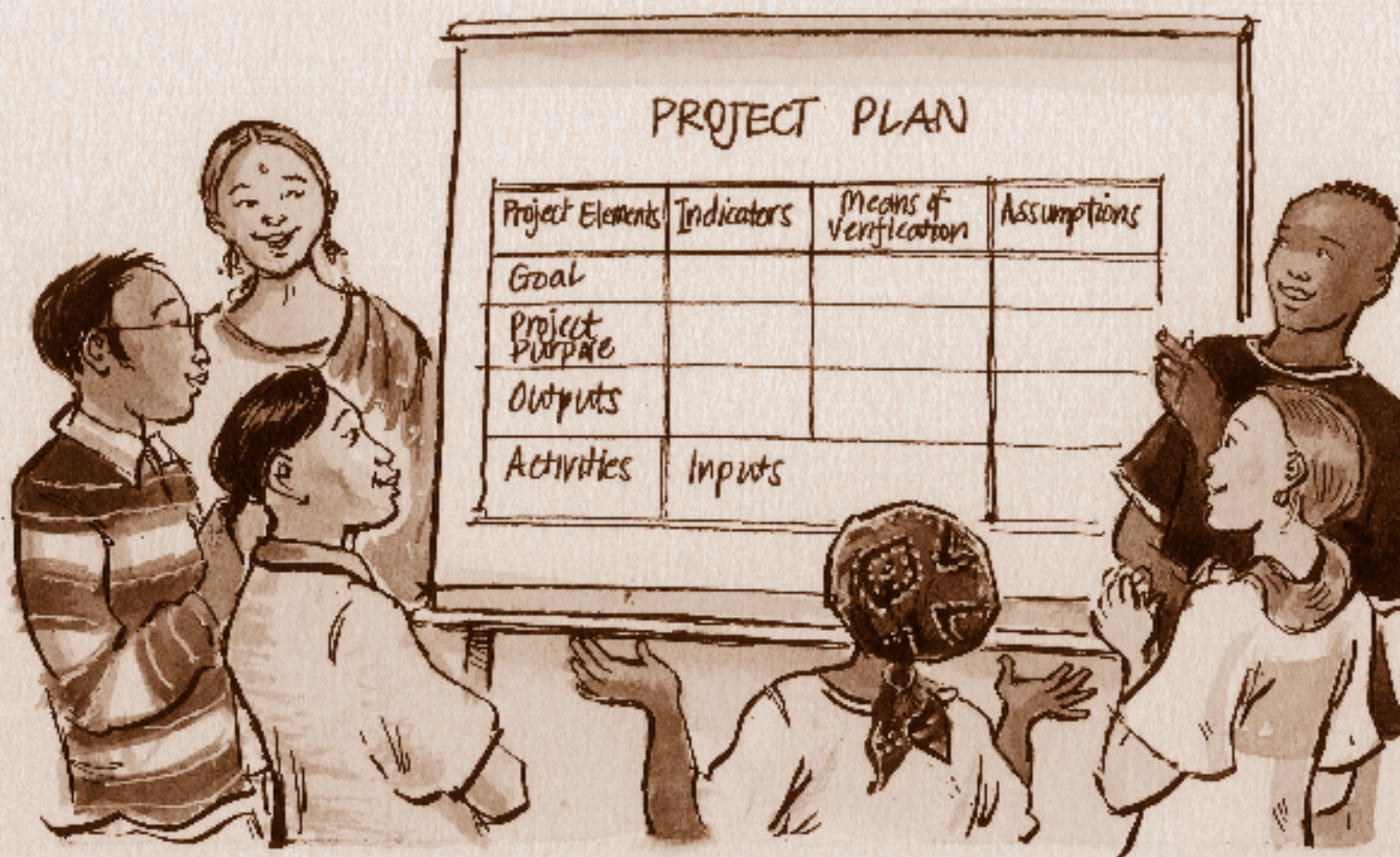


Proposals that work

A systematic guide to planning HIV projects



IPPF and the Japan Trust Fund



The Japan Trust Fund for HIV/AIDS (JTF) was established by the International Planned Parenthood Federation (IPPF) to support the HIV prevention programmes of its Member Associations in Asia and Africa. It is funded entirely by the Government of Japan and has made funding available in IPPF's regions of Africa, South Asia, and East and South East Asia and Oceania for the prevention of HIV/AIDS. Since the JTF's inception in 2000, a total of 94 projects designed by 37 IPPF Member Associations have been funded in these three regions.

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The International Planned Parenthood Federation (IPPF)

Who we are

The International Planned Parenthood Federation (IPPF) is the strongest global voice safeguarding sexual and reproductive health and rights for people everywhere. Today, as these important choices and freedoms are seriously threatened, we are needed now more than ever.

What we do

IPPF is both a service provider and an advocate of sexual and reproductive health and rights. We are a worldwide network of 150 Member Associations and are active in 182 countries.

What we believe

We see a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they'll have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

Abbreviations and acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral Therapy
EOPS	End of Project Status
GIPA	Greater Involvement of People Living with HIV
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IDU	Injecting Drug User
IPPF	International Planned Parenthood Federation
IMR	Infant Mortality Rate
JTF	Japan Trust Fund for HIV/AIDS
LFA	Logical Framework Approach
MMR	Maternal Mortality Rate
MOV	Means of Verification
NGO	Non-Governmental Organisation
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
OVI	Objectively Verifiable Indicator
PEP	Post-Exposure Prophylaxis
PLHIV	Person (or People) Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
PPM	Project Planning Matrix
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
VCT	Voluntary Counselling and Testing
YPLHIV	Young Person (or People) Living with HIV

Acknowledgements and credits

This guide has been made possible by funding from the Government of Japan. The International Planned Parenthood Federation (IPPF) would like to express its sincere appreciation to the Government of Japan for its continued support of IPPF and its Member Associations through the Japan Trust Fund (JTF).

This guide has been developed collectively by a team within IPPF and has included the contributions of the following IPPF staff and consultants: Alejandra Trossero, HIV/AIDS Officer, and Kevin Osborne, Senior HIV/AIDS Adviser, were responsible for providing overall project management and technical oversight; Nikki Schaay developed the text, guided by Wilfred Ochan, Medical Officer Africa Regional Office, who provided the necessary technical expertise in relation to the LFA. Additional technical guidance was provided by Fleur Pollard and Heidi Marriott. Andy Guise provided administrative support to the project and Sannette van der Mescht provided editorial support. The illustrations are the work of Tassier Rosser, and the guide was designed by Jason Slater.

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Foreword from the International Planned Parenthood Federation (IPPF)

The Japan Trust Fund for HIV/AIDS (JTF) was established within the International Planned Parenthood Federation (IPPF) in 2000 with funding from the Government of Japan and it has been one of our most successful partnerships in relation to our HIV work. Since its launch in 2000, the JTF has contributed significantly to strengthening the HIV capacity of a select number of IPPF Member Associations (MAs) and regional offices in Africa, South Asia, and East and South East Asia and Oceania, to design and develop HIV projects and funding proposals through an annual training programme.

This unique training programme has facilitated south-south cooperation and has also addressed the nuances of the epidemic as it plays out in these regions. The focus of the regional trainings was to strengthen the HIV proposal development skills of our Member Associations. Following the Logical Framework Approach (LFA) towards planning, the participants were exposed to a systematic and rigorous approach to developing proposals that address the linkages between HIV and sexual and reproductive health programmes. This improved both the content and ultimately the success of many proposals. The format utilized in the JTF training was also used to train members of the Asian Forum of Parliamentarians on Population and Development (AFPPD) in Thailand in 2005.

As a result of the success of this JTF-supported initiative, we wanted to share with our colleagues in the HIV and SRH fields some of the lessons we have learned about HIV project planning and proposal development. Whilst there are indeed a number of approaches that can be used to develop HIV proposals, the rigour and focus of the Logical Framework Approach (LFA) served as a catalyst to encourage both critical reflection and innovative planning. We hope that this guide provides readers with an overall framework – and not a set of narrow rules or guidelines from which there can be no deviation – to embark on a process of project planning, using the LFA.

Over the last six years the JTF-supported projects, many of which were developed during the course of the regional training programme, have focused on a remarkable range of issues, from offering mobile VCT and STI services to young vendors in a market place in Malawi, to addressing the sexual and reproductive health needs of sex workers, their clients and the broader community along the Thai – Laos border where the Second International Mekong bridge is under construction. From working with truck drivers in Pakistan to ensure greater access to accurate information to supporting the mainstreaming of HIV into corporate sector HIV workplace policies and practices, the breadth and scope of carefully planned initiatives has made a tangible difference to the lives of many.

We hope that as a result of this guide, our Member Associations, our local project partners and our colleagues in the sexual and reproductive health and rights (SRHR) and HIV fields will be provided with further support and practical tools with which to develop HIV projects to meet the needs of those most vulnerable to HIV infection and to support those living with HIV.

I would like to extend our appreciation to the Government of Japan for its innovation and continued commitment to support work on these issues and to build HIV competency within our Federation and beyond.



Dr Nono Simelela
Director Technical Knowledge and Support
International Planned Parenthood Federation

Note from the Ministry Of Foreign Affairs Of Japan

It is with great pleasure that I congratulate the International Planned Parenthood Federation (IPPF) on the publication of this guide. The guide has been developed based on the experiences of a series of regional training sessions provided to the IPPF's Member Associations, which has been funded by the 'Japan Trust Fund for HIV/AIDS' (JTF). Since the establishment of the JTF in September 2000, the regional training sessions have provided training on project formulation to 37 Member Associations and 3 regional offices around the world.

This training has been critical in strengthening the capacities of the Member Associations to formulate projects, and has contributed to promoting sexual and reproductive health and actions against HIV. The guide will enable more Member Associations to benefit from know-how accumulated over the years through the regional workshops in a cost-effective way.

It is also notable that the regional workshops have proved to be an effective way of promoting south-south cooperation through sharing of knowledge among Member Associations in developing countries. As is well known, Japan has been, and continues to be, a strong supporter of south-south cooperation.

As the largest donor to the IPPF for many years, Japan will continue to support the activities of IPPF, which promotes sexual and reproductive health in developing countries at grassroots level. It is hoped that the guide will contribute in supporting the Member Associations and others in delivering much needed services to all who require them.



Shigekazu Sato
Director-General, Economic Affairs Bureau, Ministry of Foreign Affairs of Japan

Background

In September 2000 the Japan Trust Fund for HIV and AIDS (JTF) was established within the International Planned Parenthood Federation (IPPF) with funds from the Government of Japan. Building on the philosophy and principles outlined in the Okinawa Infectious Diseases Initiative¹, the aim of the JTF is to assist IPPF Member Associations and Regional Offices to strengthen their institutional capacity to tackle issues related to HIV and AIDS and to promote sexual and reproductive health and rights (SRHR), as well as to implement effective programmes for the prevention and management of HIV and STIs.

With a view to enhancing Member Associations' capacity in HIV/AIDS related activities, the JTF financial support was complemented on an annual basis by a regional training programme focusing on HIV advocacy, project planning and proposal development. The training programme aimed to foster greater collaboration among southern partners (south-south cooperation). Since 2000, more than 190 representatives from Member Associations in the Africa, South Asia, and East and South East Asia and Oceania regions have participated in this annual training programme. The key objective of the regional training programme was to increase participants' knowledge on key aspects of HIV programming and to assist them in gaining practical knowledge and skills in project proposal development for STI and HIV prevention and care projects.

Drawing on experience and practice, IPPF has developed a set of tools to help Member Associations develop HIV project proposals (tools which IPPF believes will now be beneficial to share with a wider audience). This guide contains the key modules used in the JTF training on HIV project planning and proposal development. In this way it facilitates the access of more Member Associations to this information and, where appropriate, enables this information to be shared with their local SRHR partners and colleagues.

What we learned along the way

Some comments from participants of the JTF regional training programmes:



What is the purpose of this guide?

The purpose of the guide is to provide Member Associations and their local partners with clear, step-by-step information on how to use a well-known planning method, the Logical Framework Approach (LFA), to develop a comprehensive HIV related project proposal.

By working through the guide and using the Logical Framework Approach's planning methods it is hoped that you will be able to:

- consider the interests and views of local stakeholders as you start to develop your proposed project
- make an informed decision in choosing an HIV programmatic intervention from a range of alternative strategies
- identify and place the key components of the proposed project (its goal, purpose, outputs, activities, the required inputs and the indicators) in a matrix format
- reflect on the assumptions that are made about the project's surrounding environment, and the extent to which they pose a risk to the success of the project
- present the project proposal in a convincing format to be considered for funding

In working through this guide it is hoped that staff and volunteers of IPPF Member Associations and Regional Offices will be able to increase their confidence in designing and planning HIV/AIDS projects using the Logical Framework Approach.

Who will use this Guide?

This guide has primarily been designed for use by IPPF Member Associations that are interested in using the Logical Framework Approach. It will also support Member Associations in countries eligible for JTF funding to develop their JTF proposals, and Japanese agencies providing technical assistance to their SRHR partners in the field.

However, it is also intended that the guide be used by other non-governmental organizations working in the field of SRHR and/or HIV and other donors and their collaborating partners.

An introduction to the planning method: the logical framework approach (LFA)

What is the Logical Framework Approach (LFA)?

The Logical Framework Approach is a method of project planning that was introduced into development activities in the 1970s. It was originally developed by USAID, and its original format (the matrix) was refined by the German development agency, GTZ. With the inclusion of an analysis phase it became known as the ZOPP (which, translated, stands for Objectives Orientated Project Planning). The approach was considered valuable as it enabled development workers to plan their projects more systematically and allowed donors to check the logic and comprehensiveness of a project proposal. It has been adopted over the years by a variety of development agencies as the preferred method of project planning.

Don't get intimidated! The Logical Framework Approach is now referred to by a variety of names - all of which essentially describe the same planning process. These include:



Olive, a South African organizational development and training agency, came up with the following definition of the Logical Framework Approach:

"[It is] a method of planning, comprising a set of steps and a range of 'tools', which aim to clarify perceptions, explore options and make choices about what solutions would effectively address particular problems."²

Like any framework or model, the Logical Framework Approach has its own distinctive 'language', process and underlying assumptions or principles. By 'language' we mean the terminology that describes the various components of a project. The process refers to the eight steps involved in planning a project (see page 22). In the case of the Logical Framework Approach an assumption or key principle is that factors external to the project are as important in determining project success as factors that can be controlled by the project management. The language, process (steps) and assumptions of the Logical Framework Approach will be described in detail in this guide.

What is the value of the Logical Framework Approach (LFA)?

Various authors have suggested that the value of using the Logical Framework Approach is that it:

- recognizes the causes of problems lie at different levels and are often inter-related
- gets you to think about the links between your intended inputs (**things such as your resources**), your planned activities (**the things you want to do**) and your expected outputs (**those things that you believe will contribute to the achievement of your project purpose**)
- encourages reflection - as you proceed through the planning stages you are encouraged to revisit your earlier assumptions and ideas, and to refine these as new ideas and insights are developed
- enables you to summarize the most important aspects of your project and represent these graphically in a simple table: the one page project planning matrix, or logframe

In terms of process, it:

- emphasizes the importance of planning a project on the basis of the problems that people face in their daily lives, rather than on the basis of a policy or ideological position of an external agency or donor
- can facilitate communication between a range of stakeholders and contribute to the development of a common understanding of how such problems might be addressed.

Following this, how a project could be designed to bridge the gap between '**what is**' (the current, problem state) and '**what ought to be**' (the future, desired situation).³

The Logical Framework Approach was developed with influence from military and business contexts (Thaw and Randel, 1998), and has been used extensively in resource-poor or developing world contexts. It is not without its constraints and limitations. As Nancholas (1998: 192) notes:

"Any Logframe is only as good as the team creating it. If the consultation and participatory aspect of this approach is omitted or just given cursory attention, then the Logframe may be as narrow, mechanistic and rigid as any other plan prepared in that way."⁴



Remember...

A successful project:

- addresses real problems that its target group is facing
- enjoys support from other stakeholders
- has a clear purpose and is realistic in what it says it can achieve
- is based on a well-formulated plan
- is located in an organization with sufficient capacity and capability
- is implemented by a competent and motivated team

Adapted from Thaw, D and Randel, M (1998:11)

A summary of the method

There are two phases of the Logical Framework Approach (LFA): the Analysis Phase and the Project Planning Phase. Each phase involves four steps – therefore a total of eight steps which allows one to formulate and design a Project Planning Matrix.

The Analysis Phase involves four steps:

1. Stakeholder or participant analysis
2. Problem analysis
3. Objectives analysis
4. Alternatives analysis

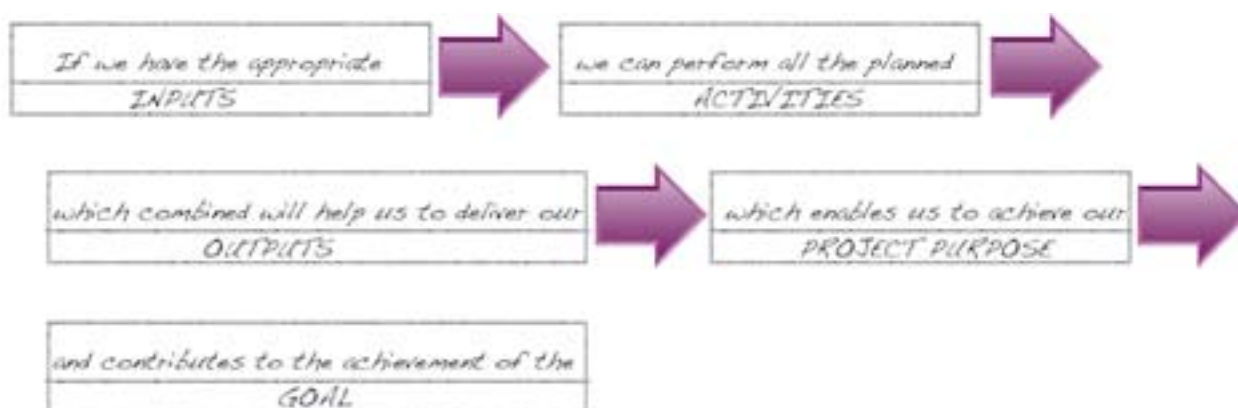
The Project Planning Phase involves four steps:

5. Defining the project elements
6. Assessing the assumptions or the external factors
7. Developing indicators
8. Identifying the means of verification (MOV)

Once the eight steps have been completed, planning as part of the Design Phase begins. The planning that you do in the Design Phase is captured in what is known as a Project Planning Matrix (PPM) - a logframe or 4 x 4 table which looks like the example below:

PROJECT ELEMENTS	INDICATORS	MEANS OF VERIFICATION (MOV)	ASSUMPTIONS
Goal			
Project Purpose			
Outputs			
Activities	Inputs		

It is important to remember that there is an important relationship between all the project elements, that illustrates the logic within the LFA:



A word of caution

Please be aware that there is some variation in the words people use to name the different components of a project plan. For example, the three terms 'goal', 'objectives' and 'activities' are often used in project planning. This is the format used most consistently within IPPF, and is described in detail in the IPPF/WHR publication 'Guide for Designing Results-Orientated Projects and Writing Successful Proposals'.

Since this guide aims to provide the reader with assistance about how to develop a project proposal using a particular method of planning, namely the Logical Framework Approach to planning, there may be some differences between what is introduced in this guide and what readers are familiar with in terms of their own planning processes and terminology.

In addition, you will find that in relation to the Logical Framework Approach specifically, a variety of terms or words for the different project elements in the project planning matrix are used. For the purposes of this guide, we have chosen to use terms that we feel give us the simplest description of each of the project elements. However, at the back of the Guide we have listed the alternative names to which some of these project elements are commonly referred.

It is important to bear in mind that despite these variations in terminology, the basic concepts in the Logical Framework Approach are all very similar. Do not get discouraged if you come across minor variations in the terminology or in the design used by different donors, development agencies and/or partner organizations.

The language (or jargon) of the logical framework approach (LFA)

The terminology used in the LFA is not very different to some of the common terms used in other processes of planning (such as goals, objectives and activities). However, each term in the LFA carries with it a specific meaning, particular to the flow and logic of the LFA. It is therefore important that all members of the planning team share a similar understanding of the LFA terminology at the outset of the planning process so that each element and level of the Project Planning Matrix (PPM) can be constructed accurately.



A brief description of some key terms

TERM	DESCRIPTION
Goal	<p>It describes the long-term, desired solution or change to which the project contributes. It is related to the main problem or need that the project is trying to address, and is something that other projects and activities also contribute towards. It cannot be achieved by the project alone.</p> <p>The goal refers to a major health or social problem. It refers to change at the population level.</p> <p>It is usually written in a way that describes the benefits that we anticipate the beneficiaries will experience as a result of the project, and is written in a way that answers three questions:</p> <ol style="list-style-type: none"> 1. What achievement is the project ultimately planning to contribute towards? 2. Who will ultimately benefit from the implementation of this project? 3. Where will the project be implemented (i.e. the location)?
Project Purpose	<p>This is the reason for undertaking the project and describes a more immediate situation that is expected to exist as a consequence of the implementation of the project. It includes a description of the specific contribution made by the project.</p> <p>It is usually written in terms of what we believe the target group will be able to do as a result of the project's support. In other words it illustrates a change in practice in the target group that is brought about by the project.</p>
Outputs	Outputs describe the goods, services and products that we expect the project to deliver or make available during its implementation.
Activities	<p>Assumptions describe external factors (such as events, situations, conditions or decisions) which are largely beyond the control of those managing the project, but which must exist or take place for the project to succeed.</p> <p>Assumptions allow us to interrogate the extent to which our project is at risk of failing and enable us to take precautionary measures, influence or monitor how this impacts on the project.</p>
Indicators	The indicators are the signs or markers against which the project's progress and performance can be measured.
Means of Verification (MOV)	This refers to the source of information or data that will be used to determine whether the indicator has been reached or not.
Inputs	Inputs refer to the resources that are needed to carry out the planned activities. They include things such as finance or money, materials and equipment, time and human resources.

One of the key characteristics of the logical framework approach to planning is that it enables project planners to consider whether one part of their plan logically connects with another part of their plan. A logical connection should exist between the different parts, both vertically (up and down) and horizontally (sideways). This is best illustrated when the PPM is complete.

Over the next pages we will begin the planning process, following each of the eight steps that take us through the analysis phase and then on to the project design phase. By following the eight steps in order you will be able to complete the PPM.

The PPM is made up of different components, each of which has a particular position within the PPM, as illustrated below:

PROJECT ELEMENTS	INDICATORS	MEANS OF VERIFICATION (MOV)	ASSUMPTIONS
Goal <ul style="list-style-type: none"> The long term, desired solution or change that the project contributes towards 	Indicators <ul style="list-style-type: none"> The signs against which the projects' progress can be measured 	MOV <ul style="list-style-type: none"> The source of information used to determine whether the indicator has been reached or not 	
Project Purpose <ul style="list-style-type: none"> The unique contribution that the project has made at the end of its duration⁵ 	Indicators	MOV	Assumptions <ul style="list-style-type: none"> The external factors that need to be in place for the project to succeed
Outputs <ul style="list-style-type: none"> The goods, services and products that the project provides to its target group⁶ 	Indicators	MOV	Assumptions
Activities <ul style="list-style-type: none"> The actions and steps taken to accomplish the outputs 	Inputs <ul style="list-style-type: none"> The resources needed to carry out the activities and the budget summary 		Assumptions

Preparing for the planning process: understanding the problem

Before getting down to planning, make sure that you have considered some background details about the particular HIV problem that you want your project to address in a specified community.



How much do you know about the problem that you want your project to address?

The extent of the problem experienced by people within the community

- What is the size of the problem, i.e. how common or widespread is the problem?
- Who is most affected by the problem? For example, you may consider the age group, gender or location.
- Are some groups more affected by the problem than others, and if so, why?
- What are the implications and consequences of this problem at an individual and community level? For example, how severe is the problem in terms of morbidity or mortality?
- What are the key elements that contribute to creating the problem?

Current action taken with regards to the problem in the community

- What interventions are currently in place to address this problem in the community?
- Are there any results and lessons that can be learnt from these interventions?
- What gaps exist in relation to the knowledge, interventions or the coverage of existing services that address this problem?

Support of the external environment in addressing the problem

- What is the common perception and understanding of the problem among community members?
- What is the level of political will or socio-cultural support to solve the problem, i.e. how supportive are decision-makers in addressing this problem?
- What policies are currently in place that identify and/or address this problem?

Where do you find this information?

You can use primary or secondary data sources:

Primary data:

- data that you collect yourself through individual and focus group interviews
- data that you have from your field work (statistics, client narratives, photographs)
- results of a research study that you have commissioned to find out more about this problem

Secondary data:

- surveys, research studies, reports and media stories related to the problem
- statistics and data obtained from the health service and from other service providers
- policies, guidelines and legislation

The case study

The case study outlined below is an example of how the LFA has been used at a local level. The case study is modelled on aspects of a project planned in 2005 by one of IPPF's Member Associations in Central Africa, which was developed through a JTF-funded regional training programme.

Remember that no project is ever perfectly planned: each planning group will approach the design of a project differently. This case study is by no means intended to be a model of best practice - you might easily disagree with some of the elements of the project or think of a more efficient way of designing the project and its various interventions. Its purpose is to serve as a guide and to illustrate how the LFA can be applied in practice by a planning team.

At the end of each step in the LFA planning process, we use this case study to illustrate how the Member Association of Ingala has interpreted the various steps in 'reality'.

Reaching out: increasing the access of young traders, particularly those living with HIV, to comprehensive SRH and HIV services in the Ingala market place.

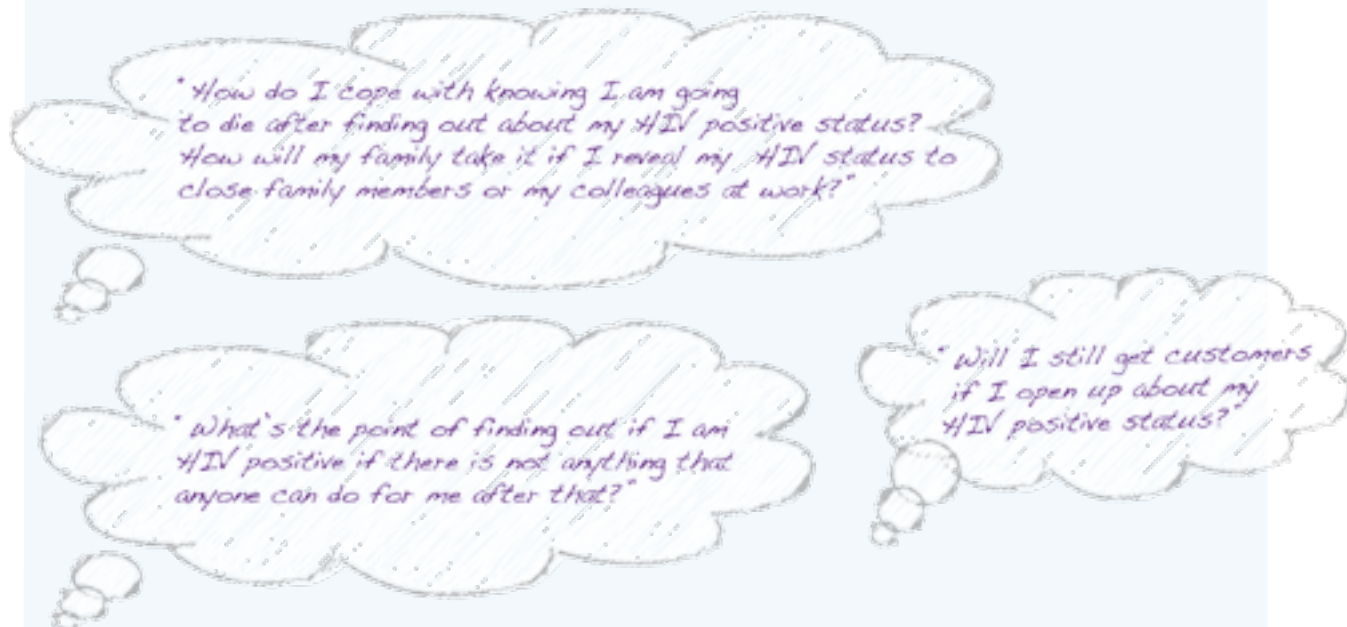
This project is based in the small town of Ingala, which is located in a rural district in a Central African country. Ingala is based alongside a busy highway that runs through the district, connecting Ingala to the capital city and, beyond that, to neighboring countries. Because of this busy transport route and the fact that many of the passing traders and truckers use Ingala as a resting place, the town has a large transient trade⁷ population, significant commercial sex activity and, to date, limited interventions on HIV for young people living with HIV (YPLHIV).

Although ARVs have been available from public health facilities in the country for the past two years, they are mostly accessed through hospitals, designated health centres and NGOs in urban areas. People living with HIV (PLHIV) who reside in more rural areas have found it particularly difficult to access ARVs as they have to travel to an urban health centre to access an ARV clinic - a trip that many PLHIV living in rural areas cannot afford.

Recently however, the Ministry of Health announced that a concerted effort would be made to make ARVs more accessible to those living in rural areas. Following this decision, the District Hospital in Ingala was identified as one of the rural sites from which ARVs would be dispensed. Unfortunately, due to resource constraints faced by the Ministry of Health, CD4 count testing facilities could only be made available at regional hospitals. This means that PLHIV living in Ingala who are potentially eligible to start ARVs need to travel 150 kms to the closest regional hospital to have their CD4 counts done. Low income and having to travel such a distance by public transport limit the access that rural PLHIV in the district, particularly YPLHIV, have to ARVs, and ultimately, to the continuity of care.

Similarly, a lack of apparent follow-up care and support services for those testing HIV positive, coupled with widespread HIV-related stigma and discrimination within the community has resulted in decreasing numbers of people, particularly young people in Ingala, seeking VCT. As a result, many young people living in Ingala are unaware of their HIV status, and those who are living with HIV are not able to access information, care and psycho-social support that could be of benefit to them and their sexual partners.

Staff of the Member Association in Ingala often hear young people asking:



The Member Association became particularly concerned about how vulnerable young people involved in transient trade around the central market place and the adjoining taxi rank in Ingala were to HIV infection, and how rarely those living with HIV from this community accessed their SRH services.

The youth in this context are involved in trades like market vending, wheelbarrow pushing, motorbike or bicycle riders that transport goods, car washers, taxi touts, automobile mechanics (known as the 'spanner boys'), restaurant or hotel attendants, saloon operators, and commercial sex workers. Those involved in transient trade live from hand to mouth: the income they earn during the day will be used for their food and accommodation that night.

Being poorly paid and frequently on the move exposes young people to a high risk of sexual exploitation and HIV. Because of the nature of their work these youths are always on the move, cannot afford to take time off from work during the day and thus rarely have time to access the Member Association's SRH services. They thus have little opportunity to access SRH information, counselling and medical treatment, and undoubtedly have irregular access to condoms.

The Member Association thought that if they could increase their SRH outreach services to the central market place and taxi rank, and provide youth friendly SRH services, more young people working in these settings would be encouraged to come forward for voluntary counselling and testing (VCT) and learn about their HIV status.

They also thought that if they could provide appropriate psycho-social support, specifically for young people living with HIV, and link the Member Association's SRH services to the government facilities offering ARVs, then more young people living with HIV from this community would have access to better health care.

The 8 planning steps of the logical framework approach (LFA)

STEP 1: Stakeholder analysis

What is the purpose of this step?

The stakeholder analysis allows you to consider how different people and institutions see and experience the problem that you are trying to address. Considering their particular needs, the potential interest they might have in the project, and what they could contribute to the project, will enable you to:

- plan a project that is sensitive to the needs of those around you, rather than to the internal needs of your own institution
- identify areas where there is the potential for greater collaboration between stakeholders
- anticipate potential problems or instances where there might be a conflict of interest between yourselves and other or different stakeholders

The stakeholder analysis can also be used to consider who you think would be important to include in your project planning process (such as the project target group or implementing partners) – if you have not already invited them to participate in your project planning process. You might also need to consider which group could potentially undermine your project if they are not involved.

How do you go about it?

- **List** all the people, interest groups and institutions that are interested and/or affected by the problem that you have identified.
- **Prioritize** the stakeholders. In developing a solution to the problem and designing a project intervention, select a few of the most important stakeholders whose interests and views you think ought to be prioritized in your planning process. We suggest you prioritize 5 or 6 of the most important stakeholders.
- **Analyze** the interests of these stakeholders. By developing a table like the one below, consider each of your key stakeholders in terms of:

NAME OF SHAREHOLDER	PROBLEMS:	INTERESTS:	POTENTIAL:	LINKAGES:
	What are the main problems facing this group (and, more importantly, in relation to this particular problem)?	What do they want resolved in relation to this problem (and what would they want from a project)?	What are the positive and negative things that they could bring to a project?	Are there any points of conflict, or co-operation or dependency that they have with other groups that you need to consider?
1				
2				
3				

- **Consider** the prominent issues. Look for important themes and issues that emerge from your analysis of the different stakeholders and highlight those that you think you need to take into account when planning your intervention.
- Make a **choice**. Ultimately, the project planning team needs to consider whose interests and views (from amongst the various stakeholders) are to be given priority when the problem is analyzed in the next step of the planning process. In making a choice you might want to consider:
 - which group from your table is most vulnerable and in need of external support or assistance.
 - which group from your table should be supported in order to contribute to their positive development.

Ultimately the group that you choose will influence the way you look at the problem, and whose interests you take into account when designing an intervention. It is an important choice to make and one that the planning team needs to reach consensus on before moving on to the next step.

- **Reflect** on the SRH rights of the target group. Once you have selected the group whose interests and views are to be given priority, i.e. the target group (explained below), you should refine your stakeholder analysis by looking at how each of the other groups interacts with your target group. This is important because you are primarily concerned with the SRH rights of the target group and other stakeholders may well have important obligations to protect, respect and fulfill these rights. Reflecting on these relationships will help you identify the key stakeholders that the project ought to work with for the maximum benefit of the target group.

WHAT IS THE DIFFERENCE BETWEEN A STAKEHOLDER, A BENEFICIARY AND A TARGET GROUP?

A stakeholder:

This is any individual, group or institution which might be affected negatively or positively, directly or indirectly by the project or programme. It is a very broad term and four types of stakeholders are commonly referred to:

- policy/decision makers
- partners (i.e. those who are natural allies because they share a common vision, mission or values or can assist in some way or another in implementing the project)
- adversaries (i.e. those who disagree with you in the overall project idea, the strategy or in the choice of the target group, etc., and are opposed to the project)
- project beneficiaries - both primary and secondary







A beneficiary:

This is any individual, group or institution that benefits in some way from the implementation of the project or programme. Often the distinction is made between the following two:

- Primary beneficiaries (commonly referred to as the target group) refers to the group of people that ultimately benefit from the project intervention. Once you have selected your target group, it is their interests and rights that will guide the design and focus of your project. In the case study, young people living with HIV and involved in transient trade in the market place and taxi rank in Ingala were chosen as the target group because they were identified as the most vulnerable and those that find it hardest to access SRH and HIV services.
- Secondary beneficiaries refers to any group of people beyond the target group that gains some benefit indirectly from the project intervention. For example, in the case study the project intervention is also likely to benefit other people living with HIV in Ingala, not just young people involved in transient trade, because the project will address stigma towards HIV positive people.

Here is an example of the beginning of the stakeholder analysis that was created for the case study:

Case study example: stakeholder analysis

NAME OF SHAREHOLDER	PROBLEMS:	INTERESTS:	POTENTIAL:	LINKAGES:
	What are the main problems facing this group (and, more importantly, in relation to this particular problem)?	What do they want resolved in relation to this problem (and what would they want from a project)?	What are the positive and negative things that they could bring to a project?	Are there any points of conflict, or co-operation or dependency that they have with other groups that you need to consider?
HIV positive young people⁸ (specifically those involved in transient trade) in Ingala town  	<p>They do not have the time or money to leave their work and come to a clinic to access care.</p> <p>They are fearful of disclosing their HIV + status to anyone else because they may be discriminated against and lose their job or their business.</p>	<p>They would like greater access to HIV-related clinical and counselling services in a supportive environment.</p> <p>They wish that there were less stigma and discrimination against PLHIV in the community so that they could be less fearful of being HIV positive.</p>	<p>Positives: Some of the HIV positive young people could potentially be trained as peer educators and then facilitate support groups for other YPLHIV.</p> <p>Negatives: Few young traders in Ingala town have disclosed that they are HIV positive and they will most likely be fearful of disclosure and of joining a PLHIV support group.</p>	<p>As they are informally employed in transient trade they are not part of any formal network so they are hard to access, and are not a homogeneous group.</p> <p>Some, especially young girls who are involved in transactional and/or sex work are at times in conflict with the police.</p> <p>At present they have few links to, or co-operation with, the Member Association or the Ministry of Health.</p>
Member Association staff working in the SRH clinic in Ingala town   	<p>Are concerned that HIV positive young people involved in transient trade don't come to the Association's clinic, and they are then unable to provide them with the necessary SRH and HIV services.</p> <p>Are not 100% certain of how to provide appropriate SRH services for YPLHIV, or how to create an environment at the clinic that the YPLHIV feel sufficiently comfortable to attend.</p>	<p>Want to reach out and support the YPLHIV as they know that those involved in transient trade in particular, are vulnerable and in need of care and support.</p>	<p>Positives: Skilled in providing SRH services to the local community.</p> <p>Have a willingness and commitment to work with, and meet the SRH and HIV-related needs of YPLHIV.</p> <p>Negatives: Some staff may not have sufficient knowledge and training with which to provide the necessary support and referrals to YPLHIV as they have not had previous experience in this field.</p>	<p>Since working with YPLHIV specifically, and because those involved in transient trade is a new area for the Member Association, the staff initiating the project need to convince other members of the Member Association that this is a priority project in which they need to invest.</p>
Ministry of Health staff involved in delivering in HIV prevention and care services in the district 	<p>The uptake of VCT amongst young people is declining in the district – which is of concern to the Ministry of Health staff as this is one of their key prevention strategies.</p> <p>Not many young HIV people are accessing clinical care including ARVs at the district hospital.</p> <p>The CD4 count facilities are only available at the regional hospital that is 150 kms away from Ingala and too far for many people to travel to.</p>	<p>To be able to work with other agencies to implement their district AIDS plan effectively.</p> <p>In relation to YPLHIV in particular – to encourage them to practice safer sex, and to access the available HIV-related care and support services in the district.</p>	<p>Positives: They have the resources (CD4 count facilities, ARVs, and trained staff) to manage HIV.</p> <p>Negatives: These resources and facilities are not easily accessible to YPLHIV living in Ingala town.</p> <p>They are also not perceived as providers of youth friendly services.</p>	<p>Little relationship exists currently between the Member Association and the district and regional hospitals.</p> <p>They are dependent on the National Ministry of Health for their resources and facilities.</p>

Other stakeholders that the planning team would have considered during this exercise were: older traders from trading associations; the local representative from the Department of Economic Affairs who is responsible for overseeing the economic activities in the Ingala market place and taxi rank; the Ingala Association of market traders and taxi owners; community leaders, and importantly, the PLHIV from the local support group.



In reflecting on the stakeholder analysis, the Member Association planning team felt that the following themes had been highlighted for them:

- There appeared to be few links between the SRH and HIV-related services offered by the Member Association and those offered by the Ministry of Health, which meant that the continuum of care that ought to be offered to PLHIV living in the district was not always supported.
- The fact that the district did not have the facilities or a system to do CD4 counts locally (and that people potentially eligible for ARVs had to travel 150 kms to have their CD4 count done – a journey few could afford), meant that the access of PLHIV living in Ingala to ARVs was severely limited. The team felt that this was a significant oversight on the part of the Ministry of Health as it was failing in its responsibility to provide accessible treatment to PLHIV.
- There appeared to be a significant level of HIV/AIDS-related stigma and discrimination within the community that is a possible contributory factor to the low uptake of VCT amongst the youth.
- Although they were concerned about the vulnerability of all the young people in Ingala to HIV infection, the planning team felt that ultimately the YPLHIV ought to be given priority in the next stage of the planning process – as they were a group that required immediate care and support.

The Member Association planning team also realized that they had limited knowledge about the needs of YPLHIV and invited representatives from a local PLHIV Association to participate in the next steps of the planning process with them.

STEP 2: Problem analysis

What is the purpose of this step?

The purpose of this step is to identify in greater detail the range of problems (and the cause and effect relationships that exist between them) that people in a particular community or context experience.

Importantly, this step allows you to obtain an overview of the situation and consider how the various problems a community faces are inter-related. Later on in your planning process you will narrow your perspective and consider what particular aspect of the problem would be the most appropriate for your team to tackle through an intervention. However, at this stage you need to think of yourself as taking a broad, panoramic photograph of the problem that lies before you.



How do you go about it?

In order to do problem analysis you need to create a problem tree. The problem tree is made up of problem statements which form the branches of the tree.

What is a problem statement?

A problem refers to an undesired, negative and uncomfortable state experienced by an individual or a group of people. It is not the lack of something or the absence of a solution. The lack of something or absence of a solution is often the cause of the problem, and not the problem in itself.

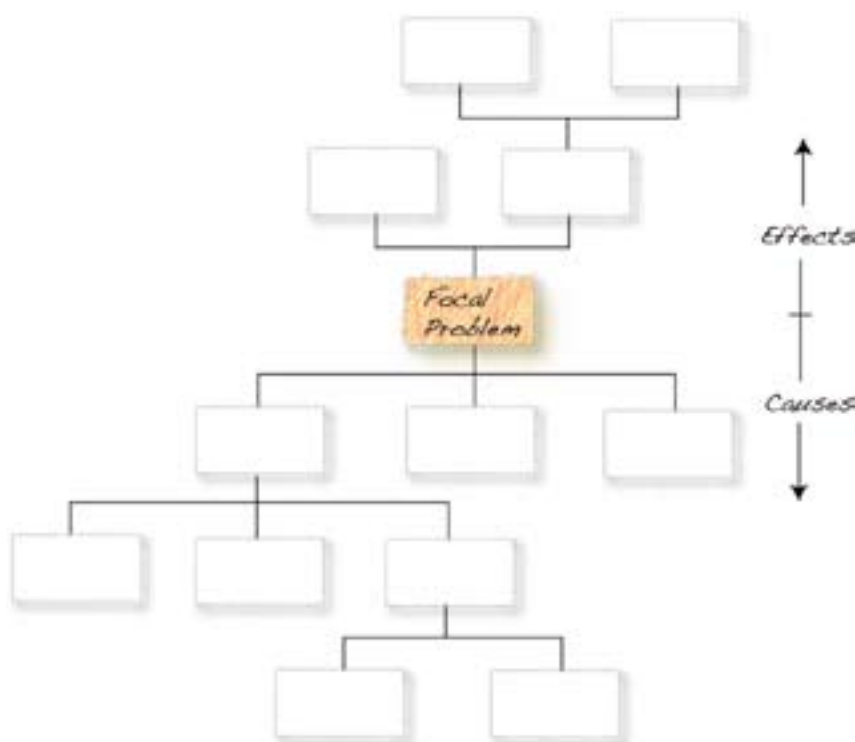
A problem statement describes one problem experienced by people in the particular context or community. It is an existing problem – not a potential, imagined or future one.

Each problem statement is written on a card. The following points are some 'tricks' to writing good problem statements which will make your analysis better:

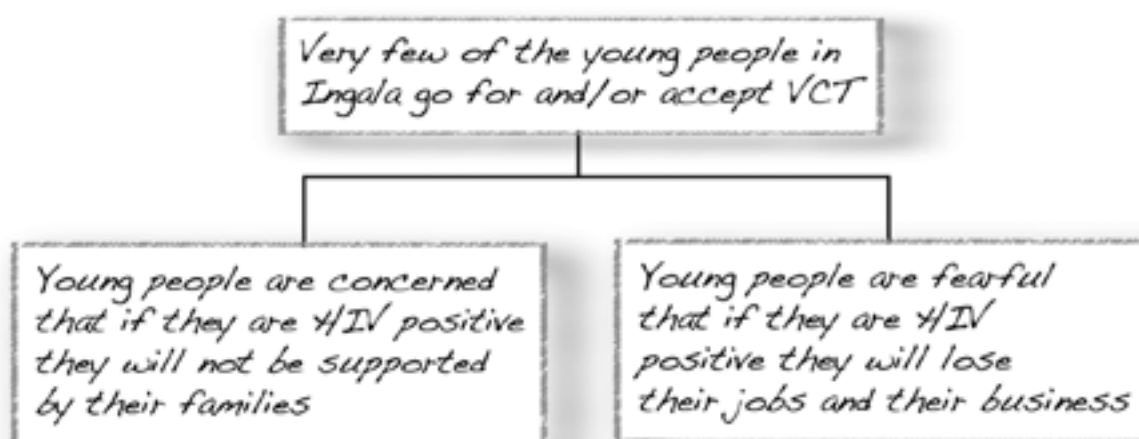
- Be as specific and accurate as possible when writing your problem statement, and do not use the words 'no' or 'lack of', (unless you are absolutely certain). For example, do not say 'there are no condoms' or 'there is a lack of condoms in the community', but rather 'the Ministry of Health's supply of condoms to the clinic is insufficient'. If you are specific you will get to understand the root or the various sources of the problem more rapidly.
- State the problem as an existing negative condition and not as the absence of a solution. For example, rather say 'PLHIV in this community have limited access to ARVs' than saying 'ARVs are not available in this community.' The first statement will tell you more about your problem than the last.
- The problem should not be what you imagine will happen, or be a future situation – it must be what you know is happening in the present. For example, do not say 'the sexual partners of the injecting drug users (IDUs) will get infected with HIV' rather 'IDUs are not able to access safer sex information' and 'IDUs then place their partners at potential risk of HIV infection because they have unsafe sex.' The last two statements tell us what is happening now.

Creating the problem tree

The problem tree is constructed using the problem statements. It helps one to visualize how one problem is connected to another. It also helps one to see what impact (or effect) a problem has within a specific community or context.



- **Make a list** of all the problem statements that your team can think of. You can do this by having each member of the planning team write down a problem statement on a card that they think describes the central point of the overall problem. (You should have at least 10 problem statements in your list, so if your team is larger than 10 people get team members to work in pairs or in small groups, and if your team is smaller than 10 get some team members to write more than one problem statement). Remember that you are looking at this problem from the perspective of the target group (i.e. the group that the team decided was the most important group to consider at the end of the previous planning step (Step 1).
- **Share your problem statements** with one another and agree on one main problem that you will use to begin your problem analysis. It is important to note that this is not necessarily the central problem or the most important problem, but it rather serves as a useful starting point to build the problem tree. Write this statement on a different colour card and put it in the centre of your page. This is your focal problem around which you will build your problem tree.
- **Arrange all the other problem statements** around the focal problem in a way that shows their cause and effect relationship. A cause and effect relationship simply means that there is an association between the underlying cause of a problem, the problem that it then gives rise to, and the consequence or effect that this in turn has. Draw connecting lines between the different problem statements to show the cause-effect relationships. When arranging your problem statements try to put all the causes of the focal problem below the focal problem, and all the effects or consequences of the focal problem above it.
- **Imagine** that the various causes are like the roots of a tree, and they are responsible for the consequences above the ground - and in this case it is a very unhealthy looking tree with dry branches, and very few or no leaves! The effects of the problem are usually felt at a population level – the consequences of the problem are reflected as poor socio-economic and health outcomes.
- In plotting all the causes and effects of the focal problem, remember that people will interpret the causes of a problem differently, and in some instances you might want to **illustrate** how more than one cause gives rise to the same problem. For example:



- Causes of a related nature will be grouped together, just as the effects that are similar will be grouped together alongside one another.
- After constructing the problem tree verify the cause – effect relationship. In other words, review the problem tree to make sure that the planning team agrees that the cause and effect relationships are accurate and complete. There should be a logical flow and a connection between the problem statements as you read from the top of the tree down to the bottom. Add any aspects that the team feels are missing from the problem tree, and take out any cards that are repetitive. In this way you would have ensured that the cause - effect relationship is complete and comprehensive.

A few points to remember about the problem tree:

- All statements on the problem tree (the focal problem, the causes and effects) are written as negative statements.
- There is no 'perfect' or 'correct' problem tree – different groups will interpret the problem, and the relationship between the various problems, differently. These variations remind us how complex many of the problems that we try to address are.
- It is important to involve the target group whose interests you have prioritized in the analysis in this planning step. In this way you can be sure your analysis of the problem is valid.
- The strength of your problem tree, and by implication your analysis, will very much depend on the accuracy of the information that you have about the problem. That is why it is important to spend some time collecting information about the problem before you start the planning process.

Source: Adapted from Thaw, D and Randel, M (1998:39)

USING YOUR PROBLEM TREE TO CONSTRUCT THE JUSTIFICATION FOR YOUR PROJECT IN YOUR PROJECT PROPOSAL

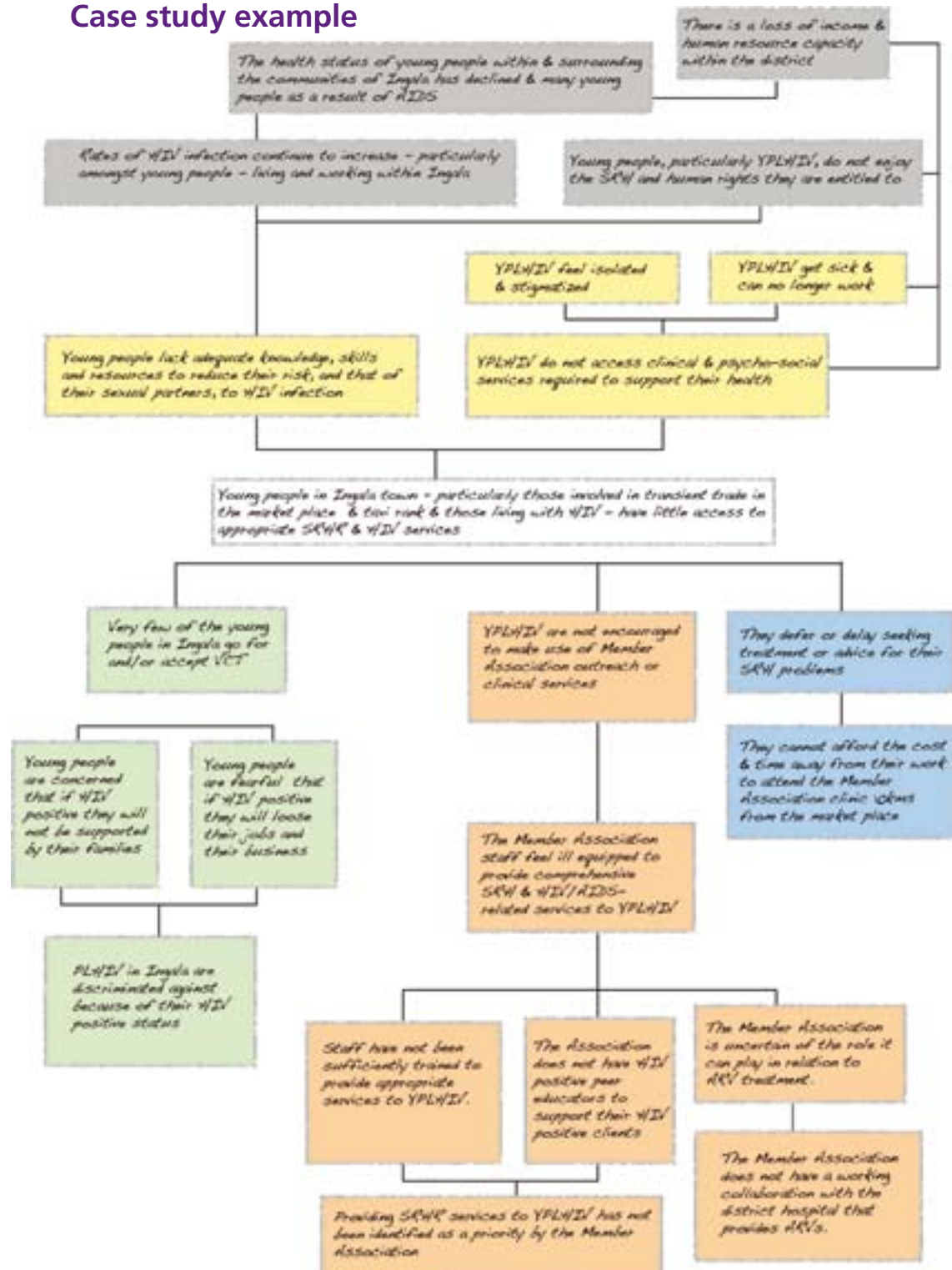
If your problem tree is well constructed you can use it to write up the justification for your proposed project.

A project justification is one of the first parts of a project proposal that you will commonly be asked to write. It is used to describe and motivate why there is a need for your proposed project or intervention. We outline this, and what else is required in a project proposal, on page 64 of this Guide.

When you finally get to write your project proposal, you can transform your problem tree into a project justification in the following way:

- Think of your problem tree in terms of three layers, each of which can be turned into a paragraph in your project justification: the logical sequence is that the top of the tree (**the effects**) can constitute a paragraph, the roots of the tree (the causes) can constitute another paragraph, and the trunk of the tree represents the core or central problem that you would like addressed.
- All you have to do is link the different problem statements in each layer of your tree to make them flow coherently and fit into a paragraph.
- You can then add in the statistics to quantify or demonstrate the magnitude of the problem, its effects and causes, as well as show which groups (in terms of age, sex, location, etc.) are most affected by the problem.

Case study example

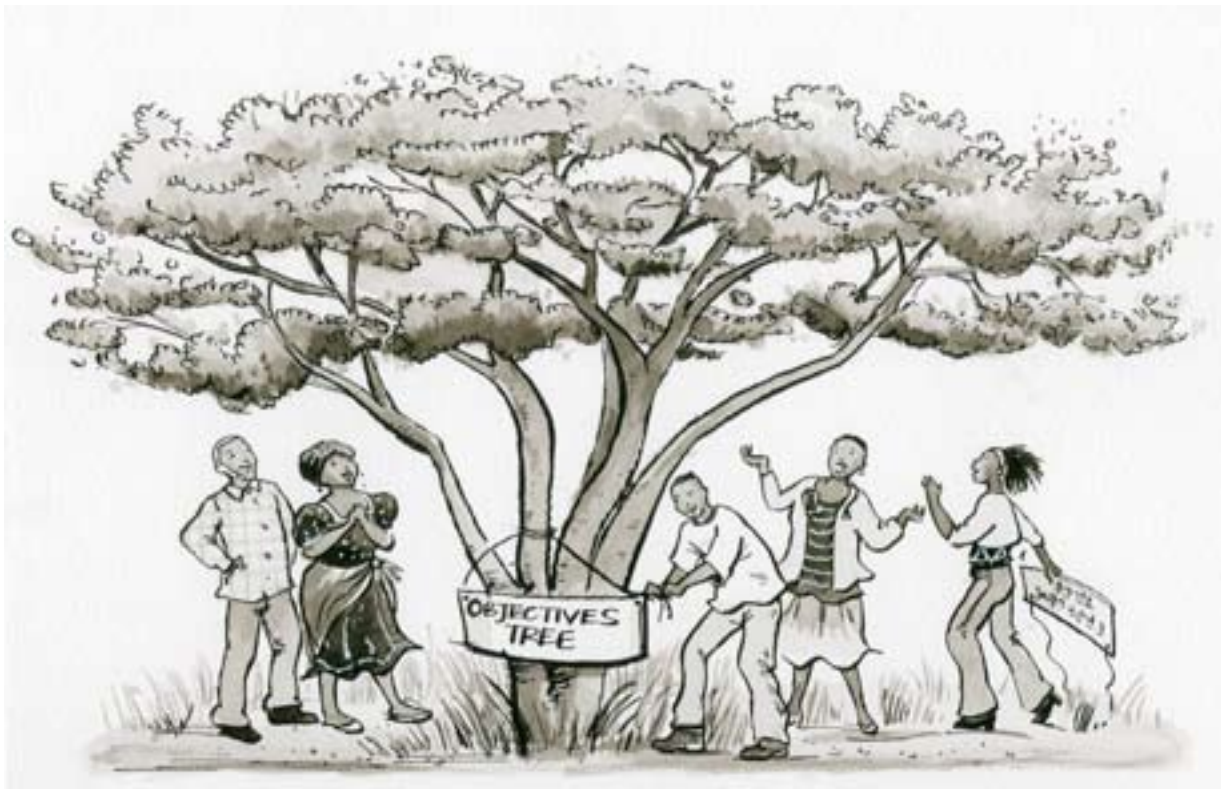


You will notice that in the above illustration of the problem tree we have shaded groups of problem statements differently. Ordinarily one would not do this: all the problem statements would be written on cards of the same colour - with the exception of the focal or main problem which would be written on a card of a different colour. We have shaded the problem statements that are related to a particular theme to highlight to first time readers of a problem tree how the different problem statements are connected to one another and how in turn each contributes to building the whole. We have maintained the shading in the objectives tree for similar reasons.

STEP 3: Objectives analysis

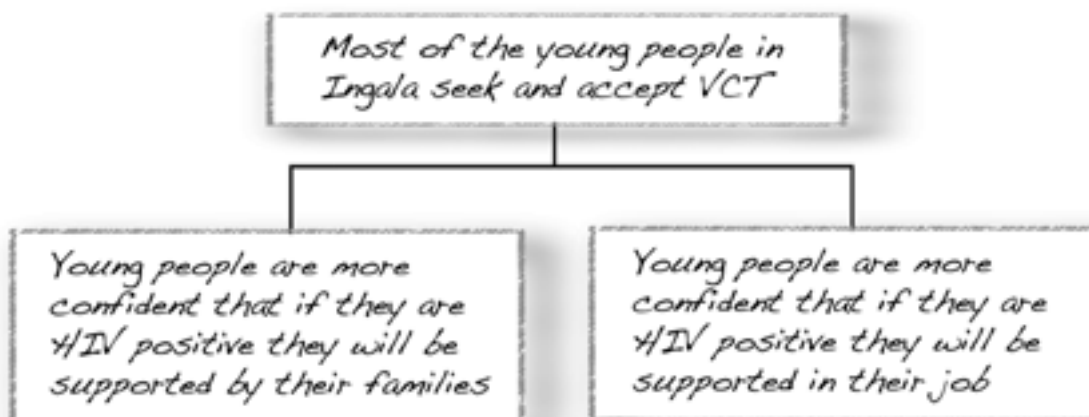
What is the purpose of this step?

The purpose of the objectives analysis is to describe the range of potential solutions or improvements that can be made in relation to the problems that people are currently experiencing. This is simply done by transforming the problem tree into an objectives tree, or by turning the negative statements in the problem tree into positive statements – which then make up the objectives tree. The objectives tree helps us visualize the situation that we would like to see exist in the future.



How do you go about it?

- **Re-state the problem statement cards as positive**, desirable and realistic conditions. State them as if they have already occurred. For example:



- **Work from the top of the problem tree downwards.**
- **Reword the focal point problem** the same way you do the other problem statements and put it on the same colour card as the other objective statements. It should be no different to the other statements now.
- **Review the cards** and make sure that they are realistic. If you experience difficulties in rewording problem statements this might be solved by rewriting the original problem statement, or making two objective statements for one problem statement. Remember that your aim is not to get your problem tree and your objectives tree to be identical: more important is that there is logical flow between one card and the next.
- You can **check the logic** by reading from the bottom of your objectives tree to the top of the tree, deleting any objectives that seem unnecessary or adding in new objectives where you think there is a gap.
- **Draw connecting** lines between the different statements. By doing this you are showing the means-end relationship in your objectives tree.

The means-end relationship in the objectives tree

- *The cause-effect relationship in the problem tree becomes the means-end relationship in the objective tree:*

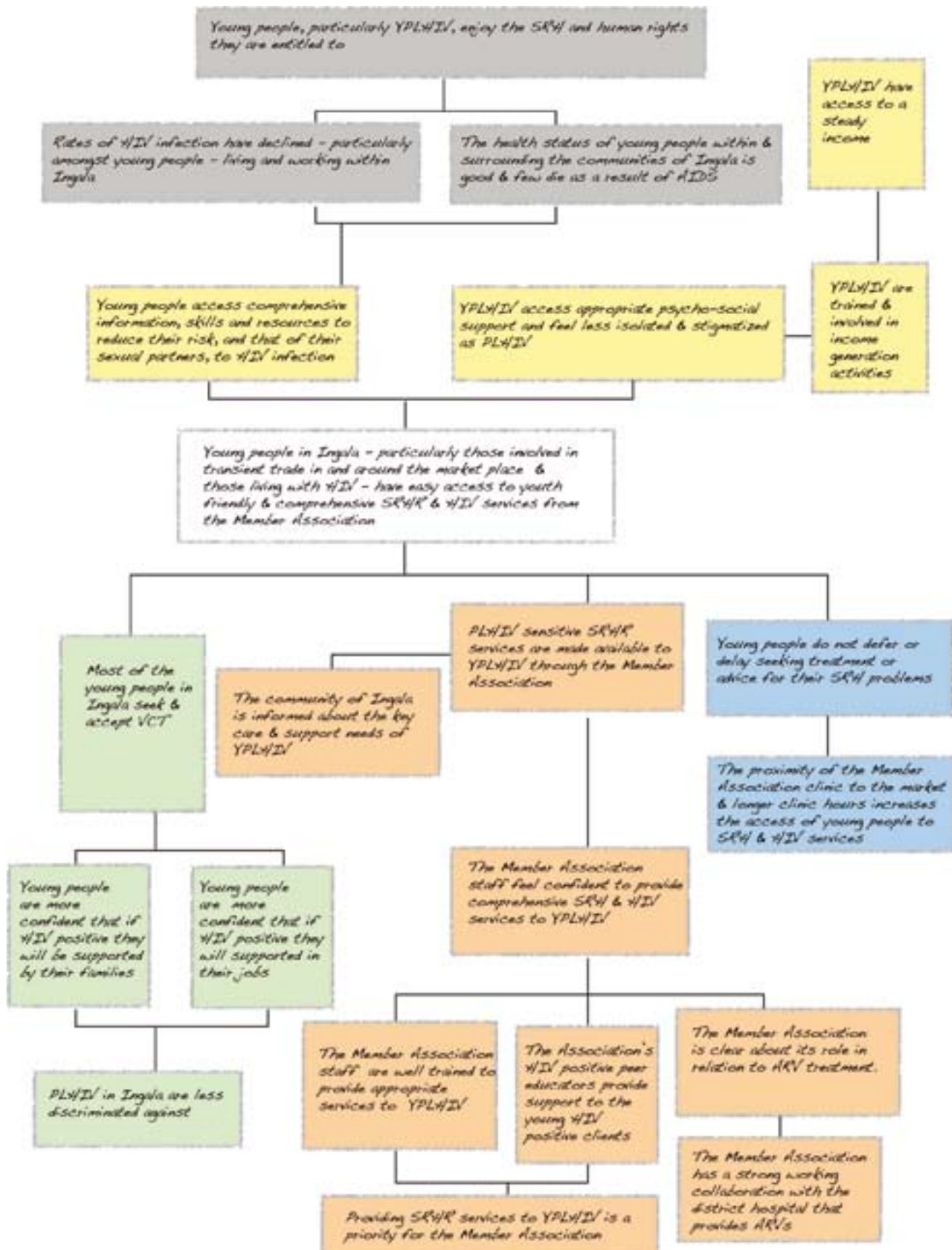
cause-effect relationship → *means-end relationship*

- *The focal or core problem in your problem tree becomes the core solution in your objectives tree:*

Focal/core problem → *core solution*



Case study example: objectives tree



STEP 4: Alternatives analysis



What is the purpose of this step?

The purpose of alternatives analysis is to identify the most suitable way of impacting on the problems that have been identified in the problem tree. It is important to note that both the problem tree and the objectives tree illustrate that one project or intervention cannot hope to solve all the problems experienced by a community or group, especially not all at once. The objectives tree also highlights that there is more than one approach or intervention to solve a problem.

This step helps the planning team to consider the various alternatives or options and to decide what would be the most realistic and strategic intervention to pursue, given the context and the organization's mandate, capacity, time and resources.

In assessing the advantages and disadvantages of each alternative or option, it is important to take some of the following issues into consideration:

CRITERIA TO GUIDE YOU IN MAKING A CHOICE BETWEEN THE VARIOUS ALTERNATIVES OR OPTIONS

- What can be realistically accomplished within available resources and timeframe?
- What is within or outside of your mandate, your field of expertise or capability?
- What is another organization or an existing programme in the area already tackling?
- How appropriate and sensitive is the proposed intervention to political and local socio-cultural conditions?
- Will the intervention encourage and enhance local involvement and participation in addressing the problem?
- How many people (target group and/or beneficiaries) will be reached by the intervention and what kinds of outputs do you think you can achieve?
- What kind of impact is the intervention likely to have on the lives of the target group and project beneficiaries?
- How cost effective will the intervention be?
- How compatible is the intervention with the values, principles and strategies of your own organization?
- How sustainable is the intervention and what are the possibilities of scale-up?

How do you go about it?

- **Review** the range of objectives in the objectives tree. Look for clusters of objectives that suggest one type of intervention or strategy along major programme strategies and circle those with a pen⁹.
- **Circle the other clusters** of objectives that suggest another or an alternative type of intervention or strategy. You will find that there is likely an overlap between some of the elements of the different interventions and strategies.
- **Cross out** any alternatives or options that the team thinks are unrealistic, beyond your mandate or your field of expertise, or which other programmes or organizations are already implementing. Some of the alternatives or options you will not pursue may become key factors for consideration when you consider the assumptions. Some may also become useful indicators. Do not throw them away! Keep them aside for your later use.
- **Select two or three of the interventions** or strategies that you think would be more realistic and important to pursue. Discuss the positive and negative implications of each. You might find it easier if you compared the alternative interventions or strategies by using some of the criteria listed above, and listing the various advantages and disadvantages of each in a table like the one below:

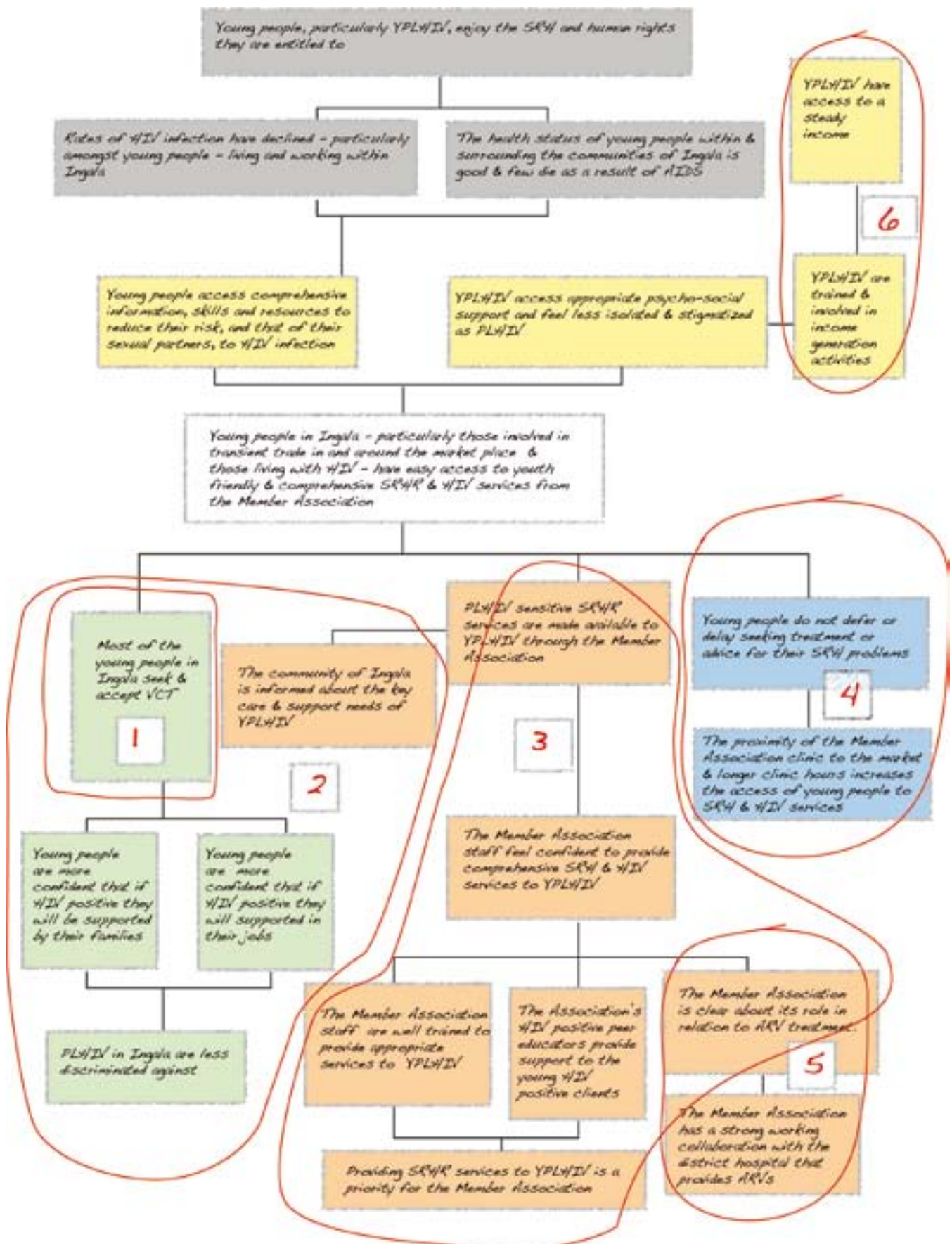
ASSESSING THE FEASIBILITY OF THE DIFFERENT ALTERNATIVES OR OPTIONS

Criteria (Choose the ones that are most important to your team.)	INTERVENTION / STRATEGY: Option 1	INTERVENTION / STRATEGY: Option 2
The number of people (specifically in relation to the target group) that the project will reach		
The kinds of outputs the project will achieve and the benefits it might bring to the target group		
The cost-effectiveness of the project		
The compatibility of the intervention to the organization's strategic framework		
The resources required to pursue the alternative or option		
The time required to implement and achieve the outputs		
The sustainability of the intervention and whether scale-up is a likelihood		

You can also compare the different alternatives by rating each against the criteria using a scale of 'high', 'medium', and 'low'. The alternative that scores well according to your criteria would probably then be the most feasible basis for your project.

- Based on your discussions, **select the most appropriate** alternative or option as your project strategy.

Case study example: alternatives analysis



Case study example: alternatives analysis

The alternative analysis provided the Member Association planning team with six potential alternative strategies to pursue:

1. to increase the number of young people accepting VCT so that those who were HIV positive could be aware of their status and access the necessary care and support
2. to address the HIV-related stigma and discrimination that was prevalent in the community in order to create a more enabling environment in which young people could come forward to take an HIV test and, if HIV positive, live without fear of being stigmatized
3. to strengthen the capacity of the Member Association and its staff to provide young people - particularly those living with HIV - with HIV-related services across the continuum of care (prevention, psycho-social support and clinical care and treatment)
4. to increase the extent to which the young people involved in transient trade could physically access the Member Association services (in terms of its location and proximity to the market place)
5. to strengthen the Member Association's collaboration with the Ministry of Health in particular, in order to increase the access YPLHIV have to ARVs
6. to train PLHIV in income generation activities to enable them to support themselves financially

When they assessed the feasibility of these different alternatives, the Member Association team realized that:

- the Ministry of Health was about to embark on a popular communication campaign to inform and encourage community members to access VCT: this was to become a priority initiative in the next six months for the local District Health Service
- another local NGO had recently accessed foreign funding to work in partnership with the Ministry of Labour and to implement an income generation project for YPLHIV

The Member Association planning team realized that if the Member Association took on alternative no. 6 (the income generation activity) this would be duplicating the work of the other NGO. In addition, this was not considered a feasible alternative, as the Member Association did not have the necessary skills to support such a project.

In relation to alternative no. 1 (increasing the uptake of VCT) the Member Association planning team felt that it would be advantageous for the Member Association to work hand in hand with the District Health Services over the next six months as they popularized VCT through the communication campaign. However, the planning team felt that the Member Association should continue to regard VCT as one of the key services offered to youth as part of their SRH programme. The team agreed that alternative no. 1 would continue to form an integral part of the standard SRH services offered by the Member Association.

In reflecting on the feasibility of the other three alternatives (no. 2, no. 3 and no. 5) the Member Association planning team realized that these three strategies were intrinsically linked, and that it would be critical for the Member Association to pursue these simultaneously in order to provide the youth, and specifically those living with HIV/AIDS, with direct access to comprehensive HIV/AIDS related services at a local level.

These three alternatives combined thus formed the basis of the project's new strategy.

SOME IMPORTANT POINTS BEFORE MOVING ON...

The objectives and alternatives analyses provide the basic skeleton for development of:

- **your project goal** (often at times crafted from the effect or core solution levels of your objectives tree)
- **the purpose of your project** (often derived from the core solution level or a combination of the strategies at the means level of your objectives tree)
- **your project outputs and activities** (derived from the means level of your objectives tree)

It is from these levels that you pick and create positive statements and re-formulate them into the various project elements.

Once you have completed your alternatives analysis and selected the most feasible alternative(s)/option(s) (or means) to pursue, and you have identified the associated anticipated effects (or end), you can go back to the objectives tree (which forms the basis of your alternatives analysis) and cross out all the means-end statements that you do not wish to pursue.

This new tree, with the undesired elements crossed out, forms the basis of your four project elements.

The means-end statements that you have crossed out ought to be assessed in relation to the assumptions or risks (in Step 6 of the planning process).

STEP 5: Defining the project elements



PROJECT ELEMENTS

Goal

Project purpose

Outputs

Activities



What is the purpose of this step?

You will remember from the introduction that the first vertical column in the LFA's Project Planning Matrix (PPM) neatly summaries the project design. The column consists of 4 elements: the goal, the project purpose, the outputs and the activities.

The purpose of Step 5, now that the strategy has been decided on, is first to identify and then to reach consensus on how one would describe the various components of the project listed in the first column.

Sometimes this can be quite a difficult task as you have to make sure that there is a logical relationship between each project element (for example, you will have to consider things such as: 'If we do activity A and activity B, will we be able to achieve that result?'). In addition, you will also have to make sure that the way you describe each project element is appropriate for its level within the PPM (for example, the goal usually describes how project beneficiaries will benefit from the project, whereas the project purpose describes what the target group will be able to do as a result of the project).

How do you go about it?

- In defining the various project elements, we work from the top of the PPM downwards. So the first thing we do is to **define the goal**. Remember this previous definition:

Goal

A goal is the longer term, desired solution or change to which the project contributes. It is related to the problem or need which the project is trying to address, and is something that other projects and activities also contribute towards. It is not therefore a situation that your

project can solely be held accountable for achieving, nor can it claim complete ownership of the success that might be achieved at this level!

The goal is usually written in a way that describes the benefits that we anticipate the beneficiaries will experience as a result of the project. These benefits are usually reflected at a population level in terms of an improvement in socio-economic or health status.

The goal is written in the future tense, using verbs that indicate change, and is written in such a way that answers three basic questions:

1. **What** achievement is the project ultimately planning to contribute towards?
 2. **Who** will ultimately benefit from the implementation of this project?
 3. **Where** will the project take place (location)?
- In identifying your goal you need to refer to your alternatives analysis and specifically look at the cards that lie at the top of the objectives tree and that are associated with the strategy that you selected for your project. Identify those cards that express the benefits that people will experience at a population level. One of these cards (the one you think that best describes the benefits that you hope the final beneficiaries of your project will experience in the future) will become your goal. Write this up on a card.

Case study example: goal

To improve the sexual and reproductive health and rights status of young people (16 – 24 years old), particularly those living with HIV, in Ingala

You will notice that the goal created by the planning team answers the three basic questions relating to:

- **What?** To improve sexual and reproductive health and rights status

Note that the planning team did not in their goal include 'to contribute to the improvement of...'. Inherent in the definition of a goal is the fact that you do not achieve it alone, but only contribute toward its achievement. So writing 'to contribute to...' is being repetitive in the strictest sense of project planning terminology.

- **Who?** Amongst young people (16 – 24 years old) and particularly those living with HIV.
- **Where?** In the town of Ingala.

- The next task is to identify your project purpose. We defined this as:

Project purpose

A project purpose is a more immediate situation that is expected to exist as a consequence of implementing the project. It includes a description of the specific contribution made by the project.

It is usually written in terms of what we believe the target group will be able to do as a result of the project's support. In other words, the project purpose should reflect a specific and desirable change (for example, in practice, or in the adoption of a behaviour or skill, or in attitude or perception) in the target group. For example, changes could be in terms of sexual behaviour, or in the uptake or utilization of SRH and HIV services, or in an attitude towards a cultural practice.

There should be only one project purpose per PPM or logframe. The project purpose represents the end of project status (EOPS), and relates to the behaviour you want the group to adopt and/or practice.

The project purpose, like the goal, is written in the future tense using verbs that indicate change. It is common to state:

- the direction of change (such as improve, reduce, increase) and degree of the change (by x percent) you want
- the target group in which you want to see the change in
- the behaviours you want adopted, used or changed

• Once again return to your alternatives analysis and this time identify a card at the next level down – something which expresses what the target group will be able to do differently to bring about the goal. This will become your project purpose. There is always only one project purpose. This step helps you identify the key target group with which you will work. For a project to be successful it must be aimed at a particular group of people who will be able to bring about the desired change.

A quick note:

It is important to bear in mind at this stage that you may have to revise the original statements that are written on the cards that you choose for your goal and project purpose. It usually takes the team some time to get the wording right for these two project elements. At this stage you may only have a draft goal and project purpose.

However, the beauty of the LFA is that as you proceed from one step to the next you begin to learn about what is and is not likely to be realistic, and in the process you return to your goal and project purpose and refine them.

Case study example: project purpose

To increase the utilization of young people (16 – 24 year old) involved in transient trade in Ingala of SRH and HIV services by 50 percent, and their use of condoms by 25 percent.

- The next task is for you to **identify the project outputs**. Project outputs were defined as:

Project outputs

Project outputs are the tangible goods, services and products that the project management must deliver during the implementation of the project. If all the project outputs are achieved their combined impact should make it possible for the project to achieve its purpose.

While the goal and project purpose represents the external targets for the project, the project outputs represent the internal targets of the project. As such, they represent the terms of reference for the project and are fully under the control of the project management.

The outputs are written as if they have already been achieved (i.e. in the past tense) and are always numbered. Normally, a project should not have more than 5 to 7 outputs.

- In order to identify the outputs the planning team should **brainstorm** all the ideas it can think of in response to the question: 'What goods, services and/or outputs does the project need to deliver for it to be possible to achieve the project purpose?'
- Write up the different ideas on cards and **debate** which ones are most appropriate and, given the capabilities and resources of the project management team, which ones you believe are the most realistic outputs that the project can achieve.
- **Agree** on a final set of outputs for the project (there are normally between 3 – 7 outputs).

Case study example: project outputs

1. increased access of young transient traders working in the market place and taxi rank in Ingala to comprehensive, youth friendly SRH and HIV information and services
2. strengthened capacity of Member Association staff to manage an HIV programme and to provide quality SRH and HIV services to young people in Ingala, including to those living with HIV
3. established strategic partnerships for the provision of related care and support services and impact mitigation programmes for young people living with HIV (YPLHIV) involved in transient trade in the market place and taxi rank in Ingala.

You will notice that in developing the project outputs, the Member Association team considered the alternative analysis – as they had done with the two proceeding steps – and derived their outputs from the range of alternative strategies that they had prioritized. For example, you will notice that result no. 1 is derived from option or alternative no. 4 (increasing access); result no. 2 is derived from option or alternative no. 3 (increasing staff capacity); and result no. 3 is derived from option or alternative no. 5 (collaboration with a partner).

In developing outputs, it is likely that the various alternative strategies in your alternatives analysis will provide you with a starting point from which you can develop your outputs. However, it is important to bear in mind that different strategies are sometimes combined to form a single result, or – as happened in this case – some of the strategies are considered to be a component of broader result area and are likely be incorporated into their project plan at the activity level (such as alternatives no. 1 and no. 2 in the alternatives analysis).

An important point to remember about the development of project outputs:

- If, in the process of your project planning, your team feels that your project is taking a new direction and covering areas in which you have less expertise, it is always a good idea to draw in someone else with specific expertise in this area. For example, if you have identified that your project focus is to offer SRH services to young people living with HIV/AIDS, and you feel relatively unfamiliar with the area, invite a representative from a local PLHIV network to join you in the planning process.

Having additional input from someone with particular sector or subject expertise is particularly important for the outputs section. The success of which is informed by the creativity and knowledge of the planning team about the issue at hand.

Source: Adapted from Thaw, D and Randel, M (1998:53)

It is important to be aware that when writing up a project proposal, you might be asked to discuss your project's strategies. Outputs in fact often incorporate all, or some, of your project's strategies. For example, in our case study above, output no. 1 implies a strategy of service delivery, output no. 2 implies a strategy of capacity building, and output no. 3 is related to the strategy of building strategic partnerships.

Therefore, if a project proposal requires you to write about your strategies, you can easily pick them from your outputs as we have illustrated above.

- Next you need to **consider your activities:**

Project activities

Project activities are the sequential steps or actions that the project needs to undertake in order to reach each of its proposed outputs.

They are written in the present tense and use action verbs. Activities are usually numbered in a way that allows each one to correspond to the result with which it is associated.

- Take each result and **generate a list of the activities** that are needed to achieve each result. Remember that activities are expressed as processes or actions to be taken, and not (as was the case with the previous project elements) as completed outputs or situations that will be achieved as a result of the project's implementation.
- In making a list of activities for each result area, it is important at this stage just to **write down 'activity clusters'**, or a broad description of the kinds of activities that will need to be taken to reach each result. Examples of such 'activity clusters' would include things such as 'develop peer education programme', 'develop partnerships with MoH, NGOs and PLHIV network', 'provide youth friendly SRH services in the market place'. The more detailed steps required in relation to activities will be outlined in your plan of action (developed nearer the end of the planning process).
- **Number your activities**, and ensure that they correspond with your result number.

Case study example: project activities

In considering their first output, the planning team created the following list of activities:

1.0 Increase access of SRH and HIV Services

- 1.1. Establish a suitable venue in close proximity to the market place and taxi rank from which to provide youth friendly SRH and HIV services.
- 1.2. Procure the necessary clinical equipment and commodities.
- 1.3. Design and implement a local communication campaign that focuses on the needs of YPLHIV and the importance of not stigmatizing and discriminating against those living with HIV.
- 1.4. Provide youth friendly outreach services on a twice weekly basis at the Ingala market place.

In considering their second output, the planning team created the following list of activities:

2.0 Strengthen staff capacity

- 2.1. Develop a peer education programme for YPLHIV by employing two YPLHIV from the target group, conducting outreach activities and developing a support group for YPLHIV.
- 2.2. Appoint a project manager to oversee the integration and implementation of the HIV programme within the Member Association's existing SRH services in Ingala.
- 2.3. Train staff on VCT, STI management, OI management, ARV treatment literacy and positive living.
- 2.4. Monitor the HIV-related training needs of staff on an on-going basis.

In considering their third output, the planning team created the following list of activities:

3.0 Establish strategic partnerships

- 3.1. Develop partnerships with the Ministry of Health, the association of PLHIV, and NGOs in order to facilitate collaborative service delivery (such as joint outreach activities, rational referrals, combined training).
- 3.2. Conduct regular partnership meetings.
- 3.3. Monitor the progress of the collaborative activities (such as joint outreach activities and referrals).

It is important to note that sometimes there are preliminary activities that do not fall under any of the above activity clusters or categories, but are essential to project start up. Such activities are clustered under preliminary activities, are listed first and numbered as:

- 0.0. Preliminary activities
- 0.1. Conduct operational planning workshop for project
- 0.2. Meet with funders and sign agreements, etc.

The next step in the planning process involves looking at the environment external to the project and identifying those things that might prevent the project from being successfully implemented.

STEP 6: Assessment of assumptions

			ASSUMPTIONS



What is the purpose of this step?

This step allows us to identify potential barriers, difficulties or challenges in the environment which might influence the project in a negative way and cause it to be unsuccessful. We use the concept of assumptions to test whether the project has been designed in a sufficiently robust way to face some of the environmental challenges that the project is likely to face.

Assumptions

Assumptions are external factors (such as events, situations, conditions or decisions) which are outside of the control of the project, but which must exist or take place for the project to achieve its outputs and its purpose.

Analyzing assumptions allows us to interrogate the extent to which our project is at risk of failing and to identify the factors that might cause such failure.

They should not cover the things you have planned to do, or influence, as part of your project. Such things are not assumptions as you have control over them.

Examples of assumptions, related to our case study, include things like:

- The government remains committed to and supportive of an inter-sectoral HIV response (and, by implication, will not shift their current priority of supporting HIV-related interventions).
- The status of the roads remain favourable to the provision of outreach services (i.e. the Member Association mobile unit can travel safely across town by road to the market place).
- Changes in the exchange rate can be accommodated within the project budget.

The following are not examples of assumptions, as they are under the control of the project:

- The local PLHIV association and the Ministry of Health are supportive of the project strategy and are willing to work in collaboration with the Member Association.
- HIV-related stigma within the community will not be so strong as to prevent the YPLHIV from accessing and using the HIV services offered by the project.

The above are not examples of assumptions as there is a planned strategy within the project to build strategic alliances with these two partners (as outlined by output no. 3). The project will thus have to work out a mechanism for ensuring that these partners are supportive of the proposed interventions. Similarly, the project also has a plan to reduce the level of HIV-related stigma and discrimination within the community.

In terms of describing assumptions, they are generally written in the form of positive statements.

How do you go about it?

- The **assumptions are identified at three levels** in the project planning matrix:
- from the activities to the outputs
- from the outputs to the project purpose
- from the project purpose to the goal.

In order to identify the external factors the planning **team asks three questions:**

1. If we successfully achieve all our activities, what external factors could affect our outputs being achieved?
2. If we successfully achieve all our outputs, what external factors could affect our project purpose being achieved?
3. If we successfully achieve our project purpose, what external factors could affect our development goal being achieved?

Asking these questions whilst having your PPM in front of you makes things easier, for example:

PROJECT ELEMENTS	INDICATORS	ASSUMPTIONS
Goal		
Project purpose		If we successfully achieve our project purpose, what external factors could affect our development goal being achieved?
Outputs	3	If we successfully achieve all our outputs, what external factors could affect our project purpose being achieved?
Activities	2	If we successfully achieve all our activities, what external factors could affect our outputs being achieved?
	1	

*start here

- Then write the answers to each of these questions down on cards alongside the appropriate level in the PPM. Your answer to each of the above questions should be placed in the block above the level where the question is currently placed (in the above table). This kind of analysis illustrates the vertical logic in the LFA, i.e. the assumptions (and risks) at a lower level of the PPM affects the achievement of the project element immediately above it.
- Remember to go back to your alternatives analysis to see if some of the options that you have not pursued are likely to have an impact on your project. If so, write them on a card and include them in the list as an external factor.
- The significance of the external factors should now be assessed in order to indicate the chances of project success. This is done by having the planning team do the following:
 - Go through the list of external factors one by one at each level of the PPM and checking on its importance and probability. This can be done in a simple way:

1. Eliminate the obvious external factors which are:

- not important for the outcome of the project
- very likely to occur



2. Assess the probability of the occurrence for the remaining external factors:



IMPORTANT and QUITE LIKELY TO OCCUR	IMPORTANT and NOT LIKELY TO OCCUR
<p>If an external factor is quite likely but not certain to occur:</p> <p>Include this factor into the PPM and make sure you:</p> <ul style="list-style-type: none">• monitor it• if possible, influence it so that it does or does not occur	<p>If an external factor is both very important for the outcome of the project and is not likely to occur, this factor will kill your project (and is termed a killer assumption!).</p> <p>You then need to either:</p> <ul style="list-style-type: none">• stop the project, or• redesign the project in a way that the project activities influence the assumption or else make it unimportant

- Fill in the bottom right hand cell of the assumptions column by considering what the pre-conditions are for the project activities to be implemented. Pre-conditions are usually linked to basic, operational issues and can include things like:
 - the project proposal is accepted by the funder
 - the required funds arrive on time for the project to begin within the proposed time frames

Remember that:

- the assumptions are written as positive or favourable statements, and
- they are always outside the scope of the project to control

Case study example: assumptions

PROJECT ELEMENTS		ASSUMPTIONS
Goal To improve the sexual and reproductive health and rights status of young people (16 – 24 years old), particularly those living with HIV, in Ingala		
Project purpose To increase the utilization of young people (16 – 24 years) involved in transient trade in Ingala of SRH and HIV services by 50 percent, and their use of condoms by 25 percent		<ul style="list-style-type: none"> • The current policy environment in the country that is very supportive of human, sexual and reproductive rights and creates an enabling environment for youth, remains constant • Government remains committed and supportive of an inter-sectoral HIV/AIDS response
Outputs <ol style="list-style-type: none"> 1. Increased access of young transient traders working in the market place and taxi rank in Ingala to comprehensive, youth friendly SRH and HIV information and services 2. Strengthened capacity of Member Association staff to manage an HIV programme and to provide quality SRH and HIV services to young people in Ingala, including to those living with HIV 3. Established strategic partnerships for the provision of related care and support services and impact mitigation programmes for young people living with HIV (YPLHIV) involved in transient trade in the market place and taxi rank in Ingala 		<ul style="list-style-type: none"> • The weather and roads remains favorable for outreach activities to occur in the market place in Ingala • Trained Member Association staff remain with the Member Association in Ingala for the duration of the project • The supply of ARVs to the district is not interrupted • YPLHIV, supported by the local income-generation project, are able to afford the cost of transport to the district hospital • Changes in the exchange rate can be accommodated within the project budget

STEP 7: Developing indicators

	INDICATORS		



What is the purpose of this step?

Project indicators

Indicators are signs or markers against which the project's progress and performance can be measured.

They are a means by which you can assess the extent to which a project is reaching its identified goal, project purpose and proposed outputs, and thus provide a basis for the monitoring and evaluation of the project.

Indicators are neutral and do not show direction. Examples of indicators are:

- the percentage prevalence of HIV, MMR, IMR
- the percentage use of condoms
- the proportion of the target group with one sexual partner
- the number of people trained
- the number of outreach services conducted

They should not look like this (which indicate an actual percentage, proportion or number):

- 5 percent prevalence of HIV/AIDS
- 20 percent increase in condom use
- 60 percent of the target group has one sexual partner
- 35 people trained

The latter lists shows a value with direction, and are therefore referred to as targets, or the level of performance you want to achieve.



Indicators can provide evidence on whether a project has made a difference to the problem situation that the project or intervention was trying to address. They can also tell you whether the project has provided a benefit or had a positive influence on the behaviour, skills and knowledge of the project beneficiaries (for example, whether the prevalence of HIV has decreased or whether young people's SRH rights are respected). These are called **impact (or outcome) indicators**. In the LFA, impact indicators are generally used at the level of the goal, and outcome indicators at the level of the project purpose. They are primarily concerned with whether or not, and by how much, a project has made a difference.

As you can imagine, unless significantly large, most projects will find it extremely difficult to measure the difference or the impact they have made at the level of the goal. Even if data sources are available through the government (for example, through the Demographic and Health Survey (DHS), it is highly unlikely that these will correspond closely enough to the project area and its timeframe to be used as indicators. This is important to bear in mind so that your project team, as well as your funders, does not have unrealistic expectations of what you ought to be measuring, and what you can in fact realistically measure.



Indicators can also measure the outputs of the project (i.e. the goods, services and products it planned to provide during its implementation). For example, indicators could tell you to what extent the project was able to deliver SRH and HIV outreach services to the target group, or whether the Member Association was able to establish a formal partnership with the Ministry of Health. Indicators could also tell you how efficiently the project resources were used to deliver the outputs (for example, whether the project

worked within its proposed timeframes and budget). These are called **output indicators (or indicators of effectiveness and efficiency)** and measure whether, and how well you have done what you said you would do. They are generally used at the level of the outputs and activities in the PPM.



Some of our project goals, purposes and outputs can be measured more easily than others. For example, if you intend to provide the young people that attend your SRH clinic with access to more condoms over a period of one year, it is easy to measure whether the numbers of condoms distributed at the SRH clinic have increased over the year by recording how many condoms you distribute every month at your clinic, and then comparing the numbers of condoms you distributed at your clinic in the first quarter of the year with the number of condoms you distributed at your clinic in the last quarter of the year. This is a **direct indicator** as it is easy to count the number of condoms that were distributed from your service and the numbers will tell us directly about the progress you have made in increasing the distribution of condoms during the project period.

Assessing whether your clients have actually used these or other condoms is more difficult and you will have to use an **indirect indicator**. For example, you could interview a sample of your clients at the beginning and again at the end of your project period and ask those clients that are sexually active whether they used a condom the last time they had sex. Thus, in order to assess condom use we have to rely on people's reported use (i.e. what they tell us as opposed to what they actually do). This is therefore an indirect indicator.



Indicators can also either be measured **quantitatively** (for example, in terms of numbers, percentages and ratios) which will tell you 'how much' or 'how many', or **qualitatively** (for example, by observing, by discussing, and by interpreting). Qualitative measurement will tell you more how people perceive or feel about a situation or an issue, what their experience has been, or what their attitude is towards something, or how they behave in a particular context.

One often develops a mix of both quantitative and qualitative indicators – which inevitably need to be collected both directly and by proxy.

The table below summarizes the different types of indicators used at the different levels of the PPM.

HIERARCHY OF INDICATORS	TYPE OF INDICATOR	INDICATOR CATEGORY	MOV
Goal	Impact	Long term change in terms of health and socio-economic indices, e.g. HIV prevalence rate, maternal mortality rate. These are expressed in percentages, rates, ratios, (e.g. HIV prevalence rate, MMR, IMR literacy rate)	<ul style="list-style-type: none"> Large scale surveys e.g. Demographic and Health Surveys (DHS), Household Surveys, Population and Housing Census, Sentinel Surveillance
Project Purpose	Outcome	Short or medium term change in terms of knowledge, attitudes and practice and/or in terms of legislation or policy They are expressed numerically or qualitatively, e.g. % of people reporting condom use correctly	<ul style="list-style-type: none"> Surveys such as knowledge, attitude and practice (KAP) surveys Baseline studies and end of project evaluations Policy documents and reviews
Outputs	Outputs indicators	The services, products delivered or products produced during the project period. They are expressed as numbers, proportions, or descriptions of a process, e.g. numbers of condoms distributed	<ul style="list-style-type: none"> Project documents Reports Service statistics Inventories Exit interviews

How do you go about it?

- In order to identify appropriate indicators for the first three project elements (the goal, project purpose and outputs), the planning team needs to **return to their description of the three elements** so that you can be sure you are identifying indicators for the appropriate level of the PPM.
- Identify indicators** for each of the three elements (the goal, project purpose and outputs). In developing these indicators it is helpful to first think about what particular aspect of that project element you want to measure.

A few points to remember about good indicators:

- A good indicator is **REASONABLE** – the change recorded should be attributable as far as possible to the intervention that the project has made, rather than being attributable to other factors.
- A good indicator is **FACTUAL** – it should not rely on a subjective impression but rather be based on reliable information and factual evidence.
- A good indicator is **OBJECTIVELY VERIFIABLE** – which means that your project partners, outsiders, and even people that are critical of your project, should be able to use the same measurement process and all, independently of one another, get the same result.
- A good indicator is based on easily **OBTAINABLE DATA** that is not too time-consuming and costly to collect. Think creatively of how you can develop an indicator using the existing sources of information that you have about the project rather than having to design an entirely new data collection process. The latter will be a more costly exercise.

In some cases where data is not already available, special data gathering processes might be required. In these cases it would be important to weigh up whether the benefits of having this data justify the costs of collecting it.

- In the LFA, because the goal, project purpose and the outputs refer to such different levels of scale, the same indicator cannot be used for more than one level in the PPM.
- Once you have identified your indicator you need to identify what sources of data or information you are going to use to verify the indicators.

STEP 8: Identifying the Means Of Verification (MOV)

		MOV	



What is the purpose of this step?

Means of Verification (MOV)

Means of Verification describe the sources of information or data that will be used to collect information and determine whether the indicator has been reached or not.

EXAMPLES OF DATA SOURCES (MOVS)

You could use materials and documents that already exist such as:

- project records (such as minutes of meetings, logbooks, forms, activity and progress reports)
- comments and correspondence from clients, project partners and other stakeholders
- media articles and reports published in the newspaper or aired on television or on the radio
- statistics, data from research studies, documents and reports published by other organizations, such as government departments, academic institutions and other NGOs

Alternatively, you could gather information directly from the source by:

- conducting individual or focus group interviews with representatives from the target group, the project beneficiaries and other key stakeholders (such as your project partner(s), government representatives, representatives from organization that provided the project funding)
- having someone observe and record their interpretation of some of the critical and/or regular events, activities and outreach work that the project undertakes
- collecting information from your service statistics
- conducting questionnaires and surveys with project stakeholders¹⁰.

How do you go about it?

- Identify what sources of data or MOV you are going to use to verify each of the indicators you have identified in the previous step.

Case study example: indicators and MOV

PROJECT ELEMENTS	INDICATORS	MOV
Goal To improve the sexual and reproductive health and rights status of young people (16 – 24 years old), particularly those living with HIV, in Ingala	<ul style="list-style-type: none"> • % prevalence of STI • % prevalence of HIV • Life expectancy after infection with HIV 	<ul style="list-style-type: none"> • Demographic and Health Surveys • Ministry of Health's HIV surveillance data • District Health Service statistics
Project purpose To increase the utilization of young people (16 – 24 years) involved in transient trade in Ingala of SRH and HIV services by 50%, and their use of condoms by 25%	<ul style="list-style-type: none"> • % of target group reporting condom use at last sexual intercourse • % level of knowledge and understanding of target group on HIV prevention options 	<ul style="list-style-type: none"> • Knowledge, attitude and practice (KAP) survey conducted at the beginning and end of the project period with young people involved in transient trade in Ingala • Interviews with members of the local PLHIV Association and with YPLHIV
OUTPUTS 1. Increased access of young transient traders in the market place and taxi rank in Ingala to comprehensive, youth friendly SRH and HIV information and services. 2. Strengthened capacity of Member Association staff to manage an HIV programme and to provide quality SRH and services to young people in Ingala, including those living with HIV. 3. Established strategic partnerships for the provision of related care and support services and impact mitigation programmes for YPLHIV involved in transient trade in the market place and taxi rank in Ingala	<p>Number of staff (including HIV positive peer educators) trained by type of training</p> <p>Proportion of clients (including YPLHIV) reporting satisfaction of the clinical, counselling and referral services provided by the Member Association</p> <p>Number of strategic partnerships created</p> <p>Number of Memorandum of Understanding signed with local partners (e.g. NGOs, PLHIV associations, Ministry of Health)</p> <p>Number of YPLHIV referred to other facilities – by facility and service</p>	<ul style="list-style-type: none"> • Member Association's monthly clinical, counselling and outreach reports • Member Association monthly project reports and organizational records • Client exit interviews • Evaluation report of Member Association staff training programme • Memorandum of Agreements • Minutes of partnership meetings • End of project evaluation interviews conducted with project partners • Member Association monthly clinical, counselling and outreach reports.

Completing the PPM: the project inputs

	INPUTS		



What is the purpose of this step?

Finally you need to consider what inputs are needed to perform your activities so as to complete the PPM. Inputs are defined as follows:

Project inputs

Inputs are the resources that are needed to carry out the planned activities and include such things as finance, materials, services and personnel.

Each input ought to be appropriate (in terms of gender, cultural and environmental sensitivity) to the local context in which you are working.

How do you go about it?

- **Consider each of your activities** (outlined in Step 5), and make a rough list of all the resources that you will require in order to implement each activity. You will find that some of the resources (like a vehicle, a staff member, a piece of equipment) enable you to perform a number of different activities. However, it is best to make a list of all the resources you need for each activity and then consider the extent to which you will be able to share a single resource across different activities.
- At this stage in the planning process the project inputs are expressed as a **rough estimation** of the all of the resources you will require to implement the project as a whole. This rough estimate is placed at the bottom of the PPM.
- Later, when you develop your plan of action, a **detailed list** of the required inputs or resources is made, and defined in terms of quantity and cost. However the rough list of inputs for the various activities that you develop at this stage of the planning process will form the basis of your working notes when you develop the project budget later on.

Case study example: project inputs

- clinical supplies and equipment
- maintenance cost and fuel for mobile clinic and project vehicle
- recruitment and salary costs for FPA staff
- staff training and supervision costs
- funds for development, printing and distribution of IEC materials
- funds for facilitation of HIV+ support group
- funds for supporting client referrals to the district hospital and other service providers
- funds for securing and maintaining the strategic partnerships

As you will have discovered by now, there is a general sequence to completing the PPM. One starts with the description of the project (moving from the goal at the top, down to the activities), then the assumptions (bottom – up), followed by the indicators and the MOV (working across) and ending with the inputs.

This sequence is illustrated in the table below:

PROJECT ELEMENTS	INDICATORS	MEANS OF VERIFICATION (MOV)	ASSUMPTIONS
Goal 1	Indicators 8	MOV 9	
Project Purpose 2	Indicators 10	MOV 11	Assumptions 7
Outputs 3	Indicators 12	MOV 13	Assumptions 6
Activities 4	INPUTS 14		Assumptions 5

Reviewing the project planning matrix (PPM)

Before proceeding to develop your action plan it is important to make sure you have completed your PPM in a comprehensive manner.

Here are some questions to help you review if your PPM is complete¹¹:

- **Does it contain a goal:**
 - which describes the longer term, desired solution or change which you want your project, along with other projects, to contribute towards?
 - which describes the benefits that you anticipate the final beneficiaries of your project will experience as a result of your project?
 - which describes this benefit at a population level in terms of an improvement in socio-economic or health status?
- **Does it contain a project purpose:**
 - which describes a more immediate situation that is expected to exist as a consequence of your project being implemented?
 - which describes what the target group will be able to do as a result of the project's support, and which is required to achieve the goal?
- **Does it contain a list of outputs:**
 - which describe the tangible goods, services and products that you expect the project to deliver during the life of the project
 - that are delivered to the target group?
 - Does it contain a list of assumptions that are likely to occur according to what you currently know?
 - Are there important assumptions listed which do not actually qualify to be important assumptions (since they describe factors which can be influenced by the project) or that are very likely to occur, or that are not important for the outcome of the project?
 - Are the stated outputs and project purpose realistic (i.e. they can most probably be achieved considering the external factors that you have identified, and have to hold true or occur for your project to be successful)?
 - Does it contain activities which summarize the key steps, actions and tasks that need to be accomplished in relation to each of the outputs?
 - Does it contain a list of inputs which summarizes the key inputs required to implement all the activities?
 - Does it contain quantitative and qualitative indicators and MOV:
 - at each of the three levels of the PPM (goal, project purpose and outputs)?
 - are these indicators based on plausible, factual, objectively verifiable and easily obtainable data?
- **Are the planning levels logically linked? Check the intervention logic:**
 - If you have the stated inputs will you be able to implement all of the activities?
 - If you implement all of the activities will this enable you to deliver all the outputs?
 - If you deliver all of the outputs will you be able to achieve the project purpose?
 - If you accomplish the project purpose will this contribute to the achievement of the goal?
- **Check the vertical logic:**
 - Are the assumptions at each level related to the project element above that level?
 - Are the assumptions valid and well stated?
- **Check the horizontal logic:**
 - Check each row and see if there is a consistent flow across the row, moving from the project element to the indicators to the MOV and the assumption.

Lastly, for your information there are two variations on the basic principles of the PPM or logframe as we have described in this Guide:

- the nested logframe (in which there is one goal, but three project purposes in the same box relating to slight variations in the purpose of the project)
- the interlocking logframe (which is used in a large scale programme where the purpose of the programme would become the goal in a smaller project)

The way in which these are constructed will not be explored in this Guide.

Case study example: a complete project planning matrix

After some refinement, this is what the FPA planning team in Ingala finalized their PPM

PROJECT ELEMENTS	INDICATORS	MOV	ASSUMPTIONS
GOAL To improve the sexual and reproductive health and rights status of young people (16 – 24 years old), particularly those living with HIV, in Ingala	<ul style="list-style-type: none"> % prevalence of STI % prevalence of HIV Life expectancy after infection with HIV 	<ul style="list-style-type: none"> Demographic and Health Surveys Ministry of Health's HIV surveillance data District Health Service statistics 	
PROJECT PURPOSE To increase the utilization of young people (16 – 24 years) involved in transient trade in Ingala of SRH and HIV services by 50%, and their use of condoms by 25%	<p>% of target group reporting condom use at last sexual intercourse</p> <p>% level of knowledge and understanding of target group on HIV prevention options</p>	<ul style="list-style-type: none"> Knowledge, attitude and practice (KAP) survey conducted at the beginning and end of the project period with young people involved in transient trade in Ingala Interviews with members of the local PLHIV Association and with YPLHIV 	<ul style="list-style-type: none"> The current policy environment in the country that is very supportive of human, sexual and reproductive rights and creates an enabling environment for youth, remains constant. Government remains committed and supportive of an inter-sectoral HIV/AIDS response.
OUTPUTS <ol style="list-style-type: none"> Increased access of young transient traders in the market place and taxi rank in Ingala to comprehensive, youth friendly SRH and HIV information and services. Strengthened capacity of Member Association staff to manage an HIV programme and to provide quality SRH and services to young people in Ingala, including those living with HIV. Established strategic partnerships for the provision of related care and support services and impact mitigation programmes for YPLHIV involved in transient trade in the market place and taxi rank in Ingala 	<ol style="list-style-type: none"> Number of new young traders attending the Member Association SRH and HIV outreach services in the market place for clinical care <p>% of new clients that return to the Member Association SRH and HIV outreach services clinic in the market place more than once</p> <ol style="list-style-type: none"> Number and type of SRH and HIV services provided by the Member Association in the market place <p>Number of staff (including HIV positive peer educators) trained by type of training.</p> <p>Proportion of clients (including YPLHIV) reporting satisfaction of the clinical, counselling and referral services provided by the Member Association</p> <ol style="list-style-type: none"> Number of strategic partnerships created <p>Number of Memorandum of understanding signed with local partners (e.g. NGOs, PLHIV associations, Ministry of Health)</p> <p>Number of YPLHIV referred to other facilities – by facility and service</p>	<ol style="list-style-type: none"> Member Association's monthly clinical, counselling and outreach reports. Member Association's monthly project reports and organizational records <p>Client exit interviews</p> <p>Evaluation report of Member Association staff training programme</p> <ol style="list-style-type: none"> Memorandum of Agreements <p>Minutes of partnership meetings</p> <p>End of project evaluation interviews conducted with project partners</p> <p>Member Association monthly clinical, counselling and outreach reports</p>	<ol style="list-style-type: none"> The weather and roads remain favourable for outreach activities to occur in the market place in Ingala. Trained Member Association staff remain with the Member Association in Ingala for the duration of the project. The supply of ARVs is not interrupted to the district. <p>YPLHIV, supported by the local income-generation project, are able to afford the cost of transport to the district hospital.</p> <p>That changes in the exchange rate can be accommodated within the project budget.</p>
ACTIVITIES <ol style="list-style-type: none"> Establish a suitable venue for FPA's service delivery and outreach activities in market place Procure equipment and commodities Implement a communication campaign to reduce stigma Provide SRH services for youth in market place Develop peer education programme Appoint PM to oversee integration of FPA's HIV/SRH services Run staff HIV training programme Monitor the HIV-training needs of staff on an on-going basis Develop partnership with MoH, PLHIV association, NGOs Conduct partnership meetings Monitor the progress of collaborative activities 	INPUTS <ul style="list-style-type: none"> Clinical supplies and equipment Maintenance cost and fuel for mobile clinic and project vehicle Recruitment and salary costs for FPA staff Staff training and supervision costs Funds for development, printing and distribution of IEC materials Funds for facilitation of HIV+ support group Funds for supporting client referrals to the district hospital and other service providers Funds for securing and maintaining the strategic partnerships 	Total budget: IMU 5, 000, 000	
			Pre-conditions: <ul style="list-style-type: none"> The project proposal is accepted and the required funds forwarded on time for the project to begin on schedule.

Developing a plan of action

What is the purpose of this step?

This step helps the planning team outline what practical steps need to be taken and what resources are required in relation to the project outputs. A plan of action can also be referred to as a plan of



operations or an implementation plan.

The planning team would have already considered the various activities that are needed to perform each result (in the LFA planning Step 5), but now it is time to allocate a timeframe and responsibilities, and develop a budget. For each result the plan of action brings together:

- the sequence of the steps that need to be taken or the activities that need to be implemented in order to achieve the result
- the time tabling i.e. the deadline by which a particular activity needs to be completed
- the person or the team who is responsible for implementing each activity
- the costs of the different activities

How do you go about it?

- **Create a framework** for the plan of action to which the team can all contribute. For example, you might want to create a template like this:

OUTPUT No1			
Activities	Timeline	Person responsible	Costs
1.1			
1.2			
1.3			
1.4			
	Completion date:		Total Cost:

- **Select the first project output**, and put that in the top line of the table that you have created. Identify all the activities that need to be done to achieve this output and put them down in sequence under the first column. You will have already created a broad list of activities in Step 5 of the LFA planning process which can act as a guide.
- Remember to check whether you have included **monitoring activities** in relation to each result area. This is something that one can easily forget about as one gets involved in planning all the external activities. Alternatively, you could also add in an additional column after the 'Activities' column, and call this 'Progress indicators.' In this column you could write down an indicator (i.e. a sign) that would tell you whether you have achieved the activity at the desired standard.
- Starting with the first activity, generate:
 - By **when** will it be done (write down when the activity will be completed). This will also guide you to establish when you can realistically start working on other activities.
 - **Who** will be responsible for ensuring that the activity is done. It is wise, especially when a team is responsible for an activity, to put one person's name, or a title, down so that someone can take final responsibility for seeing that the work is done.
 - What **inputs** are required (which you would have already listed in draft form in a previous step in the planning process), and what you estimate they will **cost**.
 - Enter all of these into the operational planning document, and then move onto the next output.

Some notes about costing¹²

There are many different ways of calculating the costs your project will face. A simple way of considering this is to think of costing in terms of three different categories:

1. Direct or operational costs

Direct or operational costs are the costs that will be directly incurred by the project in carrying out all of its activities.

The project is responsible for 100% of these costs.

It may be easier to start thinking about these costs in terms of the following categories:

- **Materials or consumables:** these are the things that you will use on a daily basis to carry out your work, such as stationary, computer software, resource materials and books and videos, and medical supplies.
- **Equipment:** these are the professional tools that you rely on to support you in your work, like computers and printing equipment, an overhead or data projector, a PA system, a digital camera, or laboratory equipment.
- **Transport:** these are the costs of moving people from one site to the next, from the office to the field and back, or to attend meetings. Transport costs should include petrol, parking and toll road costs, and the costs associated with the regular maintenance of the vehicles used.
- **Services:** these are costs associated with getting in outside help, for example the hiring of a venue for a meeting or the accommodation and catering costs for a workshop, the development and printing of an educational pamphlet, or the cost of a drama group. They could also include the cost of a consultant to do staff training or to conduct the external project evaluation. Stipends or honorariums paid to volunteers could also be considered as services.

2. Indirect or organizational costs

Indirect or organizational costs are the costs that it takes to 'run' aspects of the organization that is housing or managing the particular project that you are developing a plan and budget for. These costs support, rather than directly contribute, to the achievement of the project's outputs, purpose and goal.

Examples of indirect costs include:

- **overheads** (such as rent, insurance, telephone costs)
- **administration** (such as the auditing of financial statements)
- **governance** (such as board meetings, organizational development and strategic planning processes)
- **management** (such as meetings with donors, or the Director's time in which s/he oversees the various contracts and reports associated with the project)
- **personnel or staffing costs** are also an important indirect cost to consider. These are the costs associated with the time that staff (such as a project manager, field worker, a nurse or doctor, an administrator, a financial manager, or the director of the organization) works on the activities of the project. The staff in an organization generally works on a range of different projects, one of which is the project that you need to develop a budget for.

Personnel costs are usually expressed in terms of the total person hours, days, weeks or months that the person is expected to work on the project, and is calculated as a proportion of their total salary cost (i.e. their salary plus the benefits they receive such as insurance or medical aid cover). Costs associated with a staff member's activity on the project, like subsistence and travel, should also be included in this area. In some instances, personnel costs can also include the costs of recruitment and staff development.

Generally, an organization will be implementing many different projects, and the organizational costs will be shared in various proportions between the different projects - depending on the size of each project and the extent of the organizational resources it uses.

3. Capital costs

These are once-off occasional purchases of capital goods, such as:

- a vehicle, or
- land or a building to house the office or clinic

- Once you have completed a similar process for all of the outputs you ought to check whether you have considered **how you will evaluate** your project, and include the evaluation process and costs in the operational plan.
- Once you have costed your project you then need to **develop a budget** for the project, which details both the expected income and expenditure of the project. Donors generally have their own preferred format for a budget which you would need to observe. You may also be asked to develop a cash flow forecast which is a tool to map out how money ought to flow in and out of your bank account over the project period.

Case study example: plan of action

This is a plan of action that the FPA planning team in Ingala developed for the first couple of activities related to their output no. 2:

Output no. 2: Strengthened capacity of Member Association staff to manage an HIV programme and to provide quality SRH and HIV services to young people in Ingala, including those living with HIV.				
ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	INPUTS	COSTS
1. Working with the local PLHIV network, identify the likely educational and support needs of YPLHIV – specifically amongst the project's target group.	31 January 07	PM	4 days PM 2 days PE 1 day PA Transport costs Meeting costs	IMU 4 000 IMU 1 000 IMU 600 IMU 200 IMU 400
2. Develop a job description for the HIV positive peer educator (PE) post and recruit one male and one female YPLHIV to fill the posts.	31 March 07	PM	5 days PM 2 days PE 3 days PA Transport costs Advertisement 2 x new PE salary costs for 2 years	IMU 5 000 IMU 1 000 IMU 1 800 IMU 400 IMU 800 IMU 640 000
3. Provide 2 new PEs with a comprehensive induction and training programme	15 April 07	PM	5 days PM 6 days PE 3 days PA Trainer Transport costs Training materials Stationary Refreshments	IMU 5 000 IMU 3 000 IMU 1 800 IMU 15 000 IMU 2 000 IMU 3 000 IMU 300 IMU 1 000
4. In collaboration with the existing Member Association staff team, develop a two year strategy and work plan for the 2 new PEs, which includes the development of training materials and educational resources.	25 April 07	PM	2 days PM 2 days PE Refreshments	IMU 2 000 IMU 1 000 IMU 200
5. Design and implement a participatory method of monitoring the progress of the work plan.	May 07 – Feb 09	PM	2 days PM 2 days PE Researcher Refreshments Transport	IMU 2 000 IMU 1 000 IMU 6 000 IMU 3 000 IMU 1000
6. Provide ongoing support and supervision for the 2 new PEs.	April 07 – March 09	PM	15 days PM	IMU 15 000
7.				
8.				
9.				
	Completion date: March 2009			Total Cost:

PM = Project Manager; PE = Peer Educator; PA = Project Administrator
IMU = International Monetary Unit

Writing your project proposal



Now that you have developed a plan and budget for your project, you need to consider how best to put these ideas into a project proposal so that you can get your project funded.

There is a considerable amount of work to be done before you submit a proposal for funding.

For example:

- you need to be clear about why you are writing the proposal
- you need to do the necessary preliminary research on potential donors and then be sure that you understand the particular interests of the donor to whom you decide to submit a proposal
- you need to be clear about your organization's identity, its expertise and capacity, and its strengths and weaknesses
- you also need to consider how best you can present your organization as a credible institution to support, by illustrating your track record in areas such as financial management, project impact, technical competence and general management ability¹³

There are many publications that can guide you through this process. Here are two recommended publications that can be easily accessed from the web:

- International Planned Parenthood Federation, Western Hemisphere Region. (December 2002). Guide for Designing Results-Orientated Projects and Writing Successful Proposals. IPPF/WHR. Available online from www.ippfwhr.org.
- Shapiro, Janet. Writing a Funding Proposal. A World Alliance for Citizen Participation (CIVICUS) Toolkit. Available online in English, Spanish and French from the CIVICUS website (www.civicus.org).

In terms of the content of a proposal, donors will often have their own guidelines and specifications for what information and in what format they would like you to submit your proposal. However, there are some basic content areas that are important to consider when submitting a proposal.

Here is a checklist, drawn from the above two publications, to help you structure your funding proposal:

- **The title page**
 - title of your project: it is a good idea to make this captivating and inspiring, but linked to the intent or goal of your project
 - name, street address, logo and if applicable, the web address, of your organization
 - name of the contact person(s) at your organization, with contact information (phone, fax, email, web)

- name of agency to whom proposal is being submitted
- month and year of submission
- duration of project and budget amount requested (optional)
- **Table of contents** (1 page)
 - List all the main headings and page numbers
- **Executive summary** (1 page)

The summary should inform the funder:

 - what the current problem or issue is
 - what your organization feels would be the best way of addressing the problem
 - why this is a good strategy and what the expected impact would be
 - who the main beneficiaries of the project would be
 - why your organization has the expertise to address this problem
 - over what period of time the project would be implemented
 - what the overall cost of the project is
- **Introduction and justification** (1 – 2 pages)
 - Describe the problem and the need for an intervention, giving relevant figures (i.e. develop a problem statement).
 - Explain how you identified the problem and why it is of concern to you.
 - Outline what qualifies your organization to address such a problem, and what collaborators will participate in the project.
- **A description of the intervention that is proposed** (6 - 7 pages)
 - Describe the overall goal and project purpose, and the outputs that will be achieved – including a clarification of the beneficiaries and the target group.
 - Describe the intended process, outlining the activities and the associated plan of action.
 - Discuss the anticipated risks or challenges that your project will face and how you intend to address these.
 - Discuss the sustainability of the project once the external source of funds has ended.
 - Describe your monitoring and evaluation plan.
 - Describe who would work on the project in terms of the key personnel.

It would be important in this section to also highlight issues related to gender. The IPPF publication 'Guide for Designing Results-Orientated Projects and Writing Successful Proposals' (Section 7) has some very useful advice about gender-sensitive programming.

You might also want to highlight why your intervention is particularly innovative or interesting, or what the unique strengths of your project are. In other words, what sets it apart from other projects (who might be competing with you for the same source of funding)!

Finally, it is important in this section to present the essence of your project plan, and refer the reader to the appendices for more detail.

- **Conclusion and budget** (2 pages)
 - Conclude by stating briefly what you are requesting from the donor, and why.
 - Include a brief budget summary (outlining the main budget items and the total cost).
 - Summarize your overall financial plan for the project (i.e. highlight others from whom you are requesting money).
- **Bibliography**
 - a list of the references you have used in developing the content of the proposal
- **Appendices**
 - detailed technical description of the intervention (such as the Project Planning Matrix (PPM) and the Plan of Operations)
 - detailed budget
 - annual report
 - important and/or relevant organizational publications
 - latest audited financial statements

Appendices

VARIATIONS IN THE TERMINOLOGY USED IN THE LOGICAL FRAMEWORK APPROACH

The terms or words that are used in this Guide	Alternative terms or words that are commonly used to describe the same concept
GOAL	<ul style="list-style-type: none"> • Development goal • Development objective • Overall objective
PROJECT PURPOSE	<ul style="list-style-type: none"> • Immediate objective • Operation purpose • Outcome
OUTPUTS	<ul style="list-style-type: none"> • Results
THE ASSUMPTIONS	<ul style="list-style-type: none"> • External factors
INDICATORS	<ul style="list-style-type: none"> • Objectively verifiable indicators (OVIs)
MEANS OF VERIFICATION (MOV)	<ul style="list-style-type: none"> • Sources of verification
INPUTS	<ul style="list-style-type: none"> • Means

Resources that you will need in a LFA planning process

You will need:



- about 25 cards (approx 10 cm x 15 cm each) for the problem tree in one colour; about 25 cards (same size) for the objectives tree in a second colour



- one card (same size) in a third colour for the focal point problem
- about 50 cards (same size) in white for use in the additional steps



- a good supply of flipchart paper that you can use in plenary sessions to write down the key points made by the team members through the various steps of the planning process, use to stick your cards on for your problem and objectives trees, and to brainstorm the different aspects of your project design; you will also need a flipchart stand



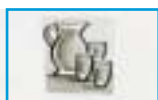
- different coloured felt-tipped pens for writing on the flipchart paper



- something to stick the newsprint up on the walls and the cards onto the newsprint (such as a glue-stick, blue tack, or tape)



- scissors in case you need to cut up some more cards or cut some cards in half
- pens or pencils and notepaper for the participants



- refreshments for the participants

HIV strategies commonly used by organisations working in the field of SRHR¹⁴

PREVENTION	CARE, TREATMENT AND SUPPORT	IMPACT MITIGATION
<p>Awareness raising and the encouragement of behaviour change through information, education and communication (IEC) (e.g. through mass media and/or an interpersonal approach)</p> <p>HIV voluntary counselling and testing (VCT)</p> <p>Promotion of male and female condoms (including community based distribution)</p> <p>Family planning services (including the provision of information on dual protection)</p> <p>STI management</p> <p>'Positive prevention' for and with PLHIV (e.g. the provision of health education and promotion with PLHIV to protect their sexual health and that of their sexual partners)</p> <p>Prevention of mother to child transmission of HIV (PMTCT) – including the provision of ARVs for the mother</p> <p>Post-exposure prophylaxis (PEP) (e.g. in situations of occupational exposure, sexual assault and in instances where there has been the risk of HIV transmission within an HIV discordant relationship)</p> <p>Blood safety</p> <p>Universal precautions in health care settings</p> <p>Harm reduction (e.g. needle exchange and replacement therapy programmes, providing HIV preventative education and counselling for injecting drug users)</p> <p>Community preparedness in the development of new prevention techniques (such as HIV vaccines and vaginal and anal microbicides)</p>	<p>Clinical management and care</p> <ul style="list-style-type: none"> • Management of opportunistic infections (OIs) and related illnesses • TB prevention and control • Antiretroviral therapy (ARVs) and adherence support • Treatment literacy • Palliative care <p>Psycho-social support</p> <ul style="list-style-type: none"> • Counselling and spiritual support for PLHIV and their families • Support groups and networks for PLHIV • Economic and nutritional support • Legal support and advice • Community and home-based care • Care and support of orphans and vulnerable children (OVC) 	<p>Legal and policy reform (e.g. to support the reduction of HIV/AIDS-related stigma and discrimination, to protect the rights of PLHIV, to provide appropriate treatment options for PLHIV, to address gender-based violence)</p> <p>Implementation of community based micro-finance and income generation activities linked to comprehensive SRH services and programmes</p> <p>Implementation of programmes to address gender inequality and gender-based violence aimed at decreasing women and young girls' vulnerability to HIV infection, and more broadly to increase their access to SRHR. Such programmes would also include initiatives to encourage the greater involvement of men in SRHR issues</p> <p>Fostering community empowerment through the active involvement of young people, key vulnerable populations (such as men who have sex with men, sex workers and their clients, and injecting drug users) and other members of the community as partners in the design, implementation and evaluation of HIV-related interventions</p>

The above interventions are all supported and/or facilitated through activities such as:

- service delivery (for example, through a static clinic, a mobile health facility, outreach activities and community based care initiatives)
- referrals, networking, and the development of collaborations and partnerships between, for example, non-governmental organisations, public health facilities and departments, private institutions and businesses, PLHIV networks and support groups
- fostering of community participation, community mobilisation, and the GIPA principle (Greater Involvement of People living with HIV)
- advocating for policy and legal reform
- leadership development, plus securing the commitment and support of leadership in relation to HIV/AIDS-related issues
- inter-sectoral action and mainstreaming of HIV across all sectors
- capacity development (eg. increasing the HIV/AIDS-related knowledge and skills of staff working in the public and private health sector, raising the issues associated with HIV in the workplace with workers across all sectors)
- research, monitoring and evaluation, and documentation of best practice

Endnotes

- 1** *Japan's Initiative in the Fight against Infectious and Parasitic Diseases on the occasion of the Kyushu-Okinawa G8 Summit*. Ministry of Foreign Affairs, Japan. Okinawa, July 2000. The full document is available from the following website: www.mofa.go.jp/policy/economy/summit/2000/infection.html
- 2** Thaw, D and Randel, M. (1998). *Project Planning for Development: The Project Planning Handbook*. Olive Publications: Durban, South Africa: 5. More information about this publication is available from the Olive website: www.oliveodt.co.za.
- 3** These ideas have been drawn from: Thaw, D and Randel, M. (1998). *Project Planning for Development: The Project Planning Handbook*. Olive Publications: Durban, South Africa; Norwegian Agency for Development Cooperation (NORAD). (Second edition, September 1992). *The Logical Framework Approach (LFA): Handbook for Objectives-Orientated Planning*. NORAD: Oslo, Norway; International Planned Parenthood Federation, Western Hemisphere Region. (December 2002). *Guide for Designing Results-Orientated Projects and Writing Successful Proposals*. IPPF/WHO.
- 4** Nancholas, S. (1998). How to do (or not to do)...A Logical Framework. *Health Policy and Planning*; 13 (2): 189-193.
- 5** This block represents, and is sometimes referred to, as the *End of Project Status or EOPS*.
- 6** This block represents, and is sometimes referred to as the project's *Terms of Reference*.
- 7** Transient trade refers to a type of business or form of employment that is characterized by its temporary nature, its low pay, hard working conditions and high mobility of the traders as they move from one point to another for the most part of a day.
- 8** When the term young people is used in the case study it specifically refers to young people between the ages of 16 – 24 years. As will be observed from the case study, the Member Association planning team was specifically interested in developing an intervention for the young people (and particularly those living with HIV) involved in transient trade around the central market and taxi rank in the town of Ingala.
- 9** Appendix I includes a list of the most commonly used strategies in relation to HIV prevention, care, treatment, support and impact mitigation. The table provided might be useful to review when considering your alternative strategies.
- 10** Aspects of this information were obtained from two useful publications by Janet Shapiro: *Evaluation: Judgement Day or Management Tool?* (an Olive Publication) and *Monitoring and Evaluation* (a CIVICUS toolkit).
- 11** Source: Adapted from Thaw, D and Randel, M (1998:76-7)
- 12** This information has been drawn and adapted from a publication by Michael Randel entitled '*Planning for Implementation*' (pages 59-72).
- 13** These ideas have been drawn from: Janet Shapiro's publication '*Writing a Funding Proposal*'. A World Alliance for Citizen Participation (CIVICUS) toolkit.
- 14** The above table was originally developed at the JTF HIV/AIDS advocacy, project planning and proposal development training programme in Kenya in 2005. It was refined using a very useful resource document produced collaboratively by IPPF and the WHO, UNFPA and UNAIDS in October 2005 entitled '*Sexual and Reproductive Health and HIV/AIDS: A Framework for Priority Linkages*'. The document is available from the IPPF website www.ippf.org

References

The following resources have been an invaluable resource in the preparation of this toolkit, and ought to be acknowledged as critical sources of information and inspiration:

European Commission. (2004). Manual Project Cycle Management. Directorate-General for Humanitarian Aid – ECHO. Available online from www.ec.europa.eu.

International Planned Parenthood Federation, Western Hemisphere Region. (December 2002). Guide for Designing Results-Orientated Projects and Writing Successful Proposals. IPPF/WHR. Available online from www.ippfwhr.org

Nancholas, S. (1998). How to do (or not to do)...A Logical Framework. Health Policy and Planning; 13 (2): 189-193.

Norwegian Agency for Development Cooperation (NORAD). (Second edition, September 1992). The Logical Framework Approach (LFA): Handbook for Objectives-Orientated Planning. NORAD: Oslo, Norway;

Randel, M. (2001). Planning for Implementation. Olive Publications: Durban, South Africa.

Randel, M. (2002). Planning for Monitoring and Evaluation. Olive Publications: Durban, South Africa.

Shapiro, Janet. 1996. Evaluation: Judgement Day or Management Tool? Olive Publications: Durban, South Africa.

Shapiro, Janet. Monitoring and Evaluation. A World Alliance for Citizen Participation (CIVICUS) Toolkit. Available online in English, Spanish and French from the CIVICUS website (www.civicus.org).

Shapiro, Janet. Writing a Funding Proposal. A World Alliance for Citizen Participation (CIVICUS) Toolkit. Available online in English, Spanish and French from the CIVICUS website (www.civicus.org).

Thaw, D and Randel, M. (1998). Project Planning for Development: The Project Planning Handbook. Olive Publications: Durban, South Africa.

The following publication provides a useful review of the opinions and experiences of international NGOs on the use of the Logical Framework Approach:

Bakewell, O and Garbutt, A. (2005). The use and abuse of the Logical Framework Approach. Swedish International Development Cooperation Agency. SIDA: Stockholm.

SIDA have also developed a booklet on the LFA entitled 'The Logical Framework Approach: A summary of the theory behind the LFA method'. Both the above publications are available online from the SIDA website (www.sida.se).

Personal Notes

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Personal Notes

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Personal Notes

This image shows a full page of blank, lined paper. The paper is white and features evenly spaced, horizontal orange lines running across its entire width. There are no margins, text, or other markings on the page.