Planning and Managing for HIV/AIDS Results

A Handbook

Formulate/revise Strategy

Evaluate changes

Monitor results

Analyze evidence

Set results, targets

Prioritize, choose, cost

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PLANNING AND MANAGING FOR HIV/AIDS RESULTS
A HANDBOOK

Global AIDS Monitoring and Evaluation Team - GAMET

World Bank Global HIV/AIDS Program

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World Bank Global HIV/AIDS Program

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Global AIDS Monitoring and Evaluation Team

The World Bank hosts the Global Monitoring and Evaluation Team (GAMET) on behalf of the UNAIDS family. GAMET’s task is to improve the quality of HIV/AIDS monitoring and evaluation (M&E), build national capacity and functioning M&E systems within countries, and promote the use of M&E data to improve country programs and results. GAMET also helps project teams build a results-focus and M&E into projects.

Cover photographs by Curt Carnemark, Yosef Hadar, Janet Leno and Shehzad Noorani

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Abstract: This Handbook aims to support countries as they develop or revise their national strategy, or formulate new HIV/AIDS policies. It introduces an approach to thinking and planning that is guided by evidence and oriented towards results. The Results Cycle is an organizing framework that guides and supports both the planning process and the production of the strategy document that will guide future implementation. It is a logical approach to improving policy development and strategy planning, and thus to improving program performance.

Keywords: Management for Results, Results-Based Management, Results Cycle, HIV/AIDS, Monitoring, Evaluation, World Bank, GAMET, Strategy, Planning.

Disclaimer: The findings, interpretations and conclusions expressed in the paper are entirely those of the authors, and do not represent the views of the World Bank, its Executive Directors, or the countries they represent.

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## Acronyms and Abbreviations

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<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<tr>
<td>ARV</td>
<td>Antiretroviral</td>
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<td>ASAP</td>
<td>AIDS Strategy and Action Plan service</td>
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<td>BCC</td>
<td>Behavior-Change Communication</td>
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<td>CRIS</td>
<td>Country Response Information System</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>GAMET</td>
<td>Global AIDS Monitoring and Evaluation Team</td>
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<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis, and Malaria</td>
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<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<tr>
<td>IEC</td>
<td>Information, education, and communication</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<td>MSM</td>
<td>Men who have sex with men</td>
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<tr>
<td>NAC</td>
<td>National AIDS Committee or Council</td>
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<tr>
<td>NGO</td>
<td>Nongovernmental organization</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President’s Emergency Program for HIV/AIDS Relief</td>
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<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>PRS</td>
<td>Poverty Reduction Strategy</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Program</td>
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<tr>
<td>UNFPA</td>
<td>United National Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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This Handbook evolved from GAMET’s experience advising policymakers and program planners about effective planning and programming, in which expectations of results are clear and explicit. It reflects years of coaching and teaching policy analysis, strategic planning, and program monitoring and evaluation, and the lessons learned from the collective experience of the Global HIV/AIDS Program advising on operations and working with colleagues to improve results-based planning, measurement, monitoring and evaluation in many higher and lower income countries.

The Handbook’s three parts support each other. Part I, the text, provides the grounding. It describes the results approach to planning strategically, which requires strategic information to be generated and used, which in turn necessitates sound monitoring and evaluation. An important use of this Handbook is for coaching and/or training. Part II therefore includes some very brief guiding thoughts for trainers. Part III is a set of slides that further elaborates the approach, and provides examples and templates to help planners formulate national strategies and elaborate their strategy documents. The slides are organized in a logical manner following the seven phases of the Results Cycle. These slides and selected sections of the Handbook have been presented in several fora and used successfully to support operations, programming, strategy formulation and planning strategic information for managing for results.

This publication is designed as a generic handbook that countries, implementing agencies and NGOs can adapt for their own use and as appropriate to the situation. It is not intended to be guidelines; rather it synthesizes key information to underscore the results approach to strategic planning and to support its application. The Handbook aims to be user-friendly. To facilitate its use, the Handbook for Results Planning is presented in printed and electronic form – a CD-ROM is included. This publication is meant to be an evolving and living document. Future editions will incorporate lessons learned from its use in different settings. This Handbook for Results Planning can also be accessed from the website of the World Bank Global HIV/AIDS Program at: www.worldbank.org/aids (in the M&E part of the site, or the publications page).

The Handbook provides links to other agencies and makes references to other relevant documents the reader may like to consult to read more about specific topics or a particular agency’s approach. The intention is to encourage further study of complementary resources.
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1. Introduction to “Managing for Results”

The global development community has recognized the need to “manage better for results” – that is, to improve the way government entities work by ensuring that resources are used more effectively in implementing HIV policies and programs to achieve results on the ground. This gives performance information at the operational level great strategic value. The challenges are to provide high-quality and timely information for decision making at critical points, and to help development practitioners incorporate the use of outcome information in their work.¹

In early 2003, the World Bank embraced “managing for results” as a guiding approach for improving the effectiveness of its assistance.² Managing for results deepens dialogue with clients and governments. It sharpens the focus of business models on policy changes and demonstrable results on the ground.³

As countries’ experience with HIV/AIDS matures, national AIDS authorities and policymakers are increasingly pressed to show the results that national policies and programs are achieving. Governments and their partners are committed to ensuring that resources are used effectively to support national responses to the HIV epidemic. The effectiveness of national strategies will ultimately be judged by their impact and results – that is, by how well they contain the HIV epidemic through prevention, treatment and care, and improve the lives of people with HIV.

Countries want to shape policies and strategies and implement successful programs and projects to scale up and sustain HIV prevention, treatment and care. They also strive to strengthen partnerships at the country level to improve the effectiveness of HIV support and its results. It is a difficult challenge to formulate HIV/AIDS policies and programs, plan and execute a strategy, mobilize resources and use them effectively. The reality of planning national policies and strategies is complex; so models and tools that simplify the process into core areas can help planners know where they are in the process, and to focus systematically on the tasks that need to be completed.

This is not a “how to” paper. Rather, this Handbook for Planning and Managing for HIV/AIDS Results aims to support countries as they formulate new HIV/AIDS policies and/or develop or revise their national strategy, by introducing an approach to thinking

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¹ Rodriguez-Garcia and White, 2005.
³ Rodriguez-Garcia and White, 2005.
and planning that is guided by evidence and oriented towards results. The Results Cycle is an organizing framework that guides and supports both the strategic planning process and the production of the strategy document that will guide future implementation. Phases 1 to 7 in figure 1 reflect a logical approach to improving policy development and strategy planning, and thus to improving program performance.

Figure 1: The Results Cycle

The Results Cycle is based on the principle that strategy formulation is guided by national policy, but the application of the Results Cycle brings to the table both policy decision makers and technical staff as strategic planning is done. For instance, an important aspect of planning strategically –based on evidence– is presenting to the political leadership (often the Minister of Health or the Council of Ministries) the evidence data gathered about changes and trends in the epidemic and the performance of the national response in affecting those changes. This is important because policy makers need to understand the meaning and implications of the data for society, systems, and resources.⁴

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⁴ Inter-American Development Bank, 2006.
2. Global HIV / AIDS Context

One of the Millennium Development Goals is to halt and reverse the AIDS epidemic by 2015. To reach this goal, advocacy and funding are paramount. And it is essential to “make the money work” effectively. At the 13th International Conference on AIDS and Sexually Transmitted Infections in Kenya in 2003, country and international representatives developed the “Three Ones” -- a set of guiding principles for improving AIDS responses in countries:

- One agreed AIDS action framework that provides the basis for coordinating the work of all partners
- One national AIDS coordinating authority, with a broad-based multisectoral mandate
- One agreed country-level monitoring and evaluation system.

To achieve the First One, UNAIDS and partners support countries to formulate and/or revise their national HIV/AIDS strategies and action plans\(^5\) and to integrate AIDS into national development plans such as poverty reduction strategies (PRS) and public expenditure frameworks.\(^6\) To achieve the Third One, UNAIDS and partners provide technical advice and support to national AIDS authorities to improve surveillance and strengthen monitoring and evaluation systems.\(^7\)

National HIV/AIDS Strategies are needed to attract and sustain funding (from the Ministry of Finance, donors, private sector, others); assure an important role for civil society and communities; align financial resources to national goals and programs; respond to the heterogeneity of epidemics; and implement the Three Ones principles. National Policies help define overall goals and principles, and are part of the legislative and regulatory framework that supports the implementation of the strategy. Action Plans identify the programs and projects that implement the strategy and ensure timely responses to changes in the epidemic and environment, and link these programs to government planning cycles and budgets. Policies, strategies and action plans are supported by national monitoring and evaluation activities that measure changes in the indicators identified in the strategy and action plans to assess progress towards performance targets. M&E plans describe how data will be collected, compiled, processed and reported within the country at all levels, with a focus on using information for decision-making, accountability and learning.

\(^5\) A global technical assistance service, the AIDS Strategy & Action Plan (ASAP), housed in the World Bank’s Global HIV/AIDS Program since January 2006, responds to country requests for support in developing well-prioritized, evidence-based, results-focused, costed AIDS strategies and action plans. www.worldbank.org/ASAP. ASAP was created by the Global Task Team. The final report of the Global Task Team (in which numerous organizations participated) can be found at www.UNAIDS.com.

\(^6\) UNAIDS 2006, pp. 254-258.

\(^7\) Set up in 2002, the Global HIV/AIDS Monitoring and Evaluation Team (GAMET), housed in the World Bank’s Global HIV/AIDS Program, supports evidence building and utilization, and works closely with UNAIDS and other partners to support improvements in country M&E systems and capacity.
3. Using Evidence to Ground the Results Cycle

The national HIV/AIDS response involves three key processes: (i) policy development; (ii) strategic planning and implementation, and (iii) managing for results. These are described briefly below.

3.1. The policy development process

Policy formulation is inherently a political process – it reflects the priorities of the government currently in power and focuses on how that government communicates to citizens and other stakeholders its position on various issues. Although political in how it is communicated, policy development in most democracies is typically informed by evidence acquired through a rigorous analytical process to guide and justify government action. For example, prior to setting national HIV/AIDS policy, a government would want to know the key drivers of the epidemic, in addition to the views of its citizens on acceptable measures to contain the epidemic.

3.2. Strategic Planning

The formulation of a national HIV/AIDS strategy is a process through which a country defines fundamental principles, priority programs, expected achievements and the institutional framework to guide the national response to the epidemic. What makes an HIV/AIDS strategy “strategic” is that it takes into account the underlying determinants of the epidemic and how they affect different social groups, and then carefully selects approaches and actions that will address each group to achieve specified results. The social situation and the HIV epidemic change over time, so a strategy has to be flexible enough to adapt in a significant way to these changes and to new information from monitoring and evaluation. Hence the process is shown as a cycle (figure 1) to reflect an iterative process.

The strategy formulation process contributes to shaping policy outcomes and brings together political and technical elements. Interventions and population groups must be selected to be prioritized to receive services, based on evidence of what works and what does not work, and stakeholder support and resources need to be mobilized to implement the strategy. Therefore, the planning team would include individuals skilled at policy-making and social analysis as well as service delivery and cost estimation (see figure 2).

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Figure 2: Skills Mix of a National Strategy Planning Team

- Capacity and authority to make decisions and manage the planning process.
- Knowledge of how government functions.
- Ability to manage stakeholders consultations.
- Ability to coordinate multi-sectoral and private sector inputs.
- Ability to coordinate community and civil society inputs.
- Knowledge of the HIV/AIDS situation (epidemiological, social behavioral, legal elements).
- Program development and management experience.
- Results-based planning, monitoring and evaluation expertise.
- Financial management skills (expenditures, budgeting, costing).


Traditional planning approaches focus on tracking inputs (financial and human resources) to provide goods and services and to achieve corporate or program goals. Results-based planning applies a logical approach to the use of inputs for implementing projects and programs in order to achieve longer term results with greater societal benefits. The Results Cycle provides added value to the traditional approach to strategic planning in that it helps decision makers look back – at evidence of past achievements and things that did not achieve results – and forward to select priority interventions that would help reach the strategy’s goals. This process is mindful of the country contextual environment for policy formulation and implementation and the role of stakeholders.

Figure 3: Principles of Strategic Planning

1. Strategic Planning uses evidence and focuses on results that reflect the realities of the epidemic and the achievements of the national response.

2. Strategic Planning is not a lineal process --is an iterative process. It requires several phases –as shown in the Results Cycle- which reinforce each-other.

3. Monitoring and evaluation is an essential mechanism of the national response – its planning, management, monitoring and accountability. - If results are not measured, managers cannot differentiate success from failure.

4. The strategy document is a “living document” It can and should be adjusted as needed during implementation -based on data from program monitoring, studies, evaluation and others.

Strategic planning applies a logical approach to define how:

- underlying determinants and biological/social factors affect HIV outcomes and over time demographic outcomes (i.e. health impacts) = conceptual framework;
- programs should operate (i.e., from inputs to impacts) = logical framework;
- policies, strategies and programs achieve goals = results framework.

### 3.3 Managing for Results

Managing for results refers to a comprehensive and integrated management system that focuses on achieving national objectives for the population while assuring accountability for public funds. Earlier defined as performance management, managing for results started in the private sector, where it is embedded in all levels of the management structures of many high performing corporations. Results management enables managers and staff to value open and honest performance assessment and reporting, which in turn improves productivity, accountability and learning. In the 1990s, many governments and the international development community adopted performance approaches and tools in support of more effective development. As results-based management was gradually introduced in the public sector in the 1990s, a more systematic approach to program planning and management became the basis for numerous public sector reforms.

Since 2003, the World Bank has adopted a results agenda to improve Bank operations and achieve stronger results on the ground; i.e., outcomes, defined as specific improvements in the quality of life and economic productivity. A focus on results recognizes that counting inputs, outputs and disbursements is not enough; there needs to be attention to outcomes and impact. A focus on results includes: (i) promoting better financial management, (ii) supporting capacity enhancement and statistical institutions for monitoring and evaluation within countries, (iii) assisting national efforts to disclose and disseminate results information, especially to policy makers, (iv) preparing results-based country assistance strategies, (v) improving monitoring and evaluation components of loans and grants, (vi) promoting pursuit of the MDGs, and (vii) strengthening attention to measuring the success of analytical and advisory work and evaluation efforts.

A 2006 assessment of the Bank’s results focus approach to development identified several important lessons from country experiences and assistance programs that have delivered the strongest results. Effective programs: (i) emphasize growth and the measures that help the poor share in the growth process, (ii) build on realistic and informed assessments of political commitment, and capacity to deliver results, (iii) combine sustained engagement with clear intermediate outcomes, and (iv) emphasize transparency and local control of public institutions. Effective articulation and utilization

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9 The basis for these three concepts “results-based management”, “managing for development results” and “managing for results” are the same and have the same aim: to improve performance.
11 World Bank, 2004b
of the results-chain is an essential tool for effective aid, together with country capacity to collect and use performance information.\textsuperscript{12}

In the international development community, the introduction of \textit{management for development results} was driven by the recognition that international aid needed to be more effective in improving development outcomes if countries were to achieve the Millennium Development Goals (MDGs). Figure 4 summarizes the evolution of managing for results to increase aid effectiveness.

**Figure 4: Evolution of Managing for Results**

<table>
<thead>
<tr>
<th>1970s</th>
<th>1990s</th>
<th>2000s</th>
<th>2010s</th>
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<tr>
<td>International development agencies and public sector adopt \textbf{Logic Models} to plan the efficient utilization of project resources</td>
<td>\textbf{Results-based management} incorporates a logic chain approach to help systematically identify objectives, impacts, outcomes, outputs and inputs to track the results of public sector reforms</td>
<td>Development partners adopt \textbf{Management for Development Results} to improve aid efficiency and outcomes towards reaching the MDGs</td>
<td>\textbf{Results-based M&amp;E} is being mainstream in governments and agencies as an essential tool to measure progress in project/program outcomes</td>
</tr>
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</table>


Managing for Results uses a variety of tools and processes to generate information that can be used to improve policies, planning, management, monitoring, evaluation and delivery of good and services. The Strategy Results Cycle is such a tool. It responds to a key goal: to provide timely, reliable, and useful feedback about ongoing and completed actions, and to derive relevant strategic implications that are immediately useful in strategy design and program management.\textsuperscript{13}

### 3.4. Results-based Monitoring and Evaluation

Increased reliance on information for decision making demands continuous refining of planning and monitoring and evaluation methods. The more so when countries are willing to be held accountable for providing goods and services to their populations through effective use of resources, and for showing partners the outcomes of their investments. It follows that M&E becomes an essential tool for decision makers – a mechanism to collect and provide evidence of outcomes that decision makers need. A results-based monitoring and evaluation system adds the “fourth leg” to the governance

\textsuperscript{12} World Bank, 2006  
\textsuperscript{13} Rodriguez-Garcia and White, 2005
chair traditionally built around systems for budgeting, human resources and auditing, providing an essential feed-back mechanism on the outcomes and consequences of government policies and actions.\textsuperscript{14}

A \textit{Results Chain} helps identify the logic (cause-and-effect relationships) behind policy and strategy design. It posits that inputs are needed for activities and products and these lead logically to the achievements of outcomes and impacts (see figure 5). It depicts an “if-then” theory of clearly articulated goals coupled with specific expectations of achievement at each stage of the logical results chain.\textsuperscript{15} (See selected definitions in Appendix 1.) So, for example, \textit{if} pregnant women who are HIV-positive are offered counseling, testing, appropriate treatment and follow-up, \textit{then} parent-to-child transmission can be reduced.

\textit{Monitoring} produces the data that managers need to make routine programmatic adjustments towards achieving the desired outputs and outcomes. \textit{Evaluation} and analytical reviews go a step further to provide the strategic information policymakers need to steer policy formulation and strategy planning towards sustainable outcomes. Together, monitoring and evaluation are critical tools for management, learning and accountability.

Decision-makers manage for results by \textit{using information to steer policies and programs to achieve results on the ground}, and making decisions that improve learning and knowledge geared towards improving performance and accountability.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure5.png}
\caption{The Logical Approach of the Results Chain}
\end{figure}

\begin{itemize}
  \item Long-term, widespread improvement in society
  \item “Big picture” (country longer term strategy)
  \item Effects or behavior changes resulting from a strategic program
  \item Products and services that need to be developed to achieve the expected outcomes
  \item What actually was done with the available resources to produce the intended outputs
  \item Critical resources (expertise, equipment and supplies) needed to implement the planned activities
\end{itemize}


\textsuperscript{14} Kusek, Rist and White 2004.
\textsuperscript{15} “If-then” refers to the logical progression that \textit{if} \(X\) is done or happens, \textit{then} \(Y\) will follow.
4. Applying the Results Cycle to Strategy Formulation

The Results Cycle helps make HIV/AIDS strategies results-oriented by identifying key phases in the strategic planning process in a logical approach where inputs are linked logically to expected impacts through activities, outputs and outcomes. The application of the Results Cycle does not assume that decision makers are starting from nothing; rather, it assumes that there are experiences and information available, including a previous strategy, epidemiological and behavioral reports, an M&E plan and other information. This national experience is essential. The Results Cycle provides an organizing framework to make valuable use of this national experience, basing decision-making on existing evidence and desired results (see figure 6).

Figure 6: Characteristics of a Results-Based Strategy

<table>
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<th>How do you Develop a Strategy that is Focused on Results?</th>
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<tr>
<td>• Base it on evidence on the epidemic's evolution and effects on specific population groups,</td>
</tr>
<tr>
<td>• Understand and address the root causes and main modes of infection in the country</td>
</tr>
<tr>
<td>• Identify specific results to be achieved</td>
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<tr>
<td>• Indicate how the strategy will be implemented (who will do what, and when)</td>
</tr>
<tr>
<td>• Explain how the national response will be funded, monitored, and evaluated.</td>
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</table>


So a focus on results starts with using existing evidence on the national HIV/AIDS situation to answer two broad questions: (a) What is the status of the epidemic? And (b) What results have been achieved by the national response strategy – how well has the country contained and managed the epidemic? The answers to these questions provide the underpinnings for (1) identifying results/outcomes, (2) selecting the programs and population groups, and (3) shaping the results-based monitoring, evaluation and research elements of the strategy, including resource tracking and analysis.

The phases of the Results Cycle are iterative, not strictly sequential. Applying the Results Cycle supports the planning process and production of the actual strategy document. Each phase of the Results Cycle relates to a section of the national HIV/AIDS strategy document. Implicit in the Results Cycle is the need for an enabling environment for policy and strategy formulation. This would include: compliance with the “Three Ones” principles, stakeholder consultation, a multisectoral approach, donor coordination, and
systems strengthening. During the planning process, specific actions would be identified around these themes to be integrated in the national response.

The planning process takes place within a policy context, as does implementation of the strategy. The policy actions that are essential to promote HIV prevention include:

1. Ensure that human rights are promoted, protected and respected and that measures are taken to eliminate discrimination and combat stigma.

2. Build and maintain leadership from all sections of society, including governments, affected communities, non-government organizations, faith-based organizations, the education sector, media, the private sector and trade unions.

3. Involve people living with HIV in the design, implementation and evaluation of prevention strategies, addressing their distinct prevention needs.

4. Address cultural norms and beliefs, recognizing both the key role they may play in supporting prevention efforts and the potential they have to fuel HIV transmission.

5. Promote gender equality and address gender norms and relations to reduce the vulnerability of women and girls, involving men and boys in this effort.

6. Promote widespread knowledge and awareness of how HIV is transmitted and how infection can be avoided.

7. Promote the links between HIV prevention and sexual and reproductive health.


9. Promote programmes targeted at HIV prevention needs of key affected groups and populations.

10. Mobilize and strengthen financial, and human and institutional capacity across all sectors, particularly in health and education.

11. Review and reform legal frameworks to remove barriers to effective, evidence-based HIV prevention, combat stigma and discrimination and protect the rights of people living with HIV and people who are vulnerable or at risk of HIV.

12. Ensure that sufficient investments are made in research and development of, and advocacy for, new prevention technologies.

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16 See UNAIDS Country Harmonization Assessment Tool (CHAT) developed to assess the level of partnerships in HIV/AIDS at the country level. Some countries conduct a CHAT assessment as part of national response reviews.

Appendix 2 suggests key actions in the strategy planning process. These actions can be expanded and adapted to real situations. The list can be used as a check-list to help the planning process and to specify the products expected at each phase of the planning cycle, as well as specifying the responsible entities and deadlines.  

**Phase 1: Analyze HIV/AIDS Data and the National Response**

A national HIV/AIDS strategy that is focused on achieving results starts with an analysis of the trends, drivers and risks factors of the HIV epidemic in the country. If a recent synthesis report or epidemic review does not exist, the strategy planning team would need to access all reports and available data from national and international sources, such as behavioral, epidemiological or other studies, clinical trials, impact evaluations and policy or operations research, in order to identify how the epidemic has progressed during the last strategy period, and include this in the strategy document. Equally important is to determine the achievements of the national response, the goods and services that were provided and the extent to which access to these services benefited at-risk groups and the general population.

Both primary and secondary sources are useful. Primary data are new data collected specifically for the task at hand (for example through surveys, direct observation or interviews). Secondary data have been collected previously by someone else, perhaps for a different purpose. Examples include survey data collected by another agency, a Demographic Health Survey, or data from a marketing company. The strategy planning team can consider out-sourcing preparation of a synthesis report that uses available data. If evidence is scant, computer models can be used to estimate and forecast the pattern and trends in the national epidemic.

In analyzing the epidemic, both quantitative and qualitative data are important in understanding HIV infection drivers and trends, as well as prevention, treatment and mitigation program coverage and costs, and adherence to ARV treatment. The results of this analysis and review would shed light on changes in the epidemic, how specific population groups are affected, and which groups are most at-risk. It will also underscore the achievements of the national response and point to where resources could be most effective in the next strategy period. This will help define clearly the goals and outcomes for the new strategy (see figure 7).

In practical terms, this stock-taking exercise may take the form of a comprehensive situational assessment that analyzes the epidemiological changes and trends, the effects of the national response and the available and needed resources. If the current epidemiological situation is known, the evidence building exercise may also take the form of a self-evaluation of the national response that systematically reviews the outcomes of the strategy and identifies strengthens and gaps in achieving results, which encourages problem-solving and improved planning.

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18 See also the ASAP Strategy Planning Road Map, on line at www.worldbank.org/ASAP
19 Rodriguez-Garcia and White, 2005, p.29.
Figure 7: Definitions of Key Terms Used to Describe Epidemics

**Incidence** refers to the number of new infections in a population during a year.

**Prevalence** is the total number of infected people at a point in time expressed as a percentage of the population.

**Drivers** refer to the structural and social factors, such as poverty, gender and human rights that are not easily measured that increase people’s vulnerability to HIV infection. Now, the term drivers is used to describe the risk factors which primarily account for the increase and maintenance of an HIV epidemic.

**Risk** is the probability that a person may acquire HIV infection. Certain behaviors create, enhance and perpetuate risk. Examples include unprotected sex, multiple partners, injecting with contaminated needles.

**Vulnerability** results from a range of factors that reduce the ability of individuals and communities to avoid HIV infection.


**Phase 2: Identify Results –Outcomes and Indicators**

Based on the evidence gathered about the epidemic, the HIV/AIDS strategy planning team will want to state clear goals and specific results (outcomes and impacts) to be attained. It may be helpful to explain the difference between goals and results: A **goal** is a statement of vision and direction describing what the strategy aims to achieve (see figure 5 for an example). A **result** is a representation of what success would look like (e.g. The percentage of people aged 15-19 reached with HIV prevention programs increases from 48% to 75% by 2010; utilization of testing services by pregnant women increases by 50% by 2012). Most HIV/AIDS strategies include broad goals, usually related to prevention, care and treatment, and specific results that would help achieve the goals, expressed in terms of coverage, utilization and behavioral change (see figure 8).

Figure 8: Definitions Used in Outcomes-Results and Results Frameworks

**Coverage** is the percentage of the population needing a service that has access to the service.

**Access** may depend on many things such as the proximity of the nearest service point, the times when the service is available, cost to users, and eligibility criteria that may be established by national guidelines or service providers. As a practical matter, it is often better to measure coverage in terms of utilization.

**Utilization** is the percentage of the population in need that actually uses the service.

For the strategy, the focus would be on identifying a small set of core impacts and outcomes relating to each goal – keeping in mind the feasibility of measuring them. Intermediate outcomes and outputs can be included in the Action Plan for implementing the strategy (sometimes called Operational or Work Plan). All results need to be measurable (quantifiable) and linked to the monitoring and evaluation system. To ensure this, the relevant questions are: Are data available for measuring results? Are there mechanisms in place to collect, compile, process and report data?20

Each outcome should have at least one corresponding outcome indicator. Each indicator would show the baseline value (and the year), and the expected performance target. Countries find it useful to consider a hierarchy of indicators starting with national and global indicators for higher-level goals using standardized indicators developed by UNAIDS and partner countries and agencies (see Appendix 2).21 These include:

- Indicators for Implementation of the Declaration of Commitment on HIV/AIDS
- Universal Access indicators
- National impact and outcome indicators
- Country-relevant and national program indicators.

Many strategies include a Results Table (sometimes referred to as a results framework) to summarize information on outcome indicators, baselines and targets. Figure 9 shows an example for prevention and figure 10 for treatment.

Baselines are essential for knowing what progress has been made towards targets; yet baselines are often lacking or are based on old estimates. The first step should always be to mine existing data, searching for values that can be used as legitimate baselines. An analysis of existing data is also important to identify programmatic findings and trends that can help elucidate the characteristics of the epidemic in the country and its progression and variation over time. When baseline values are not available, gathering baseline data on key indicators (using primary or secondary data) should be included as an output of the new strategy, and baselines studies conducted, as appropriate, early in the strategy period.

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20For an in-depth discussion on this topic, please refer to Kusek and Rist, 2004.
### Figure 9: Examples of Outcomes, Indicators, Baselines and Targets (Prevention)

**Building Blocks for Measuring the Results of the HIV/AIDS Strategy**

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Indicators</th>
<th>Baselines</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. IDUs will have better access to needle exchange programs</td>
<td>1. Percent of IDUs with access to needle exchange programs</td>
<td>20% in 2005</td>
<td>50% by 2010</td>
</tr>
<tr>
<td>2. Use of condoms by SWs will increase</td>
<td>2. Percent of SWs who report using a condom with their most recent client</td>
<td>35% in 2004</td>
<td>70% by 2010</td>
</tr>
<tr>
<td>3. Use of condoms by young men and women will increase</td>
<td>3.1 Percent of men aged 15-24 who report using a condom during last sex in the last 6 months.  3.2 Percent of women aged 15-24 who report using a condom during last sex in the last 6 months.</td>
<td>48% in 2006  23% in 2006</td>
<td>60% by 2010  50% by 2010</td>
</tr>
</tbody>
</table>


### Figure 10: Examples of Outcomes, Indicators, Baselines and Targets (Treatment)

**Building Blocks for Measuring the Results of the HIV/AIDS Strategy**

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Indicators</th>
<th>Baselines</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Better access to ART for PLHIV</td>
<td>1. Percent of Adults and children with advanced HIV infection receiving ART</td>
<td>10% in 2006</td>
<td>80% by 2010</td>
</tr>
<tr>
<td>2. Improved hospital and clinic capacity to treat HIV disease</td>
<td>2. Percent of health care facilities that have the capacity and conditions to provide basic-level HIV testing and HIV/AIDS clinical management</td>
<td>35% in 2006</td>
<td>95% by 2010</td>
</tr>
<tr>
<td>3. Opportunistic infections managed better</td>
<td>3. Percent of PLHIV receiving diagnosis and treatment for opportunistic infections</td>
<td>20% in 2006</td>
<td>90% by 2010</td>
</tr>
<tr>
<td>4. Reduced AIDS mortality</td>
<td>4. % of adults and children with HIV alive 12 months after initiating ART (extend by 12 months ea year)</td>
<td>50% in 2006</td>
<td>70% in 2010</td>
</tr>
<tr>
<td>5. First line ART regimen at optimum duration</td>
<td>5. Percent adults and children with HIV remaining on first line ART 24 months after initiation</td>
<td>70% in 2006</td>
<td>85% in 2010</td>
</tr>
</tbody>
</table>

Phase 3: Select Strategic Programs

A strategy selects programs aimed at achieving the expected results or identified outcomes of the strategy. Therefore, the starting point in programming is not to identify the activities to be undertaken, but rather to use the expected results to be achieved as a destination, and identify the key policy actions and programs that will get the country there. This involves creating a hypothetical cause-effect link from inputs, to processes, outputs, outcomes and impacts, applying the logical results chain (figure 11 applies this logical approach to HIV/AIDS programming).

Figure 11: Applying the Logic of the Results Chain to HIV/AIDS

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>IMPACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Products and Services</td>
<td>First level results needed to achieve the outcomes (program outputs)</td>
<td>Increased Coverage. Access and use of services and behavior changes (strategy objectives and results)</td>
<td>Reduced HIV Incidence and Prevalence. HIV prevalence is the bedrock of surveillance, monitoring, and evaluation (longer-term goal)</td>
</tr>
<tr>
<td>Critical resources. Includes money, people, equipment, supplies and know how (program inputs)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The evidence on the epidemic should help focus the strategy towards the appropriate programs. Strategies are likely to include the following:

- HIV Prevention aimed at key drivers (knowledge, behavior)
- AIDS Treatment
- Care and Support (coverage and utilization = access)
- Impact Mitigation (coverage and utilization = access)

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22 Incidence — new infections in a population during a year — is difficult and costly to measure. Prevalence — the total number of infected people (no matter when they became infected) at a point in time expressed as a percentage of the population — is not a good measure of change in the epidemic because (a) expanded access to ARV treatment that prolongs healthy life of infected people can cause prevalence to rise even if new infections are falling, and (b) different techniques for estimating prevalence (antenatal clinic surveillance and population-based testing) do not give comparable results. Prevalence in young people (say aged 15-19) is a reasonable proxy for incidence since most infections are recent.
Enabling Mechanisms

- Institutional Frameworks (legal, policy and programmatic)
- Monitoring and Evidence Building (surveillance, research, information systems)
- Critical Resources (funds, human resources, infrastructure, know-how)
- Partnerships and multi-sector engagement

The selection of programmatic areas and interventions can be facilitated by applying the following questions:

- What is the evidence saying? Is the epidemic generalized, concentrated or mixed?
- What are the underlying social factors such as poverty, gender, discrimination? (sometimes also referred to as the drivers of the epidemic).
- What are the key risk factors driving the epidemic? – behaviors such as injecting drugs or unprotected sex.
- How effective has the current strategy been at responding to the epidemic?
- What sectors need to support a national response?
- Where are the current gaps in programming, implementation, evidence building or capacity?

Phase 4: Select Critical Interventions for each Program and Cost Them

The strategy should include the programmatic interventions that provide a logical “line of sight” to desired outcomes. This means that programs should be chosen to be funded and implemented if the program objectives and interventions would logically contribute to achieving the desired outcomes. There are limits to what can be done each year, and being selective and prioritizing is perhaps one of the hardest tasks. In addition to ensuring that target groups are clearly defined, the strategy planning team would want to select the priority program actions and interventions most likely to achieve the results. These are likely to include a combination of prevention (see figure 12), treatment, care and support actions. While prevention remains the thrust of a national program, treatment is an essential element. In addition to offering therapeutic benefits to HIV-positive individuals, enhanced access to ART offers important new opportunities to strengthen and expand HIV prevention efforts.23

A comprehensive treatment, care and support program would include actions such as:

- Attending to the medical, psychological, socioeconomic, and legal needs of people affected by HIV/AIDS.
- Supporting development of necessary laws and policies to enable ART.
- Developing national HIV clinical management guidelines.

• Developing, administering and ensuring adherence to therapy protocols.
• Monitoring and managing drug tolerance and side effects.
• Reliable laboratory upgrades and support to monitor treatment.
• Ensuring a continuous stock of antiretroviral drugs for AIDS treatment and preventing mother-to-child transmission
• Managing drug selection, supplies, storage and distribution.
• Training medical staff on clinical ART management and treatment of opportunistic infections, patient counseling and treatment adherence.
• Promoting public-private partnerships to extend treatment to employees of corporations and businesses and their dependents in the communities.²⁴

Figure 12: Essential Programmatic Actions for HIV Prevention

1. Prevent the sexual transmission of HIV
2. Prevent mother-to-child transmission of HIV
3. Prevent the transmission of HIV through injecting drug use, including hard reduction measures
4. Ensure the safety of the blood supply
5. Prevent HIV transmission in health-care settings
6. Promote greater access to voluntary HIV counselling and testing while promoting principles of confidentiality and consent.
7. Integrate HIV prevention into AIDS treatment services
8. Focus on HIV prevention among young people
9. Provide HIV-related information and education to enable individuals to protect themselves from infection.
10. Confront and mitigate HIV-related stigma and discrimination
11. Prepare for access and use of vaccines and microbicides


Specific interventions and activities can be described in more detail in the strategy’s action or implementation plan. Action plans describe the interventions/activities likely to produce the expected results of the program, the inputs (financial and human) needed to implement services and activities, the timing, and who is responsible for each activity.

Estimating the cost of planned interventions is an essential activity in the strategic planning process. Analysis of past expenditures and unit costs can help provide reasonable approximations of actual costs.²⁵ Cost estimates allow an analysis of the gaps

²⁵ Consult UNAIDS National AIDS Spending Assessment approach.
between available resources and resources needed for the programs. This is essential for effective resource mobilization and utilization.26

When interventions are costed and reviewed against available resources, it may be necessary to go back and re-prioritize key programs and interventions. Thus, Phases 2, 3 and 4 are iterative. It is advisable at this point to review the results table showing the outcomes and indicators identified earlier, to check whether the Results Framework needs any adjustment or refinement after the iterative process of programming, selecting/prioritizing, and costing.

It is also critical to compare the costing of the strategic plan with the priorities identified in the text of the strategic plan. Interventions which are identified as having the highest priority should also receive priority for funding. If the costing shows that the allocation of resources is not consistent with the emphasis and prioritization described in the strategy and plan, the costing should be reviewed and made consistent with the plan.

Analyzing resources needed against those available is an important part of the strategy formulation. Most likely, available financial resources will not be sufficient to meet the needs of the new strategy and programming period and there would be need to seek additional funding. Some countries start early on to mobilize resources by identifying possible sources of funding for which the country is eligible and plan an advocacy strategy accordingly. Sometimes it may be necessary to develop project proposals, together with agencies or institutions that are familiar with this process and/or will benefit from it. The country will have to demonstrate the absorptive capacity of the national HIV/AIDS program and indicate how national authorities will manage possible multiple sources of funding for particular components of the program; for example, by mapping how and where funding will be used to avoid duplication. It may also be necessary to indicate how funding from the different sources will be channeled to implementation partners and what tools already exist or will be developed to ensure accountability and transparency at national and decentralized levels. It is also important to describe on-going or planned efforts for strengthening donor coordination such as a contributing to a “common basket” for funding HIV/AIDS or harmonizing fiduciary mechanisms or procedures. A thorough resource mobilization and management plan is likely to be needed.

**Phase 5: Specify how Results will be Monitored and Resources Tracked**

At this stage the strategy planning team will discuss what data would need to be collected (i) routinely to follow progress, and (ii) periodically, to measure the indicators of progress made by the national response towards the performance targets previously set. Then, the team would discuss how the data will be collected and reported using existing surveillance systems, program data, periodic surveys or other means. Countries often find it useful to present this information in a table, like the template in figure 13. Both financial and programmatic data are necessary to monitor the national response.

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This section of the strategy (or a related Monitoring and Evaluation Plan) would also describe how data flows among central, sub-national and community levels and among all sectors, and may specify the electronic data management system that is being used or would be installed to process and report data.

Surveillance systems are an essential element of monitoring. Public health first-generation surveillance helps define the nature and extent of HIV infection, and assess the impact of programs and services on HIV. This usually includes: (1) HIV patient case reports from clinical settings, and (2) sentinel sero-surveillance which uses blood samples.

First generation HIV surveillance is necessary but not sufficient to assess the evolution of the epidemic because it records infections that have already taken place, but does not give early warning of the potential for infection. Second generation HIV surveillance expands the scope to include: risky behaviors (unprotected sex, injecting drug use), biological markers (STDs), knowledge (or lack) of how HIV is transmitted, and behavioral and other studies (i.e., DHS).  

The output of the strategic discussion about monitoring the national HIV/AIDS strategy would be an M&E section in the strategy document that may include tables such as the one shown in figure 14.

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27 UNAIDS and WHO, 2002 & 2006
**Figure 14: Results Framework Template with an Illustrative Example**

- A Central Asian Country -

<table>
<thead>
<tr>
<th>Program area: Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> Contribute to the control of the spread of HIV by strengthening cooperation between public and private sectors and NGOs.</td>
</tr>
<tr>
<td><strong>Intervention:</strong> Achieve high coverage of initiatives that will help contain the epidemic.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outcome-Results</strong></th>
<th><strong>Baseline value (year)</strong></th>
<th><strong>Performance Target</strong></th>
<th><strong>Type and Reference</strong></th>
<th><strong>Frequency &amp; Responsibility</strong></th>
<th><strong>Source</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of men reporting use of a condom the last time they had anal sex with a male partner</td>
<td>52% (2006)</td>
<td>60% (2008)</td>
<td>70% (2010)</td>
<td>UNGASS MDG</td>
<td>Annually NAC/others</td>
</tr>
</tbody>
</table>


The thrust of phases 5 and 6 of the results Cycle is not to develop an M&E Plan, but to provide the parameters within which an M&E Plan can be developed and to agree on key principles. For instance:

- To use information from the M&E system to inform the review of the national strategy. This would help to identify gaps in service delivery and learn which interventions work and which do not achieve the desired results.

- To review the status and functioning of the M&E system itself periodically to maintain the relevancy and appropriateness of the system and maximize the use of the data it produces.

- To ensure that national HIV/AIDS authorities coordinate partners’ consultations and contributions to the national HIV/AIDS database.

- To align the M&E plan to the national strategy priorities and expected outcomes.

At this point in the strategy planning process it is appropriate to identify system issues and capacity weaknesses that need to be addressed to strengthen HIV/AIDS monitoring.

Figure 11 shows the key components of a functional national M&E system, useful for identifying gaps in the national M&E system, or in a sub-system. How to fill those gaps in order to strengthen the system should be included in the strategy or implementation plan, listing key actions to be undertaken during the time period of the strategy, and indicators to measure progress in strengthening the system.
Historically, limited human and financial resources, multiple reporting demands from donors, and poorly developed national HIV information systems have restricted countries’ capacity to use data. UNAIDS developed an information system that can be used to support monitoring and evaluation of national goals (there are also others). This system – the Country Response Information System (CRIS) – provides countries with a platform for storing data for indicators, projects and research.

Monitoring of actual results against national targets needs to be strengthened with evaluation data to learn what works and what does not work, and why. Therefore the strategy would include an evaluation and research plan outlining the key epidemiological and behavioral surveys, operations research, impact evaluations, or programs reviews to be conducted during the strategy time period, to understand changes in the epidemic and the effects of the national response. This evidence-building plan would provide information on vulnerable groups and populations most at-risk to inform policy and programming. Especially for countries that do not have data on some of the key populations that drive their epidemics, it is of paramount importance to include evidence-building activities in the strategy. Figure 16 shows that even middle-income countries in Central America lack data on most-at-risk and most vulnerable populations. For instance, Honduras has no information on six groups (▲), very little information on three others (■) and reasonable information for only one sub-population (●).
Phase 6: Specify how Changes in the Epidemic will be Evaluated, Including the Results of the National Response

Over the last decade, more emphasis has been placed on developing and using monitoring systems, particularly with requirements to measure UNGASS indicators every two years. However, evaluation of epidemic changes and the results achieved by national HIV/AIDS programs is less frequently undertaken even though this is essential for understanding what works and what does not work and for informing new or revised strategies. Many HIV and AIDS indicators depend on gathering information from individuals or households. Yet some countries do not address in their HIV/AIDS strategy whether surveillance data are available or what surveys (i.e., Demographic Health Survey) will be conducted during the strategy time period. The scaling up of treatment programs adds an urgent need for evidence to guide the delivery of ART on a large scale.  

In applying the Results Cycle, the planning team will have started with a review of existing information on the national HIV epidemic and the results and difference made (or not) by the national response. This will have identified gaps in available information. In phase 6 of the planning process, it is important to plan for key studies and evaluations

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that would provide evidence of results, help obtain baseline values or help understand what interventions are effective for different population groups. Epidemiologists and researchers can help develop the evaluation plan. If capacity needs to be strengthened in these areas, the strategy implementation and/or the M&E plan should address how the country will improve the situation. For instance, some countries have outsourced major evaluations in the short-term while staff increases their own skills in critical M&E areas.

Thus, this section of the strategy should start by identifying major gaps in knowledge and then consider the appropriate studies (behavioral, epidemiological, operations research) and evaluations that would be conducted, including impact evaluations. Major barriers to research and potential solutions should also be addressed. (Appendix 3 elaborates).

Often, strategies fail to indicate the evaluations that are needed or required. Two are essential: self-assessments through program reviews, and program evaluations. It is also important to identify whether independent evaluations are required by the government or by donors. In either case, independence—not being involved in planning or implementing in any way—and impartiality—free of bias—are pre-requisites for credible evaluations. Of course, these criteria do not guarantee the quality of the evaluation. ²⁹

The objective of both Phase 5 (Monitoring) and Phase 6 (Evaluation) is to generate strategic information to support policy making, strategic planning and programming to help achieve national goals. Strategic information is information on the epidemic and its drivers. Sources may include:

- Surveillance and Surveys
- Research (i.e., quality of care)
- Policy and program documents
- Analysis of existing research and programmatic data
- Stakeholder consultations
- Monitoring and evaluation
- Desk reviews
- Community response assessments

Monitoring and evaluation should be able to provide policy-makers with responses to three broad questions:

- Are we doing the right things?
- Are we doing them right?
- Are we doing them on a large enough scale?

**Phase 7: Use the evidence for the next strategy**

It was said early on in this Handbook that strategic planning is an iterative process. The Results Cycle is built on this fundamental concept. As strategic information about the

²⁹ World Bank, 2007
epidemic and programs is generated, compiled and analyzed, policy makers and managers can use this information to drive programmatic improvements to better reach the population in need with HIV prevention, treatment, care and mitigation services. Data on the results of these efforts and their effects on the epidemic will be used to improve implementation and to inform the next strategy, in this iterative process (see figure 17).

**Figure 17: Analysis of Progress: ZANARA Logical Framework**

<table>
<thead>
<tr>
<th>Narrative Summary</th>
<th>Key Performance (Measurable) Indicators</th>
<th>Baseline (2002/03)</th>
<th>Targets (Sept 06)</th>
<th>Results and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Program Objective: Increased use of HIV/AIDS prevention, care and impact mitigation programs by the targeted vulnerable groups</td>
<td>1. Median age at first sex increased by 1 year for both male and female by 2008 (age group 20-49)</td>
<td>17.5% (SBS 2003)</td>
<td>18.5% (SBS 2006)</td>
<td>For males the increase was from 17.5 to 19.5; for females it was from 17.5 to 18.5 (2003 and 2006 Sexual Behavioral Survey)</td>
</tr>
<tr>
<td></td>
<td>2. Median age at first sex increased by 1 year for both male and female by 2008 (age group 15-24)</td>
<td>16.5% (SBS 2003)</td>
<td>18.5% (SBS 2006)</td>
<td>For males the increase was from 16.5 to 18.5; for females it was from 16.5 to 18.5 (2003 and 2006 Sexual Behavioral Survey)</td>
</tr>
<tr>
<td></td>
<td>3. Percentage of teenagers aged 15-19 years who are mothers or pregnant with their first child reduced from 59.4% to 45% by 2008</td>
<td>59.40% (SBS 2003)</td>
<td>31.60% (SBS 2006)</td>
<td>This might indicate that younger girls are not becoming sexually active at an early age or are turning to safer sex practices</td>
</tr>
<tr>
<td></td>
<td>4. Reported condom use at last sex with non-regular partner increased from 30% to 45% for males, and from 17% to 30% for females by 2008 (Age Group 15-24)</td>
<td>Males:30%, females 17% (SBS 2003)</td>
<td>males 41%, females 29% (SBS 2006)</td>
<td>Performance targets were not fully met.</td>
</tr>
</tbody>
</table>


**5. The Strategy Document**

The Results Cycle guides the formulation of a strategy that is informed by evidence and focused on results. It also guides the preparation of the strategy document, the basis for operational plans for implementing and monitoring the national response. The strategy document needs to present the information related to all phases of the Results Cycle in a specific and concise manner. The way information is presented to decision-makers and implementers affects its use, and there is little point in developing a strategy unless it is used.

**5a. Main Sections of a Strategy Document**

The main sections of a results-based **Strategy Document** would include:

- **Situation analysis**: A discussion of the characteristics and drivers of the epidemic, trends and how specific groups are affected. It would also include an overview of the national response to the epidemic, achievements and missed opportunities. This section is based on all possible available data. This discussion
needs to inform the selection of outcomes and the targeting of programs and interventions.

- A **results framework** with outcomes, indicators, baselines and performance targets that are based on an understanding of the drivers, patterns and trends of the epidemic and evidence of programmatic achievements.
- Description of **priority programs and major interventions**, including critical system strengthening activities.
- Detailed but succinct information on **how the progress and achievements** of the national response at the central and decentralized levels will be monitored and evaluated.
- **Data:** Clear information on data flows, including surveillance and community data, and on data information systems. Some strategies also indicate the information system used to manage routine data and track resources.
- **Research agenda:** Specifics about the surveys, studies and research – including impact evaluations, annual program reviews and independent evaluations – to be conducted during the strategy period; and how capacity gaps will be addressed.
- Description of **how results will be reported and disseminated**.
- The **costing** of the strategy and information on available **budgets** with sources, if available.

Experience in Madagascar, Mozambique, Tanzania and Uganda shows that results reporting and utilization is facilitated by:

- Strategies and programs that are measured against results-based objectives and outcomes
- Well-defined indicators
- Reliable data
- Context-appropriate monitoring systems, and
- Analytical capacity to turn routine data and surveillance and research data into evidence to support decisions, including showing costs and benefits.\(^{30}\)

Given this experience, it is important that the strategy document be a tool that guides reporting and the utilization of data on outcomes to facilitate and encourage managing for results. The strategy document should be reviewed against the benchmarks identified at the beginning; especially that the strategy is (i) based on evidence, and (ii) focused on results.

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\(^{30}\) White, Rodriguez-García and Balasundaran, 2005, pp. 33-43.
5b. Indications that a Strategy Document has a Results Focus

Possible indicators that a Strategy Document meets the benchmarks mentioned above include:

- The extent to which the strategy document describes the current situation of the epidemic and the effects of the national response.
- The extent to which the strategy document describes expected outcomes for each programmatic objective.
- The extent to which there is a results chain, linking activities and outputs to a sequence of logical outcomes.
- The extent to which evidence on the epidemic, its drivers and at-risk-populations is carried through and informs programming, targeting and prioritization.
- The extent to which programs and priority interventions are logically linked to the evidence and to key outcomes, as per the results chain.
- The extent to which each outcome has at least one indicator, and each indicator shows a baseline value and performance target(s).
- The extent to which the strategy document identifies evaluation activities and studies too be conducted.
- The extent to which the strategy document describes how surveillance and routine data collection, management, reporting and utilization will be done.

Other relevant indicators include:

- The extent to which the strategy document recognizes the need for partnering with the private sector, NGOs, civil society, international partners and other stakeholders.
- The extent to which the strategy document describes spending, costing and/or includes a budget.

Once the strategy document is completed, it is likely to undergo final technical validation by government agencies in charge of implementing specific HIV/AIDS activities and other key players, especially the Ministry of Finance. The strategy would be utilized by the government for mobilizing resources from donors who support the national HIV/AIDS program. At the end of this process the Government approves and then publishes and disseminates the national strategy.

5c. Quality Enhancement

Once the strategy document is completed, many countries choose to check the quality of the Strategy Document before finalizing it. This may entail:

- Conducting a self-evaluation of the strategy

• Submitting the strategy to independent peer review

Regardless of the action(s) taken, the strategy planning team will want to make sure the final document is reviewed by an editor before it goes to the printers; and that the final printed copy is delivered to the appropriate national authorities on time for formal dissemination.

6. Conclusion

The Results Cycle is a tool that helps formulate a policy and/or plan an HIV/AIDS strategy, and prepare a strategy document. This planning should be supported by structured multisectoral involvement and a consultation process that involves stakeholders – elected officials, community leaders, public and private sector actors, donors, civil society, people with HIV and other stakeholders as appropriate. Consultation and participatory processes provide important information about realities and needs. They also add transparency and credibility to the planning and help mobilize resources and the commitment and “buy in” of implementers. The strategy planning team may need to be supported by people with specific expertise at critical phases, for instance to help compile existing data, prepare an evaluation plan, or estimate the costs of activities and the strategy.

The advantage of using a planning model such as the Strategy Results Cycle is that sequencing, expectations and links to results can be made explicit. This improves management and productivity and fosters accountability (backward looking) and learning (forward looking).

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32 See footnote 6 and www.worldbank.org/asap
The Results Cycle described in this Handbook is being used for training people responsible for formulating national HIV strategies in countries around the world. The set of slides in Part Three is also used, adapted and updated as appropriate to the profile of the participants and to the characteristics of the different countries and regions. For instance, slides are edited to add country- or region-specific examples.

When using the slides for training/learning purposes, the following notes may be useful to trainers:

- This Handbook for Planning and Results is a new product based on GAMET’s Managing for Results approach. It fills a gap in technical support for the 3-Ones by introducing a results-focus approach to planning, monitoring and evaluation.

- The Results Cycle is an organizing framework that guides and supports both the planning process and the production of the strategy document that will guide future implementation. It is a logical approach to improving policy development and strategic planning that bridges planning, monitoring and evaluation, and thus is more likely than less integrated approaches to help improve performance.

- The Handbook will be more valuable to professionals who already have a working knowledge of key planning, monitoring and evaluation concepts and some working experience.

- The Handbook can be used for coaching as well as a teaching module that focuses on planning, monitoring and evaluation that is results-focused and evidence-based. The audience for this module is the national team responsible for formulating the strategy and producing the strategy document. However, it can be useful for other audiences such as NGOs or implementing agencies who also develop strategies.

- The Handbook – with the slide set – is not a trainer’s guide. It provides the logic, core content and key messages for learning about: results-based strategies, planning strategically, monitoring and evaluation, and utilizing the information to improve policies and programs.

- Trainers will want to adjust the delivery of the training to the different regions, given that each region and country is likely to exhibit an epidemic that has a
different epidemiological, behavioral, legal, economic and cultural profile. For instance, by adding more region-specific data slides or country-specific examples.

- This Module does not repeat definitions and descriptions that can be found in the wealth of materials on the subject of planning published by UNAIDS, PEPFAR, WHO and other specialized agencies.

- Each section concludes with a Break for questions and discussions, and exercises for group work. More can be added as needed.

- As a basic overview, this module will take a minimum of 1 - 2 days, depending on how much time is devoted to exercises and group work. However, as a more in-depth workshop, it could take 3-5 days. For instance, it would take 5 days if participants are expected to draft an actual strategy.

- If used for training or coaching purposes, a successful outcome of the training and learning would be demonstrated by the ability of participants to apply the Strategy Results Cycle in:
  1. Completing the results framework for the strategy, and
  2. Drafting the monitoring, evaluation and research sections of the strategy (but not in developing a full monitoring and evaluation plan), and/or
  3. Drafting the strategy document.
This Part of the Handbook for Results Planning consists of a set of slides that further elaborates the results approach to planning strategically. The slides are organized in a logical manner following the seven phases of the Results Cycle. The Results Cycle is used as the organizing framework. The presentation moves through each of the stages of the Cycle with an opportunity for discussion and an exercise at the end of each phase which is linked to the preparation of the corresponding section for the Strategy Document.

The slides in their entirety as well as selected sections have been presented several times and used successfully to support operations, program planning, and strategy formulation or plan how to build strategic information for managing for results.
Planning and Managing for Results

Planning, Monitoring and Evaluation in HIV Policies and Programs


CONTENTS

Part 1:
• Overview and Outcomes
• About Results
• Managing for Results in Agencies and Country Programs
• About Results-based Planning

Part 2:
• The Results Cycle
• Launching the Planning Process

Part 3:
• Applying the Results Cycle to Strategic Planning

Part 4:
• Applying the Results Cycle to the Strategy Document

Part 5:
• Key Messages
• Reference web sites
Underpinnings

This presentation

- Is grounded in planning, monitoring, measurement and evaluation principles
- Incorporates the “Management for Results” approach
- Applies the Results Cycle
- Enables participants to incorporate results-based M&E in HIV policy, strategy and program planning and design

Introducing the Results Cycle

RESULTS CYCLE
Applied to HIV Strategic Planning

1. Formulate/Revise the HIV Strategy
2. Analyze HIV Epidemic and National Response Data
3. Identify Results -Outcomes & Indicators-
4. Select Strategic Programs
5. Select Critical Interventions – Cost Them – Identify Resources

Use the Evidence for the Next Strategy

Specify Monitoring of Results
Learning Outcomes

- Participants will be able to apply the Results Cycle to guide the formulation of a national policy, strategy or program.

- This will be demonstrated by the ability of participants to prepare:
  1. a results framework, and
  2. monitoring, evaluation and research sections of the strategic document.

Note: Participants could use the strategy from their own countries.

Results: Key Questions

What do we mean by results?

- Sustained improvement in HIV outcomes at country level, in specific geographic areas and/or among at-risk groups (such as farm workers in border towns). It may include outputs.

How do we get better results?

- By increasing attention to results in the strategy planning process and in work plans
- By measuring prevention, treatment, care and mitigation inputs, outputs and outcomes
- By ensuring that results-based data are used for management, learning and decision making – not just reporting and accountability.
Managing for Results: Key Questions

What do we mean by Managing for Results?

- Strategic planning and management that focuses on outcomes – rather than only on inputs and outputs.
- Management that is focused on improving performance.
- Using information to improve policy, programming and implementation towards achieving results.

Why is Managing for Results Important?

- to improve strategy and programmatic decisions (management)
- to measure and report on performance (accountability)
- to identify and apply best practices (learning)


Elements of Results Based Management

1. Identify clear and measurable objectives.
2. Select indicators that will be used to measure progress towards each objective.
3. Set explicit targets for each indicator, used to judge performance.
4. Develop performance monitoring systems to regularly collect data on actual results.
5. Review, analyze and report actual results vis-à-vis the targets.
6. Integrate evaluations to complement performance information not readily available from performance monitoring systems.
7. Use performance information for internal management accountability, learning and decision making processes, and also for external performance reporting to stakeholders and partners.

Source: A. Binnendijk, Results Based Management in the Development Co-Operation Agencies, OECD/DAC, 2001

Agencies use the Managing for Results approach – also called Results-based Management – to improve performance.
The World Bank and partners support Country X towards achieving graspable policy and program results.


BREAK

Use questions to:

- Encourage participation,
- Clarify any issue that may remain unclear for participants, and
- Check participants' grasp of key concepts and messages.
The Strategy Results Cycle Helps Develop an HIV Policy or Strategy

by focusing on:

1. **Evidence** on the evolution of the epidemic and its effects on specific population groups, and **Evidence** of the effects of the national response

2. Specific **results** to be achieved – outcomes with indicators, baselines and performance targets

3. Selection of **programs** and interventions

4. Clarity on how the national response will be **monitored, measured, and evaluated**.

5. **Stakeholder** participation and resource mobilization.

6. The **multi-sectoriality** of the HIV response.
Principles of Strategic Planning (SP)

1 Strategic Planning uses evidence and focuses on results that reflect the realities of the epidemic and the achievements of the national response.

2 Strategic Planning is not a linear process, it is an iterative process. It requires several phases – as shown in the Results Cycle – which reinforce each other.

3 Monitoring and evaluation is an essential mechanism of the national response – its planning, management, assessment and accountability.

If results are not measured, managers cannot differentiate success from failure.

4 The strategy document is a “living document”. It can and should be adjusted as needed during implementation, based on new data from monitoring, studies, evaluation and other sources.

Where Do We Start to Formulate or Revise the HIV Policy or Strategy?

A Results-based approach drives accountability and performance

Strategic planning is an iterative process of reflection and analysis. Being “strategic” means being flexible and able to respond to change; and remaining relevant to the changing epidemic and its underlying causes.

Launching the Planning Process

- Be systematic in applying the Strategy Results Cycle when planning for the strategy.
- Be a catalyst for ideas and participation of stakeholders.
- Be efficient by setting a time-table and agreeing on roles and responsibilities for completing the strategy. A new strategy may take between 4 and 8 months to complete – based on how much data are already available.
- Be focused by ensuring that each phase of the Cycle concludes with a product – a section of the Strategy document.
- DON’T be rigid. The phases of the Results Cycle build on each other – do not see them in isolation.

Skills Mix of a National Strategy Planning Team
- Illustrative -

- Capacity and authority to make decisions and manage the planning process.
- Knowledge of how government functions.
- Ability to manage stakeholders consultations.
- Ability to coordinate multi-sectoral and private sector inputs.
- Ability to coordinate community and civil society inputs.
- Knowledge of the HIV/AIDS situation (epidemiological, social behavioral, legal elements).
- Program development and management experience.
- Results-based planning, monitoring and evaluation expertise.
- Financial management skills (expenditures, budgeting, costing).

Analyze HIV/AIDS Data and National Response Data

1. Start with a clear articulation of the present status of the epidemic:
   1. What type of epidemic is evident in the country?
   2. Where did the last 1000 or 100 infections come from?
   3. Which are the most at-risk groups?

2. Followed with:
   4. Did the national program respond to the epidemic?

Note: If data are not current or accurate, make sure that filling this gap is included as a output of the next strategy.
Evidence Building Uses Primary and Secondary Data

Sources of Primary Data include:
– Quantitative program data from services coverage.
– Qualitative data from program staff, key informants and direct observation.
– Surveys: demographic health surveys, epidemiological, behavioral and other studies (i.e., size estimation).
– Public Health surveillance data.
– Research and impact evaluations.

Sources of Secondary Data include:
– National response documentation, expenditures reports and program review reports.
– Comparative national and global reports, such as: UNGASS, MDGs, UNAIDS, Global Fund, PEPFAR, World Bank and other studies (i.e., estimations, projections, trends).
– Research articles published in peer-review, reputable journals.

What Type of Epidemic Exists in the Country?

– Epidemics are concentrated if transmission is mostly within specific groups, and if preventing new infections in those groups would slow or stop the epidemic spreading.

– Conversely, epidemics are generalized if transmission is mainly in the general population, and would continue despite effective interventions to prevent infections in specific groups.

– Most countries experience a mixed epidemic.

What Type of Epidemic Exists in the Country?

- Countries may experience both type of epidemics – a mixed epidemic – at once in specific provinces or among different groups.
- For instance, a country may have an epidemic concentrated around sex workers, but in a particular province it may be generalized to the entire population (e.g., a province in a transport corridor)

**HIV INFECTION IN RUSSIA**

- **IDU**: 92%
- **MSM**: 1%
- **Maternal**: 2%
- **Hetero**: 5%

Source: Russian Federal AIDS Center, 2002
HIV Infection in Zambia

- General Population: 92%
- Sex Workers: 6%
- Soldiers: 2%

Sources: Shields et al, 2004

HIV Infection in Mexico

- Homosexual: 55%
- Heterosexual: 32%
- Blood transfusion: 6%
- Perinatal: 2%
- IDU: 1%
- Hemophilia/coag. 4%

Men who have sex with men: 55%

Sources: Padian and Bertozzi, 2005
Summary Messages about Concentrated and Generalized Epidemics

<table>
<thead>
<tr>
<th>Concentrated epidemics</th>
<th>Generalized epidemics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driven by sexual and injecting practices, especially among HIV-vulnerable groups, including sex workers, men-having-sex-with-men and injecting drug users</td>
<td>Driven primarily by sexual behavior in the general population</td>
</tr>
<tr>
<td>Require large-scale condom and harm reduction programs (needle exchange and drug substitution) to protect HIV-vulnerable groups</td>
<td>Require large-scale, fundamental changes in community norms, sexual values and practices and sexual environments</td>
</tr>
<tr>
<td>✔ Prevention is the top priority</td>
<td>✔ Treatment and prevention are priorities</td>
</tr>
<tr>
<td><strong>What to do?</strong></td>
<td><strong>What to do?</strong></td>
</tr>
<tr>
<td>Expanding coverage of proven interventions is vital</td>
<td>Social and community change and safer sexual environments critical</td>
</tr>
</tbody>
</table>

Source: David Wilson Presentation, GHAP, World Bank, 2006
Summary Messages About Evidence-Based Strategic Planning

• A results-based HIV strategy is driven by the evidence on specific groups and behaviors that are spreading the epidemic, and on the geographic areas most affected.

• Evidence -- epidemiological, behavioral, context and systems data -- also provides baselines on the situation. These baselines are used to set performance targets for the next strategy and to measure progress.

• If current data are limited and there are few baseline values, the strategy should include a brief discussion of how baselines and performance data will be collected during the strategy period.

Data sources are discussed under section 7: Evaluate changes in the epidemic.

Exercise

Examine the next two data slides from Honduras, and:

→ Explain what each figure shows about the epidemic and the national response.

→ Explain the relationship between the data in the two slides, and explain the programmatic implications.

→ Write up your answer in one paragraph.
Coverage of HIV Testing at Antenatal Services (Honduras 2007)

Green = PMTCT
Red = PMTCT with testing

National Antenatal Coverage of HIV Positive Women and HIV Prevalence in Newborns (Honduras 2007)

Red = Newborns
Blue = Women
BREAKE

Use questions to:

- Encourage participation,
- Clarify any issue that may remain unclear for participants, and
- Check participants’ grasp of key concepts and messages.
- Go over definitions of key concept as needed.
Identify Results – Outcomes and Indicators

- Follow the logical approach of the Results Chain shown next, connecting inputs to outcomes, by:
  - Letting the expected outcomes drive the strategy, and
  - Using the evidence -- epidemic and national response data (biological, behavioral, epidemiological and programmatic) -- to select outcomes and performance targets.

The Logical Approach of the Results Chain

- **Goal** (Long-term Impacts)
  - Long-term, widespread improvement in society
  - "Big picture" (country longer term strategy)

- **Outcomes**
  - Effects or behavior changes resulting from a strategic program

- **Outputs**
  - Products and services that need to be developed to achieve the expected outcomes

- **Activities**
  - What actually was done with the available resources to produce the intended outputs

- **Inputs**
  - Critical resources (expertise, equipment, supplies) needed to implement the planned activities

Apply the Results Chain to HIV Strategic Planning

For a Results-based Strategy ask:
1. What longer term improvement in HIV is aimed at? (national goal) = impact
2. What improvements are aimed at by the end of the strategy period? = outcomes
3. How will one know success - which targets need to be met? = outcomes (i.e., coverage and utilization)
4. What will be achieved by implementing the interventions? = outputs
5. What financial, human, material, and technical resources are needed? = inputs

Note: Refer to definitions in previous pp. and on pps 66 and 73. Also see terms on pp # 103.

Applying the Logic of the Results Chain to HIV

Reduced HIV Incidence and Prevalence. HIV prevalence is the bedrock of surveillance, monitoring, and evaluation (longer-term goal)

Increased Coverage. Access and use of services and behavior changes (strategy objectives and results)

Products and Services. First level results needed to achieve the outcomes (program outputs)

Critical resources. Includes money, people, equipment, supplies and know how (program inputs)
Assessing the Success of the National HIV Policy or Strategy

Once the results (outcomes) of the strategy are identified, how should they be measured?

• HIV strategy results are measured by tracking outcome indicators.
• For each indicator identify:
  - the baseline (the value now), and
  - targets (value to aim to achieve) over the time period of the strategy.

For in-depth discussion about indicators consult UNAIDS Guidelines on Constructing Core Indicators, 2007.

Different Types of Indicators to be included in the HIV Strategy:

- **Impact and Final Outcomes**
  National Indicators are used for national and global reporting (UNGASS, MDGs, UNAIDS - including Universal Access)

- **Final and Intermediate Outcomes**
  Program Indicators are used for strategy and programmatic reporting to national authorities and donors.

- **Intermediate Outcomes and Selected Final Outputs**
  Selected Critical Interventions Indicators (e.g. approval of a policy, completion of a major study, or set up of a data system) are used for programmatic decision making. However, most of these types of indicators are more appropriate in the workplan.

- **Inputs**
  Financial resource allocation indicators may also be included.

*Note: Refer to Slide 37 and 38 for example of indicators at each level.*
After Selecting Indicators for the Strategy, Establish Performance Targets

Baseline Indicator Value + Desired Level of Improvement = Target Performance

Current condom use among sex workers is 40%
Increase use of condom use by SWs by 50% in five years
Condom use by SWs will reach 60% by the end of the strategy time period

Source: Adapted from Ten Steps to a Results-based M&E System by J.Kusek and R. Rist, 2004, p. 91.

Building Blocks for Measuring the Results of the HIV Strategy

Example: Prevention - some commonly used indicators and indicative targets

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Indicators</th>
<th>Baselines</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. IDUs will have better access to needle exchange programs</td>
<td>1. Percent of IDUs with access to needle exchange programs</td>
<td>20% in 2005</td>
<td>50% by 2010</td>
</tr>
<tr>
<td>2. Use of condoms by SWs will increase</td>
<td>2. Percent of SWs who report using a condom with their most recent client</td>
<td>35% in 2004</td>
<td>70% by 2010</td>
</tr>
<tr>
<td>3. Use of condoms by young men and women will increase</td>
<td>3.1 Percent of men aged 15-24 who report using a condom during last sex in the last 6 months. 3.2 Percent of women aged 15-24 who report using a condom during last sex in the last 6 months.</td>
<td>48% in 2006 23% in 2006</td>
<td>60% by 2010 50% by 2010</td>
</tr>
</tbody>
</table>

(Source: R. Rodriguez-Garcia, GHAP, World Bank, 2007.)
Building Blocks for Measuring the Results of the HIV Strategy

Example: Treatment and Care – some commonly used indicators and indicative targets

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Indicators</th>
<th>Baselines</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PLHIV will have better access to ART</td>
<td>1. Percent of Adults and children with advanced HIV infection receiving ART</td>
<td>10% in 2006</td>
<td>80% by 2010</td>
</tr>
<tr>
<td>2. Improved hospital and clinic capacity to treat HIV disease</td>
<td>2. Percent of health care facilities that have the capacity and conditions to provide basic-level HIV testing and HIV clinical management</td>
<td>35% in 2006</td>
<td>95% by 2010</td>
</tr>
<tr>
<td>3. Better management of opportunistic infections</td>
<td>3. PLHIV receiving diagnosis and treatment for opportunistic infections (percentage)</td>
<td>-20% in 2006</td>
<td>-90% by 2010</td>
</tr>
<tr>
<td>4. Reduced AIDS mortality</td>
<td>4. Adults and children with HIV still alive 12 months after initiation of ART (extend to 2, 3, 5 years as program matures) (percentage)</td>
<td>50% in 2006</td>
<td>10% in 2010</td>
</tr>
<tr>
<td>5. First line ART regimen at optimum durability</td>
<td>5. Percent Adults and children with HIV remaining on First line ART 24 months after initiation</td>
<td>70% in 2006</td>
<td>85% in 2010</td>
</tr>
</tbody>
</table>


When regular results measurement suggests actual performance diverges sharply from planned performance .......

........ it is time for Evaluation and Research

Summary Messages about Outcomes and Indicators 1 of 2

1. M&E informs the Strategy Results Cycle by helping to identify strategic results in terms of expected outcomes.

2. Outcome indicators are used to measure the results of the national HIV strategy.

3. Quantitative and qualitative targets (expected situation) measure the performance of the strategy against baselines (current situation values) for each indicator.

4. At the strategy level, the focus is on outcomes and selected milestones or final output indicators.

Summary Messages about Outcomes and Indicators 2 of 2

5. The strategy may also include longer-term impact and outcome indicators used for national and global reporting (such as MDGs or universal access).

6. Measuring indicators will require a combination of data, including: programmatic, tracking, surveys, surveillance, program reviews, impact evaluation and/or research studies.
Exercise

Based on the characteristics of the HIV epidemic in your country, use the template shown on the next graph to prepare the Results Framework:

→ Identify impact and outcome indicators to be monitored at the strategy level.

→ Indicate baselines and performance targets for each indicator.

→ Disaggregate by gender, age and location.

Note: Data sources and responsibilities can be completed later as another exercise using the template shown in the monitoring section.

Results Framework Template

<table>
<thead>
<tr>
<th>IMPACTS</th>
<th>Expected Outcomes (Results)</th>
<th>Outcome Indicators</th>
<th>Baseline (year)</th>
<th>Performance targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Improve life expectancy by...lowering the (a) incidence and (b) prevalence of HIV.</td>
<td>Increase utilization of testing services by sex workers.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exercise

Based on the characteristics of the HIV epidemic in your country, use the template shown on the next graph to prepare the Results Framework:

→ Identify impact and outcome indicators to be monitored at the strategy level.

→ Indicate baselines and performance targets for each indicator.

→ Disaggregate by gender, age and location.

Note: Data sources and responsibilities can be completed later as another exercise using the template shown in the monitoring section.
BREAK

Use questions to:

• Encourage participation,
• Clarify any issue that may remain unclear for participants, and
• Check participants’ grasp of key concepts and messages.

RESULTS CYCLE

1. Analyze HIV Epidemic and National Response Data
2. Identify Results -Outcomes & Indicators-
3. Select Strategic Programs
4. Select Critical Interventions – Cost Them – Identify Resources
5. Specify Monitoring of Results
7. Formulate/Revise the HIV Strategy

Use the Evidence for the Next Strategy
Select Strategic Programs

In selecting broad programmatic areas, ask the following questions:

- What is the evidence saying? Is the epidemic generalized, concentrated or mixed?
- What are the key drivers of the epidemic? – social factors such as poverty, gender, discrimination.
- What are the key risk factors? – behaviors such as injecting drugs or unprotected sex.
- How effective has the current strategy been at responding to the epidemic?
- What sectors need to support the national response?
- Where are the current gaps in programming, implementation, evidence building or capacity?

The evidence on the epidemic should help focus the strategy towards the appropriate programs

- **Programs**
  - HIV Prevention aimed at key drivers (knowledge, behavior)
  - AIDS Treatment
  - Care and Support (coverage and utilization = access)
  - Impact Mitigation (coverage and utilization = access)

- **Enabling Mechanisms**
  - Institutional Frameworks (Legal, policy and programmatic)
  - Monitoring and Evidence Building (surveillance, research, information systems)
  - Critical Resources (funds, human resources, infrastructure, know-how)
HIV INFECTION IN GHANA

- **SEX WORKERS**: 85%
- **GENERAL POPULATION**: 15%

Sources: Cote et al, 2004

---

**Select Strategic Programs by being Clear about Desired Expected Results**

*Example: Prevent HIV Infections*

- If not infected, prevent people from getting infected
  - If infected, prevent people from getting sick
    - If sick, prevent deaths through treatment
      - If on treatment, prevent drop-outs and drug resistance
        - If there are deaths, mitigate the social effects
Knowing the Trends and Drivers of the Epidemic Supports Rational Allocation of Resources

For instance,

- In the 1990s, Ethiopia believed their HIV epidemic to be generalized and thus invested heavily in treatment.

New evidence later showed that Ethiopia's epidemic is concentrated around sex workers. The strategy needed to be revised to ensure prevention activities were funded to achieve high coverage of sex workers and their clients.

Note: The HIV prevalence rate in adults aged 15-49 in Ethiopia is 0.9-3.5%.
Source: UNAIDS 2006 Report

Lessons Learned from Ethiopia

- Evidence helped adjust the HIV national strategy and achieve better results
- Data were collected on HIV trends and patterns
- Ethiopia was proactive and consulted the evidence to make policy and program choices
Considerations for selecting the broad strategic programs of the strategy

- If the epidemic in your country looks like the ones in the next graphs, what would be the most appropriate programs?

- Which programs and interventions would you emphasize for (a) each risk group and (b) for the population?

- Which programs/interventions would you NOT use and why?

Secondary HIV Prevention: The Difference Between USA and CHINA

![Bar chart showing the difference in know HIV status and don't know HIV status between USA and China](source:image.png)

Source: Yip, 2005
Example: In this West Africa country, there was a misalignment between the cause of infections and the resources directed to at interventions for high-risk groups.

Make Sure Resources Support Priority Programs and Interventions

Infections from high risk partnerships

Resources

Sources: MAP review, 2004; GARFUND, 2004.

BREAK

Use questions to:

- Encourage participation,
- Clarify any issue that may remain unclear for participants, and
- Check participants’ grasp of key concepts and messages.
Select Multisectoral Program Interventions  
1 of 2

In response to the type and pattern of HIV epidemic experienced by the country, the strategic programs are selected by deciding:

- the appropriate combination of and emphasis on:
  - Prevention,
  - Treatment, and
  - Impact Mitigation Programs

For instance, in a concentrated epidemic, prevention would be the major focus. Generalized epidemics also need strong prevention, but are likely to need substantial treatment and mitigation programs as well.

For more in-depth discussion of this topic consult UNAIDS Practical Guidelines for Intensifying HIV Prevention, 2007.
Select Multisectoral Program Interventions - Identify Activities and Outputs - Cost Them - Identify Resources

1. For each supporting sector, select the program interventions – matched to the country’s epidemic
   For instance:
   • Prevention \(\rightarrow\) Condom distribution & use; IDU harm reduction
   • Treatment \(\rightarrow\) Coverage of ART
   • Impact Mitigation \(\rightarrow\) Orphans and PLHIV programs

2. Cost each intervention based on actual unit costs and/or average costs as proposed by UNAIDS.

3. Identify the resources available and needed. The strategy is a key tool for mobilizing resources.

Note: The interventions would be described in detail in the implementation workplan to be developed after the strategy is defined.

Deciding on Program Interventions

Example: Treatment Program

If you want better outcomes of the Treatment Program, improve:

- infrastructure & capacity to diagnose
- access to diagnostics
- treatment coverage & adherence to treatment
- management of drug resistance
- mitigation programs
Summary Messages on Elements of Success in Programming

- Commitment of all the major stakeholders
- Capacity to implement
- Clarity of objectives and results
- Roles and responsibilities are clearly articulated
- Stakeholder involvement
- Readiness for implementation
- Identification & mobilization of funds and other resources

Source: Adapted from J.C. Brown, D. Ayvalikli and N. Mohammad, 2004, Transforming Bureaucrats into Warriors, p.5.

Exercise

If the epidemic in your country is concentrated among SWs and IDUs - as shown on the next graph - one expected outcome of the strategy is to stop the link of sexual work and drug use.

➢ What would be the focus of strategic programming and why?
➢ What would be the key interventions?
➢ What will the costs be?
➢ Are the interventions feasible with the resources available?
Use questions to:

- Encourage participation,
- Clarify any issue that may remain unclear for participants, and
- Check participants’ grasp of key concepts and messages.
Specify how Results will be Monitored

- After the expected results, outcomes and performance targets have been identified
  - followed by key strategic programs and critical interventions -
- the HIV Strategy planning process continues by considering how data will be collected, processed, analyzed and reported, including surveillance data (See table on next slide)

Note: See Phase 6: Evaluating the Changes in the Epidemic
Data Collection Methods and Instruments

Consider cost, time, and expertise requirements

In addition to monitoring programs, conduct process and outcome evaluations

First Generation HIV Surveillance is Necessary to Assess the Evolution of the Epidemic

Public Health surveillance helps:
- define the nature and extent of HIV infection, and
- assess the impact that programs and services have on the HIV problem.

Types of Surveillance:
- HIV patient case reports from clinical settings
- Sentinel sero-surveillance which uses blood samples

Surveillance is the bedrock of public health monitoring


First Generation HIV Surveillance is Necessary but not Sufficient to Assess the Evolution of the Epidemic

- It records infections that have already taken place, but does not give early warning of the potential for infection

Second Generation HIV Surveillance expands the scope to include:
- At risk behaviors (unprotected sex)
  - Biological markers (STIs)
  - Knowledge (or lack) of how HIV is transmitted
  - Behavioral and other studies (DHS)

Based on the characteristics of the HIV epidemic in your country, complete the template shown on the next graph to:

- Reflect the indicators of the Results Framework
- Disaggregate by gender, age, location, or other criteria.
- Indicate data compilation responsibilities and reporting frequency.

## Indicators Data Collection Template

<table>
<thead>
<tr>
<th>Impact &amp; Outcome Indicators</th>
<th>Baseline Value (year)</th>
<th>Performance Targets</th>
<th>Data Compilation and Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>YR1</td>
<td>YR2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from M. Görgens-Albino, GAMET, GHAP, World Bank, 2007
Evaluate Changes in the Epidemic by Asking Fundamental Questions

“Why” Questions – Why has the epidemic evolved in a particular way? Causality is difficult to determine

“How” Questions – How did the sequence or processes lead to successful (or not) outcomes of the national HIV response?

“Compliance/Accountability Questions” – Did the promised activities actually take place and as they were planned?

Process/Implementation Questions Was the implementation process followed as anticipated, with what consequences? At what cost?

Source: Adapted from J. Kusek and R. Rist, 2004.
### A Public Health Questions Approach to HIV/AIDS M&E

| Are we doing them on a large enough scale? | OUTCOMES & IMPACTS | Are collective efforts being implemented on a large enough scale to impact the epidemic? (coverage; impact) ● Surveys & Surveillance |
| Are we doing them right? | OUTCOMES | Are interventions working/making a difference? ● Outcome Evaluation Studies |
| Are we doing the right things? | ACTIVITIES | What are we doing? ● Process Monitoring & Evaluation, Quality Assessments |
| Are we doing the right things? | INputs | What interventions and resources are needed? ● Needs, Resource, Response Analysis & Input Monitoring |
| Are we doing the right things? | Understanding Potential Responses | What interventions can work (efficacy & effectiveness)? ● Special studies, Operations research, Formative research & Research synthesis |
| What are the contributing factors? | | What are the contributing factors? ● Determinants Research |
| What is the problem? | | ● Situation Analysis and Surveillance |

### Some Examples of Results Monitoring

<table>
<thead>
<tr>
<th>Policy Monitoring</th>
<th>Infant Health</th>
<th>Girls Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreasing Infant Mortality Rates</td>
<td>Increasing girls education attainment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Monitoring</th>
<th>Girls Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic-based pre-natal care is being used by pregnant women</td>
<td># of girls in secondary schools completing math and science courses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Monitoring</th>
<th>Girls Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information on good pre-natal care provided in 6 targeted villages</td>
<td># of girls in four urban neighborhoods completing primary education</td>
</tr>
</tbody>
</table>

The results approach can be applied to all sectors
**Definition of Results-Based Evaluation**

*Results-Based Evaluation*

is

an assessment of a planned, ongoing, or completed intervention to determine its relevance, efficiency, effectiveness, impact and sustainability. The intent is to incorporate lessons learned into the decision-making process.

**Designing Good Evaluations**

- Getting the questions right is critical
- Answering the questions is critical
- Supporting public sector decision-making with credible and useful information is critical
Designing Good Evaluations

“Better to be approximately correct than precisely wrong.”

Paraphrased from Bertrand Russell

Evaluating Changes in the HIV Epidemic Requires at least Two Data Points

- Two data points allow comparisons of present (performance) to past data (baseline) to look for trends and other changes.

One data point is not enough

Source: Adapted from J. Kusek and R. Rist, 2004, p. 111
Evaluation and Research

Types of Evaluation:
- Program performance
- Implementation Process
- Impact of interventions
- Case analysis
- Synthesis study
- Epidemiological and behavioral surveys
- Cost effectiveness analysis
- Client satisfaction survey

After identifying the fundamental questions to be studied, choose the type of evaluation most appropriate to answering the questions.

Agencies often identify Types of Evaluations that are more Relevant to their Mission and Work Programs

- Theory-based evaluation
- Formal surveys
- Rapid appraisal methods
- Participatory methods
- Public expenditure tracking surveys
- Cost-benefit and cost-effectiveness analysis
- Impact evaluation

### Some Examples of Evaluation

<table>
<thead>
<tr>
<th>Policy Evaluations</th>
<th>Privatizing Water Systems</th>
<th>Resettlement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Comparing model approaches to privatizing public water supplies</td>
<td>Comparing strategies used for resettlement of rural villages to new areas</td>
</tr>
<tr>
<td>Program Evaluations</td>
<td>Assessing fiscal management of government systems</td>
<td>Assessing the degree to which resettled village farmers maintain previous livelihood</td>
</tr>
<tr>
<td>Project Evaluations</td>
<td>Assessing the improvement in water fee collection rates in 2 provinces</td>
<td>Assessing the farming practices of resettled farmers in one province</td>
</tr>
</tbody>
</table>

### Complementary Roles of Results-Based Monitoring and Evaluation

<table>
<thead>
<tr>
<th>Monitoring</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Clarifies program objectives</td>
<td>✓ Analyzes why intended results were or were not achieved</td>
</tr>
<tr>
<td>✓ Links activities and their resources to objectives</td>
<td>✓ Assesses specific causal contributions of activities to results</td>
</tr>
<tr>
<td>✓ Translates objectives into performance indicators and set targets</td>
<td>✓ Examines implementation process</td>
</tr>
<tr>
<td>✓ Routinely collects data on these indicators, compares actual results with targets</td>
<td>✓ Explores unintended results</td>
</tr>
<tr>
<td>✓ Reports progress to managers and alerts them to problems</td>
<td>✓ Provides lessons, highlights significant accomplishment or program potential, and offers recommendations for improvement</td>
</tr>
</tbody>
</table>
### Summary Messages: When to use Program Monitoring and When to use Evaluation

<table>
<thead>
<tr>
<th>Monitoring</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely collects data on indicators, compares actual results with targets</td>
<td>Analyzes why intended results were or were not achieved</td>
</tr>
<tr>
<td>Links activities and resources to their objectives</td>
<td>Assesses specific causal contributions of activities to results</td>
</tr>
<tr>
<td>Translates objectives into performance indicators and set targets</td>
<td>Examines implementation process</td>
</tr>
<tr>
<td>Clarifies Program Objectives</td>
<td>Explores unintended results</td>
</tr>
<tr>
<td>Reports progress to managers and alerts them to problems</td>
<td>Provides lessons, highlights significant accomplishment or program potential, and offers recommendations for improvement</td>
</tr>
</tbody>
</table>


### DECLINING HIV PREVALENCE IN THE CARIBBEAN

![Graph showing declining HIV prevalence in the Caribbean](image)

- **Barbados**: 0.7 (1993-1999), 0.3 (2004)

Two Data Points Are Necessary But Not Sufficient For Programmatic Decision-making

- The more data points are available, the easier it is to make appropriate decisions and determine trends.
- So on-going surveillance and programmatic monitoring is essential.

**EXERCISE**

Review this graph with two data points per country and explain:

- Possible reason/s for the decrease in HIV prevalence.
- Key messages that matter at the national level.
- Implications for national and international partners.
SUMMARY MESSAGES:
A Results Based HIV Policy or Strategy that is Driven by Evidence:

1. Supports national HIV prevention and treatment efforts
2. Helps formulate and justify budget requests
3. Helps provide services more efficiently
4. Helps allocate resources
5. Monitors the performance of contractors and grantees
6. Motivates personnel to continue making program improvements
7. Facilitates continuous monitoring and in-depth program evaluations
8. Triggers in-depth examinations of performance issues
9. Responds to demands for accountability
10. Communicates better with the public and stakeholders to build public trust.

BREAK

Use questions to:

- Encourage participation,
- Clarify any issue that may remain unclear for participants, and
- Check participants' grasp of key concepts and messages.
How does one know by reading the Strategy document that the Strategy is Results-based?

Because the Strategy Paper:

1. Uses the evidence to select goals, targets, populations and programs.
2. Includes a Results Framework, with outcomes indicators, baselines and performance targets.
3. Addresses strategic Information –collecting, compiling, finding, analyzing, processing, reporting, disseminating, using.

THE STRATEGY DOCUMENT

• The Strategy Results Cycle guides the formulation of the strategy and also the preparation of the Strategy Paper.

• The Strategy Paper needs to present information related to all phases of the Results Cycle in a specific and concise manner.

• The evidence, results framework, programs, populations and plans for monitoring, evaluation and research are the main elements of the Strategy Paper.
THE STRATEGY DOCUMENT

How Information is presented to Decision-Makers Makes a Difference to its Utilization

When preparing the Strategy document, sort out key findings and priorities, including:

- Epidemiological and behavioral changes and trends since the last strategy and reflect them in programming.
- Identify issues that are time-sensitive or require decisions.
- Focus on key messages that matter at the national and sub-national levels.
- Consider implications of program priorities for partners and stakeholders.
- Identify resources – available and needed – identify financing gaps and look for ways to fill them or ensure that the most pressing activities will be funded first.

THE STRATEGY DOCUMENT

Lessons Learned from Reporting Results to Decision-makers

Results Reporting Experience in Madagascar, Mozambique, Tanzania and Uganda shows that robust reporting and utilization is facilitated by:

- Strategies and programs that are measured against results-based objectives and outcomes
- Well-defined indicators
- Reliable data
- Context-appropriate monitoring systems
- Analytical capacity to turn routine data, surveillance and research data into evidence to support decisions, including cost benefits

A Results-based STRATEGY DOCUMENT includes:

- A results framework with the outcomes, indicators, baselines and performance targets, that is based on evidence of epidemiological changes and programmatic achievements.

- Detailed but succinct information on how the achievements of the national response at the central and province levels will be monitored and evaluated.

- Clear information of data flows, including surveillance and community data. Addressing data information systems.

- Specifics about the surveys, studies and research – including impact evaluations – to be conducted during the strategy time period.

- How results will be reported and disseminated.

- How capacity gaps will be addressed.

Summary Messages...

RESULTS CYCLE

Use the Evidence for the Next Strategy

Specify Evaluation Of Changes in the Epidemic

Specify Monitoring of Results

Formulate/Revise HIV Policy or Strategy

Analyze HIV and National Response Data

Select Critical Interventions – Cost Them – Identify Resources

Identify Results -Outcomes & Indicators-

Select Strategic Programs

…the Cycle helps countries to use evidence for policymaking and programming
**Summary Messages:**

**A Results-based Strategy document Includes:**

- A discussion of the evidence linked to the selection of programs and interventions
- A Results Framework with outcomes, indicators, baselines and targets
- Monitoring (epidemic, program, services, funds)
- Data flows & levels
- Data collection and Compilation by outcome indicator
- Surveillance systems
- Epi-behavior surveys
- Evaluation (+ impact evaluation)
- Research (operations, treatment protocols)
- Reporting and dissemination
- Governance and participation

---

**Finishing Exercise**

- Participants divide into several small groups.
- There will be at least two scenarios: One country with a generalized epidemic and another country with a concentrated epidemic.
- The focus of the exercise is to:
  1. Prepare the results framework, and
  2. Draft the M&E/Research section of the strategy – indicating how capacity gaps fill
Use questions to:

• Encourage participation,
• Clarify any issue that may remain unclear for participants, and
• Check participants' grasp of key concepts and messages.

SUMMARY:
Take Home Messages 1 of 2

1 The strategy document is a living document. It can and should be revised as needed during implementation, in response to new monitoring data and research findings.

2 Strategic planning is not a linear process. It is iterative; it involves a series of phases - as shown in the Results Cycle - which overlap.

3 Information is more likely to be used when results are analyzed and findings are synthesized and reported.

4 By using evidence, the strategy planning process creates demand for quality information.
SUMMARY:

Take Home Messages 2 of 2

1. Strategic planning is about using evidence and aiming at results that address the realities of the epidemic.

2. M&E is a tool for strategic planning, management and learning -- If you do not measure results, you can not tell success from failure.

3. Monitoring and evaluation are two separate, but interrelated strategies to collect data and report the findings on how well (or not) the national HIV response is performing.

4. Evaluations (programmatic, impact), epidemiological and behavioral studies, and research are essential components of strategic planning, monitoring and evaluation.

BREAK

Use questions to:

- Clarify any issue that may remain unclear for participants.
- Ensure participants’ grasp of key concepts and messages.
- Encourage participants to use and apply what they have learned.
As the HIV National Response Program is Implemented ..... 

- Make adjustments based on evidence of epidemiological changes, programmatic results, and research findings.

Core Results Terminology

- **Input**: Financial, human and material resources used for an intervention.
- **Output**: Products, goods and services which result from an intervention.
- **Outcome**: Likely or achieved effects or behavior changes resulting from an intervention.
- **Performance**: Degree to which an intervention or partner operates according to specific standards or criteria.
- **Result**: The outcome or impact of an intervention. It may include outputs.
- **Results Chain**: The causal sequence for an intervention to achieve impacts, moving from inputs and activities to outputs, outcomes and impacts.

Source: OECD, IEG. For more definitions refer to UNAIDS.
For more information, see

- UNAIDS
  www.unaids.org

- United Nations Development Programs
  www.undp.org

- Word Bank Global AIDS Program
  www.worldbank.org/aids

- World Health Organization AIDS Program
  www.who.org
References and Resources


Measure Evaluation/USAID. *Data Demand and Information Use in the Health Sector, Strategies and Tools*. (Not dated.)


Internet Sources Consulted (in alphabetical order)

- American Evaluation Association - [www.eval.org/resources.asp](http://www.eval.org/resources.asp)
- Centers for Disease Control (CDC) - [www.cdc.gov](http://www.cdc.gov)
- Global Fund to Fight AIDS, Tuberculosis and Malaria - [www.theglobalfund.org/](http://www.theglobalfund.org/)
- Measure Evaluation - [www.measureprogram.org](http://www.measureprogram.org) and [http://www.cpc.unc.edu/measure](http://www.cpc.unc.edu/measure)
- UNAIDS - [www.unaids.org](http://www.unaids.org)
- United States Government - [http://www.globalHIVevaluation.org](http://www.globalHIVevaluation.org)
- World Health Organization - [www.who.org](http://www.who.org)
APPENDIX 1: Definitions

(in alphabetical order; an * indicates OECD-DAC definition, 2002)

- **Activity** refers to the work that is performed through which inputs are mobilized to produce outputs.*

- **Baseline** provides information (quantitative or qualitative) that provides a value for an indicator at the beginning of, or just prior to, the monitoring period.

- **Evaluation** is a rigorous, scientifically-based collection of information about program activities, characteristics, and outcomes that determine the merit or worth of a specific program. Evaluation studies are used to improve programs and inform decisions about future resource allocations.

- **Goal** is the higher-order and longer-term aim to which a development intervention is intended to contribute.*

- **Impact** refers to the longer-term effects produced by the development intervention, directly or indirectly.* For HIV/AIDS impact may refer to a rise or all of incidence and/or prevalence.

- **Impact evaluation** looks at the rise and fall of disease incidence and prevalence as a function of AIDS programs. The effects (impact) on entire populations can seldom be attributed to a single program or even several programs, therefore, evaluations of impact on populations usually entail a rigorous evaluation design that includes the combined effects of a number of programs for at-risk populations.

- **Indicators** are measures of inputs, processes, outputs, outcomes, and impacts for development projects, programs, or strategies that enable managers to track progress, demonstrate results, and take corrective action to improve service delivery.

- **Inputs** include financial, human and material resources.

- **Intervention** is a specific set of activities implemented by a project or providers and can be focused at various levels such as the individual, small or large group, community or societal levels.

- **Managing for Results** refers to a comprehensive and integrated management system that focuses on achieving national objectives for the population while assuring accountability for public funds.

---

• **Monitoring** is the routine tracking of key elements of a program or project, its outputs and its intended outcomes. It usually includes information from record keeping and surveys – both population and client-based. (In this Handbook for Results Planning, Monitoring includes both programmatic and financial tracking.)

• **Outcomes** are the likely or achieved short-term or medium-term effects of an intervention outputs. Outcomes may include, services coverage, services utilization, behavioral changes.*

• **Outcome evaluation** is a type of evaluation that is concerned with determining if, and by how much, program activities or services achieved their intended outcomes. Whereas outcome monitoring is helpful and necessary in knowing whether outcomes were attained, outcome evaluation attempts to attribute observed change to the intervention tested, describe the extent or scope of program outcomes, and indicate what might happen in the absence of the program. It is methodologically rigorous and requires a comparative element in design, such as a control or comparison group. (Sometimes this type of evaluations that require a counter-factual are called impact evaluations.)

• **Outcome monitoring** is the basic tracking of variables that have been adopted as measures or ‘indicators’ of the desired program outcomes. It may also track information directly related to program clients, such as change in knowledge, attitudes, beliefs, skills, behaviors, access to services, policies, and environmental conditions.

• **Outputs** are the results of program activities; the direct products, services, capital goods or deliverables of program activities, such as the number of counseling sessions completed, the number of people reached, and the number of materials distributed.*

• **Performance baseline** provides information (quantitative or qualitative) that provides a value for an indicator at the beginning of, or just prior to, the monitoring period. The baseline is used to learn about recent levels and patterns of performance on the indicator; and to gauge subsequent policy, program, or project performance.*

• **Performance targets** are quantifiable levels of the indicators that a country or organization wants to achieve at a given point in time.* Targets are necessary to measure progress towards the attainment of goals.

• **Performance indicators** are measures of inputs, processes, outputs, outcomes, and impacts for development projects, programs, or strategies. When supported with sound data collection (perhaps involving formal surveys), analysis and reporting, indicators enable managers to track progress, demonstrate results, and take corrective action to improve service delivery. Participation of key stakeholders in defining indicators is important because they are then more likely to understand and use indicators for management decision-making.*
• **Process evaluation** is a type of evaluation that focuses on program implementation and uses largely qualitative methods to describe program activities and perceptions, especially during the developmental stages and early implementation of a program. It may also include some quantitative approaches, such as surveys about client satisfaction and perceptions about needs and services. In addition, it might provide understanding about the cultural, sociopolitical, legal, and economic contexts that affect a program.

• **Process monitoring** is the routine gathering of information on all aspects of a project or program to check on how project activities are progressing. It provides information for planning and feedback on the progress of the project to the donors, implementers, and beneficiaries of the project.

• **Program** in the AIDS arena, generally refers to an overarching national or sub-national systematic response to the epidemic and may include a number of projects and interventions.

• **Results-based monitoring** refers to a continuous process of collecting and analyzing information to compare how well a project, program or policy is performing against expected results.*

• **Results-Based Evaluation** is an assessment of a planned, ongoing, or completed intervention to determine its relevance, efficiency, effectiveness, impact and sustainability. The intent is to incorporate the findings and lessons learned into the decision-making process.³⁴

• **Surveillance** is the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health

• **Targets** are quantifiable levels of the indicators that a country or organization wants to achieve at a given point in time

• **Triangulation** refers to the analysis and use of data from multiple sources obtained by different methods. Findings can be corroborated and the weakness (or bias) of any one method or data source can be compensated for by the strengths of another, thereby increasing the validity of reliability of the results.

• **Vulnerability** refers to those factors that contribute to people engaging in risky behaviors. A person vulnerable to HIV can be defined as one who is susceptible to, or unable to protect themselves from, significant harm or exploitation linked with HIV infection.

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APPENDIX 2: Results Framework and Indicators Menu
(as suggested by UNAIDS and the international HIV/AIDS community of practice)

This list can be used by country planners and national management teams as a starting point. For more detail and updates, please consult UNAIDS.

<table>
<thead>
<tr>
<th>Longer-term Objectives Linkage</th>
<th>Longer-term Country Linkage Impact Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linked to National AIDS Strategy</td>
<td>Percentage of young people aged 15-24 (analyzed by ages 15-19, 20-24 and 15-24) who are HIV infected</td>
</tr>
<tr>
<td></td>
<td>HIV prevalence among sex workers and their clients, injecting drug users, men having sex with men</td>
</tr>
</tbody>
</table>

Contribution to longer-term goal

### Program Objective(s)

#### Program Area

<table>
<thead>
<tr>
<th>Results - Outcome Indicators (Knowledge, Behavior, Coverage, Utilization)</th>
<th>Data Source &amp; Baseline value (year)</th>
</tr>
</thead>
</table>

1: Improve HIV prevention *knowledge and behavior*

- Percentage of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner
- Percentage of sex workers who report using a condom with their most recent client, of those surveyed having sex with any clients in the last 12 months
- Percentage of men or their partners who used a condom during last sex with a male partner in the last 6 months
- Percentage of IDUs who have adopted behaviours that reduce transmission of HIV
- Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

2a: Increase *coverage and utilization* (access) of HIV prevention, care, treatment and mitigation services

#### Prevention

- Percentage of districts/cities with community HIV/AIDS prevention programs for nationally designated priority populations (may include adults, women, youth, sex workers, men-having-sex-with-men and injecting drug users)
- Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year
- Percentage of large enterprises/companies that have HIV/AIDS workplace policies and programs
- Percentage of nationally designated priority populations (may
<table>
<thead>
<tr>
<th>Intermediate Objectives</th>
<th>Results - Output Indicators (Processes, Activities, Services)</th>
<th>Use of Results Monitoring – linked to Project (MAP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b: Increase coverage and utilization of HIV prevention, care, treatment and mitigation services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td>Number of community HIV/AIDS prevention programs for nationally designated priority populations (may include adults, women, youth, sex workers, men-having-sex-with-men and injecting drug users) supported</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of teachers who have been trained in life-skills-based HIV/AIDS education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of large enterprises/companies receiving support to develop HIV/AIDS workplace policies and programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of HIV voluntary counseling and testing centres established</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of STIs care facilities which have (a) staff trained to treat STIs and (b) no stock-outs of STI drugs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of MTCT sites established</td>
<td></td>
</tr>
<tr>
<td>Care</td>
<td>Number of community HIV/AIDS care programs supported</td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>Number of antiretroviral combination therapy treatment centres established</td>
<td></td>
</tr>
<tr>
<td>Mitigation</td>
<td>Number of community programs for orphans and other vulnerable children supported</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>

### 3: Strengthening institutional capacity

<table>
<thead>
<tr>
<th>National AIDS authority</th>
<th>National evidence-based prioritized, costed strategic plan and annual action plans, informed by monitoring and evaluation data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public sector</td>
<td>Number of relevant public sector agencies who report at least annually on their AIDS policies and programs</td>
</tr>
<tr>
<td>Private sector</td>
<td>Number of relevant public sector agencies who report at least annually on their AIDS policies and programs related to employees and contractors</td>
</tr>
<tr>
<td>Civil society</td>
<td>Number of civil society organizations who report at least annually on their AIDS policies, programs and population reached.</td>
</tr>
</tbody>
</table>
APPENDIX 3: Illustrative Checklist to Manage the Process of Planning the Formulation and/or Review of a National Strategy

(Time-frames are very approximate; there is wide variation among countries.)

<table>
<thead>
<tr>
<th>Checklist and Timetable</th>
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</thead>
<tbody>
<tr>
<td><strong>Phase and Activity</strong></td>
</tr>
<tr>
<td><strong>Key Partner/s for each Activity</strong></td>
</tr>
<tr>
<td><strong>Outcome or Type of Product</strong></td>
</tr>
<tr>
<td><strong>Due Date</strong></td>
</tr>
<tr>
<td><strong>Responsible Agency or Institution &amp; Focal Point(s)</strong></td>
</tr>
</tbody>
</table>

### Plan and Begin the Planning Process (about 1 month)

1. Clarify the purpose of the Strategy planning exercise and adapt this planning checklist to your needs.
   - Establish planning team
   - Identify team leader and persons responsible for drafting and for logistics

2. Determine whether recent studies have been undertaken that can inform the strategic planning process and that will avoid duplication of effort (e.g. National AIDS Spending Assessment, national program reviews, M&E reports, DHS, Country Harmonization Alignment review, project documents, and others).
   - Develop bibliography and collect documents

3. Decide the methodology/process to be used in analyzing the data.
   - Make use of existing data and resources so as to avoid duplication
   - Identify information gaps
   - Determine whether spending analysis and costing will need to be done
   - Plan to outsource key elements if needed.

4. Decide who needs to be involved and how their involvement will be structured (i.e.,

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35 For complementary information check ASAP Road-map at [www.worldbank.org/asap](http://www.worldbank.org/asap)
| Identify existing national resources (AIDS authorities and development partners) to work on components of the strategy |
| Identify possible national/international consultants |
| Identify people who will be responsible for drafting (sections of) the document |
| Involve public sector, civil society, development partners, persons living with HIV, government agencies and other stakeholders |
| Be specific about who will be involved (identify individuals within agencies) |
| Appoint consultants for the outsourced activities |

| schedule of meetings - TOR for parties involved in different sections of the strategy planning process (consultants, working groups, drafting groups, other sectors, NGOs, etc.) |

<table>
<thead>
<tr>
<th>5. Draw up a road map with timetable that includes details on the key phases of the planning process, as per the Results Cycle (including how key steps will be validated with stakeholders).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Translate steps into key activities and related expected outputs</td>
</tr>
<tr>
<td>Identify funding sources for implementing the road map</td>
</tr>
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</table>

| Critical path/road map with timetable and related budget |

<table>
<thead>
<tr>
<th>6. Validate planning process with stakeholders</th>
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<tbody>
<tr>
<td>Organize planning workshop</td>
</tr>
<tr>
<td>Meet with head of agencies/ministries to agree on planning process and to allocate time to staff to work on the strategy</td>
</tr>
<tr>
<td>Complete bibliography and data base</td>
</tr>
<tr>
<td>Finalize content and process for strategy review/formulation process</td>
</tr>
</tbody>
</table>

| National Consensus on the strategy review/formulation scope and process |

| Apply the Results Cycle: Phase I - Analysis of the Situation (about 3-4 months) |

| Analytic report documenting: (i) key steps, successes & weaknesses in past response for efficient control of HIV, (ii) gaps in information on HIV/AIDS epidemiology and national response, (iii) what needs to be done to control the epidemic, (iv) key priority programmatic areas to be |

<table>
<thead>
<tr>
<th>7. Analyze all available data on the HIV situation, validate analysis with expert group in country, and prepare analysis report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make sure consultants work in collaboration with focal points and other members of the working groups</td>
</tr>
<tr>
<td>Document both the status and dynamics of the epidemic and the past response</td>
</tr>
<tr>
<td>Analyze the adequacy of the response in controlling the epidemic (relevance of planned impacts and outcomes, degree of achievement of impacts and incomes, types of intervention (geographical coverage, targets groups, activities)</td>
</tr>
<tr>
<td>Indicate partners who support the national program by program type or capacity area.</td>
</tr>
<tr>
<td>Step</td>
</tr>
<tr>
<td>------</td>
</tr>
</tbody>
</table>
| 8.   | Validate the findings and data with key stakeholders and prepare section 1 of the strategy.  
- Define key messages and information to be included in draft of strategy section 1  
- Share draft with stakeholders and receive constructive feedback within the deadlines. |
|      | Section 1 of strategy finalized, giving epidemiological and programmatic legitimacy to priorities chosen. |

**Apply the Results Cycle: Phases II, III and IV - Select Programs and Key Interventions (about 2-3 months)**

<table>
<thead>
<tr>
<th>Step</th>
<th>Activity</th>
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</table>
| 9.   | Identify the key results (impacts and outcomes) the strategy will aim to achieve, including systems strengthening results.  
- Be realistic about what can be achieved over the strategy period  
- For each impact and outcome, select ambitious, but realistic performance targets  
- Explain how you have calculated impacts and outcomes and justify expected increases in relation to achieved impacts and outcomes of past strategy. |
|      | Draft Section 2 of the strategy defining impacts and outcomes that can be achieved over the planning/programming cycle. |
| 10.  | Document the content of the key programmatic areas (highlighted in the conclusion of section I) for attaining the desired results as per the results chain, including results of systems strengthening (i.e., M&E).  
- Identify the current gaps in implementation and service delivery, and describe actions to fill these gaps to achieve expected results set in Section 2  
- For each program, select the major interventions and beneficiaries (in terms of both geographical and group targets)  
- Indicate partners who support the national program by program type or capacity area, and the level of their financial support.  
- Use costing and spending information to determine most performing programs and select priorities in terms of approaches and interventions.  
- Identify additional resources needed. |
|      | Draft Sections 3 and 4 of the strategy defining activities to be implemented to achieve expected results set in Section 2. |
| 11.  | Validate the findings and drafts of sections 2, 3 and 4 of the strategy with key stakeholders.  
- Define key messages and information to be included in the drafts of sections 2 and 3 of the strategy  
- Share draft with stakeholders and receive constructive feedback within the deadline. |
|      | Strategy Sections 2, 3 & 4 completed (defining expected impacts & results, and key activities to be implemented for each program area to achieve expected results, and |
### Apply the Results Cycle: Phase V and VII - How the Strategy will be Monitored and Evaluated (about 1 month)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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</table>
| 12. | Identify or select indicators for each result (impact, outcomes, major outputs), including baselines and (see step 9) performance targets.  
• You may choose to start with the indicators in the current M&E plan  
• Link indicators to other indicator sets (such as UNGASS or universal access)  
• When selecting targets, keep in mind universal access target setting for achieving effective control of the epidemics |
| 13. | Describe data sources and data compilation procedures for each indicator (see example and template in the main text), including: (i) surveillance and routine monitoring from sites and community; (ii) performance monitoring system; and (iii) financial resource tracking.  
• Try to link financial and activities tracking systems (integration)  
• Define actors and responsibilities at all levels of the M&E systems |
| 14. | Specify evaluation activities and studies, including:  
• epidemiology/behavioral surveillance  
• operations research  
• Program reviews or evaluations  
• households surveys  
• impact evaluation  
• Financial analysis |
| 15. | Indicate how M&E data and results will be used for managing the national response and revising the strategy in the future.  
• specify mechanisms for disseminating data and results |
| 16. | Complete sections 5 and 6 of the Strategy (defining the M&E system and capacity enhancement needs as appropriate) |

### Complete the Planning Process with Financial Information (about 1-2 month)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
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</table>
| 17. | The strategy should be costed. The document would also include information on national spending for HIV/AIDS. In addition:  
• Specify resources (budget) needed for planned activities, including M&E activities  
• Indicate resources available including sources of funding  
• Identify budget gaps and specify how you plan to fill them |
| 18. | Validate findings and drafts of sections 5 and 6 of the strategy with key stakeholders. |
- Define key messages and information to be included in sections 5 & 6 of the strategy
- Share draft with stakeholders and receive constructive feedback within the deadline

19. Go back to the expected results and programs identified in sections II and III and make adjustments on key programmes and interventions –if needed- based on resource analysis exercise

<table>
<thead>
<tr>
<th>Check the Quality of the Strategy Document in Preparation of the Official Dissemination (about 1 month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Check the quality of the strategy. You may like to:</td>
</tr>
<tr>
<td>• Conduct a self-evaluation of the strategy.</td>
</tr>
<tr>
<td>• Submit the strategy to independent peer review.</td>
</tr>
<tr>
<td>- Complete SAT(^{37})</td>
</tr>
<tr>
<td>- Incorporate all relevant comments</td>
</tr>
<tr>
<td>21. Make sure the final document is reviewed by an editor before being printed.</td>
</tr>
<tr>
<td>22. Submit printed copy to national authorities for formal dissemination.</td>
</tr>
</tbody>
</table>

After the strategy document is completed and endorsed by the authorities, begin planning the preparation of:

- **The Strategy Implementation or Operational Plan.** You may like to draw up a detailed road map with timetable for preparation of the operational plan. The Plan includes specific interventions, activities and indicators, cost estimates, roles and responsibilities, as well as budget and timetable.\(^{38}\)

- **The Monitoring and Evaluation Plan.** Most likely there already exists a plan which needs to be aligned to the new strategy. To do this, the M&E team ensures that the M&E Plan reflects the new results and expected outcomes in the national strategy–making sure baselines and performance targets (link to Universal Access targets) are included. The M&E Plan includes specifics about

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creating an enabling environment for monitoring and evaluation activities, data flows, data processing and management, quality control, reporting and dissemination, data utilization and capacity needs and budget. (Refer to figure 15 in this Handbook.)

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