

One process for participatory reviews



Review of national situations and responses: a five day process

Following the Quality Assessment of the National Strategic Framework, the next step in planning is to prepare a “Review” on the national situations and responses. This process can take place over two weeks, and will end up with a short report that is based on evidence from research and evidence from people’s experiences.

Purpose of the Review

- Evaluate how successfully the National Strategic Plan has guided the national response over the last six years
- Assess progress towards meeting the objectives of the National Strategic Plan, including developments in processes for coordination and monitoring
- Identify potential improvements in current programme methodologies in prevention, testing, treatment, and reducing stigma and discrimination
- Identify barriers, and solutions to overcoming barriers, in participatory strategic planning, programme development, implementation, monitoring and evaluation
- Assess current levels of progress towards global reporting and suggest interventions that are required for scaling up to halt the HIV and STI epidemics.

Process of the Review

The process is split into:

- National Planning Team meets for four days, to go through all that was learnt in the earlier workshop (Planning Team Capacity Assessment, Quality Assessment of National Strategic Framework), and to consider every written research report they can identify on the situations regarding HIV, STIs, Behaviours, Gender, and Stigma and Discrimination
- National Planning Team meets for two or three more days, to share experiences on what is working and what is not working, using the Sun Diagram method explained below
- One day to prepare summary presentation to a larger group
- Larger Stakeholders’ Group meets for two days, also using the Sun Diagram method
- One person writes up the results. Because these have come out of the group workshops, this should not take long.

Initial meeting of National Planning Team: 3-4 days

The initial planning meeting of the National HIV and STI Planning Team occurs over three to four days, during which the planning process is introduced, documents reviewed, and issues discussed. The initial planning meeting includes detailed consideration of the reports prepared at the Introductory Workshop on:

- National Planning Team Capacity Assessment
- Quality Assessment of the existing National Strategic Framework.

If members of the planning team agree that these reports are comprehensive and have had enough input from multiple stakeholders from different sectors, then there is no need to go out and collect more information. In some cases, it might be useful to conduct further key informant interviews.

Summary of situations: The Sun Diagram

This includes further discussion of Capacity and Quality, but also includes lots of lessons learned through people's experiences. It is based on a method called "The Evaluation Wheel". If you Google Evaluation Wheel you will find many examples. Here, we are using a simple method. Indeed, it is fun to put the Sun Diagram on a wall and use low tech methods based on use of colored sheets of A4 paper. Here are two photos of the Solomon Islands workshop in 2010, to show what this is about.



Solomon Islands National Planning Team, with completed Sun Diagram: December 2010



Solomon Islands Sun Diagram with all stages completed. Note how all the red cards have been overlaid with green cards: this is the symbol to say the group has discussed all the “red” issues.

Large orange cards (A4 size): the issues to explore

First, the team writes down the ten components of the Quality Assessment of the National Strategic Framework on large ORANGE cards in the centre of the sun diagram:

Policy environment, capacity development, costing, participation of national partners, one monitoring and evaluation framework based on results based monitoring and evaluation, prioritization, preparing for a new National Strategic Plan including analysis and summary of situation and responses, National Strategic Plan, National Coordinating Authority, action plan.

For each of these ten aspects of the National Strategic Framework, the team reads and discusses the whole of the matrix report from the Introductory Workshop. As each line is discussed, the group writes ISSUES on another board (a whiteboard, or a flip chart). The team identifies the issues that will require further discussion during development of the next National Strategic Plan.

Small yellow cards: the quality of the response, from one to three

The team now scores how many YELLOW cards to put on the Sun (small cards, which become the Sun’s rays, see photo above). For each of the components, the score could be 1,2 or 3 yellow cards, depending on the “Quality” of that aspect. The aim is to ensure that after the next five years all

aspects will receive a score of 3. Thus, it is not a problem if some aspects now score only 1 or 2. The yellow cards are put around the Sun as discussion occurs.

Then the group identifies further issues to discuss about each component. The format for discussion of each issue is in the box below. These issues are written on RED CARDS and placed outside the yellow cards. For some issues, the team identifies that they are cross cutting issues, so they put them up in the top right hand corner next to the sun diagram.

Over the next two days, the team goes through each of the red cards one by one. Some are grouped together. In the Solomon Islands, this grouping meant that 27 issues became just 14 discussions. The team ended up with 14 different pages of notes, each page of notes for one issue.

As each red card is discussed, and the notes prepared, a GREEN card is placed on top of it. This means that the Planning Team has a clear visual image of what issues has already been addressed and how many more issues need to be discussed.

If a computer and projector are available, one option is to type up the answers as you go. For each issue, the answers should take only one page of Word, or two Powerpoint slides. We want concise points, not long descriptions.

Format for discussion of each issue

The format for discussion of each issue

ISSUE:

What can we say now?

- ...
- ...
- ...

What questions remain?

- ...
- ...
- ...

(These questions will be discussed in development of the next National Strategic Plan. Some will be answered during development of that plan now. Others will be answered during the five year period of implementing that plan.)

At the end of the workshop the team should have about 15-20 computer files, each addressing one of the issues. These can be inserted into PowerPoint slides for presentation to the National Stakeholders' Meeting during the next few days (or next week).

National stakeholders' workshop: 2 days

The results of the above workshop are next presented to a larger meeting of national stakeholders, representing many sectors, and including people from other islands, not just the capital.

It is important to keep the Sun Diagram, so that you can explain what was done, and the participants can see that this was a group exercise of people from here, not just a report prepared by external consultants.

It is best to have a day between workshops, to prepare for this larger workshop. The results can be put onto a powerpoint presentation, and also printed out so that each participant has a copy in front of them.

However, please remember that some participants will not speak English, and many will not have reading skills. It is important to go through each slide and say what is on it. The best way to do this is for National Planning Team members to take turns, so that each reads out the answers to questions on one issue. This again reinforces to participants that this is an inclusive process: it is not just the most senior person telling others what the answers are.

After each issue is presented, the stakeholders are asked if they would like to add anything, or change anything. These changes can be made on the spot, directly onto the screen, so that they see that their ideas are included. For some issues, there may be disagreement. Make sure you facilitate the workshop so that there is time for discussion about difficult issues. Make sure women get to speak as often as men. Make sure community representatives get to speak as much as medical experts. Make sure people from outer islands get to speak, and allow space for them to speak in their own language, with translation done by someone else.

At the end of the presentations and the participation of the National Stakeholders:

- We won't have a thorough report detailing the entire national situation and response
- But we will have a good understanding of what sorts of things have been done
- We will have had lots and lots of discussion on what has worked and what has not worked
- We will have had lots of discussion on what needs to be changed for the next National Strategic Plan and next five years
- This short process should have helped the national group to consider what might need to change over the next five years.

The Review report is prepared, and we are ready for the next step...

Here is an example of the result of using the processes outlined above.

Extracts from Solomon Islands Review report, 2010

The full Solomon Islands Review report is also on this website.

Risk and behaviours

What can we say now?

- There are not many people with HIV, but there are many with STIs
- We don't know enough about who is at highest risk, but there are not many of the usual risk groups (Sex workers, men who have sex with men)
- We don't have Baselines for most risk groups
- More stakeholders are starting to do more research
- Sex work is more common in areas with high economic activity
- Many people have concurrent partners, some provinces more than others (we know which ones)
- Taxi drivers are at risk and know about others at risk
- Some people are more at risk because of mobility, money or lack of money, access to sexual partners, living in high population areas, living in infrastructure devt areas
- Poverty leads to some families promoting interaction with men who have money (e.g. loggers)

What questions remain?

- How do we find out more about which people are at highest risk?
- Would research help to show other sectors that HIV is a problem in their sector? (infrastructure, tourism)
- Should we consider "Mainstreaming" of HIV with other development programs?
- Should we focus prevention on particular provinces?
- How do we help higher educated people prevent HIV?
- Should we find out more about other Pacific countries' development of Business Associations on HIV, and Sports Leaders as "HIV Prevention champions?"
- Should we review the SGS tool to include MARP and sample specific locations? Or should there a be study to assess vulnerability at different age groups and in different populations?

Testing for HIV and STIs

What can we say now?

- Most HIV testing is for Ante Natal Mothers, in main provincial centres, with limited sites
- These women are tested for HIV (voluntary with counseling), some tested for STIs
- Clinics are free for all people
- Other people who want HIV or STI tests can obtain these but only small numbers, but only in four provincial capitals
- Youth Friendly Services projects works with clinics, provide referrals by trained peers, for all risk groups (SCA, World Vision, NGOs, CBOs)
- We have trained counsellors over last 5 years. Now ready to expand this.
- Women come for testing due to concern for their children (this is related to Gender, see section below). Also due to unexpected news of having a STI (from the male partner telling them this).
- Most men come for testing for job applications/ employment requirements.
- Most do not see the benefits of testing and the other services available after testing.
- Number of people being tested is lower than we planned.
- Many people do not return for test results.
- We will seek further funding for New Testing Strategies from Global Fund Round 11 in 2011.

What questions remain?

- How do we encourage more people to seek testing?
- Are those Most at risk coming for testing or those not at risk?
- How can we support counsellors better:
 - Mentoring, monitoring, follow-up training, infrastructure improvements, equipment?
- How do we increase the numbers who return for results?
 - Survey to find out why some people avoid testing and others choose to test and not return for their result?
 - Survey on friendliness of services?

Stigma and Discrimination

What can we say now?

- There is still some Stigma and Discrimination against people living with HIV, sex workers, men who have sex with men, “Point 5” men.
- Mostly this is verbal abuse.
- Churches promote Compassion and Understanding.
- Little police harassment of any groups (this is common in almost all other countries).
- Sex workers are not allowed to go on the boats, for security reasons.
- Access to Health Services is limited because of attitudes of some staff.
- Point 5 men are not given condoms.
- Some nurses are happy to distribute condoms, but then others in the community criticise them.
- Some risk groups can find counselling at the SCA office.
- Honiara City Council has counsellors who understand risk groups.
- Access to Health Services is limited because of attitudes of some staff.
- Point 5 men are not given condoms.
- Some nurses are happy to distribute condoms, but then others in the community criticise them.
- Some risk groups can find counselling at the SCA office.
- People living with HIV. Most lose their jobs.
- Some people will not come out because they fear losing their jobs.
- Workplace policies. NGOs have these, MOH does not.
- We have talked with some communities where people with HIV live. Most of the time they then show compassion.
- Stepping Stones helps.
- Legislation on HIV is being developed now.

What questions remain?

- Who are the real victims of stigma and discrimination?
- Should we do more research on stigma, for example a Stigma Index?

- How can we measure the effects of other programs on promoting Compassion and Understanding?
- What is the role of media in reducing stigma and discrimination?
- How do we address workplace stigma and discrimination?
- Will workplace policies help?

Working Groups

What can we say now?

- In the last National Strategic Plan on HIV and STIs, six Working Groups were listed:
 - Research
 - Prevention and Advocacy
 - BCC, IEC, condoms, media and health promotion
 - VCCT, treatment and care
 - Blood safety
 - National Women’s Coalition on HIV/AIDS
- Only one group meets. For others, stakeholders do talk, but not in formal working groups.
- Technical people in the Ministry of Health meet often, but not in working groups
- SINAC appointed Chairs of Working Groups in 2008, but the groups have not been called to meet
- Working groups should
 - Coordinate activities between groups
 - Identify standard approaches to important issues.

What questions remain?

- Do we really need Working Groups?
- If so, what groups should we have?
- How can we make sure they meet and do things?
- Are the current members too high level, so they don’t meet?
- Should we have a one day workshop on Working Groups during development of the next National Strategic Plan?

Provinces and Rural Areas

What can we say now?

- Last National Plan development. Only one person came from each of six provinces. We need to involve the provinces more.
- Most provinces have no staff for HIV, no budgets, no plans. HIV is not their priority.
- Limited budgets go to testing and clinics, not prevention.
- International NGOs do most of the prevention work.
- STI/HIV Coordinators in:
 - Malaita, Western Province, Choiseul, H.C.C.
- Reproductive Health Coordinator in other provinces.
- Most people with HIV come from rural areas. Many say they were infected before coming to urban areas.
- Some people from rural areas are infected when they come to Honiara, before they learn about HIV.

What questions remain?

- Do we know enough about which provinces have most people vulnerable to HIV and STIs? Should the next National Plan prioritise more research on this?
- Need for mapping for areas to intervene in? Is there proper coordination/consultation between stakeholders for the sharing of resources to reaches these rural areas and wider community areas? Avoid duplication by stakeholders.
- Are enough people in provinces being tested for HIV and STIs?
- Malaria program has labs in provinces. Why don't we?
- For provinces with STI/HIV Coordinators, has this made a difference?
- Provincial AIDS Councils. Should we develop these?
- What should be the priorities for building capacity in provinces?
 - Budgets, training, integrating HIV with other issues?
- Should we make some provinces highest priority?
 - How do we choose?
 - Logging, mining, tourism, provinces where people travel overseas?
- Building Capacity. How?

- Stages, 10 years, 5 years, 1 year?
- Resources (now just from SPC)
- Sustainability in organisations Vs. Individuals.

Monitoring and Evaluation

What can we say now?

- We have had many research reports, so we do know about knowledge, behaviour and risks
- We do not have large numbers of people in risk groups, so we cannot report on global indicators
- 10 provinces, 25-30 large islands, so hard to do national research
- Second Generation Surveillance (behavioural research) was done in 2008
- No national pooling of information. No M&E group proposed in last plan.
- Last plan did include M&E matrix, but this was not used.
- National Stakeholders' Meeting is held quarterly to share lessons learned and plans.
- We now know that knowledge doesn't change behaviour.
- Mapping of who works in each province has been done.
- Mapping Honiara 2008 was done by World Vision (should now be done nationally?)
- Most stakeholders are working in Key Result Area 1 – Prevention
 - This is appropriate given the national situation
- Evaluations done by individual organisations
- UNGASS Report in 2010
- No mid term review in 2008
- Second Generation Surveillance was presented to stakeholders, shared analysis of findings, now can be a baseline.
- Many organisations do M&E and can now train others
- Health Information Systems.
 - Records of HIV testing and treatment
 - Records of STI treatment. Syndromic management except in Honiara there is diagnosis

What questions remain?

- For next plan, we can have more sharing of methods for M&E. How can we do this?
- How often should we repeat Second Generation Surveillance?
- How do we find out more about risk behaviours?
- What other research should we do?