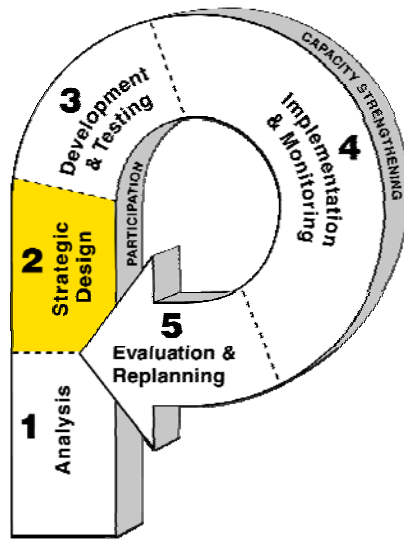


5.0 STEP 2: STRATEGIC DESIGN

Learning Objectives

By the end of chapter 5.0, the reader will be able to:

1. Develop program objectives
2. Develop a strategic design plan that includes: objectives, an outline of program activities, a timeline, a budget, a hiring plan, and an M&E study design.



Developing a comprehensive strategic design plan will help lay the groundwork for program development including message development, management goals and structure, and monitoring and evaluation objectives.

Clarify Program Objectives

It is important to establish program objectives that the entire project team can use as a basis from which to work. Throughout program development stages, these objectives can be used as a reference point to ensure that program design and implementation is on track. Objectives should be specific, measurable, appropriate for the

population in question, realistic, and accomplishable within a specific time period.

Program Objectives Example

The Safe from Harm IPC program that was developed in affiliation with the delayed sexual debut regional communication was based on formative research findings that indicated that adolescents were not receiving adequate information about sex, HIV/AIDS, and other social pressures from parents, despite the fact that they looked to parents as a trusted information source. The campaign, therefore, was designed with several objectives in mind:

- 1) Equip parents with knowledge and skills to act as in-home sex educators for their children
- 2) Give adolescents opportunity to enhance communication skills & risk perception
- 3) Provide parents and adolescents with forum to practice and utilize skills
- 4) Ultimately encourage youth to delay sexual debut

These objectives are specific, realistic, and accomplishable within a short time-frame, and an M&E strategy was designed based on the communication skills instilled in the workshop.

Deciding on Program Activities

Results from the formative research and other community assessments should allow you to make decisions about the structure of your activities. The following questions provide examples of the types of decisions that can be made.

- 1) Do you want to use small group discussions, individual-level interactions, or a combination?
- 2) Which population group will you target? What is the age-range of this group?
- 3) Will you focus activities on target group influencers or other groups in target groups' social networks?
- 4) Where does your target group socialize or work? How will you reach them? Will you go to them, or will you bring them to a central location?
- 5) What messages are important? What services should you establish or promote?
- 6) Are IPCs or PEs best equipped to liaise with target group members?
- 7) What combination of channels will you use? Which IPC techniques? What materials need to be developed?
- 8) How often will you conduct outreach? How frequently will your messages change?
- 9) How will you monitor and evaluate the impact of your program? How will the geographic boundaries of the intervention impact the M&E plan? What changes do you want to make in the knowledge, attitudes, behavior, or risk perception of target group members? What measurable indicators will you use to track these changes?

Although not all of these questions may be applicable to your IPC program, these are the types of decisions you will have to make in order to decide on program activities. The appendices of this manual contain a number of IPC program examples. These provide a reference as to how others have designed IPC activities.

The Popular Opinion Leaders Approach in Romania

PSI/Romania is adopting an innovative technique to working with MSM, Roma Males, and Youth aged 15-25. Rather than using traditional IPCs or PEs, they are using a Popular Opinion Leader approach. This strategy takes advantage of social diffusion by relying on community opinion leaders to disseminate messages among a target group to effect behavior change. Qualitative ethnographic approaches are used to identify these opinion leaders, or influential members of the target population, who are subsequently trained in IPC techniques specific to the behavior change strategy at hand. Experience using this approach in the US has shown that once a sufficient number of opinion leaders have been trained, a tipping point is reached and behavior change is triggered in the larger population. Generally, this has been implemented as a venue-specific intervention (e.g. within brothels or bars where the target group may gather), and has been shown to be successful with marginalized groups such as

MSM

Working with Partners

If you have decided to work with a partner, it is best to clarify responsibilities ahead of time to determine the role of each partner. Perhaps you will provide a local NGO with the formative research results and allow them to determine the design of program activities. Perhaps you will work together to make decisions about program activities. Regardless, it is important that the responsibilities of each collaborating party be clearly understood and put in writing in the form of a contract or cooperative agreement.

Timeline

Developing a timeline for your program is crucial for making concrete decisions about program design. Timelines ensure that program activities are feasible and can be completed in the duration of the project. Important elements to include in timelines are: dates for monitoring and evaluation surveys, duration of messages including at which time points message content might change, dates for hiring and training of all levels of program staff, dates for IPC outreach, and deadlines for material development. .

Budgeting

Creating a budget for your IPC program will also help guide your decision-making about program activities. If funding is limited, your program may be limited to one geographic area to carry out program activities. Research, personnel, and material costs differ from country to country, so while it is impossible to provide budgets in this manual, it is possible to provide examples of the financial requirements of certain types of activities.

M&E Plan: Study Design

Although you may not implement your monitoring and evaluation plan until later in the program implementation process, it is important to formulate your study design early in the planning process. Chapters 2.1, 2.2, 2.4, and 2.5 of the Research Toolkit provide a great deal of information on developing a study design. The template format for a PSI study design includes outlining the research and program objectives, deciding upon a methodology, the PERForM conceptual framework, a logframe, survey instruments, and dashboard tables. Planning early for M&E will allow for appropriate timeline development and budgetary considerations. It will also help ensure that you are tracking indicators that are appropriate given your program activities, as well as to monitor program process throughout program implementation. Typically, the baseline survey will be one of the first project activities, as it provides extremely useful information for project design.

The PSI Dashboard process¹ is applicable to IPC programs. To help think through M&E issues, it may be helpful to create a dashboard specific to your IPC program. Dashboards are evidence-based decision making tools for social marketing or communication programs. The dashboard tables are generated

¹ Explanation of Dashboard process for non-PSI users of the manual.

with data collected from your study design, so if a specific dashboard is needed of the program, be sure you will have adequate data to produce it. There are three types of dashboards: segmentation, monitoring, and evaluation.

1. *Segmentation*

Segmentation is the process of dividing heterogeneous populations into homogenous groups whose profiles inform program planning objectives and strategies. If your country has on-going tracking surveys, segmentation can be conducted with these surveys to help select target groups and behaviors. This information can also help determine if IPC is the appropriate programmatic choice to use within a population or for a specific risk behavior. If your country does not have ongoing tracking surveys, and even if it does, carrying out literature reviews and examining existing epidemiological data in your region are also tools to use to select a target group.

2. *Monitoring*

Monitoring involves assessing levels and trends of indicators related to behavior, risk/need, behavioral determinants, and program exposure, and monitoring dashboard tables display the results of the monitoring process in four areas: use, risk, behavioral determinants, and exposure.

Monitoring can also include process indicators to track the program's progress; these are normally found in the "Activities" section of the project Logframe. For example, you may want to monitor how many IPCs are trained, how many trainings are conducted, how many contacts the IPCs make each week, etc. Finally, you may design monitoring components that gauge whether or not the program is on track to produce impact.

These could include surveys or tests of program participants to gauge their understanding; qualitative techniques such as in-depth interviews or focus groups of program participants; and observation of the program by an external evaluator. Regular monitoring with feedback gives the program built-in means to improve and ensure results.

3. *Evaluation*

Evaluation is the process of determining if changes in trends/levels of logframe indicators are attributable to the program. Evaluation dashboard tables demonstrate impact by linking levels of exposure with behavioral determinants and levels of exposure with behavioral indicators.

As with all PSI programs, a logframe with appropriate indicators of knowledge, attitudes, and behavior should be created. Typically, PSI monitoring and evaluation plans involve carrying out population-based baseline and follow-up surveys to track changes in these indicators and to examine whether these changes are associated with exposure to the program. These data are used to produce the dashboards.

While it is possible to incorporate IPC program-specific indicators into on-going tracking surveys, it is not necessarily recommended; IPC programs are likely to focus on such small numbers of people that such surveys would not capture

many program participants. Instead, KAP-type surveys that measure project indicators can be specially designed and conducted with program participants, or in case/control communities. The resulting data from these surveys can be used to create dashboards. As IPC programs are scaled-up to include larger and larger proportions of the target population, it then may be feasible to incorporate IPC indicators into a larger tracking survey.

In setting up your monitoring and evaluation design, you should answer the following questions:

- 1) What changes do you want to make in the knowledge, attitudes, behavior

Evaluation Example

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- PSI developed and coordinated a peer education HIV prevention program, called StopAIDS, for ExxonMobil in 20 countries. The evaluation design included a pre- and post-program self-administered survey for ExxonMobil employees. Data from the baseline survey was used to develop an in-house presentation for each country; this helped to identify employee needs and to tailor the peer education curriculum for each setting. Segmentation and monitoring dashboards were also produced from the baseline data for key project indicators. The follow-up survey will measure the same indicators and ask additional questions about exposure to and satisfaction with the program. Evaluation dashboards will show whether positive change in knowledge, attitude and behavioral indicators is associated with exposure to the StopAIDS program.

Ensuring that Target Audience is Reached

In addition to evaluating program impact, an emphasis should also be placed on target audience exposure to the program which can be tracked by monitoring on-going program activities. This includes keeping record of the type and frequency of activities conducted, maintaining quality assurance and quality control measures, and ensuring adequate target group coverage. If the coverage of the IPC program is not conducted and monitored systematically, there is a danger of just picking low hanging fruit or those who are the easiest to reach. When only a small percentage of the target population is reached, the IPC program will have limited impact on behavior change.

1. *Map the target population*

Use mapping to determine how many group members exist and where they are located. Conducting a rough census can help with map design.

2. *Reach the hard to reach*
It is important for IPC agents to become integrated with community members to ensure that coverage is complete.
3. *Monitor IPC reach*
It is important to develop a reporting system so that IPC contacts can be tracked.

Program “Dose”

Program dose refers to the amount of exposure an individual has had to the IPC intervention. Dose can be thought about in several ways: frequency, duration, and intensity. Frequency is the total number of times an individual is exposed to the program. For example, “How often did the peer educator talk with a specific target group member?” Duration is the average time an individual is exposed to the intervention. For example, “How long did the peer educator spend talking with a specific target group member?” Intensity is the number of message/channels an individual is exposed to through the program. For example, “Did the target group member have a one-on-one interaction with a peer educator AND see the street theater at the market?”

Because behavior change is a slow process, and the higher the “dose” the more likely you are to see behavior change. With IPC, regular contact with the same person/people monthly over the course of a year would be ideal. One contact with an IPC agent will not usually result in the desired behavior change. The following outline several suggestions for making decisions about program intensity.

- Program monitoring and supervision of IPCs helps program managers identify when coverage is achieved and/or if target groups are overwhelmed with too many messages. It is important to find a balance between repeatedly reaching the target population with the appropriate messages without boring them to the point of irritation or withdrawal.
- Rather than planning a year-long campaign on the same theme, conduct monthly, bi-monthly, or quarterly campaigns on a single theme, and provide IPCs with training and support materials focused on one theme at a time.
- Finding the right length of an IPC campaign is not an exact science. As a rule of thumb, campaigns are the most effective when they run for 2 to 4 months. Campaign themes can be repeated a year later if necessary.

Hiring Decisions

Initializing a new program will require that new staff be hired. For an IPC program, this may include any or all of the following:

1. Identifying and hiring IPC agents.
2. Identify a local program manager to oversee the IPC program.

3. Identify program coordinators who could oversee the project from smaller field offices.
4. Enhance an existing research team so that you have the capacity to adequately monitor and evaluate your program.
5. Hiring personnel skilled in conducting trainings can serve to train IPC agents, peer educators, or small group facilitators as necessary.