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**Report of the
Strategic Objective Design Workshop**

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Prepared for:

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Bureau for Global Programs, Field Support and Research
U.S. Agency for International Development
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1. Introduction

The Strategic Objective Design Workshop was convened to advance the redesign of the PHN Center's HIV/AIDS Strategic Plan. The meeting was designed to develop a Results Framework for the Strategic Objective (SO) Plan that reflected the data gathered over the past several months through an inclusive, global participation process, and which maximized the experience and expertise of three groups of USAID professionals. The three participation groups brought necessary, distinct, and complementary skills and perspectives to the process.

The **Technical Advisors in the Global Bureau's HIV/AIDS Division** brought in-depth knowledge, expertise and experience with the HIV/AIDS pandemic and responses to it. **HPN professionals from overseas missions and offices** brought a customer view that informed both the objectives and technical content of the plan, and provided necessary insights to what the field most needed in terms of support, leadership, and user friendly implementation mechanisms. **Senior Washington-based professionals** represented the range of Agency organizational units responsible for overall policy and strategy development and implementation. Their guidance would ensure that the strategic plan made sense within the larger Agency context, overall agenda, standards, and requirements.

2. Design and Flow of the Workshop

The main themes on each of the three days were as follows:

- Day One:** Building a common understanding of the lessons of the past and the overall direction for the future.
- Day Two:** Crafting specific results/objectives for the next five to eight years of USAID programming.
- Day Three:** Refining, consolidating and building consensus around key results at below the strategic objective level, and planning next steps.

Modifications were made to the Agenda to include new insights, based on the common ground that was established during various working groups, and based on a more realistic sense of what was needed to complete tasks at each step of the process.

Descriptions of daily accomplishments follow.

A. Day One

In the opening plenary, participants were asked to describe what would make the SO Plan a useful document, or how they would like to see it used. The sense of the group was that the document needed to be focused on key, significant, feasible objectives and results, presented in a clear and concise manner, understandable to key stakeholders who were not involved in the design effort.

Key pieces of information that were shared and discussed during the day included:

- ✓ Highlights of two major reviews of the previous AIDS Technical Support Project (ATSP), one focusing on the technical lessons learned from the project and the second focusing on the process evaluation (See A.1. below for highlights of these discussions).

- ✓ Results and highlights of the participation strategy. (The participation strategy was designed to gather input and generate commitments around appropriate and needed responses to the epidemic.)
- ✓ A "universal" objective framework which lays out an expansive and comprehensive approach to reducing the development impact of HIV/AIDS.
- ✓ A series of five programming areas, emanating from the universal tree, which the HIV/AIDS Division and the expanded team recommended and is based on both their expertise and on a set of criteria developed in consultation with several stakeholders, including customer representatives.

The five priority programming areas, which constituted the themes for the priority working groups include:

1. Sexual Risk Behavior
2. Sexually Transmitted Infections (STIs)
3. Community Ownership/Mobilization
4. Counseling, Care, and Support
5. Stigma and Discrimination

The remainder of the day was spent in small working groups around these five areas. Each working group was comprised of core design team members, representatives from field missions and offices, and HIV/AIDS technical advisors. The task of the working groups was to define key elements of a USAID strategy in the areas of policy, research, capacity building, and service delivery, appropriate to the Global Bureau's responsibilities for field support and global leadership. The results of the working groups provided the basis for work to be completed over the next two days.

Over the course of the first two days, discussion and debate were intense. As the discourse continued, programming areas became better articulated and in some cases consolidated, eliminated, or expanded.

Two major results came out of Day One:

- 1) There was agreement among participants to include "care, counseling, and support," beyond the medical care issue, as a necessary element of USAID's response to the pandemic, either directly or through leveraging responses from UNAIDS and other organizations. What specific role USAID would play as a bilateral donor and as a multilateral partner remained an outstanding issue.

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2) Several issues were identified as cross-cutting and became a lens for viewing the completeness of the results framework that was to be developed over the remaining two days. They included,

- Youth
- Gender
- Prevention and care continuum
- Private/public partnership
- Capacity building
- Contextual change
- Community mobilization

1. Comments on the ATSP Technical Review and Process Evaluation (6/3/95)

a. ATSP Technical Review (Presentation by John Novak and Claude Betts)

- Need multi-sectoral response including non-health response
- Prevention **and** care (don't separate)
- Counseling and testing needs more attention
- Is there data on proposed new programming areas?
- Evaluation: Need strategies to link indicators better

b. ATSP Process Evaluation (Presentation by John Pielemeier)

- Look at regional approaches, e.g., Thailand
- Capacity building beyond U.S. institutions
- Building relationships in field: European Union, World Bank (WB), etc.
- Global Bureau as technical leader; crosses over boundaries. . .
- Tension in coordinating other donor inputs, e.g., WB/Haiti; Global Programme on AIDS
- ATSP-type structure makes it difficult to coordinate; how then do we reduce fragmentation? Maybe by having a smaller number (5 to 6) of cooperating agencies (CAs) instead of current 13

- Maintain some competition
- Don't give money for project implementation to the same firm that designs the project because they design to their comparative advantage
- Don't discourage/dismiss other donors just because they are not as fast as USAID
- How do we evaluate impact?
- Core indicators/country level
- U.S. has a major leadership role
- Roles of missions, regional, and Global in the world

B. Day Two

Day Two focused on integrating the input from Day One and developing a preliminary results framework. Participants included the core and field teams, with special technical input by Jay Knott, USAID/General Counsel and Michael Gushue, USAID Office of Procurement. The initial task for the day was to recraft the Strategic Objective statement. After significant discussion, consensus was achieved on a strategic objective statement that is reflected in Day Two's first draft Results Framework (see Figure 1). The team then reviewed the proposed contents for a Strategic Objective Plan and Results Framework, based on current Agency guidance and the experiences of participants (see B.1. and B.2. below for proposed outlines of both). As the team reviewed the newly drafted strategic objective and the proposed first level results, a decision was made to combine the "care, counseling and support" and the "community ownership" objective.

The remainder of the day's work was in small groups, drafting results for the program areas that emerged on Monday, and examining field concerns about implementation mechanisms (see B.3. below for the notes pertaining to this discussion)

At the end of Day Two, each working group made a preliminary presentation of the work to date, and a first draft of a "Results Framework" was completed.

1. Proposed Structure of Final Product--Draft Outline: Strategic Plan

The following outline for the Strategic Plan was proposed by the group and follows the USAID ADS guidance:



- I. Summary Analysis of Assistance Environment
 - A. U.S. Foreign Policy
 - B. Overview: transnational trends; relationships to regional/global priorities; **role of other donors**
 - C. Customers: how they influenced strategic plan directly/indirectly (Participation Strategy)
 - D. Transition/Phase-out: implications of G/Bureau plan; Thailand, HAPA

- II. Proposed Strategic Plan
 - A. Link to Agency goals/objectives
 - B. Host country goals/subgoals
 - C. For each objective:
 - objective statement
 - problem analysis including affected customers
 - critical assumptions/causal relationships (Results Framework)
 - commitment/capacity of other partners
 - illustrative approaches
 - sustainability
 - indicators

- III. Resource Requests
 - A. Estimate:
 - program money, including field support
 - OE/personnel
 - B. High/medium/low options

2. Proposed Structure: Results Framework

The following structure was proposed by the group for the Results Framework (to be presented in a hierarchical tree):

- I. Objective Statement
(First Level/Key Results)

- II. Intermediate results
(Second level results/interim results)

- III. Development Hypothesis
(Cause/effect, critical assumptions)

- IV. Key results produced by other development partners

- V. Indicators (at objective level and others as feasible)

3. Field Perspectives on Implementation Mechanisms

The Field Team convened on Day Two to discuss their criteria/concerns for implementation mechanisms and Global Bureau support. These notes describe that discussion.

a. Field Perspectives

- With reduction in USAID missions, direct funding to governments, NGOs
- Integrated approaches
- Donor coordination
- Listing of institutions that can assist
- Creation of implementation packages at field-need

b. Challenges

- Implementors have an institutional agenda (might be inconsistent with project)
- Will more than one instrument facilitate? Or be cumbersome?
- Need for flexibility-also with implementing partners to encourage **accountability**; particularly important in countries without mission presence.
- Need for more cost-effective entity than AIDSCAP
- Need to “tag along” with existing institutions
- Need for simple contracting mechanisms
- *Cookbook*: (Make USAID regulations “user friendly;” simplify reporting requirements; keep in mind host country’s goals and objectives). *Don’t disregard*

c. Future

- Challenge separate contract for technical assistance that field can buy into
- Critical mass cost; field commitment to clear scope of work for technical assistance
- Preserve competition so that global agenda does not take priority
- Link research to service delivery (choice with mission)

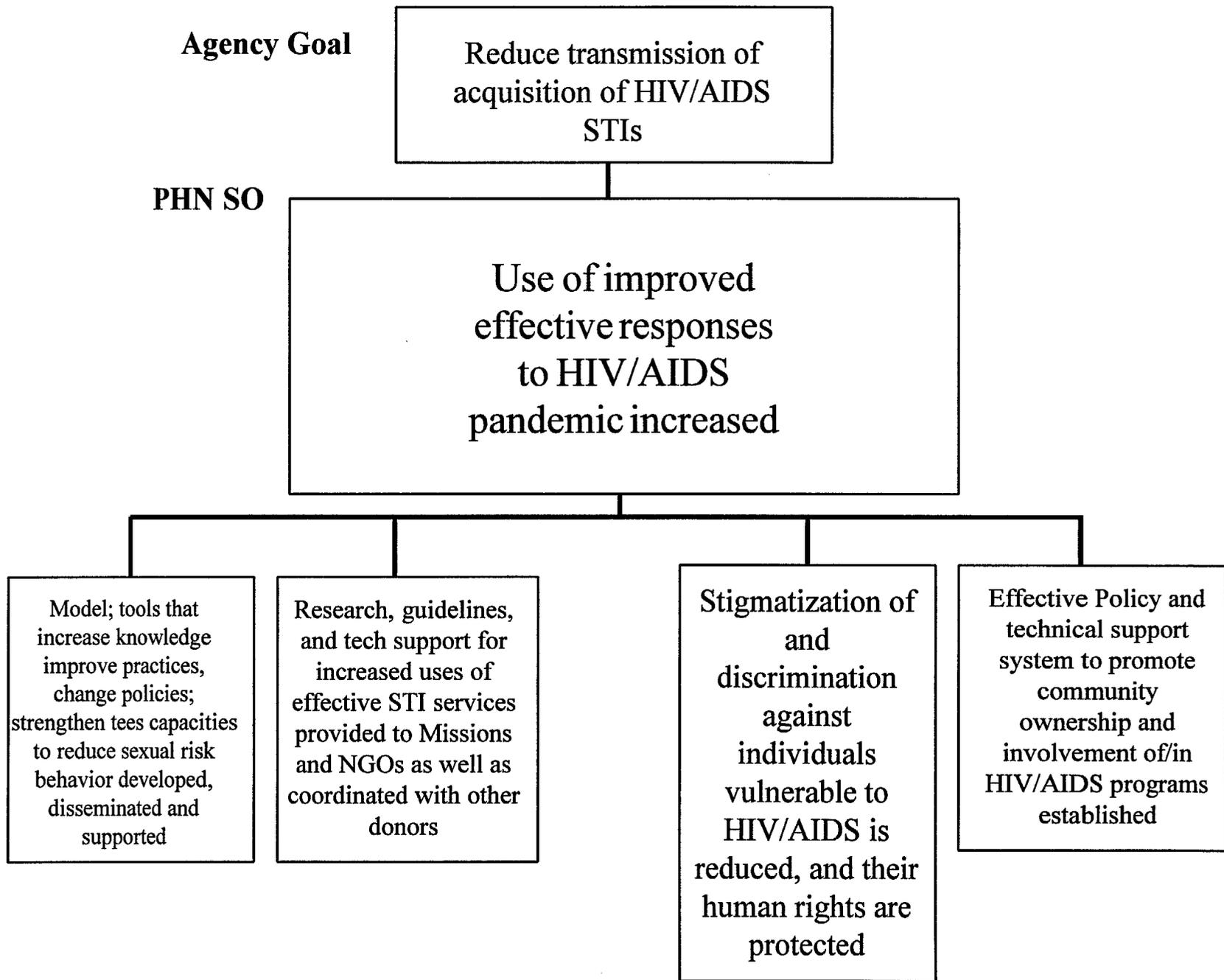
- Issue of high cost of American goods (especially in STD drugs)
- How can we make [STD drugs] sustainable? (User fees/private sector involvement but not always possible; recurrent cost issue. Need for incentives to bring parts in)
- Need for donor coordination; UNAIDS performs part of this
- ? Global to support network of organizations operating in region (e.g., Peace Corps, local institutions); multi-sectoral approach and linkage
- Global to stimulate worldwide efforts, taking advantage of existing mechanisms or may be USAID/W function
- Cost
- Flexibility: technical assistance delay/length of approval time; design/implementation disconnect; performance-based system designs results product, not implementation
- Need to build in capacity building in any event
- End results come from participation process/takes many actors
- Need for facilitation so that all are heard in design; need for technical assistance, evaluation facilitation for missions and host country governments
- Five-year limitation on contract, grant, cooperative agreement--generally two year
- Can IQCs be for long-term technical assistance? Task Order contract model subcategory of IQC
- NGO method: grants, cooperative agreement can be done in the field
- Prequalification issue: problem with performance based grants/extension based on grants/extension based on performance
- Grant as mechanism in program description--year-by-year, then, decision on follow-on

d. Summary of Concerns

- Flexibility
- Choice
- Cost
- Ease of Access
- Delivery Orders vs. Field Support
- Look at multiple sources for same service

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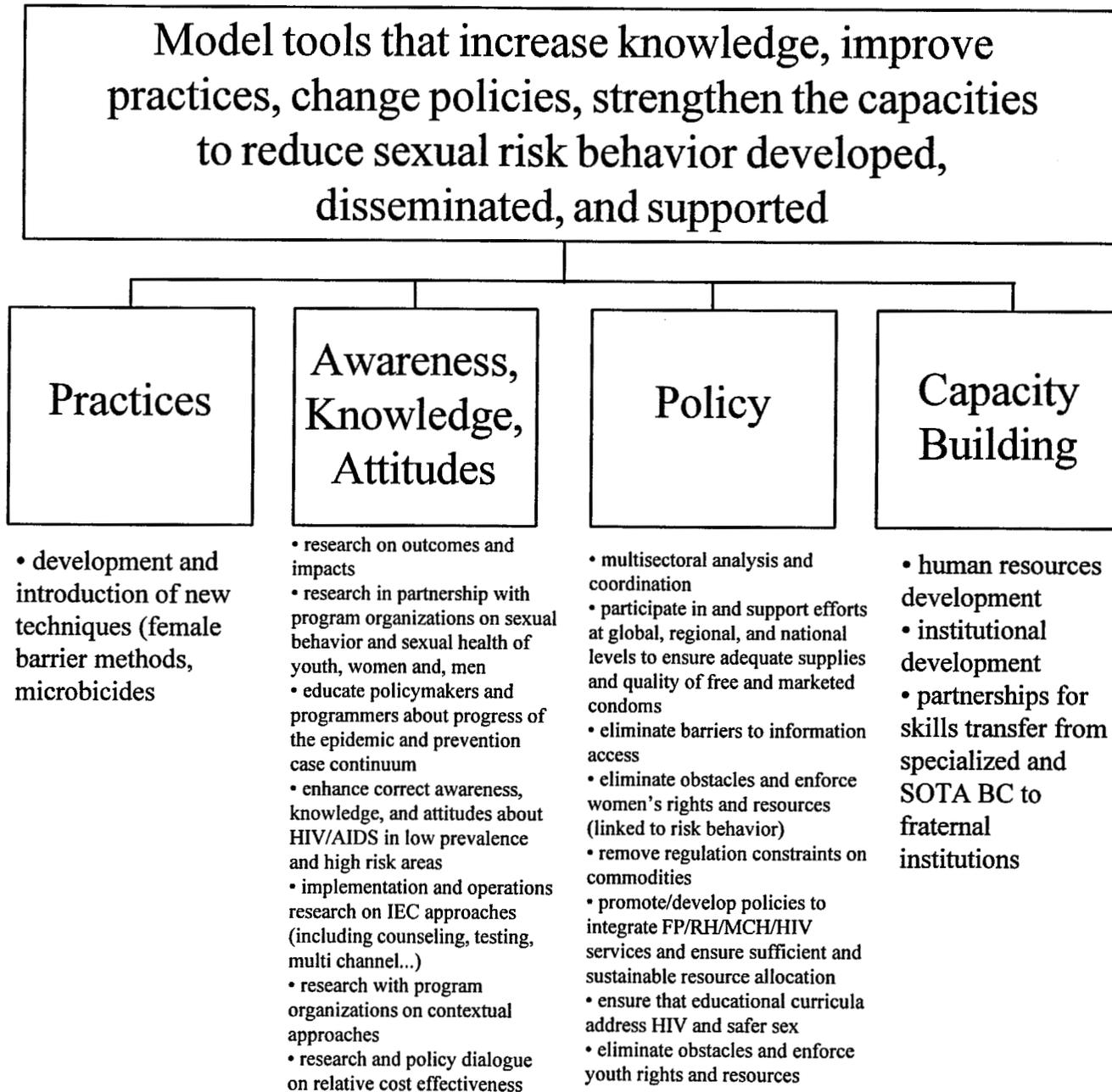
**Figure 1: Results Framework -- Page One
Draft One**



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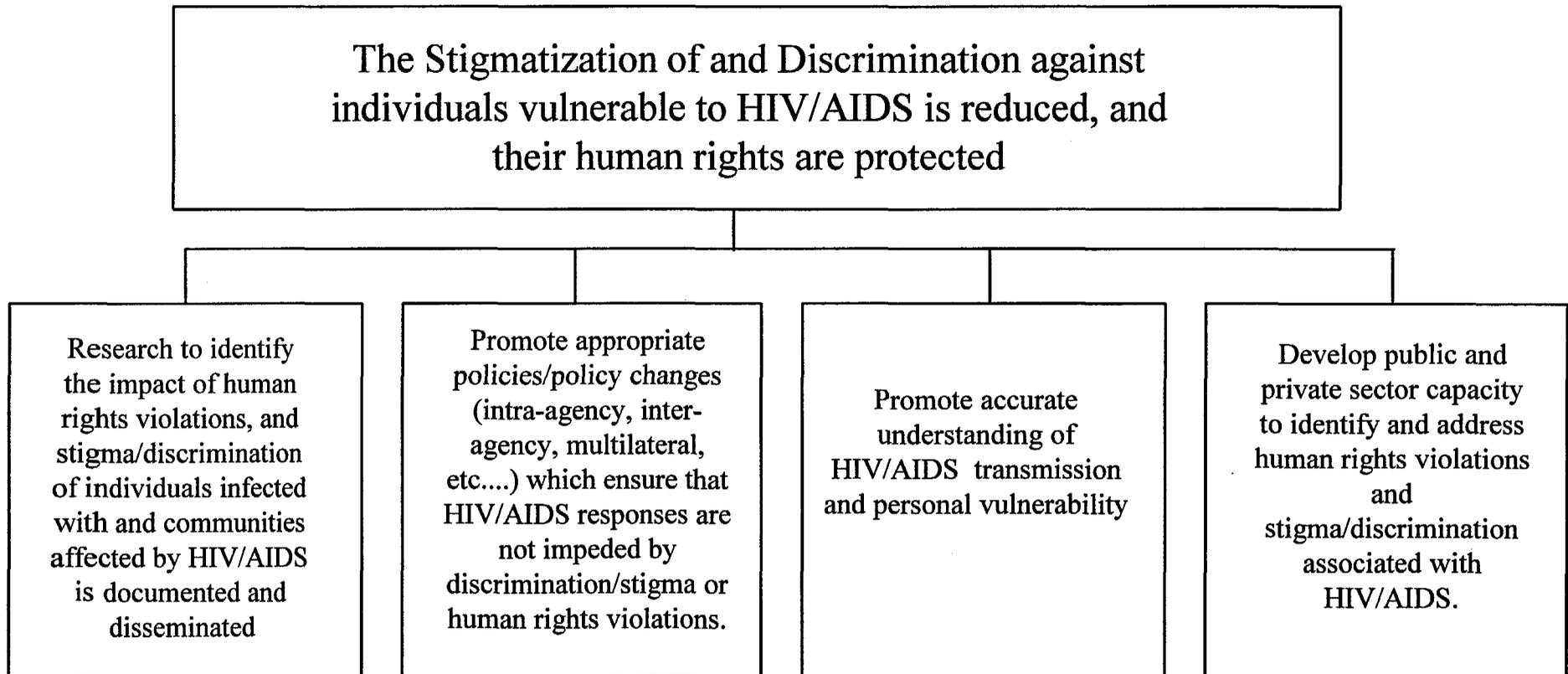
**Figure 1: Results Framework -- Page Two
Draft One**

INDICATORS:



- Increased social acceptability of, accurate knowledge about and correct use of:
 - condoms
 - female barrier methods
 - non-coercive sex
 - safer sex practices
 - abstinence
 - reduced number of partners and monogamy
 - delayed initiation
- Correct knowledge about HIV and protection
- National strategic plan and benchmarks for IEC and reduction of sexual risk in place; 25% health care funding trained staff in place, plan for sustained HR for HIV/AIDS IEC and indigenous NGO development
- National policies
 - enable/facilitate dissemination of complete/correct information and promotion of safe behavior
 - facilitate importing of products and access to condoms and barrier methods
 - enforcement of rights, resources, and services for women and youth

**Figure 1: Results Framework -- Page Three
Draft One**



Indicators:

- HIV/AIDS discrimination/stigma and human rights violations are discussed as diplomatic demarches within USG/host country interactions
- USG embassy assessments/annually of human rights/discrimination issues related to HIV/AIDS
- Decrease reported cases of human rights violations including discrimination associated with HIV/AIDS as documented by exterior sources (e.g., human rights report)

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Figure 1: Results Framework -- Page Four
Draft One

Research, guidelines, and technical support
 for increased use of effective STI services to
 missions and NGOs, provided and
 coordinated with other donors

Strengthening
 syndromic
 management
 approach and
 support systems in
 selected private and
 public sector STI
 programs

- expand services outlet
- integration
- develop guides for HIV/T&C
- pharmaceutical management
- training providers in syndromic approach
- QA

Formal
 coordination
 mechanism
 established to
 address financial
 and communities'
 support, TA, policy,
 timing, and research

- provision of pharmaceuticals and commodities
- expand services outlet
- training providers

Policies
 conducive to
 syndromic
 management are
 developed and
 adopted

- delegation of prescription authority
- support surveillance
- engage private sector
- integration
- health financing reform
- syndromic management

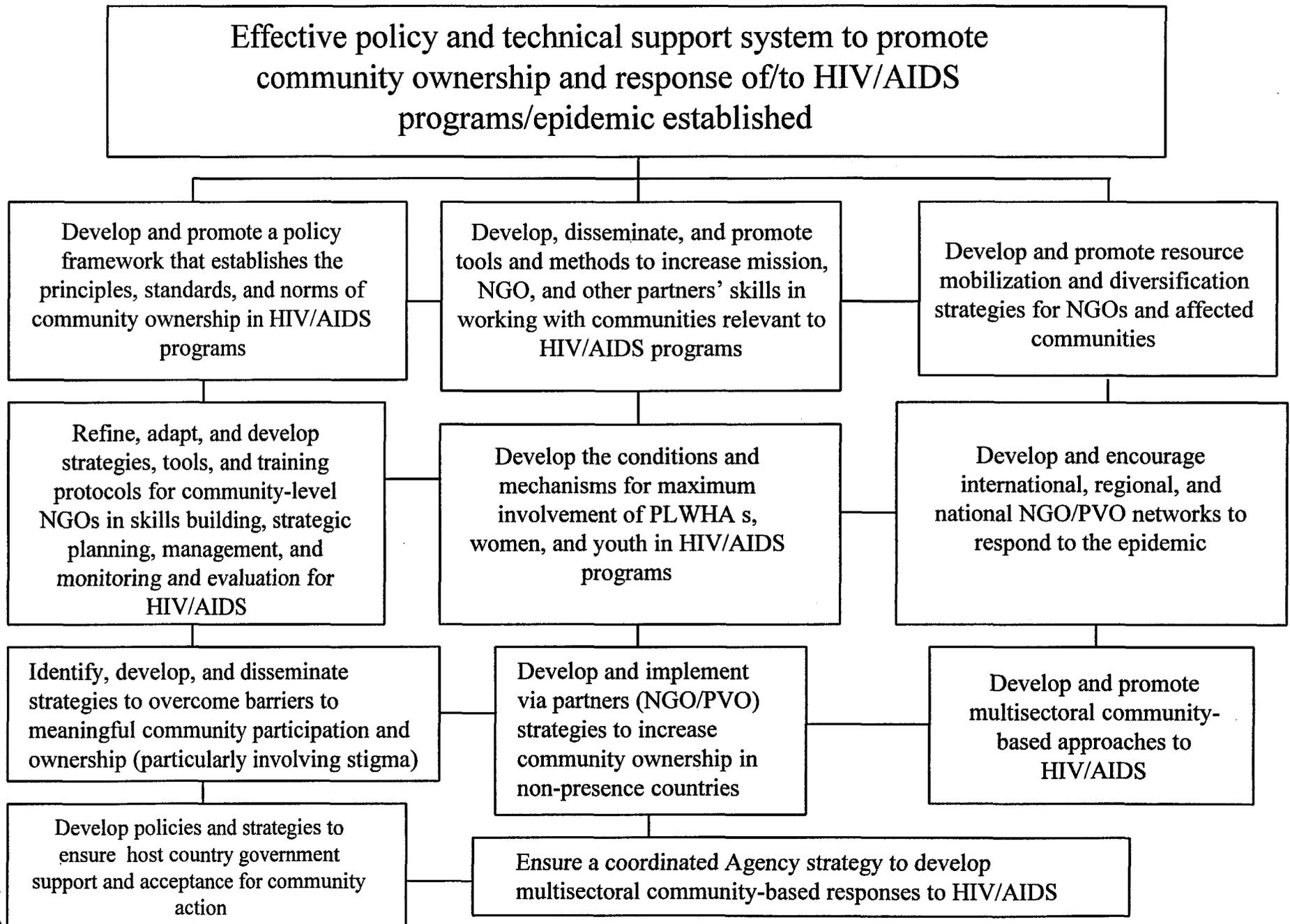
Research issues in
 STI prevention and
 pharmaceuticals
 identified,
 prioritized, and
 addressed

- test profile development and field testing
- STI pharmaceuticals
- improve counseling
- improve health seeking behavior
- improve cost effectiveness
- integration
- private sector
- STI kits
- cost effectiveness of training

SURVEILLANCE
 established for
 measuring program
 performance

- HIV surveillance
- STD surveillance
- monitoring mechanisms estimates
- evaluation approach adopted

Figure 1: Results Framework -- Page Five
Draft One



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C. Day Three

Day Three was a breakthrough day. The draft Results Framework was posted for viewing, discussion and analysis. Participants were asked to do a confidence assessment of the degree to which the posted set of results were the right ones to accomplish the intended objective, by standing under a number from 1 to 5, 1 representing low confidence. The bulk of the group clustered between 2.5 and 3.5, with two individuals at 2 and three at 4.

A positively-framed discussion of what the scores represented was a useful beginning to the work for the remainder of the day. The goal of Day Three was to move the group a step further. The Framework was discussed from the perspectives of the field, the technical advisors, and the core team. These discussions brought about two major changes in thinking and work for the day: 1) it was decided to add an explicit field support objective; and 2) it was decided to consolidate the objectives dealing with community ownership, stigma, and discrimination into a single objective (see C.1. below for notes of reactions to the first draft of the Results Framework, and C.2. for Draft 2 of the Results Framework: New Intermediate Results; see also C.3 Revised/ Additional IRs and Indicators).

By mid-morning of the last day, there were four first level results, one each dealing with: sexual risk behavior; sexually transmitted infections; promoting a more supportive, responsive environment; and field support (see C.4.a-d).

By different processes, yet in significant and important ways, the participation strategy data, the technical and process reviews, and the experiences of the Technical Advisors and their technical colleagues appear to have converged on the same set of programmatic themes for USAID. These are: 1) continue to pursue known and promising strategies and research in behavior change communication (BCC), sexually transmitted infections (STIs), and condom social marketing (CSM); 2) explore the environmental or "contextual" issues and look at care/prevention relationships; and 3) attend carefully to issues related to youth, gender, and capacity building.

1. Core/Expanded Team Reactions to First Draft of Results Framework

- Universality of areas included
 - transmission
 - mitigation
 - community response
- Flow of "orders" makes general sense and is applicable worldwide/although needs fine tuning
- Cross cutting areas need to be targeted, stated??
- IRs are correct, but
 - include cross cutting??

- global leadership and field support delineated??--roles
e.g. mission support as IIR??
- multilateral/other partners
- research areas
- support
- disseminate research results
- link to field support
- resource mobilization
- costing of activities
- cost effectiveness of activities
- explicit “flow” of research findings to policy
- perinatal and prenatal (missing)
- lack of youth care--needs to be stated explicitly
- missing is social marketing--needs to be highlighted
- explicit role of G/PHN unfinished
- community/stigma areas--needs to be stated explicitly
- too ambitious/sweeping
- gaps between results
- mission involvement unclear

2. New Intermediate Results Generated by Core/Expanded Team

- a. **Intermediate Result:** Technical and Management Assistance to Facilitate Success of USAID Efforts in the Field is Provided
- b. **Indicators:**
 - i. Proportion of USAID filed missions with HIV strategic objective which utilize a G/PHN Center mechanism for service delivery
 - ii. Customer satisfaction survey results
- c. **Interim Results:**
 - i. Field-based assessments and program designs assisted
 - ii. Implementation of field-based interventions are facilitated
 - iii. Monitoring and evaluation of field-based activities assisted
 - iv. Field-based interventions improved linkages with G/PHN Center HIV research
 - v. HIV interventions improved through linkages with lessons learned from field-based experiences
- d. **Illustrative Activities:**
 - i. Develop and implement mutually agreed upon work plans between USAID operating units
 - ii. Customer service plan developed and implemented yearly
 - iii. Support mechanism for technical assistance established
 - iv. Support mechanism for mission-level management support established
 - v. Opportunities for multi-sectoral collaboration identified
 - vi. Availability of tools, methodologies and best practices which are developed in different countries, is facilitated
 - vii. Sharing with USAID missions information from Global-level consultants/representation in donor multilateral meetings

3. Revised/Additional IRs and Indicators Presented by Core/Expanded Team

a. **Revised Intermediate Result:** Increased STI Services: Provide Technical Assistance, Guidelines, and Research for the Increased Use of Effective STI Services to Missions with other Donors

i. **Indicator:** Decreased STI prevalence in selected groups

ii. **Revised Interim Results:**

a) ***Policy:*** Policy conducive to syndromic management are developed and adopted

Indicator: Number of providers authorized to provide syndromic management

b) ***Technical Assistance:*** Strengthening STI management (including syndromic management) and support systems in selected private and public sector STI programs

Indicator: Number individuals presenting with STI, in health facilities assessed and treated in an appropriate way

c) ***Donor Coordination:*** Formal coordinating mechanisms established to address financial and community support, technical assistance, policy, training, and research

Indicator: Number of countries with multiple donor input with formal coordination mechanisms.

d) ***Research:*** Research issues in STI prevention and treatment identified, prioritized, and addressed

Indicators:

- 1) Number of research studies completed, analyzed, and disseminated in focus technical areas
- 2) Number of studies published in peer-review journals
- 3) Number STI programs incorporating results of studies

e) ***Surveillance:*** Mechanisms established for measuring program performance

Indicator: Percent Core STI surveillance systems in place in emphasis countries

b. **Revised Interim Results for Reduced Sexual Risk Behavior**

i. Participate in and support efforts at the global, regional, and national levels to reduce sexual risk behavior

- Ensure adequate supply and quality of free and marketed condoms (and STD drugs)

- Eliminate restrictions and barriers to sexual health and HIV information and services
 - Support integration of FP/RH/HIV/MCH services as appropriate
 - Conduct multi-sectoral analysis and coordination
 - Ensure rights and resources of vulnerable groups, especially women and youth, so they can actively participate in preventing HIV
 - Ensure that education curricula address sexual health, HIV, STDS
- ii. Develop, improve and support use by host country partners and collaborating organizations of approaches and tools to increase safer sex practices
- Strengthen use and expansion of cost-effective marketing and distribution systems to increase knowledge, demand, supply, and access to condoms and female barrier methods
 - Develop, access, disseminate, and support use of multichannel IEC and social marketing approaches to increase: correct knowledge and awareness of sexual health, including HIV and STDs; supportive social norms; and decrease practice of sexual risk behaviors, especially among youth and strategic populations
 - Strengthen research on, use and expansion of improved models for cost-effective, coordinated multi-channel IEC and social marketing to increase societal, community, and individual practice of sexual risk reduction
 - Develop, test, and disseminate improved methods for understanding and monitoring of sexual risk behaviors and behavior change
 - Support host countries to develop, implement, and fund national evidence-based strategic plans for IEC and social marketing to reduce sexual risk behavior
 - Support host country research and development to identify local norms, patterns, and concepts of sexual health, and constraints and incentives for risky or safe behaviors
- iii. Support expansion and utilization of local human and organizational capacities to design research, implement, and evaluate multi-channel IEC, social marketing, and policy responses for sexual risk reduction.
- Educate/train policy makers, program planners, trainers, educators, NGO leaders/managers about:
 - HIV and sexual risk.
 - Stages of the epidemic and development implications

- Prevention/care continuum and stigma
 - **Strategic multi-channel IEC approach to sexual risk reduction
 - **Social marketing of condoms
 - Cost benefit of early and adequate investments for individual and national productivity
 - Legal and regulatory effects on the epidemic
 - Develop, strengthen, and expand action and training of partnerships, South-to-South, policy, research, and implementation specialists and institutions
 - Develop, strengthen, and expand communication and support networks (as above)
- Develop strategic approaches and benchmarks for human and organizational resources for social and behavioral approaches to sexual risk reduction research and programming
 - Identify institutions (any sector), non-formal organizations at regional, national and local levels with potential to contribute to reducing sexual risk through social, behavioral, and marketing approaches
 - As appropriate, support needs assessments, training in strategic planning and progress monitoring, organizational development, management, financing, fund raising, recruitment, staff development, outreach, and advocacy
 - Promote private sector initiatives for providing technical, managerial, and financial resources for state-of-the-art multi-channel IEC, communication technology, and social marketing to reduce sexual risk and enhance reproductive health
- c. **Additional Indicators for Reduced Sexual Risk Behavior**
- Percentage of emphasis countries with fully developed strategic plan and benchmarks for institutional and human resource capacities in IEC, social marketing, counseling, and sexual risk reduction
 - Ratio of host country/expatriate staff and organizations in senior technical and management staff positions in host country IEC and social marketing programs

Notes:

- IEC—integrated/coordinated—mass media, community, networks, interpersonal communications, counseling (pre-post test and risk reduction)
- Social Marketing: using marketing techniques and distribution systems to further social ends

4. Final Results Framework

a. Intermediate Result #1 and Interim Results

- i. **Intermediate Result:** The capacity of global- and field-level partners to promote reduced sexual risk is improved
- ii. **Interim Results:**
 - a) Develop, improve and promote (to global- and field-level partners) approaches and tools to increase safer sexual practices
 - 2) Develop, improve, and promote (to global- and field-level partners) approaches and tools to increase awareness and knowledge of, and improve attitudes toward, safer sexual practices
 - 3) Develop, improve, and promote mechanisms and strategies to support the expansion and use of local human and organizational capacity to design, research, implement, and evaluation multi- channel IEC, social marketing, and policy responses for sexual risk reduction
 - 4) Support global-, regional-, and national-level policy coordination efforts targeted to reducing sexual risk

b. Intermediate Result #2 and Interim Results

- i. **Intermediate Result:** The capacity of field partners to provide increased and improved STI services is improved
- ii. **Interim Results:**
 - a) Develop and promote policies conducive to syndromic management
 - b) Develop and promote methods and strategies to strengthen STI management (including syndromic management) and support systems in selected private and public sector STI programs
 - c) Establish formal coordinating mechanisms to address financial and community support, technical assistance, policy, training, and research for improved STI management
 - c) Identify, prioritize, and address research issues in STI prevention and treatment
 - d) Develop and promote strategies and methods to establish core STI surveillance mechanisms

c. Intermediate Result #3 and Interim Results

- i. **Intermediate Result:** The increased capacity of global- and field-level partners to influence the critical (policy, normative, institutional, and intersectoral) factors that support improved responses to HIV/AIDS epidemic is ensured
- ii. **Interim Results:**
 - a) Develop, customize, and disseminate (to global- and field-level partners) tools, mechanisms, and norms that promote the mobilization of community-led responses to the HIV/AIDS epidemic
 - b) Develop and promote (to global- and field-level partners) approaches that reduce those negative societal norms (e.g., stigma, discrimination and human rights violations) that undermine prevention and mitigation efforts
 - c) Develop and promote (to global- and field-level partners) strategies and mechanisms to assist the formal and informal health care systems to better respond to the HIV/AIDS epidemic
 - d) Develop and promote—to private sector firms, PVOs, host country governments—strategies and tools that mobilize increased resources and improved responses to the HIV/AIDS epidemic
 - e) Develop and promote (to global, USAID/W, and field-level partners) strategies to incorporate HIV/AIDS considerations into other sector programs and operations
 - f) Develop and promote policy and strategic guidance (to global- and host-country partners) for the establishment of effective HIV/AIDS surveillance systems

d. Intermediate Result #4 and Interim Results

- i. **Intermediate Result:** Quality technical and management assistance in support of USAID HIV/AIDS efforts in the field is ensured
- ii. **Interim Results:**
 - a) Assist field-based assessments and program designs
 - b) Facilitate the implementation of field-based interventions
 - c) Assist the monitoring and evaluation of field-based activities
 - d) Improve the linkages between PHN Center research and field-based interventions

Strategic Objective Design Meetings

3-5 June 1996

Proposed Agenda

Monday, 3 June 1996

- 8:00 a.m. Bus Departs Rosslyn
- 8:30 Gathering/Coffee
- 8:45 Opening
Welcome/Introductions
Purpose/Flow/Procedures
- 9:30 Updates:
Core Team Mandate, Rationale
Universal Tree: Overview and link to Participation Data
Technical Review Results
ATSP Process Evaluation Results
TIMS Overview
- 11:30 Working Groups: Priority Programming Areas..
- 12:00 *Working Lunch*
- 3:30 Working Groups: Summarize today's work
- 4:00 SO Plan: Content; Structure; Getting There from Here.
- 4:30 Closing Remarks and Bus Departs

Tuesday, 4 June 1996

- 8:00 a.m. Bus Departs from Rosslyn
- 8:30-8:45 Gathering/Coffee
- 8:45 Outstanding Issues from Day One
- 9:15 Defining Program Impact and Key Clients
- 10:15 Review and Clarify Product Format

11:00- 3:00 Working Groups:
Results Frameworks
Field Implementation Issues: Mechanisms and NGOs

12:00 *Lunch*

3:00 Contact expanded team members for Wednesday
Prepare for Wednesday

4:30 Bus Departs

Wednesday, June 6, 1996

8:00 Bus Departs

8:30-8:45 Gathering

8:45 Opening
Team Norms/Product for Day

9:15-3:00 Develop Hierarchy of Objectives
Performance Indicators
Activities
Implementation Issues

3:00 Presentation and Review of Work
Review of SO Plan

4:00 Next Steps

4:30 Closing; Bus Departs

Strategic Objectives Workshop

National Audubon Society

June 3-5, 1996

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Sexual Risk Behavior
Working Group One: Day One

IR

Capacity Building

- Human Resource Development
- Institutional Development (e.g., strategic planning capacity. . .)

IR

Policy

- multi sectoral analysis and coordination
- eliminate barriers to information access
- eliminate obstacles and enforce women's rights and resources (linked to risk behaviors)
- remove regulatory constraints on commodities
- promote/develop policies to integrate FP/RH/MCH/HIV services and ensure sufficient and sustainable resource allocation
- ensure that educational curricula address HIV and safer sex
- eliminate obstacles and enforce youth rights and resources (linked to risk behaviors)

Awareness, Knowledge, Attitudes

- research on outcomes linked to impacts
- research in partnership with program organization(s) on sexual behavior and sexual health of youth, women, and men.
- implementation and ops res on IEC approaches (including counseling, testing, multichannel...)
- research in partnership with program organizations on contextual approaches.
- research and policy dialogue on relative cost effectiveness.

Practices

- development and introduction of new technologies (female barrier methods, microbicides)

Result

- Develop, disseminate and support use of models and tools to increase knowledge, improve practices, change policies, and strengthen host country capacities to reduce sexual risk behaviors
- Knowledge, practices, policy, capacity

IR: reducing sexual risk behaviors

- Increased social acceptability of accurate knowledge about and correct use of:
condoms
-- female barrier methods

- safer sex
 - abstinence
 - reduced number of partners (and monogamy)
 - delayed initiation
- Correct knowledge about HIV and protection.
 - National strategic plan and benchmarks for IEC and reduction of sexual risk behavior in place, 25% host country funding, trained full time staff in place, plan for sustained human resources for IEC re: HIV and indigenous NGO development.
 - National policies in place which enable/facilitate dissemination of correct and complete info and promotion of safe behavior.
 - National policies in place which facilitate importation/production, distribution and access to condoms and barrier methods.
 - National policies and enforcement of rights, resources and accessible services for youth and women.

“Parking Lot”

Surveillance

Development of better barrier methods/technologies

1st Order Intermediate result

2nd order

Increased awareness, knowledge, attitudes. Practices/outcomes---impact on HIV

Res: sexual background, sexual health (men and women)

IEC

counseling and testing

peer education

increased condom use

increased safe sex/abstinence

decreased initiation

decreased partners

*positive context for practices (social networks/norms)

Translation from Research to Interventions

Research		Interventions
Sexual ethnography -male/female -determinants of high and low risk patterns		increase condom use in high risk populations
Identify key issues/questions to monitor x-country including items/questions for surveillance		Partnerships with research institution. Build on work ICRW has done. ---Women's empowerment
Dissemination of Lessons Learned		
Same sex partnerships		
Examine risk behaviors c.s.-----> partnership decreased number of partners increased abstinence delayed initiation sexual practice (alternatives) condoms female controlled barriers		
Linkage between health beliefs and sexual norms and beliefs. Economic and political policies that affect HIV/STD risk behaviors.		
Baseline		
Sexual behavior	Gender Age Economic situation culture parity	
sexual health		
Gender differences in...	Desire Regulation of sex and desire alternatives	
Counseling and Testing	for sustained risk reduction for referral to prevention and interventions for evaluation and surveillance	
IEC	Information awareness awareness knowledge	

	Influence	Norms Attitudes Value clarification repositioning of self or behavior	<---Behavior change
Social networks and changed service norms			
Links between outcomes and impact			

Interventions

BCC for risk populations joined with STD services

Peer education---university students, refugees and displaced persons, disaster victims

Targeting customers of CSW, Military, high risk occupations (sailors, truck drivers)

Communicate with the population of low risk women and their partners

HIV counseling and testing

IEC

Program Outcome: Sexual Risk Behavior decreased--70% of resources

	Policy	Research-----Service Delivery	Capacity Bldg.
Global Leadership		-Research and service delivery must be linked; use existing research/info -Sustain local partnerships and institutions for res on sexual behavior norms and expand to male behavior --Integration of HIV/STI o with FP with education and training o with workplace --IEC and other sexual backgrounds, sociably condoms --IEC--behavior change --investigate mechanisms --links between outcomes and impacts- -clarify --Methodological level. for --Social networks and norms --Counseling OR on cost effective models --Targeting IEC continuum of services for high risk populations	
Field Support			

Capacity building

- TA
- Who is going to do all these things? --a U.S. CA? In country institutions?

Develop

- Research and training institution in-country; institution strengthening---regional, networks, centers of excellence
- All technical assistance be in partnerships with local organizations--expand through
 - internships
 - fellowships
 - South-south TA
- New approach to capacity building in social science that will truly leave increased capacity in place. Structure needs to be developed that makes this a priority and that ensure performance evaluation reflects this.

Policy

1. Direct policy research and dialogue/advocacy
2. Support to NGOs for country participation in policy with for policies in other sectors - effects on HIV incentive increased
3. Support for multilateral
4. Support for other international advocacy for to include HIV (e.g., WID, UNICEF)

Tariff and cost supports for condoms and other tools

Women's rights and control of resources

Jural status of women and girls

Legal status of prostitution

Support for increased resources from host government, private sector; community

Integration/organization

- fp/HIV/STI
- education, (MOE) and health (including sexual health)
- national development health communications congruent with and includes HIV/STI

Protection against sexual coercion (women, youths) by military and police

Include Protection against persecution for sexual difference---forced heterosex.

Programmatic policy mandate to service providers to properly address HIV/STI

Censorship--prevent obstruction of interference with comp technically indicates programming on political grounds; (but also require programs to investigate, articulate and educate around negative reactions)

Services for adolescents

Ethical and technical guidelines for HIV testing counseling and informed consent quality.

Care, Support and Counseling

The conclusions here are a result of a very lengthy discussion of what is/isn't care; and USAID's role in care, support and counseling, either directly or through other donors/multilaterals.

Among the considerations were:

- Counseling and testing is in fact a care intervention that USAID currently supports
- HE policy reform is needed
- Lack of field support/NGOs
- Should USAID be doing this?
- What are "others" doing?
- Does USAID have a role?
- Why not 4.3.2?

The summary here includes conclusions that were reached on 6/3/96, the first day of the retreat.

- USAID plays a global leadership role in:
 1. entering into partnerships to determine data needs and USAID's role
 2. conducting operations research to test /refine models/approaches: special HE needs; costing; community response; care providers response; capacity building; TB compliance; information dissemination
 3. with UNAIDS on development of global/regional standards/norms

The Core Team subsequently, decided to subsume these issues under a broader theme of "community/environmental" support and ownership of responses to the epidemic.

Day One: Working Group Four

Task: Review the "community ownership" objectives on the tree, and identify key elements of USAID strategies in the areas of policy, research, capacity building, and service delivery, appropriate to the Global Bureau's responsibilities for field support and global leadership.

RESULTS (taken from Day One Flipcharts)

4.3.1 - Finance: Encourage for Community-Based Work

- Limitation: Can it track?
 - Mechanism to allocate money for local use
 - Private sector
 - Support comm.based programming
 - Use of National Earmarks

- Global Leadership: (what, why)

P1: G. Work with other int'l partners to influence their financing strategies in support of communities

IND: - # of int'l policies we influence
- develop comm-based resource mobilization strategy
- # of other donor programs with com based resource mobilized.

WHY: Historic USAID expertise in h.c. finance and links to other of (e.g., WB, WHO, UNICEF)

R1: Research on resource mobilize, strategies in support of C-B HIV-AIDS programs, (and PGMS which affect HIV/AIDS)

R2: Evaluate state of the art of multi sectoral intervention

(G.F.S.P1:) Support for MOH training/outreach

policy framework for C.B. soc delivery
cap. bldg.: training

P2: Develop community reporting framework for donors re: community based HIV inter.

CAP:1 Provide h.c. Financing T.A. to missions/REDSO in:

- a.) Developing res. Mobilization strategies in support of communities.
- b.) Linking to other USAID with mission programs in health care finance/broader public finance efforts.

FIELD SUPPORT

CAP: Provide TA to missions to improve / mobilize for community based service delivery

S.D.: Work with other donors/NGO's to coordinate resource packages for community based groups and services.

P./FS Develop cost recovery/income generation strategies to expand resource base in support of community. Based programs.

4.3.3. Community Participation in Design, Implementation, and Monitoring and Evaluation of HIV/AIDS Policies and PROGRAMS Ensured

P: - Develop M&E tools for community. Self. Monitoring. Strategies to empower communities

R: - Research = effective models to community. Ownership/participation.
- Link HIV/AIDS programing to other community activities

P: - Advocate to national/international audience/leaders need for com-based participation/ownership in programming

CAP Involve reps. Affected communities in G/PHN/HIV design, and evaluation of (G/PHN/HIV) policies and programs

F.S. Develop and disseminate strategies community can use to assess impact of HIV/AIDS on their communities.

P - Link community-based HIV-AIDS intervention with other USAID/health and Non-health community-based efforts.

R Research on barriers (organizational, political, cultural, and regional) preventing community-partnership/ownership in design of HIV/AIDS policies/programs.

P Help community identify their roles; NORMS for community participation (work with other donors) = gender, cultural, religious, PWA's, youth, PLH.

- a.) For USAID
- b.) For International community
- c.) For countries

P Develop a continuum of participation norms.

4.3.5 Community skills in advocacy, resource mobilize, M&E, and management increased

R Develop and test indicators to measure skill building for management and community mobilization, NGO's. . .

CAP Develop International, Regional, and National networks of NGO's/PVO's/PLWA.

R Document strategies used by NGO's/PVO's to mobilize communities in support of HIV/AIDS programming.

FS G/PHN/HIV-AIDS to mobilize existing community-based training programs in support of HIV/AIDS. (Health and non health)

FS Provide T.A. (Personnel products) to enhance capacity of affected communities (HIV and families, etc.) To organize.

FS More access of community groups to USAID HIV/AIDS programming.

CAP Develop religious org. Networks and capacity to support community-based HIV/AIDS efforts.

GL Standards on how use formative research in programs

-- "COMMUNITY" is a mission set?

-- research/tools (OK)

-- 4.3.4 is global set

Community Ownership, recrafted:

- IR: Participate in and support efforts at the global, regional and national levels to reduce SRB:
 - Ensure adequate supply and quality of free and marked condoms (& STD drugs)
 - Eliminate restrictions and barriers to sexual health & HIV information & services.
 - Support integration of FP/RH/HIV/MCH services as appropriate.
 - Conduct multi sectoral analysis & coordination.
 - Ensure right and resources of vulnerable groups, especially women and youth, so they can actively participate in preventing HIV.
 - Ensure that education curricula address sexual health, HIV, STDS.

IR: Develop, improve and support use by Host country partners and collaborating organizations of approaches and tools to increase safer sex practices.

- Strengthen use & expansion of cost-effective marketing & distribution systems to increase knowledge, demand, supply and access to condoms & female barrier methods.
- Develop, access, disseminate and support use of multichannel IEC & social marketing approaches to increase: correct knowledge and awareness of sexual health, including HIV & STDs; supportive social norms; and decrease practice of sexual risk behaviors, especially among youth and strategic populations.
- Strengthen research on, use & expansion of improved models for cost-effective, coordinated multi-channel IEC & social marketing to increase societal, community & individual practice of sexual risk reduction.
- Develop, test & disseminate improved methods for understanding & monitoring of sexual risk behaviors & behavior change.
- Support HC's to develop & implement & fund national evidence based strategic plans for IEC & social marketing to reduce sexual risk behavior.

STI Group Working Session Notes: 6/4/96

4.1.7 2. Intermediate Results

Intermediate Results:

Increased STI Services

Provide T.A.

Guidelines

Research for the increase use of effective STI services to missions

HC PVT. And Public sector, and Coordination with other donors

STI Prevalence in selected groups

1. Policy: Policies conducted to syndromic management are developed and adopted
2. Technical Assistance: Strengthening STI management (including syndromic management) and support systems in selected private and public sector STI programs.
3. Donor coordination: Formal coordinating mechanisms established to address financial and community support, T/A, policy, training, and research

Indicator: number of countries with multiple donor input with formal coordination mechanisms

4. Research: Research issues in STI prevention and treatment identified, prioritized, and addressed

Indicators: 1) number research studies completed, analyzed, and disseminated in focus technical areas

2) number studies published in peer-reviewed journals

3) number STI programs incorporating results of studies

5. Surveillance: Mechanisms established for measuring program performance

Indicator: percent core STI surveillance systems in place in emphasis countries