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 STIs, 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.*
**COMMON CHARACTERISTICS — POPULATION, MECHANISMS, REVIEW**

**Target population**

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

- Example: *male and females of reproductive age*

**Mechanisms to deliver services/implement**

- Method by which interventions, services, & activities are implemented.

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

**Review**

- 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**

<table>
<thead>
<tr>
<th><strong>Specific</strong></th>
<th>objective is concrete, detailed, focused and well defined</th>
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<tbody>
<tr>
<td><strong>Measurable</strong></td>
<td>objective tells how many or how much and can be measured with identified measurement sources</td>
</tr>
<tr>
<td><strong>Achievable</strong></td>
<td>objective is something obtainable, not just a vision or aspiration</td>
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<tr>
<td><strong>Realistic</strong></td>
<td>objective is achievable with the available resources</td>
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<tr>
<td><strong>Time-bound</strong></td>
<td>objective specifies when it will be achieved</td>
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FORMULATING SMART OBJECTIVES – VCT EXAMPLE

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

referrer 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.*
**INPUTS**

- 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
IMPACTS

- 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?
S I M P L E  T E M P L A T E  F O R  L O G I C  M O D E L

**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
- What we invest
  - Staff
  - Volunteers
  - Time
  - Money
  - Research base
  - Materials
  - Equipment
  - Technology
  - Partners

Activities
- What we do
  - Conduct workshops & meetings
  - Train
  - Outreach
  - Deliver services
  - Develop products, curriculums, resources
  - Deliver products
  - Liaison
  - Facilitate
  - Assess

Outputs
- Who we reached & what we did
  - Workshops & meetings conducted
  - # of trainings conducted
  - # of participants attending
  - Materials developed

Outcomes
- Short term results
  - Learning
    - Awareness
    - Knowledge
    - Attitudes
    - Skills
    - Motivations
  - Action
    - Behavior
    - Practice
    - Decision-making
    - Policies

Medium term results

Impacts
- Ultimate Result
  - Conditions
    - Health status
    - Social
    - Economical
    - Environmental

Assumptions
**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.

**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
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.

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

Inputs:
- Nurses and lab techs
- HIV test kits
- Counseling protocol
- Referral system for prevention and Tx services

Activities:
- Train nurses and lab techs in VCT
- Provide pretest counseling
- Conduct HIV test
- Provide posttest counseling to all clients tested
- Provide pregnant HIV+ women with PMTCT services
- Refer HIV+ clients to Tx services

Outputs:
- Train nurses and lab techs in VCT
- Clients are counseled for HIV testing
- Clients are tested
- Clients receive results and posttest counseling
- Pregnant HIV+ women receive PMTCT services
- HIV+ clients referred to ARV, support, and HBC

Outcomes:
- Quality of VCT increased
- Access to VCT increased
- Knowledge of HIV status increased
- Knowledge of and access to prevention resources increased
- Access to HIV care, support, and treatment resources increased

Impacts:
- HIV transmission rates decreased
- Risk behaviors decreased
- Knowledge of and access to prevention resources increased
- HIV care and treatment increased
- Decrease in new HIV infections
- AIDS related morbidity and mortality

Funding from Govt, GFATM, Response Fund
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

Inputs/Resources
- What we invest

Activities
- What we do

Outputs
- Who we reach, what behavior changed, how health has improved

Outcomes

Impacts

Implementation

Results
(Immediate, mid-term, long-term)
THREE MAIN PHASES OF PROGRAMS AND M&E LINKAGES
PLANNING, IMPLEMENTATION, AND RESULTS
Planning versus M&E

Inputs/Resources → Activities → Outputs → Outcomes → Impacts
INTEGRATED PROGRAM DEVELOPMENT CYCLE

Results Phase

1. ASSESSMENT
What is the nature of the problem?

2. STRATEGIC PLANNING
What primary objectives should my organization pursue to address the problem?

3. DESIGN
What strategy, interventions, and approaches should my organization use to achieve its objectives?

4. IMPLEMENTATION/MONITORING
How do I know the activities are being implemented according to our design? How do I fine-tune and customize them to our own setting? How do I know if outcomes are being achieved or the program is situated to achieve outcomes?

5. EVALUATION
How do I know that the strategy is working? How do I judge if we’re making a difference?

6. REPORTING/SHARING FINDINGS
How are combined results making a difference?

Planning Phase
Thank you!