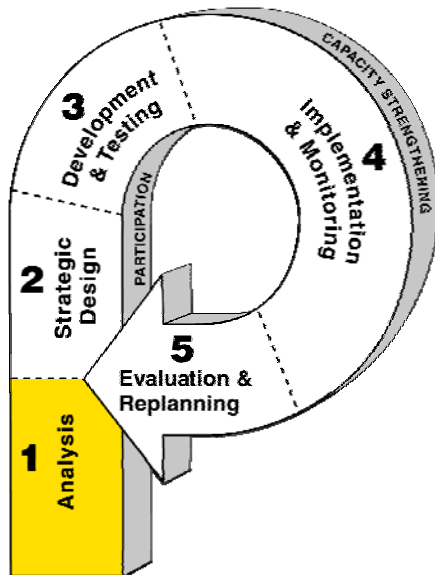


4.0 STEP 1: ANALYSIS

Learning Objectives

By the end of chapter 4.0, the reader will be able to:

1. Assess Organizational Capability
2. Select a target group.
3. Select a programmatic approach.
4. Make decisions about collaboration.
5. Work towards obtaining/maintaining funding.
6. Design a formative research plan.



There are many approaches to take when developing IPC interventions. Although there are no cookie-cutter interventions, one does not need to completely reinvent the wheel. The exact approach depends on the capacities and cultural realities of each country, the target populations, the behavior change objectives, and the institutional capacity of each field office. It is up to each PSI office to decide on an appropriate approach based on these factors.

The steps listed below are designed to help program planners start thinking about how an IPC program might be designed. Although enacting some of the more concrete

steps actually come later in the planning process - for example, carrying out an evaluation survey - it is important for program planners to begin thinking about some of these issues in advance, so that the evaluation survey is incorporated into the project timeline, and to ensure that sufficient funding is available to support that research.

First Steps: Assessing Organizational Capability

1. *Assess the resources needed: human, time, funding, staff skills*

Although you may not know specific numbers at this point in program planning, it is important to begin to think through organizational capability so you can incorporate capacity building into your project plan. Will you have to hire new staff to build this project? Is there someone who can serve to oversee the project? What staff skills will be necessary to ensure an effective program is developed and run. What timeline are you working

with? Where is your funding coming from? How much money do you have? It is ok if you do not know the answers to these questions from the start, but it is good to start thinking about it from the onset of the project.

First Steps: Selecting a Target Group

1. *Look at the epidemiological evidence in your country.*
Studies done in your area may already indicate that injection drug use is an increasing problem, or that populations of displaced people are likely to increase HIV prevalence. Such research provides excellent direction when deciding upon a target population. PSI's epi pie process is one manner in which to examine and utilize epidemiological information. Conducting an epi-pie will help determine allocation of HIV incidence by target group and allocation of HIV incidence by behavior within a target group. Specifically this process helps to segment by need and risk behavior.
2. *Maximize your program funds for the most health impact.*
This may entail selecting a target population that is large enough to justify the expense of the IPC program. For example, if there is donor interest in developing an IPC intervention for customs officials and police, and there are 1000 customs officials and 50,000 police officers working in the country, working with the police could have a larger health impact, and would therefore be the logical target group choice. This does not mean, however, that the customs officials should necessarily be ignored. Perhaps they are the riskier group, and IPC funds could be used to develop highly focused intervention with them. Or perhaps, the bulk of the intervention could focus on the police, and a small subset of funding could be allocated to work with customs officials.
3. *Identify target populations that are accessible.*
Target groups associated with an institution, such as a school, or a site, such as a brothel or truck stop, at which high risk behaviors might occur are much easier to reach. Uniformed service personnel are often accessible because they live in barracks and are part of structured, hierarchical organizations.
4. *Identify target populations that are likely to adopt positive behaviors.*
Behavior change can be more difficult for certain populations than others. Focusing on harm reduction strategies can be helpful in inspiring the behavior change on a level that meets the needs and the realities of the population in question. Volunteer Counseling and Testing (VCT) may be more acceptable to married truck drivers who may be concerned about infecting their spouses.

It is important to remember that not all people are at equal risk for being infected with HIV and for transmitting that infection to others. Selecting groups who exhibit high risk sexual behavior, such as having unprotected sex with multiple partners, is important for a successful IPC intervention. If starting an IPC program for the first time, it may be best to focus on one high risk group at a time, this will allow the program to be focused adequately on the needs of the target population and prevent resources from being spread too thinly.

EXAMPLE: Selecting the right target group:

In one West African country, research showed that commercial sex workers had increased their condom use with their clients, but had unprotected sex with their live-in boyfriends. An IPC intervention was developed to reach the boyfriends and encourage condom use and VCT.

The intervention ran into problems from the start. The women either refused to identify their boyfriends, or the men were not interested in meeting the IPCs. Though the men were vulnerable to HIV infection, the fact that they were hard to reach, were not members of a large group, were not likely to infect a large number of other women

First Steps: Selecting an Approach

1. *Consider existing IPC programs and research*

Become aware of what approaches have been successfully and unsuccessfully implemented in your country and/or with target groups with whom you want to work. Understanding the useful and not so useful elements of programs will enable you to either eliminate or replicate these constructs based upon best practices.

At the end of this toolkit is an appendix of IPC “best practices.” A review of these programs is a useful first step.

2. *Evaluate individual country experiences*

Try to identify IPC or PE programs that have been implemented in your country. Examine these programs to understand their content, successes, and lessons learned. It may be helpful to meet with donors who support IPC and/or NGOs who have had experience implementing such programs. It can also be beneficial to make site visits to see these interventions first-hand. Such visits can help program planners better understand how such programs might transfer into a different context and they also help inspire creative, new ideas.

3. *Adapt previous experience to your needs.*

Based on what you learn from global and local experiences, it may be possible to take existing manuals and programs and adapt them to your needs. If this approach is taken, it will be important to carry out the necessary formative research assessments and pre-testing of materials to ensure that the program is indeed appropriate to your unique setting.

First Steps: Thinking about Collaboration

If this is the first time you are developing an IPC program, or even if you have incorporated countless IPC programs into your country plan, this does not have to be an individual endeavor. There are a wealth of resources and experienced organizations for you to draw on to ensure successful program development. However, identifying individuals or organizations with the capabilities to develop IPC interventions with high-risk groups can be difficult. There are a variety of solutions to this problem:

1. *Identify experienced partners and create cooperative partnerships*
Identify individuals and/or organizations experienced with IPC and provide them with technical assistance in how to work with the high-risk groups you have selected. Their expertise can be relied on to select the best group to target, as well as developing IPC strategies, and providing technical assistance.

Alternatively, seek out those who are experienced working with high-risk groups and provide them with the direction necessary to develop and manage IPC programs. Or, finally, PSI staff could design a program and find a partner that can implement the project. These options can be slow and labor intensive, but can help ensure good program design.

In addition, it is useful to link with organizations such as labor groups, bars or nightclubs that can link potential IPC activities with the target group.

Linking IPC with Bars or Clubs

Using the Popular Opinion Leader approach to target MSM and high risk youth, PSI/Romania recruits their IPC agents from bars and clubs and trains them over 4 training sessions. Once trained, they can influence the behavior of their peers, patrons of the bars and clubs, through their everyday conversations. Hence, the bars and clubs serve as not only a recruitment point, but as a venue for IPC interactions. Furthermore, the bartenders and other staff act as “gatekeepers” by helping to identify the opinion leaders.

2. *Develop a PSI IPC project team*
Building a project team with PSI’s high recruitment standards can be a more rapid solution rather than partnering with outside organizations.
3. *Involve target populations in the planning process.*
Early involvement of members of the target population will help ensure that the intervention is appropriate (culturally, time, and content wise) and successful. When group members become stakeholders in the program early in the planning process, the likelihood of success increases. Group members can also be part of a team that determines the success of the program, or they can serve as members of an advisory committee, or they can be hired to work as staff.

Checklist for Identifying Organizational Partners

- Past experience working with target population
- Past experience with IPC programming
- Has existing widespread network of field workers
- Experience with evidence-based decision-making
- Ability to develop and pretest support materials
- Proven competence in managing funds and reporting
- Recommended by past donors
- Proven financial stability and regular donor base
- Member of the target population on staff
- Experience organizing outreach
- Proven success in that topic area or with specific high risk groups

First Steps: Funding

Funding for your IPC program may already be secured, however, if you are hoping to obtain funding for a future project or if you are hoping to do a pilot IPC program in an attempt to convince donors of the benefits of IPC, there are several important steps you can take to achieve financial success. Funding sources and constraints play critical roles in your decision-making processes with regard to program development.

1. *Advocate with donors*

In some cases, donors will already be aware of the value of using IPC to reach high risk groups. In other cases, they may need to be convinced that such programming can have an impact on the epidemic. Presenting donors with evaluations of successful IPC interventions and corresponding research that demonstrates behavior change will be useful in gaining support.

2. *Provide assurance of coverage.*

To be effective, a majority of the target population should be reached with intervention activities.

3. *Need long term commitment*

It is also important to convince donors of the value of investing interventions that last long enough to have a measurable impact on risk reduction.

4. *Highlight the value of concentrating intervention efforts on high risk groups.*

Because new infections are more likely to occur among high risk groups that exhibit risky behaviors (multiple partners, incorrect and inconsistent condom use, mobile populations, etc.), it is beneficial to focus resources on preventing new infections. This is especially the case in countries where HIV prevalence is less than 5%. Preventing new HIV cases within

these groups will also prevent HIV transmission into the general population.

5. *Interventions focused on high risk groups are cost effective.*

Targeting high-risk groups is cost-effective in the sense that their adoption of risk reducing behaviors has an impact on HIV transmission rates both to other high risk group members and to the larger population.

First Steps: Formative Research

A fundamental part of the analysis step of the P Process is having a deep knowledge and understanding of the health problem or behavior in question, as well as of the target group. Formative research is crucial step to accomplish this goal, and can be conducted while simultaneously exploring program and message design.

Formative research is used to develop effective strategies, including communication channels, for influencing behavior change. It helps to identify and understand the characteristics - interests, behaviors and needs - of target populations that influence their decisions and actions. While formative research is integral in developing programs it should also be used to improve existing and ongoing programs.

Formative research can be used to:

- provide background information on the target population through understanding initial knowledge, attitudes, and behaviors
- identify barriers and obstacles to reaching the target population
- provide answers to questions – about a target group, about a behavior, about another research finding
- inform message design
- determine the types of support staff needed for maximum impact

Formative research is essential prior to IPC program design as it can provide insight into the behavior, motivations, and media habits of each target population, and can help define current risk behaviors, identify appropriate behavior changes, identify factors influencing behavior, and identify motivations or reasons to change behavior. Formative research assessments primarily utilize qualitative research techniques such as focus groups, observations, or in-depth interviews.

Formative research assists the program planner in understanding the following issues when designing an effective IPC program:

- *Risk behavior patterns*

Understanding individual- and group-level behavior patterns is crucial to designing IPC programs that truly meet the needs of target group members. Gaining this knowledge might be accomplished by carrying out a needs assessment within a given community, carrying out focus groups

with target group members, or even simply observing the population in work or social environments.

- *Environmental & social context*

It is also important to look beyond an individual's behavior to understand the broader social context in which target groups live and interact. This might include assessing communities living adjacent to uniformed service facilities, or understanding what recreational activities are available to them. It is also important to gain insight into the social setting in which risky behaviors occur, as well as the structural, cultural, and environmental risk factors that may be present. Formative research can also help planners understand what services currently are available in a given geographical area, what gaps in services exist for a given social group, and what resources/programs are needed to fill those gaps.

Questions to help determine risk behavior patterns:

- Who engages in the behavior?
- How are partners selected?
- Are they aware of their risk?
- How do they deny their risk?
- In what settings does this occur?
- How do risk group opinion leaders feel about these issues?
- What are their health care seeking habits?
- Where do they spend recreational time?

Formative Research Methods

There are numerous methods that can be used to help design an IPC program as well as to improve and monitor ongoing programs. The Research Tool Kit provides more detailed descriptions of some of the methodologies, as noted below.

1. *Examine existing studies*

It is first important to examine existing secondary data, such as epidemiological data and research studies, that can give insight into the selected risk group and/or the proposed methodology for the IPC program. Many countries have already done extensive behavioral assessments with high risk groups such as sex workers. If such information exists, it is not necessary to squander valuable resources duplicating studies. The Behavioral Surveillance Survey (BSS) is a great resource for such information.

2. *Focus Group Discussions (FGD)*

FGDs involve stimulating open-ended, focused discussions among small groups of target group members. This is a qualitative research technique that is best used to identify social norms.

3. *Knowledge, Attitude, Practice (KAP) Studies*

KAP surveys are a quantitative methodology in which target population members are asked a series of questions aimed at assessing their knowledge about, attitudes towards, and their behaviors regarding a public health issue, such as HIV/AIDS. While often conducted as part of a monitoring and evaluation design, such as Project TRAC, baseline quantitative surveys are also a valuable tool for formative research on target groups. It is valuable to conduct the baseline survey before project design so that the information from the quantitative survey can be used for this purpose.

4. *In-depth Interviews*

This qualitative research technique involves speaking to individual representatives of a target population. Interviews can range from structured, in which specific open-ended questions are asked to unstructured, in which general topics are covered, but the interviewer allows the conversation to take a natural course.

5. *Observation*

Observations are another qualitative technique. There are many different types of observations, as defined by the varying roles of the observer and those of the target group members. Observation techniques may be systematic or non-systematic (sometimes called naturalistic). Observations can be revealing by giving insight into high risk behaviors in the natural environment in which they occur.

6. *Site mapping*

Site mapping helps make IPC program implementation more systematic by drawing a map of a particular geographic area that highlights features such as roads, bars, nightclubs, restaurants, truck stops, VCT clinics, pharmacies, brothels, etc. A visual representation of an area often helps provide insight into community needs. Site mapping may be done to identify where a target group may be found – for example, to create the sampling frame for a quantitative survey – or to plan program components. If coverage of products or services is to be measured as part of the IPC project, Project MAP methods may be used to conduct site mapping.

7. *Routine mapping*

Routine mapping involves tracking the behaviors of a target group member. For example, a day in the life of a truck driver can be tracked from the time he arrives at a truck stop to the time he leaves the next day. By monitoring his routine, and the routines of other truck drivers, IPC programmers can identify points of contact and specific circumstances in which high risk behavior may be more likely.

8. *Positive Deviants*

Positive deviants are members of a target population who differ from typical group members by adopting positive health-seeking behaviors typically without the influence of a public health program. Gaining insight into their motivations for behavior change can help program planners understand why some adopt positive behaviors and others don't. Such information can be useful when trying to inspire others to change behavior.

Selecting a mix of research methods will provide more comprehensive, in-depth information. Analysis of formative research should inform the design of your program, by showing you which knowledge or behavioral issues should be addressed within your target group. Depending on your formative research design, it may also give you insight into behavioral barriers, who might act as a target group influencer, or the appropriate venues through which target groups can be reached.

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Clearly, there are many facets of IPC program development that are important to think about before delving into the nuts and bolts of planning the actual program. Now that you have used these initial steps to make some important decisions about the focus of your program, you can begin the planning process. The subsequent chapters of this toolkit will walk you through additional planning steps, beginning with formative research.