Guide
to the strategic planning process for a national response to HIV/AIDS

Response analysis

Strategic plan formulation

Resource mobilization

Situation analysis

UNAIDS

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KEY MATERIAL

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to the strategic planning process for a national response *to* HIV/AIDS

Response analysis

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I. Introduction to response analysis

The response to HIV is inextricably linked with the social, economic, cultural, and political situation in which the disease is spreading. Analysing this situation is an important step in planning an appropriate strategy to counter HIV. Such an analysis is described in some detail in the first part of this guide: ***Module 1:*** *Situation Analysis.*

This second module concentrates on the response, which together with the background context, makes up the whole HIV/AIDS picture in a country. It looks at the overall response but focuses on the response as it relates to areas that are important in determining the spread or impact of HIV in a particular country or region—the priority areas defined in a situation analysis. It asks:

- Does the response tackle the roots of the HIV-related situation in the priority area?
- Does the response take into account the obstacles to achieving its goals?
- Does the response take advantage of the opportunities that might help drive the country towards the target of less transmission of HIV with a less drastic impact?

In analysing the response, countries look at all the relevant initiatives in a priority area, not just those that are part of the official national programme. Community-organized activities and those organized by private companies, academic organizations, and nongovernmental organizations (NGOs) all contribute to the national response. Strategic planners recognize the contributions of all these groups.

I.1 Using this module

This module, like the others in the Guide, is intended for use by country programmes, either at a national or decentralized level. However, other agencies and organizations such as international NGOs and donor agencies may also find it useful to conduct a response analysis when planning their AIDS strategies.

The module concentrates on the analytical steps involved in a response analysis. The bibliography gives references to publications that describe in greater detail the review, assessment, and evaluation of programmes.

The module contains a fictional example of the analytical steps and conclusions of a response analysis for a single priority area.

I.2 How does a response analysis differ from a programme review?

Many countries review their national programmes periodically to determine whether different parts of the programme are meeting their objectives. These reviews will in many cases provide the bulk of the information for a response analysis. But the two are not the same. National programme reviews tend to use a "checklist" approach to go through all conceivable areas of programming. Generally, they aim to determine whether programmes meet their stated objectives, but do not

always examine whether those objectives continue to be relevant to the changing situation. They often concentrate solely on programmes funded or executed by the government (and in some cases only those led by the health ministry), without considering other social and economic sectors' contribution.

A response analysis, by contrast, concentrates on the areas defined by a situation analysis as of particular importance to the spread or impact of HIV in a country.

In addition, a response analysis seeks not just to determine whether programmes and initiatives are succeeding or failing, but why: whether an initiative has taken into account potential obstacles and whether it has taken advantage of possible opportunities. If an initiative exists but is not succeeding, the response analysis team will consider whether it is faltering because of opposition from an important interest group, because it is technologically unsound, or because it lacks resources. If an initiative in a priority area is working well, the team will examine the opportunities for expanding it to other areas or population groups. The team will identify obvious gaps in the response in priority areas and examine why they exist, and will also determine which parts of the national response are irrelevant to the national situation. This last area may suggest ways of using scarce resources more efficiently.

In summary, a response analysis:

- considers the response of all the various sectors of society, from government-led programmes to those generated by community groups and private companies;
- concentrates on responses in priority areas determining the spread of HIV and its impact in the particular social, cultural, economic, and political circumstances of the country;
- examines whether a response is appropriate to the situation;
- identifies gaps in the response and examines why they exist;
- analyses why various initiatives are working well and why others are failing;

I.3 Who will use the results of the response analysis?

Together with the situation analysis, the response analysis will be used by the group of people involved in formulating a strategic plan for HIV, which will be described in ***Module 3:*** Strategic Plan Formulation.

It will give them the answers to a set of fundamental questions:

- What is working and needs to be continued?
- What is working and can be expanded?
- What is not working and needs a new, more strategic approach?
- What is not relevant to current needs and should be dropped?
- What has not been addressed at all?

It may also be of interest to groups such as potential donors, expanding NGOs or the media who are not yet involved in the national response or have not been directly included in the planning process, but who want to stay up to date with the HIV situation in the country.

Finally, together with the situation analysis, the response analysis provides the foundation for an invaluable database that can be used in monitoring and evaluating the implementation of a national strategy.

II. Responsibilities

II.1 Overall responsibility

A national response analysis, like the situation analysis which should normally precede it, will usually be directed or contracted by the National AIDS Programme manager under the guidance of the National AIDS Committee (NAC) or other body or person with overall responsibility for AIDS policy. This responsibility resides within the ministry of health in many countries; elsewhere it is within the portfolio of the president or prime minister's office, or some other central government body.

Among the most important tasks of the person or group with ultimate responsibility for the response analysis is the designation and briefing of the people who will carry out the work.

II.2 The response analysis team

While an initial response analysis can be carried out within a fixed time frame, strategic planning and management is not a one-off exercise. It is an ongoing process that involves a constant re-evaluation of situations and responses to assess which strategies are working and which need reformulating. This constant monitoring will also identify unplanned, emerging strategies that might be supported or expanded.

As noted, the response analysis forms one part of an analysis of the overall HIV/AIDS situation in a country. Much of the information gathering, contacts made, and briefings given during the situation analysis also will be useful for the response analysis. It therefore makes sense to contract a single team to analyse both the background situation and the current response. A more detailed discussion of possible partnerships and the profile of team members is included in ***Module 1***.

II.3 The response analysis governing committee

The work of the team conducting the response analysis may be overseen by a committee who can guide the working team in ensuring that all sectors of the response vital to the country's circumstances are covered. The governing committee should be thoroughly familiar with the background of HIV/AIDS in the country, especially with the situation analysis conclusions, where available.

The committee should be formed at the invitation of those with overall responsibility for the response analysis. It may include representatives from the major branches of government involved in the response—the ministries of planning, health, social, and women's affairs, finance, education etc.—as well as from NGOs, community and business groups. It may include high-profile individuals such as musicians or film stars who are dedicated to helping wipe out HIV. International donors or development agencies may be included, perhaps through the chair of the United Nations Theme Group on HIV/AIDS.

UNAIDS strongly recommends that the membership of steering and advisory bodies concerned with HIV/AIDS issues include people who are living with the virus or directly affected by it. These are the people most likely to know the challenges affected communities face and to be realistic about the disease, its impact, and the response to it.

III. The response analysis process

Depending upon the number of priority areas, the size and diversity of the response, and the amount of evaluation work already available, the time necessary to carry out a response analysis may take as little as a few weeks, or as much as several months. If for instance, the response in a priority area is non-existent, then the analysis in that area will be confined to discovering the reasons why no response has been made.

Scheduling of process steps

The suggested steps for conducting a response analysis are:

1. Do the preparatory work
2. Brief the response analysis team
3. Gather information from documents, interviews and field research
4. Analyse
5. Produce the report
6. Circulate for comment, finalize

III.1 Preparatory work

As in the situation analysis, some important work can and should be done well in advance of the actual start of the response analysis, which will save considerable time when the exercise itself is carried out. This work includes:

- Establishing a response analysis governing committee (section II.3); and
- Identifying information sources and collecting the relevant documents.

One of the essential questions the response analysis team will have to answer is whether the current response meets the needs of the situation. The conclusions of a recent situation analysis, as well as an inventory of the major programmes and initiatives, and eventual existing reviews and evaluations will therefore form the basis of the response analysis. See more detail on sources of information hereafter.

- Identifying the response analysis team members and checking their availability

The team composition has already been discussed (section II.2), and in more detail in ***Module 1***. A timely preparation of team member appointments or recruitments is an excellent investment that will save time and allow for the smooth functioning of the team.

▶ Sources of information

In the course of the preparatory work, existing information on responses should be collected from as many sources as possible. Some of the key sources of information likely to be useful to the response analysis team are:

▶ Situation analysis report

A thorough situation analysis is necessary to focus the response analysis: in addition to defining priority areas for response analysis and associated obstacles and opportunities, it will help in

evaluating the impact of individual initiatives and the overall response. For instance the response analysis team, in seeking to evaluate the impact of a programme that includes HIV education in the school curriculum, will take note of a study cited in the situation analysis report showing that 85% of young people can not correctly name two major routes of transmission of HIV.

▶ Existing programme or response reviews

Where a comprehensive programme review exists, it will be crucial to the response analysis team. If, however, it covers only state-sponsored initiatives, it should be supplemented with information from other sources covering initiatives in the private, community, and NGO sectors.

▶ Individual programme or project evaluations

Many programmes and initiatives, including almost all of those funded by major international donors, have some form of built-in evaluation. Donors, international agencies, NGOs, and project managers should be able to provide evaluation reports on the initiatives they support.

▶ Directories of programmes and projects

NGO umbrella or coordinating organizations often publish directories of development projects or development organizations. In some countries, an AIDS umbrella organization may keep a database of responses. International organizations such as the UNAIDS cosponsors, the International Labour Office (ILO) and the International Organization of Migration (IOM) may keep details of initiatives in their area of interest. UNAIDS and others, such as the EC Country Profile series, include information on the National Strategy and on partners in the response. National ministries, including the ministry of women's affairs, and ministries of sports, youth or religion may do the same. Private sector groupings such as chambers of commerce or national business coalitions on AIDS may also have valuable information.

▶ Academic studies and other research

Research institutions might have conducted studies that look at the outcome of specific projects. Other studies (many of which will have been reviewed by the situation analysis) may give more general information that can help in evaluating a response in a more general way. These studies can be accessed through medical databases. Press reports and those commissioned by donors, etc. in their own planning exercises can also provide helpful information.

III.2 Brief the response analysis team

At the start of the response analysis, the response analysis governing committee should brief the team. If the same team has already conducted the situation analysis, this task will be easy, since it will already be familiar with many of the people, institutions, and sources of information available in the HIV field.

The most important part of the briefing will be designating the major areas for enquiry—generally those identified as priority areas in the situation analysis. These should be discussed in detail even if the team analysing the response is the same as that conducting the situation analysis. By the end of the briefing, the team should have clearly in mind the social, cultural, economic, and political factors that influence and are influenced by the response in priority areas. Team members should be able to identify the obstacles to progress in reducing HIV and its impact in those areas, and the opportunities for improving the situation.

III.3 Gather information from documents, interviews, and field research

Sources of information have already been described. The **main questions** to be answered are discussed hereafter.

Guided by the conclusions of the situation analysis, the response analysis team should begin their work by making an inventory of the major programmes and initiatives in the country. This may include programmes executed by:

- government bodies, both federal and regional;
- academic institutions;
- community-based organizations;
- NGOs;
- private companies;
- international organizations; and
- the media.

The inventory should include details of what the programme or initiative aims to do (its objectives) and what it actually does (its activities). If an existing assessment of the initiative includes a performance evaluation that judges the extent to which the activities produce the stated objectives, its conclusions should be noted in the inventory.

Where gaps exist, and where reviews or evaluations are incomplete, the response analysis team will have to carry out its own evaluation of programmes and initiatives in priority areas. Several extremely comprehensive manuals for response review and evaluation are available from UNAIDS and other sources. Since each country will have different needs in reviewing their response for the purposes of strategic planning, and in order to keep the current guide manageable, the technical details of the review and evaluation process are not repeated in this volume. The bibliography gives details of how to obtain relevant manuals.

In addition, the UNAIDS Best Practice series describes benchmarks against which performance can be checked in a number of areas likely to be focus areas for a response analysis.

Even where comprehensive evaluations are available, they may not provide all the information needed for analysis. In other words, they may show that an initiative has not produced the expected result, but may not contain all the information to answer questions about why it has failed. Interviews, site visits and other field research may therefore be necessary in investigating the reasons behind a programme's strengths and weaknesses.

- **The main questions to be answered**

a) What is the situation?

b) What is being done to respond to HIV?

c) Is the national response relevant to the current situation?

d) Is the response working in priority areas?

e) Why is a response working or not working?

III.3. a) What is the situation?

The response analysis takes as its starting point the current HIV situation. The process of analysis should be preceded by a clear statement of the situation analysis conclusions, detailing the priority areas for action, together with the obstacles that may make it difficult to change the situation and the opportunities that may help provoke a change.

III.3. b) What is being done to respond to HIV?

Although national responses to AIDS are different in each country, most of them include some or all of the following focus areas:

- caring for people living with HIV / AIDS;
- mitigating the impact on people infected and affected by HIV / AIDS;
- reducing the vulnerability of specific population groups;
- promoting safer sexual behaviour for the general public and specific population groups;
- promoting and distributing condoms;
- preventing and controlling STDs;
- providing safe blood supply;
- promoting safer drug injection behaviour;
- considering human rights and HIV / AIDS.

This list is not intended to be exhaustive or applicable to all circumstances. The focus areas are simply a means to group similar interventions together for easier comparison and analysis.

▶ *Caring for people living with HIV/AIDS*

Care is an essential and growing component of the response. As more people become infected with HIV and as more people develop AIDS and the accompanying opportunistic infections, care will become an ever-increasing part of efforts to limit the impact of the epidemic.

The needs of persons living with HIV/AIDS, their families, and communities are diverse and complex. Key elements in comprehensive care for persons living with HIV/AIDS and their families typically consist of:

- clinical management: early diagnosis, rational treatment, and follow-up care of illnesses related to HIV infection;
- nursing care: care to promote and maintain hygiene and nutrition, provide palliative care, educate individuals and families on AIDS prevention and care, and practise infection control by observing universal precautions;
- counselling: psychosocial support, including stress and anxiety reduction, promoting positive living and helping individuals make informed decisions about HIV testing, planning for the future, and behaviour change aimed at preventing transmission, involving sexual partner(s) in such decisions;
- social support: funding for support groups. information and referral to support groups, welfare services, and legal advice for individuals and families, including surviving family members.

▶ *Mitigating the impact on people infected and affected by HIV/AIDS*

In the second decade of the epidemic, it has become clear that the consequences of AIDS reach far beyond the health sector. In many societies, HIV and AIDS have substantial economic and social impact on individuals, on families, and households, on communities and groups and on society as a whole.

Interventions can be carried out at various levels, including that of the individual (differentiating between children, women, men, grandparents or extended family members—all of whom experience the impact very differently), the household and the community. Key elements in this focus area include:

- credit programmes to mitigate the effects of HIV / AIDS on households through the credits to maintain levels of household expenditure, school attendance, etc.;
- benefit packages to mitigate the impact of HIV / AIDS on families and children, targeted at children and families, including the provision of food (at school), school vouchers, and school uniforms;
- legal reform or aid for vulnerable groups such as the widows and children of men who have died from HIV / AIDS, who often risk losing property or autonomy due to existing inheritance laws or traditions;
- workplace interventions to maximize continued labour force participation;
- home-based care to households to enhance quality of life of people living with HIV / AIDS; and
- community-based self-help groups to support individuals and families, to ensure the continued participation of children in school, to maintain household expenditure patterns, and to promote saving.

▶ *Reducing vulnerability of specific population groups*

Most HIV infections are the result of sexual activity and injecting drug use, which are deeply personal behaviours. The early response to the epidemic was to attempt to influence those behaviours; it was believed that if people knew how dangerous their behaviour was, and if basic services such as condom distribution and STD treatment were made available, they would change that behaviour.

However risk behaviours are themselves shaped by a much larger and more nebulous set of determinants. Economic conditions, the structure of society and cultural norms can influence and even dictate how people behave in different circumstances. Helping people reduce their risk of infection with HIV requires addressing those factors that make people more vulnerable.

Key interventions in this area may include:

- legal review and reform aimed at changing laws and government policies that make it difficult for vulnerable groups to protect themselves. For instance, laws which make sex work illegal, especially if applied aggressively by police, may discourage sex workers from seeking help;
- HIV / AIDS education campaigns in schools and workplaces;
- better accessibility to education for youth, especially for girls;
- military programmes undertaken by the armed forces and targeted specifically to their personnel, who are both a highly vulnerable population and an excellent audience for HIV / AIDS prevention and education campaigns; and

- prison programmes undertaken by the correctional and / or justice systems for persons in jail or prison.

Perhaps more than in any other focus area, this is where a multi-sectoral approach— one which recognizes the comparative advantages of different sectors of society—is essential to an effective, expanded response. For more information on reduction of vulnerability and on the key elements listed above, see UNAIDS Best Practice Technical Updates on "The driving forces behind HIV infection and AIDS", "Community Mobilization", "AIDS and the Military" and "Prisons and AIDS".

▶ *Promoting safer sexual behaviours*

The majority of HIV infections are transmitted sexually, hence preventing sexual transmission is crucial for an effective national response to HIV/AIDS. Promoting safer sexual behaviour is often the most visible part of responses to AIDS, implemented by both government organizations and NGOs. Key interventions generally include:

- mass media campaigns that are directed at the general population;
- education campaigns directed to specific population groups, such as men who have sex with men, or commercial sex workers and their clients;
- school-based education that promotes safer sexual behaviours to young people;
- HIV and STD prevention programmes for young people out of school;
- workplace-based education programmes; and
- community-based prevention activities.

HIV and STD prevention for young people in school

There are more than 1000 million adolescents in the world today and their number in developing countries will increase by 20% over the next 15 years. Investing substantially in them now is one of the most effective ways to curb the overall HIV epidemic, most importantly by promoting effective school programmes, complemented by preventive interventions in the community and through the media.

Key elements in this focus area generally include:

- advocacy and consensus-building among the various stakeholders, such as politicians, religious leaders, parents, teachers, and teachers' associations. Many of these have greatly differing views and can veto or sabotage interventions unless they are consulted or included in decision-making from the beginning.
- research: understanding different groups of young people and their patterns of behaviour (sexual, social, economic, etc.) are essential to effective curriculum and programme design.
- in-school education programmes: the goal of such programmes is not just to increase students' knowledge but to have them adopt safe(r) behaviours related to sexual practices and injecting drug use.
- outreach to young people not in school: large numbers of teenagers are not in school for a variety of reasons, and many of them are highly vulnerable to HIV / AIDS.
- teaching media literacy: mass media may be providing messages that conflict with those that HIV / AIDS programming seeks to inculcate in young people. Young people need to be equipped with the skills to "decode" media messages and make their own choices.

▶ *Promoting and distributing condoms*

At present condoms—both the traditional "male" condom and the recently developed "female" condom—are the only barrier method known to prevent the transmission of HIV during penetrative sexual intercourse with an infected partner. Encouraging and supporting the use of good quality condoms is a basic strategy for all HIV prevention programmes.

Successful and effective condom programmes ensure that condoms are available and affordable to users. To increase condom use among individuals at risk of HIV and STD infection, a series of interrelated activities must be undertaken in a coordinated way. Key elements of condom programmes to be considered include:

- research to determine condom usage patterns in different population groups; identify obstacles to condom use, to the promotion and sale of condoms etc.
- promotion to create and increase the demand for condoms.
- distribution: ensuring an adequate and constant supply of good quality condoms in the country in general and to targeted groups in particular.

The female condom does not replace the male condom or any other form of protection, but increases the options available in the fight against STDs, including HIV. Testing in various parts of the world suggests that when it is made available to women, the female condom reduces further the number of unprotected sex acts and the transmission of STDs. For more information on the female condom, see UNAIDS Best Practice document, "The female condom and AIDS".

▶ *Preventing and controlling STDs*

Sexually transmissible diseases (STDs) are a major public health problem in most parts of the world, with over 250 million infections occurring annually. Besides being a significant cause of ill health, STDs (ulcerative and non-ulcerative) have also been shown to increase substantially the risk of sexual transmission of HIV. Consequently, control and prevention of STDs is now recognized as an effective intervention to reduce HIV transmission and an essential component of any national AIDS response.

The key elements of STD programming include:

- prevention: education on safer sex behaviour; promotion of health care– seeking behaviour; condom promotion and distribution;
- case management: integration of STD care in basic health care and family-planning services; accessible, acceptable, and effective STD services; syndromic management;
- partner management: a holistic approach to the care and counselling of sexual partners—whether infected on uninfected—of persons diagnosed with an STD;
- reaching vulnerable groups: these include young people, commercial sex workers, military personnel, and occupational groups such as long-distance truck drivers.

▶ *Providing safe blood supply*

HIV transmission through blood transfusions has been substantially reduced or eliminated in most countries. Theoretically, transmission of HIV through transfusion of blood or blood products became the most easily preventable route of infection with the virus. Unfortunately, HIV transmission through blood still occurs in many developing countries. Blood safety programmes include the following key elements:

- ensuring supply through blood donation. The cornerstone of a safe blood supply is voluntary, non-remunerated, regular donations from low-risk populations;
- ensuring safety of the supply through blood screening. The effectiveness and credibility of the blood transfusion system depends largely on continuous screening of all blood donations and products for HIV and other infectious agents;
- reducing unnecessary blood transfusions, which not only diminishes the potential for transmission of HIV and other blood-borne infectious agents, but reduces the costs of ensuring a safe blood supply.

▶ *Promoting safer drug injection behaviour*

The risk of infection with HIV through injecting drug use has been known since the early days of the HIV epidemic. However, HIV prevention for injecting drug users (IDUs) has been and continues to be plagued in virtually every country by the fact that injecting drug use is illegal and by the stigmatization of IDUs.

Key elements in reducing HIV transmission through injecting drug use include:

- harm reduction: distribution of clean needles and syringes and / or bleach for cleaning injection equipment;
- peer counselling: programmes that teach persons from the IDU milieu to counsel drug users in their own environment and in their own language;
- drug substitution: methadone programmes are used in a variety of jurisdictions as a way of getting IDUs away from illegal substances and into a controlled, curative programme;
- advocacy and legal reform.

▶ *Considering human rights and HIV/AIDS*

Respect for human rights and non-discrimination are fundamental elements in a supportive legal and policy environment for implementing the national AIDS strategy. Experience in a variety of settings suggests that coercive and punitive measures, such as mandatory testing, detention, and lack of confidentiality are counter-productive and impede efforts to prevent HIV infection and provide care.

In broad terms, a national response can be assessed at a very basic level by checking whether it features a small number of basic elements, which include:

- inclusion of guiding principles on human rights in the national strategy and its components;

- access to information, education and services for all members of society;
- informed consent for HIV testing;
- confidentiality on HIV status;
- non-discrimination against people with HIV infection;
- participation of people with HIV infection in all aspects of normal life;
- freedom of expression and association around HIV-related policy and legal issues.

The situation assessment will already have discussed the general approach towards human rights issues taken by government and other national institutions, as well as the broader human rights conditions in the country. During the review of the national response, a more detailed assessment can be made of the extent to which principles of human rights and non-discrimination are present in the national strategy and its component programmes.

UNAIDS firmly believes that a human rights-based and ethical approach to HIV/AIDS is an essential foundation for an effective national response. We therefore recommend that every effort be made to include human rights as a focus area in the response review. For more information on human rights as it applies to the epidemic, see UNAIDS Best Practice document "Human rights, ethics, law and HIV/AIDS."

III.3. c) Is the national response relevant to the current situation?

The team analysing the response should start by comparing the response with the national situation as identified in the situation analysis and answer two essential questions:

▶ In which priority areas of the current situation is the response insufficient or non-existent?

When comparing the national response with the current situation, the response analysis team should look for areas identified as important in determining the spread and impact of HIV in the country but to which there is no response, or where the response is clearly insufficient, and try to determine why there has been no response.

▶ Which parts of the national response are irrelevant or inappropriate?

In most countries in the world, development priorities such as education and primary health care must compete with each other for resources. An effective national response to HIV is one that uses scarce resources most judiciously. That means there is little room for responses that are not relevant to the specific HIV/AIDS situation of the country.

HIV evolves in a changing social landscape, and the spread and impact of the disease as well as the response to it are likely to change that landscape even further. So even responses that were once relevant to the country's situation may become redundant or irrelevant over time. In countries where laws discriminate against groups with risk behaviour and so decrease their access to information and services and increase their vulnerability, an early response to the HIV epidemic may be to change discriminatory laws. Changing laws can involve a huge effort to mobilize public opinion and change the political climate. But once new anti-discrimination laws are passed, the energy and money spent lobbying for change can be diverted to other priorities.

III.3. d) Is the response working in priority areas?

Most of the remainder of the analysis will focus on areas defined as priorities for action. For each priority area, the team should examine key responses. The extent of this work will obviously depend on the complexity of the response. If there are only a few initiatives in the field in question, they can be examined in some detail. If there are a large number of similar initiatives, the team may select one or two "landmark" projects to look at in greater detail. It may be especially helpful to compare initiatives with similar aims but different outcomes, since the difference between them may determine why some projects are more successful that others.

In examining responses, team members must constantly refer to the background situation. An initiative may meet all of its objectives, but if it is not relevant to the factors that determine the spread or impact of HIV in that priority area, it is of limited use in the national response. It is only when the relevance of a response has been established that the next question may be asked:

▶ Is there evidence that the response has made an impact on the situation?

The programme and project evaluations that have been collected or conducted in the course of the response analysis should answer this question. The response analysis team should note whether the initiative has achieved its objectives. Often, however, the objectives of an intervention will be stated in broad terms, such as "Reduce the transmission of the HIV..." or "Induce behaviour change among...". In such cases, one will need to use either proxy measures, or intermediate objectives. If the intervention has built-in indicators with specific targets, the work of the evaluators will of course be much easier. The major focus of interest, however, remains whether the initiative has succeeded in changing the situation that puts people at risk of infection or suffering caused by HIV.

The response analysis team should look not just for the impact predicted in the planning of an initiative. Frequently, a programme or project can have an unforeseen positive or negative impact. The ability to recognize a positive but unforeseen impact and integrate it into future plans is essential to the art of strategic planning.

III.3. e) Why is a response working or not working?

Once a response has been found relevant, and has been evaluated as effective or not, it is important to discover why it has been working or not working. Reasons for success or failure may be found through answering the following questions:

Does the response take into account potential obstacles?

The team analysing the background situation to HIV in the country will, in identifying priority areas, also have found potential obstacles to an effective response. The team analysing the response should examine whether a given initiative has taken these obstacles into account, and, if so, whether the obstacle was overcome.

Other obstacles arising in initiative design and implementation are related to:

▶ Acceptability of the response to all key groups

An initiative may have failed because it did not consider the interests of all the groups who could help it succeed or cause it to fail. Acceptability encompasses issues of ethics and of compatibility with national and international principles. Groups whose interests may affect the outcome of an initiative include:

- the community it was intended to help;
- politicians;
- important funding institutions;
- other groups involved in the response in the same area;
- the administration;
- religious or cultural leaders; and
- powerful business interests.

▶ Technological soundness of the response

Although great progress has been made in understanding what does and does not work in slowing the spread of HIV and reducing its impact, the development community is still on a learning curve. It is through innovation that new technologies are tested and shown to succeed. But it is inevitable that some of these innovative approaches fail. The response analysis team should examine whether the response makes use of all the technologies that are known to succeed in the field.

The UNAIDS Best Practice collection provide details of the most successful technologies in a number of fields. The "Technical Update" series is regularly revised to take into account the latest developments and successes.

▶ Affordability and sustainability of the response

Many initiatives fail because their resources are, from the start, insufficient to allow them to reach a critical mass that would ensure success. Others run out of resources because external funding has dried up and because project managers have been unable to replace external funding with locally renewable capital.

The response analysis team should examine the supply of and demand for resources, bearing in mind that a shortage of any of the following could cause an initiative to fail:

- institutional capacity;
- knowledge and skills;
- goods and services;
- people; and
- funding (***Module 4:*** Resource Mobilization provides more detail).

This process of questioning interest groups, technology, and resources will be familiar from the situation analysis process described in ***Module 1***. It will surface again in ***Module 3:*** *Strategic Plan Formulation*, where proposed strategies are critically analysed.

The most successful responses are those that consider potential obstacles, but then go further to take advantage of all possible opportunities. So the next question in examining responses is:

Does the response take advantage of possible opportunities?

The situation analysis should identify opportunities for broadening the response to HIV and lifting its burden on affected communities. But these opportunities may go unexploited. This is especially the case where there is an opportunity for attacking the very roots of the situations that make people vulnerable to HIV and its impact. Such opportunities, which typically involve long-term changes to

relations between the sexes, to the distribution of wealth in a society, or to cultural norms, often fall through the net of responses understandably designed to produce quick results to an urgent situation.

For example, the situation analysis may have identified migration in search of work as a major factor breaking apart traditional social structures and promoting risk behaviour. It may also have recorded that business leaders are increasingly worried about the economic impact of HIV on their workforce. Does the response in the field of migration include efforts by companies to make migration "safer" by building housing for married couples rather than for single young men?

III.4 Analysis

The response analysis team will by now have an idea of what the response is, how it relates to the current situation, how successful it is in priority areas and the reasons for its success or failure. The process of analysis itself will try to summarize the information in a way that is useful to planners. One of those ways is to begin with a general "lessons learned" section, and to follow it by grouping actual programmes and initiatives into categories that can be used in the next round of planning.

Lessons learned

In investigating why a certain response has succeeded or failed, the response analysis team will have built up a picture of aspects of programme design and implementation that work particularly well in the country situation. They will also have a "danger list" of aspects that have caused programmes to fail. These may be grouped together into categories that can help planners of future strategies map out successful paths and avoid known pitfalls. For instance, several initiatives in different priority areas may have failed or performed poorly because of opposition from religious leaders,. Planners of future initiatives will therefore know that building support among religious leaders will be an important step in a successful national strategy.

Besides presenting their analysis in terms of general strengths and danger areas, the response analysis team can classify actual programmes and projects into groups that can be used directly in strategic plan formulation. This process will be discussed further in ***Module 3:*** *Strategic Plan Formulation.*

What is working and needs to be continued?

Programmes and projects identified in the initial analysis as answering the needs of the situation and effectively contributing to a reduction in the spread and impact of HIV can be grouped under this heading. Some will be in areas no longer identified as priorities for the country, e.g. blood safety, because the past success of functioning programmes has reduced the importance of the area as a priority for action.

What is working and can be expanded?

Many initiatives judged to make a difference to situations that create vulnerability to HIV and its impact may still not be working to their full potential. Some initiatives that started small are successful enough to be expanded to other population groups or geographic areas. Successful pilot projects may eventually be mainstreamed into the national plan, as part of a routine programme. While analysing how relevant a response is to the situation, the team may identify other groups or areas that could benefit from the initiative. And in asking whether all the opportunities identified in the situation analysis have been acted upon, the team may identify unexploited opportunities that would increase the effectiveness of the action.

Example: Expanding the syndromic treatment of STDs in Zimbabwe

Faced with very high levels of STDs and extremely limited laboratory capacity, programme managers in Zimbabwe's capital Harare decided some years ago to try a new approach. Beginning with the symptoms of various STDs, they worked back to group pathogens together, recommending treatments based on those groups. A nurse looking at a given symptom would know without a lab test that it was caused by, say, one of three pathogens and would prescribe drugs for all three. In this way, syndromic treatment of STDs was born.

The experimental approach developed in Harare was shown in trials to cut HIV as well as STDs — the approach could be expanded. This required another round of strategic thinking: in Zimbabwe, sexual diseases had always been treated at highly stigmatized STD clinics, which were avoided by many people needing treatment. After syndromic treatment of STDs was shown to be effective, programme managers were able to integrate the simple diagnosis and treatment procedures into the training and work of non-specialized nurses at ordinary health clinics. This integration saved money and increased reach. The syndromic treatment of STDs—until recently an experimental initiative—is now integrated into the regular health delivery services in Zimbabwe.

What is not working and needs a new, more strategic approach?

The response analysis will have identified not just the initiatives that are failing, but the reasons behind that failure. Having examined an initiative in the light of the obstacles suggested by the situation analysis, the response analysis team should be in a position to make suggestions for more successful strategies in the future.

What is not relevant to current needs and should be dropped?

Successful strategic planning depends on the ability to adapt and change plans in response to a changing situation and to emerging opportunities. If an initiative is irrelevant to the current situation, either because the situation has changed or because the situation was never properly considered when the action was designed, planners should be prepared to drop it and switch any resources thus saved to priority areas.

What has not been addressed at all?

The analysis will also have identified areas which are important in determining the spread and impact of HIV but to which there has been no response. In some countries, identifying gaps and analysing the reason that there has been no response will be among the most important parts of the response analysis. There is sometimes a reluctance to confront openly behaviours such as injecting drug use or prostitution. Other marginalized population groups such as street children may be ignored because their existence may imply shortcomings in economic policy, for instance. In giving reasons for the gaps, the response analysis team will point to first steps that must be taken to formulate a successful strategy in those areas.

Example: Reducing HIV transmission among young people

a. What is the situation?

Refer to the situation analysis.

b. What is being done to respond to HIV?

The State-run media airs 30-second spots during prime time, paid for at discount rates by the health ministry. The spots give accurate information about modes of transmission, but are generally based on fear and use unattractive images. No television ads are currently planned specifically for young people. Radio spots aimed at young people air twice a week during a distance-learning programme. The campaign has not been evaluated but anecdotal evidence and press articles indicate teenagers consider the spots boring and condescending. The National Advertising Association estimates the audience for the distance-learning programme at 2,500 people, or less than 2% of the target audience of 13- to 24-year-olds.

A Dutch-funded NGO has produced comic books that include AIDS information. They budgeted for 3,000 copies. The comics were distributed free at football matches and supplies ran out before half time on the first day. Pirated copies are being traded in classrooms. A newspaper article about the comics quoted one mother as saying she borrowed her son's copy in secret "and learned a lot I didn't know".

The ministry of education is currently conducting a pilot project in four urban and four provincial secondary schools testing school visits by persons living with HIV/AIDS. Objective: to reduce popular misunderstanding of causes of HIV/AIDS and decrease discrimination against persons with HIV/AIDS. A manager of the project said she was surprised by the low turnout. After investigating, she found that parents were forbidding their children to go to school on the visit days because they were frightened they might contract AIDS.

The ministry of health is considering working with the national university to do a nationally representative household survey on HIV-related knowledge and attitudes. The one-year project with funding for five researchers (partly funded by UNICEF) would be a follow-up to a WHO/GPA survey on sexual behaviour conducted in 1990. It would contain a special module for respondents under 25 years of age, assessing their attitudes to pre-marital sex.

The national Red Cross runs a voluntary testing and counselling service, but the annual report of the Red Cross states that only 6% of people using the service are under 25. An external programme review said that staff were demoralized and felt they lacked the training to deal with the special needs of adolescents.

c. Is the national response relevant to the current situation?
In which areas of the situation are responses insufficient or non-existent?

The situation analysis has identified out-of-school girls as highly vulnerable, but no initiatives address the needs of this group. It is not clear exactly why this is—it may be simply because the need has never previously been identified.

There is no action taken to give young people access to condoms, a need defined as "crucial" in the situation analysis. There are several reasons for this. Adult opinion is generally opposed to an action many see as promoting promiscuity. In addition, adult double standards for young women

and young men lead to their dismissing risk behaviour among young men rather than encouraging more responsible behaviour. Fearing that they will lose hard-won clients by offending public opinion, the senior decision-makers in the national family planning programme have opposed a plan to distribute condoms to single people. Although international condom manufacturers are interested in entering the market, current laws tax imported condoms at 300% to protect national production. The only national producer is owned by the president's brother-in-law.

Although a high proportion of young people have STDs and very few use national STD clinics, no initiatives currently aim to create adolescent-friendly STD treatment. This is principally because resources are extremely tight in all health services, and no private companies appear interested in STD services.

Which parts of the response are irrelevant?

All the existing responses aim to meet needs defined in the situation analysis, and so are relevant to the situation. However, the media campaign may be inappropriate. While the media spots give information about HIV transmission, the situation analysis concludes that what young people need is information about risk behaviour.

d. Is the response working in priority areas?

Is the response in this area relevant and appropriate? See above.
Is there evidence that the response has made an impact on the situation?

None of the initiatives has been measured against specific objectives. The situation analysis describes continuing levels of sexual activity and HIV and STD infection in young people. The planned national survey will allow policy-makers to compare knowledge, attitudes, and behaviour among young people today with that of young people in 1990. This might show some overall impact of the totality of the response with regard to young people.

e. Why is the response working or not working?
Does the response take into account potential obstacles?

▶ *Acceptability of the response to all key groups*

Clearly, some of the current initiatives are failing because they are not acceptable to all key groups. Neither the strong parental opposition faced by the ministry of education pilot projects, though predictable in the light of the situation analysis, nor the parents' double standards for their boys and girls were apparently considered in the project design. Opposition from parents seems to derive partly from an active and vocal opposition from religious leaders. Opposition from family planning agency bureaucrats is blocking the response in one area. Government information campaign messages are not acceptable to young people themselves, although the messages in the comic book initiative — pretested on young men — seemed to be acceptable not only to young men but to their parents. The services of both government STD clinics and the Red Cross counselling centres fail to appeal to young people.

▶ *Technological soundness of the response*

The radio spots campaign was poorly designed in that it did not research the listening patterns of its target market. Broadcasting to a tiny audience when a larger and more appropriate audience is readily available is a waste of resources.

▶ *Affordability and sustainability of the response*

Some initiatives are clearly constrained by lack of resources. The Red Cross counselling service is permanently stretched. Staff are already overworked and are unwelcoming to teenagers because they know counselling a young person may require extra time and patience. On top of that, few feel they are well trained enough in dealing with teens. The service provides each worker with one half-day refresher training a year during which many topics must be covered.

The comic book project, while very successful, was funded by a one-off grant. A trade in pirated copies indicates that people are willing to pay for user-friendly AIDS information—the cost of another print run may be covered by a small sale price.

Does the response take advantage of possible opportunities?

While the situation analysis identifies strong political support for AIDS education in the school curriculum, parents remain an obstacle. Teachers can strongly influence parents' attitudes, but the teachers' union, known to be favourable to HIV prevention through schools, is not involved in the response. Teachers have not been involved with creating support among parents for more "healthy lifestyle" education that could include AIDS components. The fact that parents are reading comic books about AIDS indicates that many of their reservations about exposing their children to AIDS information may stem from ignorance and fear. Opportunities to increase support for youth programmes among parents have not been fully exploited.

The situation analysis identifies sports (and especially football) as an important avenue for communication with young men. One programme, the comic book initiative, has taken advantage of this; others have not. Radio spots aimed at young people would reach 86% of young urban men if aired during the Saturday football match, versus less than 2% of both sexes when aired during educational programmes. No initiative has involved sporting heroes in the national response.

Although private companies are increasingly interested in marketing their products to the youth market, no private sector companies are yet involved in the national response to preventing HIV among young people.

f. Analysis

▶ *Lessons learned*

Opposition from religious leaders and parents erodes political will to respond to the needs of young people in reducing vulnerability to HIV.

Several groups not currently involved in the response may prove to be powerful partners. Among them are teachers, private companies, and sports stars.

Initiatives that succeed with the young are those that make a special effort to respond to their needs for simple information and straightforward services delivered in an environment in which the young person is comfortable.

▶ *What is working and needs to be continued?*

The research project, building on a previous household survey, is well designed and well funded and should be continued in order to build up a cleared picture of the attitudes and behaviours that make young men and women vulnerable to HIV.

▶ *What is working and can be expanded?*

The comic book initiative is clearly popular and may be expanded in three ways: firstly the existing comic book can be more widely distributed. Secondly, follow-up books can keep up the interest and provide more information. Thirdly, the series can be expanded to reach audiences other than young men at football matches. A series for young women might be distributed through hairdressers or markets, while a version for adults could help educate parents.

▶ *What is not working and needs a new, more strategic approach?*

The pilot project in schools is clearly not working, and it will not have any chance of success until actions are taken to increase the support of parents for exposure to HIV information in schools.

The Red Cross counselling service is necessary for teenagers (it is the only counselling service in the country). An effort should be made to build up the capacity of staff to help young people in a way that is understanding and welcoming.

The government information programme needs to reorient its messages away from scary information about AIDS and towards straightforward information about risk behaviour. Media should be more carefully selected so that the messages reach the greatest possible number of young people.

▶ *What is not relevant to current needs and should be dropped?*

No initiatives fall entirely into this category.

▶ *What has not been addressed at all?*

There is an important need to reach young people who are not in school, particularly young women. The nation needs a strategy that would make condoms available to young people.

III.5 Producing the report

A response analysis report should present the conclusions of the analysis of the responses to HIV and AIDS in the country rather than just a description of the response itself. This analysis may be arranged in several ways. The box shows an outline of one option for a report, presenting major themes as outlined above.

Example: A report outline

Acknowledgements, table of contents, list of abbreviations, etc.

▶ ***Executive summary***

▶ ***Introduction***

Background to response analysis, rationale, description of study team, training, etc.

▶ ***Research methods and approaches***

▶ ***Situational background***

A brief description of the major features of the country's HIV/AIDS situation. Essentially, this section summarizes the results of the situation analysis and establishes the priority areas.

▶ ***Broad description of the response***

This section may give a general outline of the national response in very broad terms—a history of commitment to a response, a brief summary of the major actors in the response.

▶ ***Analysis of the response in key areas***

The heart of the report: presentation of the key conclusions of the analysis phase of the exercise. These may be presented following the outline suggested above:

- *Lessons learned*
- *Response categorized for planners*

▶ ***Bibliography of major sources***

III.6 Circulate report for comment, finalize

Before submitting the finished report, the team will meet again with the National AIDS Programme manager and the National AIDS Committee in order to submit a draft of the report and present its findings.

A broad spectrum of people involved in the response may have been consulted during the response analysis. Key members of the communities involved should be given the chance to validate the report's findings. Their endorsement can contribute significantly to building support for following steps of the strategic planning process.

A timetable for providing commentary and producing the final report can be fixed when it is circulated. When comments have been returned, the final report should be produced and formally submitted to the National AIDS Programme manager.

Plans for dissemination of the report will vary from country to country. In some cases, the response analysis team will not be responsible, or even involved in dissemination of the report. In others they may be highly involved in activities such as press briefings, lectures and presentations to various groups involved in the HIV/AIDS response.

UNAIDS strongly recommends maximum openness in the dissemination of information about HIV/AIDS. This means making reports and research public in a variety of ways, from simple publications and media releases to public presentations and posting information on the Internet. Many countries have adopted this practice, and been rewarded—both by the general population and by a variety of target groups—with increased consciousness of the epidemic and understanding of what the national response is doing about it. Including high-profile individuals in the group disseminating information can help spread the message to a wider audience.

IV. Next step: Towards the strategic plan formulation

The final conclusions of the response analysis, together with those of the situation analysis, will provide the basic building blocks for strategic plan formulation. This process, described in ***Module 3:*** *Strategic Plan Formulation*, synthesizes the conclusions of both parts of the analysis process. Planners will finalize their priority areas and seek to use the obstacles and opportunities identified in the situation analysis in planning strategies for those areas.

The lessons learned from the response analysis will help planners build on strengths of existing programmes and avoid the pitfalls that have in the past led to initiatives being less effective than is desirable in reducing vulnerability to HIV and its impact. The classification of existing responses will give planners clear indications of the work to be done in formulating a new strategic plan that addresses all the national priorities and involves a wide variety of groups from different social and economic sectors in an effective response to HIV.

V. Bibliography

Reviewing the national AIDS response (draft) UNAIDS, Geneva, 1997

A draft document on response review prepared for a strategic planning workshop held in Namibia in early 1997. The document contains many appedicies, each giving suggestions for review methods, questions and data sources on a number of important areas of programming such as the promotion of safer sexual behaviour, prevention among young people, condom promotion and distribution, management and prevention of STDs, blood safety, injecting drug use, and care for people living with HIV.

Evaluation of a national AIDS programme: a methods package

Global Programme on AIDS - World Health Organization, Geneva, 1994

This volume, available from the UNAIDS Information Centre, provides detailed guidance on reviewing programmes aimed at preventing the spread of HIV. It contains question guides aimed at constructing performance indicators for a number of important areas of prevention, such as knowledge of preventive practices, condom availability and use, and STD case management.

HIV/AIDS and development assistance

L Fransen and A Whiteside (Eds), European Commission, Brussels, 1996

Second generation national AIDS programme process: a facilitators guide

Global Programme on AIDS, World Health Organization, Geneva, 1995

Rapid Assessment Procedures. Qualitative Methodologies for Planning and Evaluation of Health Related Programmes

N Scrimshaw and G Gleason (Eds), International Nutrition Foundation for Developing Countries, Boston, 1992

A guide for evaluating AIDS prevention interventions

AIDSTECH, Family Health International, Washington DC, 1992

United Republic of Tanzania: AIDS assessment and planning study

The World Bank, Washington DC, 1992

Preventing AIDS: The Design of Effective Programs

R O Valdiserri, Rutgers University Press, 1989

The UNAIDS Best Practice Collection

As part of its Best Practice Collection, UNAIDS is currently building up a collection of documents, known as Technical Updates, on a number of important subjects related to HIV and development. These discuss the challenges faced in the field, and give specific examples of responses that have worked to date. They can help guide a situation analysis by pointing to the social and economic roots of various HIV-related behaviours and situations.

Technical Updates are, or soon will be, available on the following subjects: Antiretrovirals, Blood Safety, Community Mobilization, Counselling, Determinants, Diagnostic Testing Methods, Human Rights, Military, Mother-to-Child Transmission, Men who have Sex with Men, National Strategic Planning, People living with HIV/AIDS, Refugees, Schools, STDs, Prisons, the Female Condom, Tuberculosis, and Women's Vulnerability. The collection will be expanded and updated regularly. These documents are available from UNAIDS offices, and can be downloaded off the Internet by visiting our homepage: http://www.unaids.org.

The UNAIDS Epi Fact Sheet Series

UNAIDS is working with national AIDS programmes and WHO to compile a series of fact sheets giving key epidemiological data on countries. These facts sheets include figures or estimates for HIV, AIDS, and STD prevalence, as well as AIDS case reports. They also give socio-economic and health care indicators, which may help explain vulnerability to HIV. Finally, they give data on knowledge and risk behaviour. These data, crucial to any situation analysis, are being prepared for a large number of countries, and can be obtained from national AIDS programmes. UNAIDS country and regional offices as well as headquarters in Geneva can provide copies of the Epi fact sheets for other countries of interest. See also the UNAIDS Web Site: http://www.unaids.org.

The UNAIDS Country Profile Series

The Country Profile series gives country-by-country information on the background to HIV and the actions currently being taken to reduce its spread and impact. A country profile contains much information useful to a situation analysis. It describes major risk factors. For example, it discusses major issues of importance to the epidemic in the country. Country profiles can be requested from UNAIDS country and regional offices as well as headquarters in Geneva.

Guide to the strategic planning process for a national response to HIV/AIDS

This guide, comprising four modules plus an introduction, is intended for use by country programmes, either at a national or decentralized level, other agencies and organizations such as international non-governmental organizations and donor agencies.

Introduction

Strategic planning, as developed in the present guide, defines not only the strategic framework of the national response, i.e. its fundamental principles, broad strategies, and institutional framework, but also the intermediate steps that need to be taken in order to change the current situation into one that represents the objectives to be reached.

Module 1. Situation analysis

A situation analysis looks specifically at situations that may be relevant to HIV, the factors that favour or impede its spread, and the factors that favour or impede achieving the best possible quality of life for those living with HIV and for their families.

Module 2. Response analysis

In analysing the response, countries look at all the relevant initiatives in a priority area, not just those that are part of the official national programme. Community-organized activities and those organized by private companies, academic organizations, and nongovernmental organizations all contribute to the national response.

Module 3. Strategic plan formulation

The formulation of a strategic planning process deals with the question of what should be done about the HIV situation in the country in the future. The plan includes not only a strategic framework but the more detailed strategies necessary to change the current situation and the successive intermediate steps needed to reach the stated objectives.

Module 4. Resource mobilization

The resource mobilization module is a useful guide to find out how to acquire the resources needed to carry out work on HIV/AIDS. It focuses on the steps necessary to assess what resources are currently available (and how those resources are being used) and how additional resources (and resource partners) can be identified and accessed.