five days.

The process of carefully developing results chains is essential to participatory planning. It is the centre of the planning process. It ensures that the final plan really comes from the country participants.

The results chain will evolve from these group processes. One very useful exercise, which can take one or two full days, is for the participants to break into small groups, of up to five people, to complete this exercise. Each small group works on a different aspect of the response to HIV and STIs. For example, one group might work on Prevention, another on Treatment, another on Governance, and so on. This set of slides shows some examples. [Process 7 - Describing results and how to achieve them](#)

Another exercise to help groups to start thinking about results chains is called "Islands and Causeways". It requires a large room, as you will see in the photos. It allows space for many participants to see many different proposals, more than would occur with small groups working around tables. Download [Process 8 - Islands and Causeways](#)

If there have been other extensive methods used to explore results, you might want to now consider describing "The Objectives Tree". Download [Process 9 - The Objectives Tree](#)

A more comprehensive introduction to results based Monitoring and Evaluation is included in these slides. Download [Reference I - Understanding your programs and projects](#). They were prepared by Dr Dennie Iniakwala from SPC, based on the curricula for training in Monitoring and Evaluation, developed at the same time as this project on planning. The curricula was taught in Training of Trainer workshops held for the whole region in 2011: one workshop in Guam, and one in Auckland, New Zealand. These slides include the principles of results based planning, including Results Chains and Program Logic. They are useful to show to participants in the early stages of strategic planning.

Working towards a Results Matrix

The Goal

Start with preparing a Goal statement. There is no special process to do this, but it should be done by the whole group, the first thing in the morning the day after the group has identified priorities. Ask people to reflect first on what they have learnt so far, and what sorts of "big picture" changes they think would be useful. You can either use a whiteboard, so that changes to the statement can

be made by the group over a one hour session. Or you can use brightly colored paper, with just one word on each sheet, so that changes can be made by adding or cutting one word at a time.

Five examples of Goal statements from this project are included here, so that you can see how countries prepare their own goals, rather than just adopt a goal from global or regional goal statements. Download [Reference J – Examples of Goals](#)

The Objectives

The plan should include just four or five priorities. Each of these will be given a title and an Objective. For example, most plans include an Objective statements about prevention, treatment, coordination, monitoring. For each of these, the planning group will develop a heading, then a single sentence which describes the “Objective”. For example, what do you want to achieve in the field of prevention? The answer to this is the “Objective”.

The Objectives should each be one short sentence. They should be SMART: specific, measurable, achievable, realistic and timebound. Later on, the group will work further on each Objective, to define some results and indicators. The results and indicators will include specific information on what will be the results and how they will be measured. So the sentence of the Objective does not have to include these.

Here is an example: [Reference K - A SMART objective](#).

For each area of concern, start with discussion what changes, or results, you want to see over five years. There are various ways to do this, using drawings, numbers, or other options.

One option is to use [Process 10 - Headlines and stories to identify results](#).

This involves imagining what changes might occur over five years, and writing these up as headlines and stories for a newspaper. In the Marshall Islands, the first set of headlines was prepared by the National Advisory Committee, to promote discussion amongst themselves on what changes they would like to see in Governance and Coordination. The following Monday, the members of this group each became facilitators of other small groups in a larger workshop of stakeholders. These groups developed headlines for Prevention, Treatment and Care, Gender, and Reduction of Stigma and Discrimination. The process and some photos are included in the PDF file.

[Process 11 - Objectives written by a group](#). Yes, this is possible. Here is one way which works.

5. Preparing the Results Matrix (up to 5 days)

After the participatory workshops, one person spends time turning the workshop outputs into a full Results Matrix. This takes up to one week. The final versions of these Results Matrices can be seen in the national strategic plans listed at the end of this web page.

Deciding on Indicators (usually a one day workshop in-country)

The very final stage of developing the results matrix is to consider how the planned results can be measured. It is *very* important to start with the participants’ statements of goals, objectives and results. *After* these are developed, and put into a results matrix, *then* consider which of these results can be matched with the indicators for global or regional or national reporting.

Here are three important documents to consider at this stage. Not all the indicators of these frameworks should be used in your new national plan. But it would be a missed opportunity if the indicators you use in your plan are very different to those indicators your country has to report on anyway. By starting with your own groups’ ideas on results, you avoid ending up with a plan which is just a cut and paste of external plans. But by ignoring these other plans, you risk going off in a direction which is not consistent with global and regional norms or donor requirements.

[Reference L - UNAIDS global AIDS progress reporting indicators 2012](#)

[Reference M - PRSIP II indicators 2012 in implementation plan](#)

[Reference N - Global Fund indicators matched with PRSIP 2012](#)

For Pacific countries which are US jurisdictions, consider also the definitions of results in the National HIV/AIDS Strategy for the United States, 2010. Indeed, other countries might find it useful to consider this, because the strategy is clear, concise, and has good statements of results. This is the website where you can find it, as at January 2012:

<http://aids.gov/federal-resources/national-hiv-aids-strategy/nhas.pdf>

Costing of national strategic plans

This project was part of a regional partnership. Other partners supported costing of national strategic plans. However, this did not happen in all countries. [Reference O - Notes on costing of Pacific national plans](#)

6. Writing the narrative sections of the plan (5-10 days)

After all the workshops, one person writes up the narrative sections of the plan. This is a skilled writing process, and is usually done by an external facilitator who has attended the workshops.

It is important that the narrative be no longer than 30 pages. If it can be 15 to 20 pages, that is even better. In retrospect, some of the plans included below are too long. The problem is that the longer it is, the fewer people will read it. Remember, many or even most people in the Pacific do not have English as a first language, and many do not speak or read English at all.

The narrative covers:

The background: situation assessment and review assessment

The goals and objectives: use exactly the same words generated in the workshops.

A description of how these objectives will be met: use the group outputs from the workshops. Turn these into sentences, but try not to change the meaning of what the groups said.

The easiest way to see what is required is to look at the plans that are included below.

7. Developing a related Monitoring and Evaluation Framework (5-10 days)

The National Strategic Plan should be a high level plan. This means that it identifies national goals, objectives and intended results. It lists some activity groups, but the plans in this project used the term “strategic interventions” to avoid confusion with the regional implementation plan, which has “activity groups”.

The National Strategic Plan stops at this point. It has indicators for high level results, but *it does not include full lists of all activities or output indicators*. This is because the exact activities may change from year to year according to resources available, and to new methodologies that will be introduced over five years. The fields of HIV prevention and treatment are rapidly changing, and the plans have to allow for this.

This project supported development of national strategic plans to this point. SPC and UNAIDS then supported each country to develop a full Monitoring and Evaluation Framework that complements their national plan.

The linking of these was important. They can only be linked if the national plans are high level but include clear statements of intended results and indicators. The annual activity plans, and the Monitoring and Evaluation Frameworks, cascade down from the high level umbrella of the plan.

Burnet would like to thank the M&E Advisors from SPC (Dr Olayinka Ajayi) and UNAIDS (Mr Mohamed Turay), who worked closely with us, and attended many of our workshops, providing advice and ensuring that the plans we facilitated were consistent with what was required for the M&E Frameworks. This set of resources does not attempt to explain how the M&E Frameworks were developed. However, some principles are included in the resource mentioned above, produced by SPC's Dr Dennie Iniakwala. [Reference I - Understanding your programs and projects](#)

Examples of completed National Strategic Plans developed using these resources in 2011 and 2012

FSM (permission received Jan 2012)

[National Plan FSM 2012 near final draft](#)

RMI (permission received Jan 2012)

[National Plan Marshall Islands 2012](#)

Solomon Islands

Kiribati

Cook Islands

Evaluation of this project

An end of project evaluation was conducted by an external evaluator, Bill O'Loughlin. His report can be downloaded here. It describes the project and how it worked. This report is only 20 pages, and is useful reading for anyone considering developing their own national strategic frameworks.

Download [Resource P – Evaluation of this project](#)