# *What Makes a Program/ Project*

Slide set prepared by Dr Dennie Iniakwala, SPC, extracted from *Fundamentals in Monitoring and Evaluation*: Training of trainers curriculum for Pacific Island Countries, 2012 (SPC and UNAIDS prepared this curriculum).

# *PROGRAMS AND PROJECTS, LIKE PEOPLE, COME IN VARIETIES, BUT ALL HAVE CORE COMMON CHARACTERISTICS*

# COMMON CHARACTERISTICS OF PROGRAMS AND PROJECTS

- *Goal(s)*

- *Objectives*

- *Intended outcome(s)*

- *Target population*

- *Mechanisms to deliver services/implement*

- *Review*

# *Goal*

➢broad, general statement about desired program intentions generally reflecting wider community concerns and interests;

➢general intentions which are concrete enough to provide parameters and direction for establishing measurable objectives;

Example 1: for Fiji NSP on HIV&STIs *2012-2015:*
*to halt the spread of HIV, reverse the epidemic of STI s, and improve the quality of life of People Living With and Affected by HIV.*

# *Objectives*

➢ a statement of desired, specific, reasonable, and measurable program result.

➢ more specific than goals; a set of objectives contributes to achieving larger goal;

➢ Example for VCT program:

- Objective 1: *Train clinic staff in pre and post test counseling*.

- Objective 2: *By end of 2012 98% of tested clients will have received their HIV test results through post-test counseling.*

- Objective 3: *Clients receiving positive test receive CD4 assessment to see if eligible for ART.*

# Common Characteristics - Outcomes

## _Outcome(s)_

➤Results or changes in knowledge, awareness, skills, attitudes, opinions, aspirations, motivation, behavior, practice, decision-making, policies, social action, condition, or status as a result of intervention(s), set of activities, and/or services from program.

➤Outcomes may be intended and/or unintended, positive or negative.

➤We are focused on ___intended outcomes___

➤Example: _**Decreased incidence of HIV and/or increased coverage of ART to HIV positive persons who are eligible**_.

## <u>*Target population*</u>

➢Group of people meant to be intended beneficiaries of program/project, intervention, services, and/or activities

➢Example: ***male and females of reproductive age***

## <u>*Mechanisms to deliver services/implement*</u>

➢Method by which interventions, services, & activities are implemented

➢Example: ***provide VCT services at public health clinics***

## <u>*Review*</u>

➢looking at progress made over a period of time in achieving intended results (objective, output, outcome, etc.), identifying constraints and lessons learned.

➢Example: ***phase 2 review of GFATM VCT funded program***

# *More on Objectives*

# *OBJECTIVES ARE KEY*

# *OBJECTIVES NEED TO BE SMART*

# OBJECTIVES NEED TO BE SMART

| | |
|---|---|
| **Specific** | objective is concrete, detailed, focused and well defined |
| **Measurable** | objective tells how many or how much and can be measured with identified measurement sources |
| **Achievable** | objective is something obtainable, not just a vision or aspiration |
| **Realistic** | objective is achievable with the available resources |
| **Time-bound** | objective specifies when it will be achieved |

*Objective 1*: **To train clinic staff in pre and post test counseling**

        *SMART?*        **No**

*REWORD*: **By end of year 1, 80% of clinical staff at VCT sites will have been trained in pre and post test counseling per international standardized guide**

*Objective 2*: **By end of 2012, 98% of tested clients will have received their HIV test results with post-test counseling**

        SMART?        **YES**

*Objective 3*: **Clients receiving positive test receive CD4 assessment to see if eligible for ART**

        *SMART?*        **Could be SMARTER**

*REWORD*: **By end of 2012, 90% of clients receiving positive test result, obtain CD4 assessment to see if eligible for ART.**

# *HOW ARE OBJECTIVES ACHIEVED?*
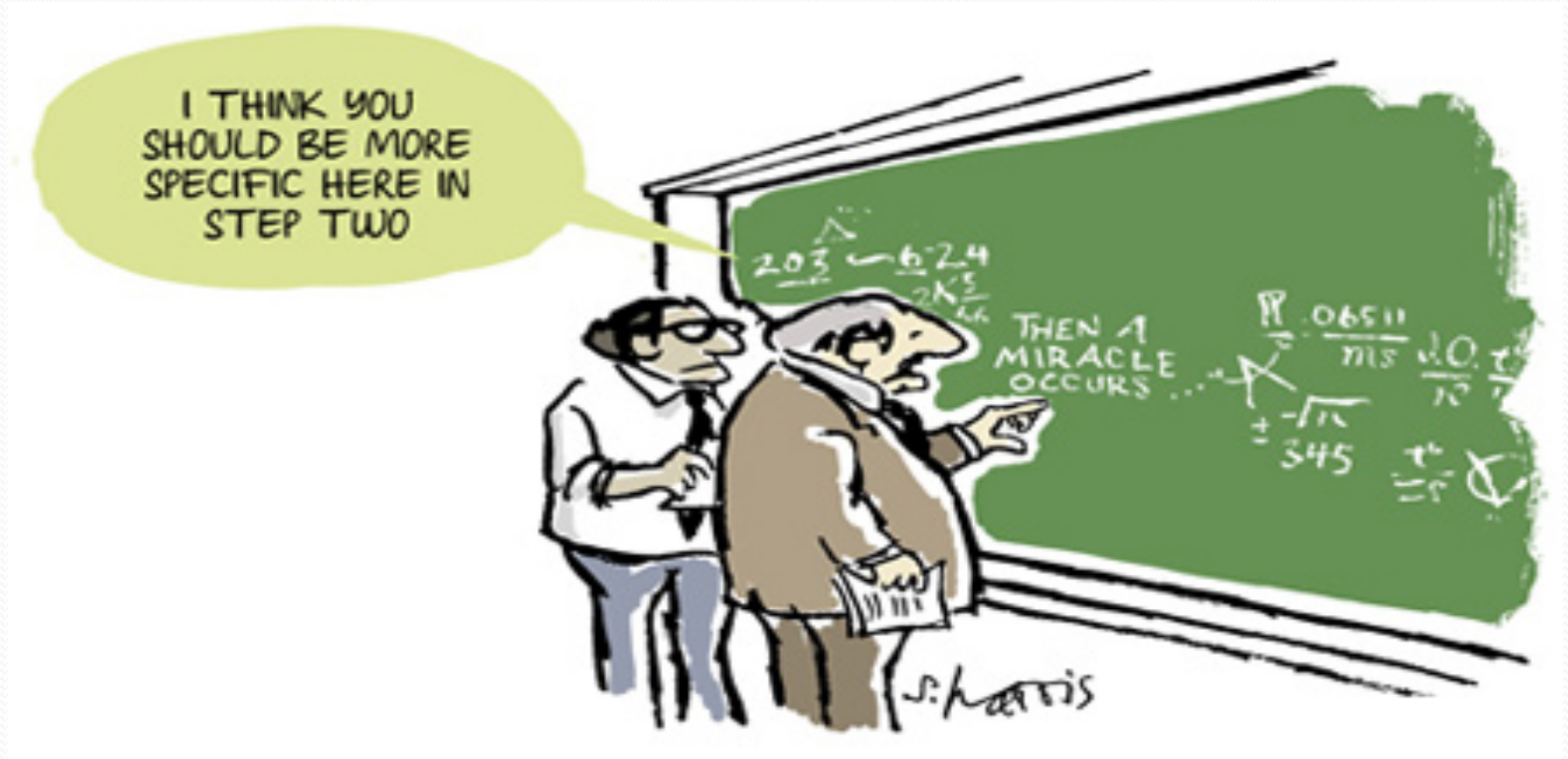


*"I think you should be more explicit here in Step Two."*

# PROGRAM LOGIC MODEL

# *WHAT IS A PROGRAM LOGIC MODEL?*

• A graphical representation of the logical progression of program elements and their causal relationships

• Includes the program activities, the results expected and the resources that are needed to carry out these activities

# ELEMENTS IN PROGRAM LOGIC MODEL

- *Assumptions*
- *Problem statement*
- *Inputs*
- *Activities*
- *Outputs*
- *Outcomes*
- *Impact*

# *ASSUMPTIONS/CONTEXT*

➢ refers to social, political, and economic factors that exist in area where program is implemented and influence of these on potential success of program.

- *VCT & PITC are effective prevention interventions & critical entry point to HIV services;*

- *government endorses HIV prevention and treatment services, resources exist to provide VCT services*

# PROBLEM STATEMENT

➢ describes the nature and extent of problem that needs to be addressed by program

- *People who do not know their HIV status can propagate the HIV epidemic.  Those who are sero-negative may not be motivated to take preventive measures. Those who are sero-positive will not know to use critical interventions to reduce HIV transmission to their children and others or to use care, treatment, and support services for themselves.*

# *I*NPUTS

➢ includes the financial, human, and material resources used in program/project to reach its objectives.

- *Funding - government, donors (bilateral – AUSAID; multilateral -GFATM)*

- *VCT staff*

- *VCT protocols, guidelines, standard operation procedures*

- *Training materials*

- *HIV test kits*

# ACTIVITIES

➢ refers to the actions taken or work performed through which inputs such as funds, technical assistance, and other types of resources contribute to produce specific outputs.

- *Pre-test & post-test counseling*

- *Testing for HIV*

- *Development of training materials*

- *Training of VCT staff*

# *Outputs*

➢ refers to results or direct products/deliverables of the program/ project/ intervention's activities

- *Number of VCT staff certified to council clients and administer HIV tests*

- *Number of clients receiving HIV test, pre and post counseling, etc.*

# OUTCOMES

➢ refers to results that occur both immediately and some time after activities are completed (knowledge, skills, behaviors, policies, etc.)

- *Quality of VCT pre and post counseling improved*

- *Referral to treatment (ART) and care increases*

- *Knowledge of HIV prevention methods increased*

➢ *results over the long-term, cumulative effect of program/ projects/ interventions over time and often at population level –* ***ultimate change***

- *HIV transmission rate decreases*

- *HIV prevalence rates decreases*

- *HIV-related opportunistic infections decrease*

- *AIDS-related deaths decrease*

# WHERE TO START WITH PROGRAM LOGIC?

# Simple Template for Logic Model

**Problem Statement**
**Assumptions/Context**

| Inputs/Resources | Activities | Outputs | Outcomes | Impacts |

**What we invest**

**What we do**

**Who we reach, what behavior changed, how health has improved**
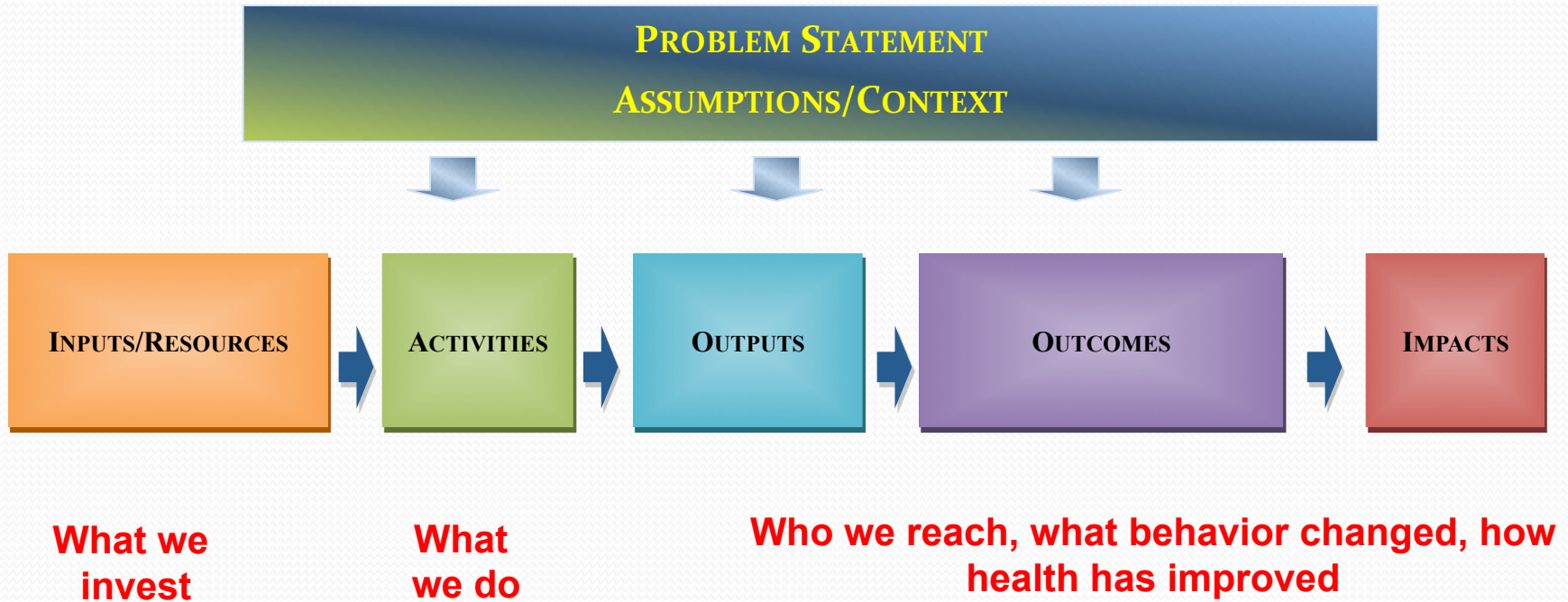
# *TEMPLATE FOR LOGIC MODEL – MORE DETAIL*

## PROBLEM STATEMENT

| INPUTS/RESOURCES | ACTIVITIES | OUTPUTS | OUTCOMES | | IMPACTS |
|---|---|---|---|---|---|

**What we invest**

- Staff
- Volunteers
- Time
- Money
- Research base
- Materials
- Equipment
- Technology
- Partners

**What we do**

- Conduct workshops & meetings
- Train
- Outreach
- Deliver services
- Develop products, curriculums, resources
- Deliver products
- Liason
- Facilitate
- Assess

**Who we reached & what we did**

- Workshops & meetings conducted
- # of trainings conducted
- # of participants attending
- Materials developed

**Short term results**

Learning
- Awareness
- Knowledge
- Attitudes
- Skills
- Motivations

**Medium term results**

Action
- Behavior
- Practice
- Decision-making
- Policies

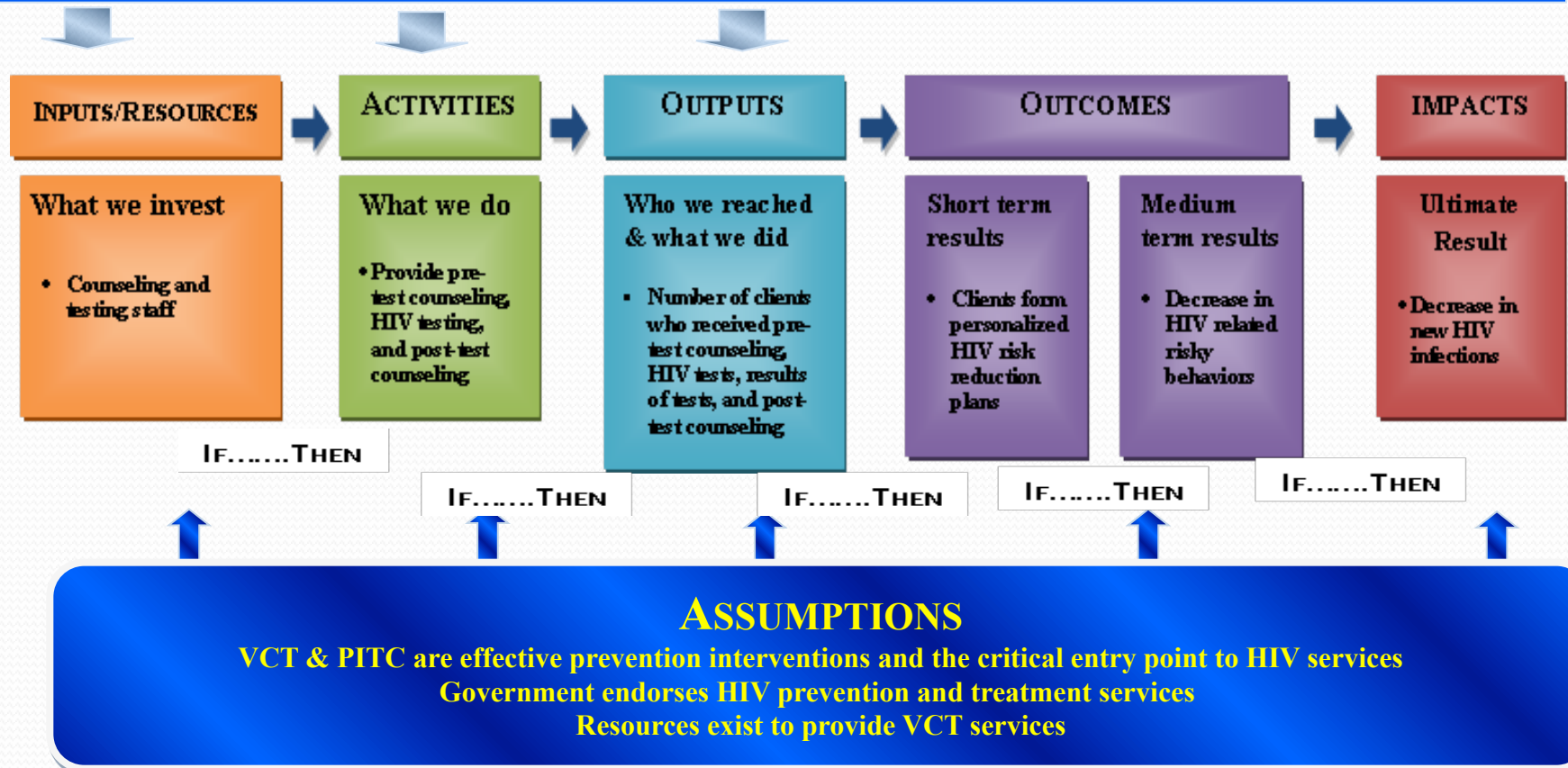**Ultimate Result**

Conditions
- Health status
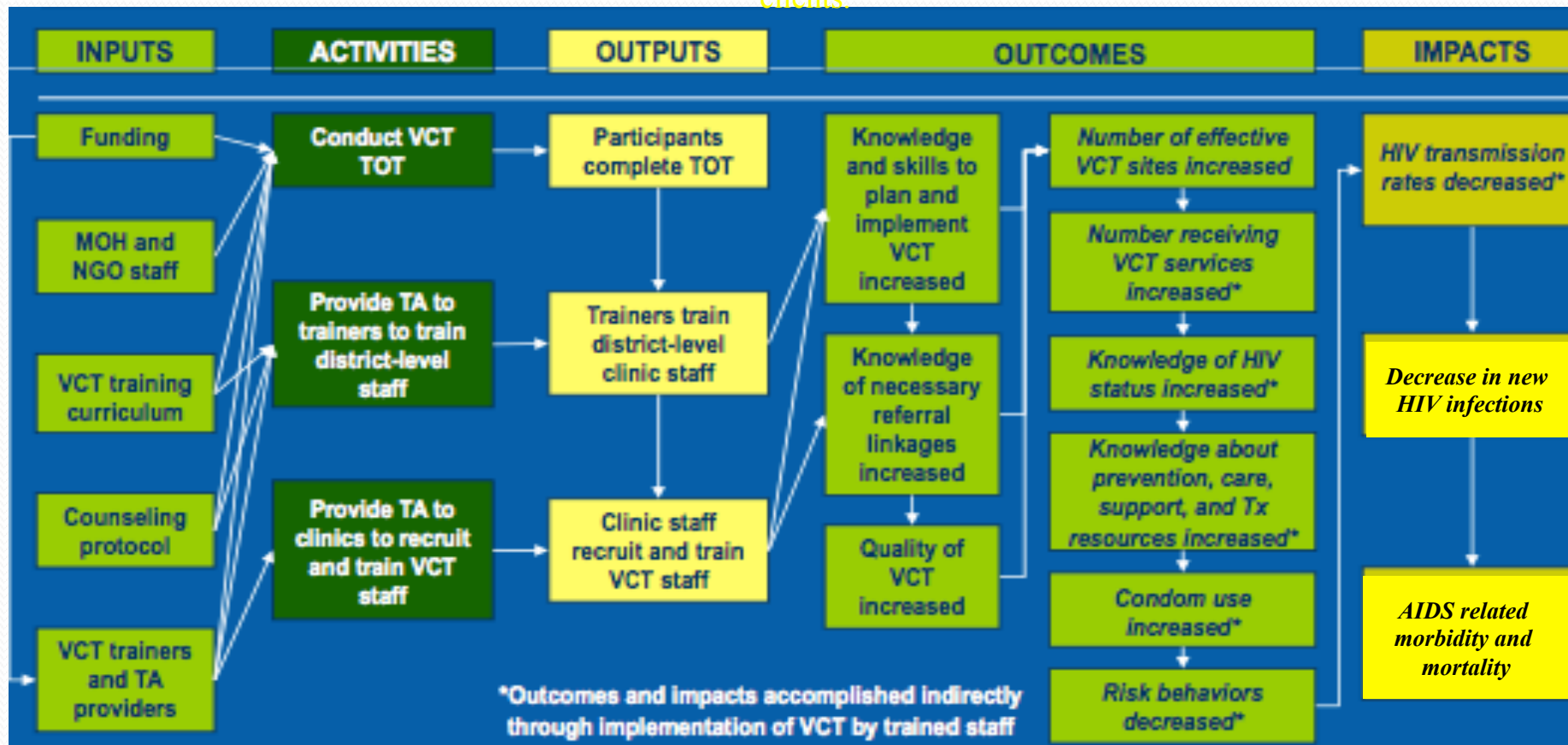- Social
- Economical
- Environmental

## ASSUMPTIONS

# EXAMPLE OF SIMPLE VCT PROGRAM LOGIC MODEL

**Problem Statement:** VCT, an effective HIV prevention intervention and a critical entry point to other HIV/AIDS prevention, care, & treatment interventions, needs to be better implemented throughout RMI. Not enough people are getting tested for HIV and hence not receiving prevention and other critical services that can have an impact on overall new cases of HIV.

| INPUTS/RESOURCES | ACTIVITIES | OUTPUTS | OUTCOMES | | IMPACTS |
|---|---|---|---|---|---|
| **What we invest**<br><br>• Counseling and testing staff | **What we do**<br><br>• Provide pre-test counseling, HIV testing, and post-test counseling | **Who we reached & what we did**<br><br>▪ Number of clients who received pre-test counseling, HIV tests, results of tests, and post-test counseling | **Short term results**<br><br>• Clients form personalized HIV risk reduction plans | **Medium term results**<br><br>• Decrease in HIV related risky behaviors | **Ultimate Result**<br><br>• Decrease in new HIV infections |

IF…….THEN    IF…….THEN    IF…….THEN    IF…….THEN    IF…….THEN

**ASSUMPTIONS**
VCT & PITC are effective prevention interventions and the critical entry point to HIV services
Government endorses HIV prevention and treatment services
Resources exist to provide VCT services

# EXAMPLE OF COMPREHENSIVE *VCT* TRAINING PROGRAM LOGIC MODEL

**PROBLEM STATEMENT:** VCT, an effective HIV prevention intervention and a critical entry point to other HIV/ AIDS prevention, care, & treatment interventions, is being scaled up throughout RMI. Some sites, however, are struggling with planning & implementation of VCT services & need help to provide high-quality services to their clients.

| INPUTS | ACTIVITIES | OUTPUTS | OUTCOMES | | IMPACTS |
|---|---|---|---|---|---|
| Funding | Conduct VCT TOT | Participants complete TOT | Knowledge and skills to plan and implement VCT increased | Number of effective VCT sites increased | HIV transmission rates decreased* |
| MOH and NGO staff | Provide TA to trainers to train district-level staff | Trainers train district-level clinic staff | | Number receiving VCT services increased* | |
| VCT training curriculum | | | Knowledge of necessary referral linkages increased | Knowledge of HIV status increased* | *Decrease in new HIV infections* |
| Counseling protocol | Provide TA to clinics to recruit and train VCT staff | Clinic staff recruit and train VCT staff | | Knowledge about prevention, care, support, and Tx resources increased* | |
| VCT trainers and TA providers | | | Quality of VCT increased | Condom use increased* | *AIDS related morbidity and mortality* |
| | | | | Risk behaviors decreased* | |

*Outcomes and impacts accomplished indirectly through implementation of VCT by trained staff

**ASSUMPTIONS**
VCT & PITC are effective prevention interventions and the critical entry point to HIV services
Government endorses HIV prevention and treatment services
Resources exist to provide VCT services

# EXAMPLE OF COMPREHENSIVE *VCT* PROGRAM LOGIC MODEL WITH MULTIPLE INTERVENTIONS
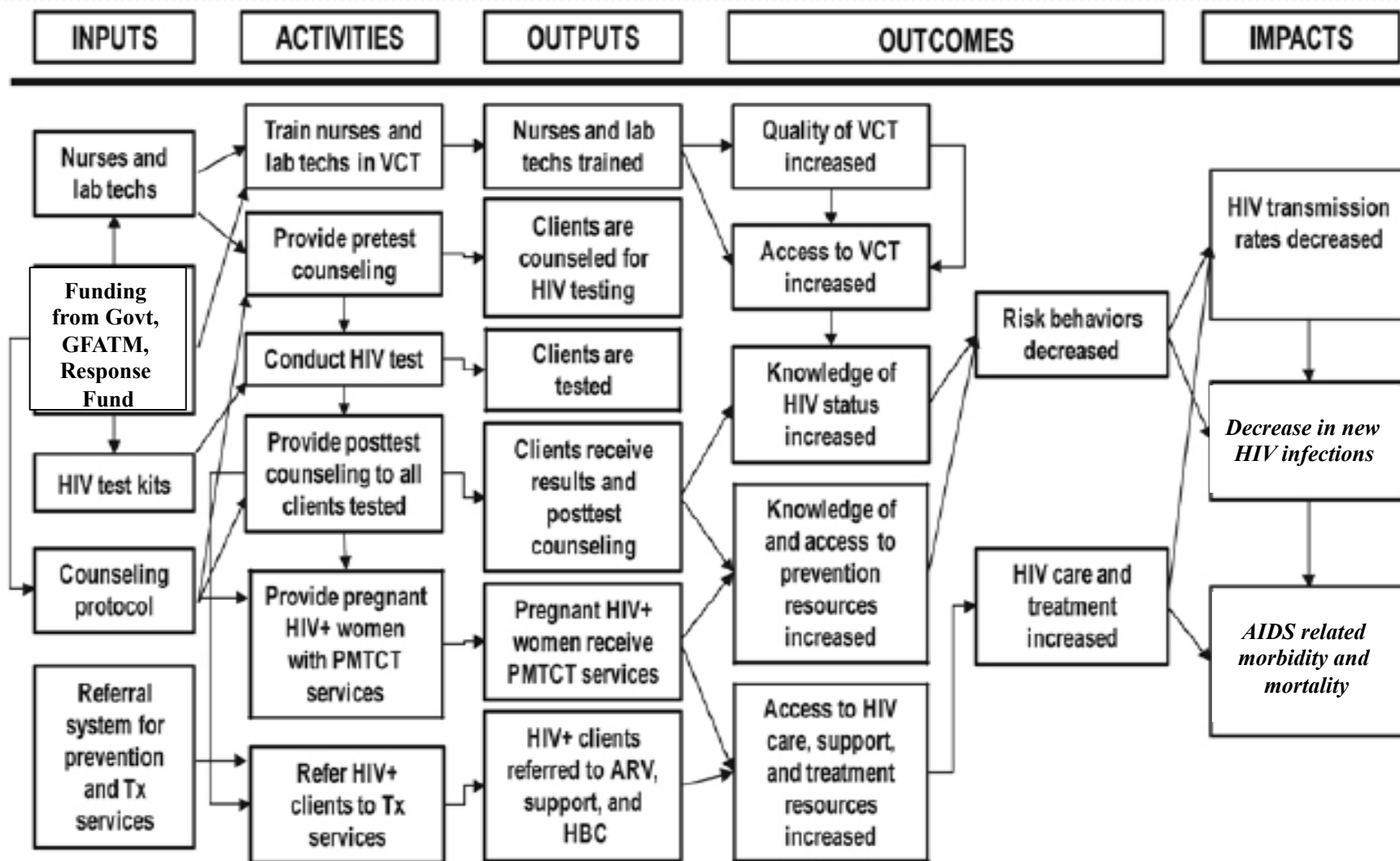
# *GOOD PROGRAM LOGIC MODELS*

➢*Reflect agreement among major stakeholders about intended implementation and outcomes (planning logic model)*

➢*Illustrate clear, sequential, and logical links between each component of program*

➢*Include inputs, activities, outputs, outcomes, and impacts:*

# *GOOD PROGRAM LOGIC MODELS*

➢ *Inputs should reflect resources needed to address the problem*

➢ *Activities should describe what actions will be done, given available resources to address the problem*

➢ *Outputs should reflect level of effort needed to reach intended outcomes*

# GOOD PROGRAM LOGIC MODELS

➢ *Outcomes should:*

- *be within scope of the program*

- *be stated as changes in knowledge, attitudes, beliefs, intentions, skills, behaviors, access, policies, or environmental conditions*

- *respond to issues identified in the problem statement*

➢ *Impacts should reflect indirect long-term results of program efforts.*

# PROGRAM LOGIC MODELS HAVE LIMITATIONS

➢ *Represent intention, not necessarily reality*

➢ *Focus on expected outcomes*

➢ *Rely on assumptions that challenge causal attribution*
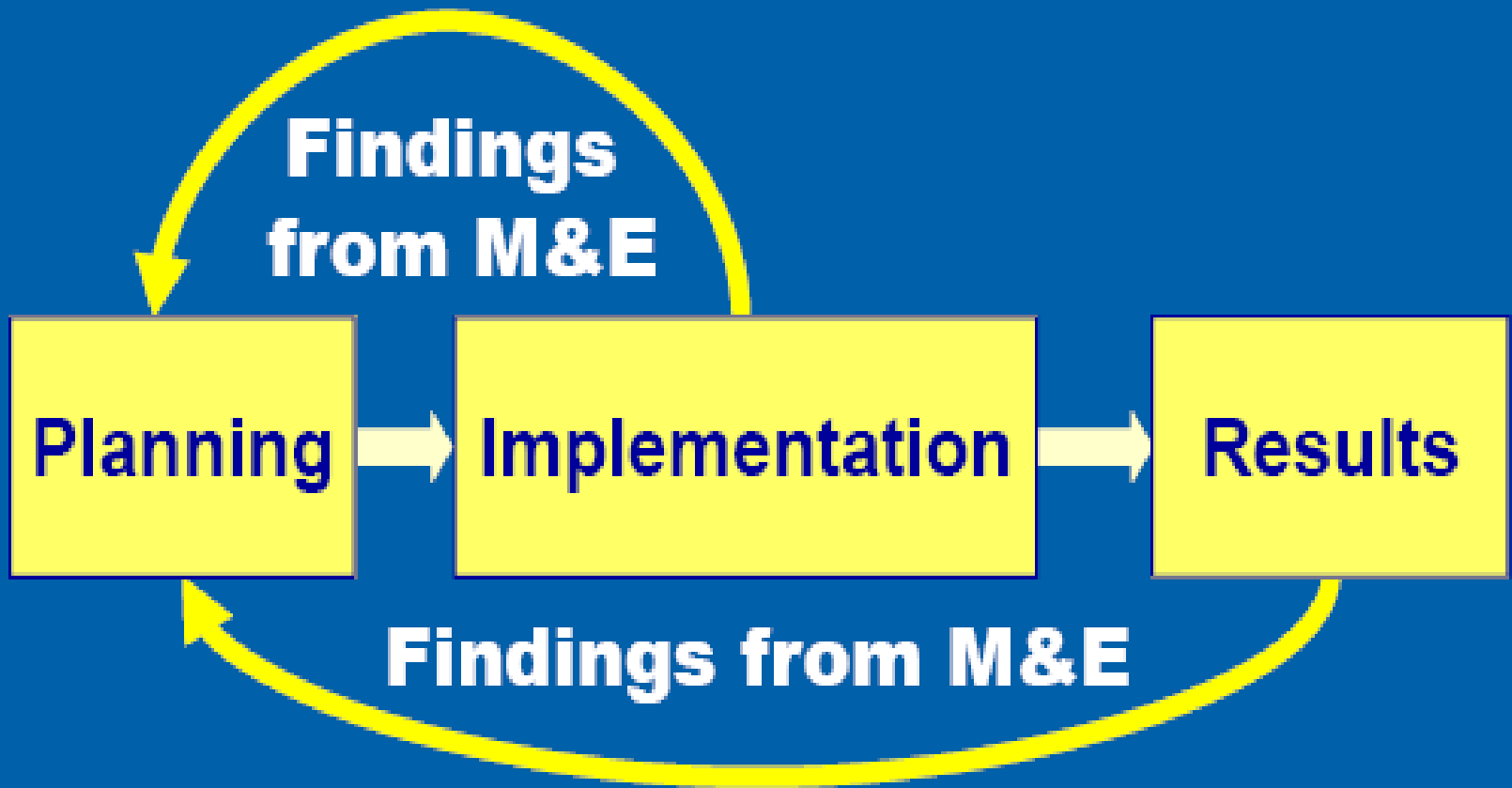
➢ *Don't address "are we doing the right thing?"*

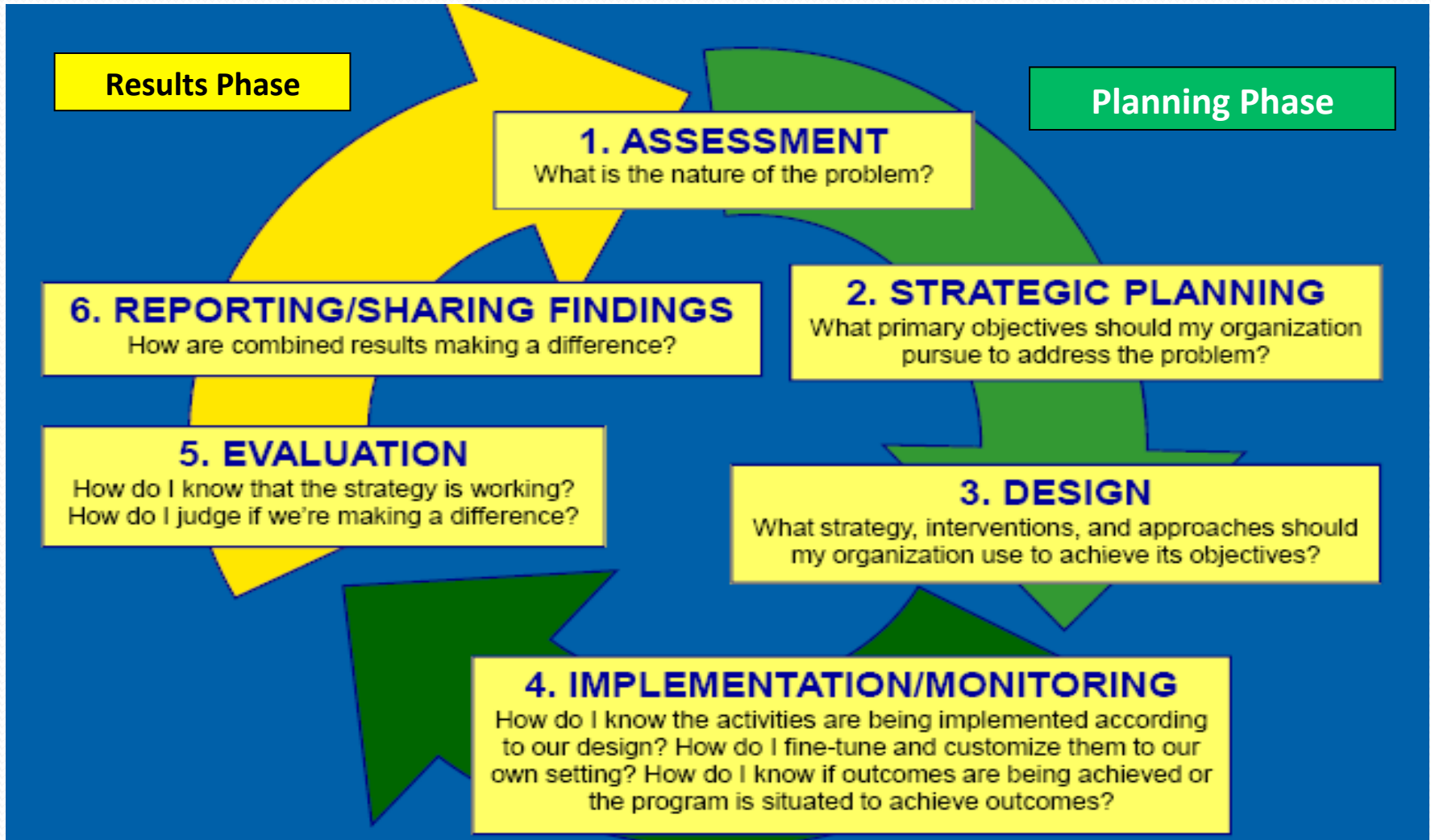# *USING M&E TO UNDERSTAND A PROGRAM/ PROJECT*

# TEMPLATE FOR LOGIC MODEL
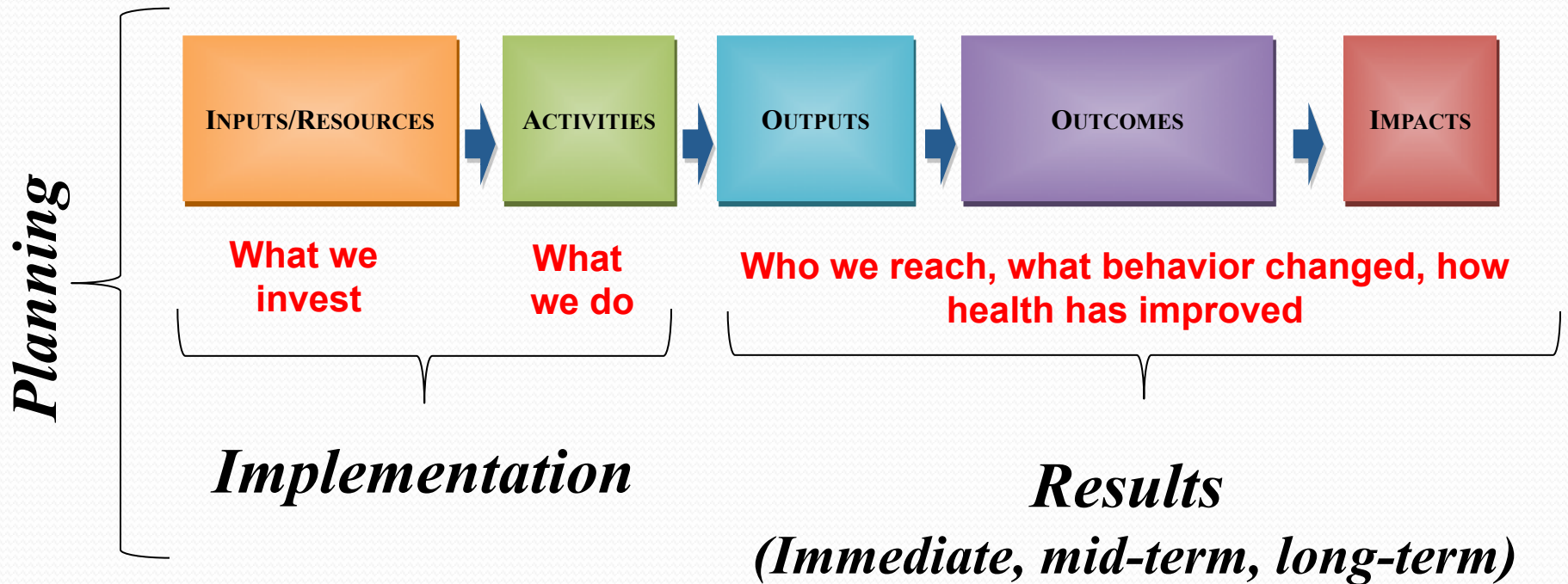
# *Planning versus M&E*

| Inputs/Resources | → | Activities | → | Outputs | → | Outcomes | → | Impacts |

Planning →

← M&E

# *INTEGRATED PROGRAM DEVELOPMENT CYCLE*