

Training of HIV/AIDS Committees at
Local Government Authorities

PARTICIPATORY HIV/AIDS PLANNING



MODULE 6



Cover Picture:

Villagers plan together by drawing a resource map.

PARTICIPATORY HIV/AIDS PLANNING

Overall Objective

To equip the CMACs and WACs with knowledge and skills in participatory planning for HIV/AIDS interventions.

Specific Objectives

At the end of this module the participants should be able to:

- ▶ Explain the concept and essence of participatory planning
- ▶ Identify their roles in HIV/AIDS participatory planning
- ▶ Identify information required to develop viable plans
- ▶ Identify the minimum package for HIV/AIDS response in their council
- ▶ Explain the steps in the participatory planning process
- ▶ Identify different stakeholders in their participatory planning process

Topic No.	Topics of module 6	Minutes
1	Basic Concepts of Participatory HIV/AIDS Planning	115
2	Steps in the Planning Process	150
		265

Training Methodology

- ▶ Lecture and plenary discussion
- ▶ Group discussions

Training Materials

- ▶ Overhead projector
- ▶ Transparencies
- ▶ Flip charts (or chalkboard)
- ▶ Pieces of paper
- ▶ Masking tape or cello-tape
- ▶ Marker pens (or chalk)

Assessment

Questions and result of the group work

Topic 1

Basic Concepts of Participatory HIV/AIDS Planning

Time Frame: 115 minutes

Topic Objectives

At the end of the topic the participants should be able to:

- Identify their roles in planning
- Explain planning and its purpose
- Explain different planning approaches
- Explain the concept of participatory planning
- Explain the meaning and essence of Bottom-Up Planning (BUP) versus Top-Down Planning (TDP)
- Identify the challenges of BUP

Content

- CMACs roles in planning
- Introduction to planning
- Planning approaches
- The meaning of participatory planning
- Advantages of participatory planning
- Bottom-Up Planning (BUP)
- Top-Down Planning (TDP)
- Challenges and limitations

Specific Activities

1	Introduce the topic and its objectives	5 min.	
2	Participants brainstorm on their expected roles and responsibilities during planning for HIV/AIDS in their districts		
3	Take notes on the flipchart and present the roles and responsibilities	10 min.	FN 1
4	Ask participants to discuss the meaning of planning and its purpose, participatory planning, Top-Down Planning (TDP) and Bottom-Up Planning (BUP)		
5	Discuss with the participants and summarize by presenting model responses	10 min.	FN 2-3



6 Divide participants into 4 groups. Each group should nominate a chairperson and secretary. Group work 30 minutes, each group is to present for 5 minutes and 30 minutes for comments at the end.

Ask the participants to discuss the following questions:

80 min.

- What are the challenges and limitations related to participatory HIV/AIDS planning?
- What are the proposed strategies to overcome them?

7 Summarize the session by using the prepared explanations on participatory planning, BUP and TDP.

10 min.

FN 4



FN 1 Roles and responsibilities of CMACs during planning

The major role of CMACs is to coordinate the entire process of developing HIV/AIDS planning for councils. The following will be their specific roles:

Specific Roles

- ▶ to develop an inventory of stakeholders and their activities
- ▶ to disseminate information on how various stakeholders in the council can take part in the planning
- ▶ to facilitate the process of developing plans by various communities and stakeholders
- ▶ to coordinate the integration of the plans into the council HIV/AIDS plan
- ▶ to coordinate monitoring implementation of the council HIV/AIDS plan

FN 2 Participatory planning

Participatory planning means mobilizing all stakeholders to be part of the planning process when formulating future courses of action.

The advantages of participatory planning include

- ▶ Creates motivation
- ▶ Forms the basis of learning and self-realization
- ▶ Cultivates feelings of ownership and self-esteem
- ▶ The identified problems and solutions will truly reflect the needs of the stakeholders



- ▶ **Analysis of various information in the district.**

CMACs and WACs multisectoral planning emphasizes the importance of involving key stakeholders in the planning process. At community level participatory planning, through mapping and own risk assessment, will provide the basis for the generation of Community Owned AIDS Action Plans. These plans can then be integrated at Ward and later at District level. The CMAC then integrate these plans into the Council Multisectoral HIV/AIDS Plan. Proper planning and organisation will yield comprehensive plans for the council's AIDS response.

FN 3 Some of the relevant types and approaches of planning are highlighted below

Strategic Planning - is long term planning. Closely related to the overall goals of the response and focusing on policy priorities. This concept of planning, given the fact that resources are scarce, requires that its priorities and objectives yield maximum benefit and impact.

Comprehensive Planning - the setting of interventions that are defined in the NMSF; so that the planning does not fall short of the minimum package defined in the NMSF.

Top-Down Planning - has always been the responsibility of top managers who prepare project proposals and plan interventions to the stage of implementation, without consulting those whose very lives are to be affected by such projects. As a result, such plans are usually considered donor/government driven and hence the intended beneficiaries do not take full responsibility for the process and outcome. The communities do not feel part of the process, which leads to limited sustainability after the expiry of such projects or interventions.

For Example: In the case of HIV/AIDS, up till now, communities do perceive these interventions as being owned by government or the donors. Whenever community members are called upon to participate in HIV/AIDS related activities, they expect to be awarded with some incentive allowance. Lack of such brings the interventions to a standstill.



Bottom-Up Planning - is a methodology that seeks to involve communities in the planning process right from the inception of the project idea, risk assessment, and through proposal development to project implementation.

BUP promotes community driven planning and genuine collaboration between government and stakeholders. More grassroots participation in governance creates a sense of citizenship and a feeling of "ownership" for all levels of participants. BUP also encourages new connections between human services, economic development and open opportunities for faith-based coalitions. In an epidemic like HIV, BUP provides a good ground for sustained behavioral change.

BUP is generally an evolutionary effort, not an alternative or adversarial challenge to elected officials, party or government technocrats. In contrast to the present systems of planning BUP may meet a lot of resistance from those working within the existing structures who may feel threatened involving communities/individuals in the process.

In the district multi-sectoral response to HIV/AIDS BUP has a pivotal role to play. It will encourage increasing involvement of communities/individuals in matters that make them vulnerable to HIV/AIDS, and this will form the basis of generating appropriate interventions that are owned and driven by the community.



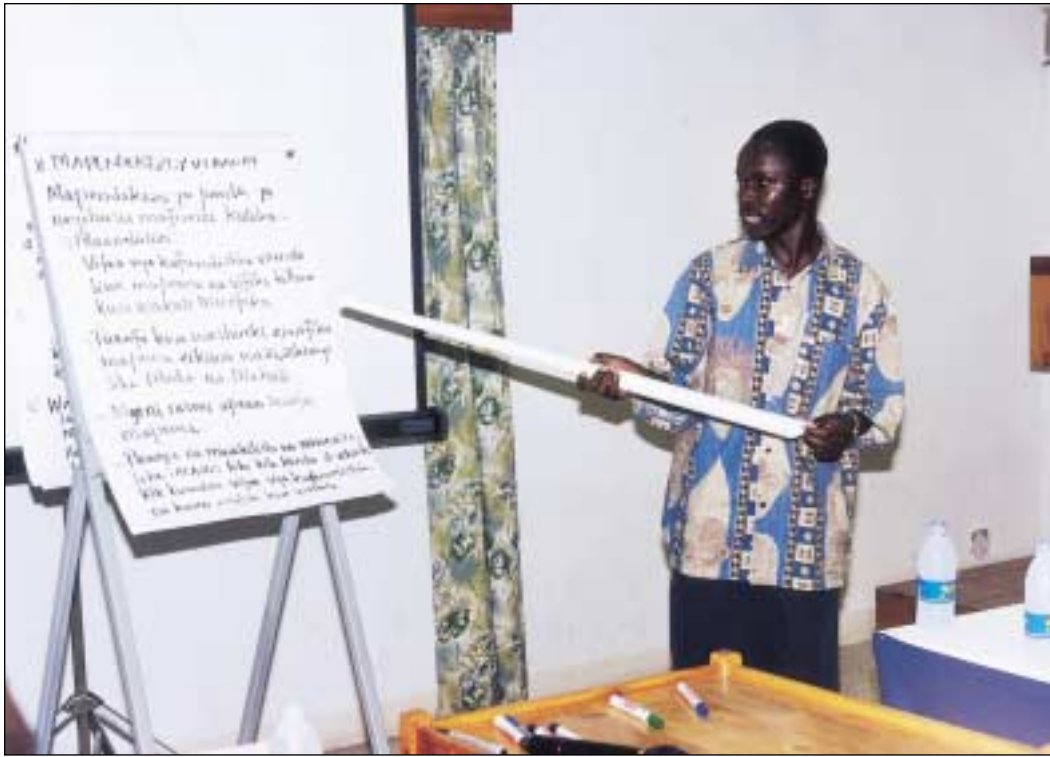
- ▶ Villagers attending a meeting to participate in the development of a village plan.

FN 4 (a) Challenges and limitations of participatory planning

- ▶ Good facilitation skills needed
- ▶ Proper composition of planning team necessary
- ▶ Resources may be inadequate
- ▶ Attitudes of experts/technocrats may be hostile
- ▶ Lack of transparency and trust among stakeholders
- ▶ Lack of clarity of policies and guidelines
- ▶ Competing interests

(b) Proposed strategies to deal with challenges

- ▶ Train competent facilitators with adequate facilitation skills in participatory planning
- ▶ Ensure councils allocate funds for participatory planning
- ▶ Ensure involvement of stakeholders in planning



▶ A competent facilitator needs facilitation skills.



- ▶ Building a team (involving different sectors) is important for participatory planning.

Topic 2

Steps in the Planning Process

Time Frame: 150 minutes

Topic Objectives

At the end of the topic the participants should be able to:

- Identify stakeholders and key partners
- Explain steps of the planning process and relate them to their councils planning model
- Develop Plan of Action (POA)

Contents

- Planning process steps
- Stakeholder identification

Specific Activities

1	Introduce topic objectives and explain the steps to be used during the session	15 min	FN 1
2	<div data-bbox="15 1077 159 1201"> </div> Divide participants into 4 groups. Assign them the following task: Using the existing council planning documents identify and discuss the Planning Steps used. Ask the group to choose a chairperson and a secretary to record issues discussed for the group presentation. Group work 20 minutes.	20 min	
	Ask the participants to present 5 minutes each group, 15 minutes for discussion at the end	55 min	
3	Summarize the responses by presenting the planning steps	20 min	FN 2
4	Assign the CMACs to develop: a part of a Plan of Action on one selected intervention for the next 6 months in their council teams	40 min	
	Explain to them that they will continue the planning exercise during the field training		



FN 1 Introduction

In preparation for planning you will need the following

- ▶ Current HIV surveillance report information
- ▶ List of stakeholders to be involved in planning
- ▶ National HIV/AIDS Policy
- ▶ National Multi-sectoral Strategic Framework for HIV/AIDS
- ▶ District planning guidelines
- ▶ Previous HIV/AIDS plans and reports
- ▶ Council profile which has the following: population, economical activities, HIV/AIDS health services
- ▶ District map with division, wards, villages, health facilities, schools, FBO's, NGO's etc
- ▶ A list of major key partners in HIV/AIDS
- ▶ Council budget allocated for HIV/AIDS

FN 2 Steps in the planning process

Step one: Situational analysis and problems identification

Assess the current situation from various angles to understand the magnitude of the HIV/AIDS issue. For example number of orphans, widows and their situation including the support they are getting, Council HIV incidence / prevalence. Identify groups which are most affected. Look into existing HIV/AIDS activities, resources, PLHAs and identify organizations dealing with HIV/AIDS work. Identify various needs for example VCT centers, reagent, condom requirements, STI clinics, Home based care kits, blood screening kits. Identify risk areas, at risk groups, prone groups (CSW, fishermen, migratory.)

At this stage also conduct a stakeholders analysis.



Stakeholders are all those who are concerned with the fight against HIV/AIDS including the infected and affected, for instance:

PLHA's, orphans, care providers, NGOs, CBOs, FBOs, people's representatives i.e. MPs and councilors. Others are opinion leaders, youths (in school and out of school), women groups and Government employees such as: educationalists, health workers, community development officers, planners, DEDs, DCs, and RCs.

Step two: Problem prioritization and analysis

Describe who is infected or vulnerable. Analyze why? By identifying important determinants, obstacles, and opportunities. Identify factors related to LGA that contribute to risk and vulnerability to HIV infection and that put the epidemic into its local, social, economical and cultural context.

Prioritize what has the best chance of making a difference. It should be at an acceptable social, financial and political cost.

Because resources are always scarce, you need to prioritize the problems by ranking. However, the National Policy and NMSF have already specified the minimum package of interventions you must provide.

Step three: Setting goals/objectives

The NMSF has identified nine goals. The Council can modify these to suit the council situation, problem identified and analyzed. Below are the nine goals from the NMSF:

- Goal 1: Reduce the spread of HIV in the respective council.
- Goal 2: Reduce HIV transmission to infants.
- Goal 3: Council's political and government leaders to consistently give high visibility to HIV/AIDS in their proceeding & public appearances.
- Goal 4: Council projects, community and interventions to address stigma and discrimination and promote the respect for human rights of PLHA.
- Goal 5: HIV concerns are fully integrated and prioritized in the district poverty reduction activities.
- Goal 6: Reduce the prevalence of STIs in the council.
- Goal 7: Increase percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission and who reject major misconceptions about HIV transmission.
- Goal 8: Increase the number of persons living with HIV/AIDS who have access to a continuum of care and support from home and community to hospital level.
- Goal 9: Reduce the adverse effects of HIV/AIDS on orphans and widows.

Step four: Formulation of interventions

Again the NMSF has identified thematic areas. Councils are advised to set their interventions by referring to them. The following are extracted from the NMSF:

- ▶ Sexually transmitted infection and control and case management.
- ▶ Condom promotion and distribution.
- ▶ Voluntary HIV counseling and testing.
- ▶ Prevention of mother to child transmission of HIV (PMTCT).

- ▶ Health promotion for specific population group: Children and the youth girls and women, men, and disabled people.
- ▶ School based prevention for primary and secondary level.
- ▶ Health promotion for vulnerable population groups.
- ▶ Workplace intervention (public, private and informal sectors).
- ▶ Safe blood, blood-products and universal precaution in health care and non-health care setting including waste management.
- ▶ Treatment for common opportunistic infection including ARVs.
- ▶ Home/community based care and support.
- ▶ Economic and social support for people, families and communities affected by AIDS.
- ▶ Support to orphans.

Step five: Define resource requirements

Determining resources required means translating all activities required to support the intervention into human resources, materials, money,

Table 1: Resource matrix

Intervention	Human resource	Physical infrastructure	Equipment Material	Supplies/ Drug	Travel Transport	Funds

Step 6: Preparing a Plan Of Action (POA) budget and approval

A Plan of Action is a tool for management. It serves to organize the implementation of a plan in an efficient and coordinated manner, and enables review of progress and achievement to be carried out. The plan of activity should cover the following: the goal, the activities, operational target, time frame, responsible personal, indicators, resources required, funding source. This can also be shown in the form of a matrix.

Table 2: Plan of Action

Goal/activity	Target	Indicator	Time period	Responsible personal	Resources	Sources of funding

Step 7: Implementation

Following approval of the plan the next step will be the implementation.

Implementation will include the following activities:

- ▶ Initiate all steps necessary to conduct the planned activities.
- ▶ To mobilize all the required resources in time.
- ▶ Conduct regular supervision at all levels to make sure that all activities are taking place and being done currently.

Alert decision makers in time, if obstacles or specific problems turn up and jeopardize performance.

Step 8: Monitoring and evaluation

Monitoring: is the routine assessment of ongoing activities and progress. Evaluation is the assessment after a defined period of time.

For more details refer to the next module "Participatory Monitoring and Evaluation".



Remember! The Steps for Planning

