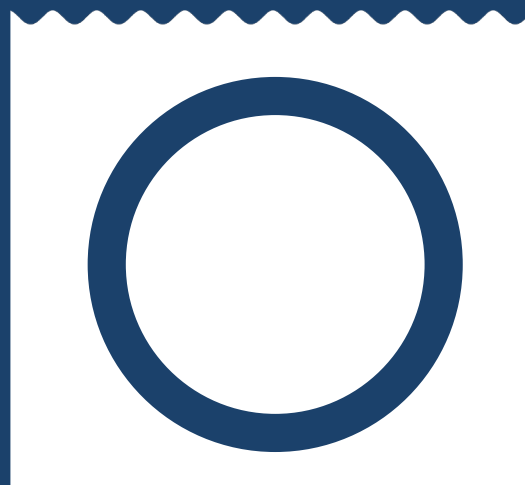


DESIGN

A manual for identifying strategic priorities in condom programs

to accompany the Guide for Developing Strategic Operational Plans



Mann Global Health
HEALTHIER PEOPLE. STRONGER GLOBAL HEALTH ORGANIZATIONS.

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This is a prototype version. Please contact the authors for questions and to provide feedback to improve the guidance.

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ABBREVIATIONS

CWG	Condom Working Group
KP	Key Populations
LMIS	Logistics Management Information System
LOE	Level of Effort
ME & PI	Monitoring, Evaluation & Program Improvement
MIS	Management Information System
MoH	Ministry of Health
PSAT	Program Self-Assessment Tool
SOP	Strategic Operational Plan
SRH	Sexual and Reproductive Health
TA	Technical Assistance
TMA	Total Market Approach
ToR	Terms of Reference



INTRODUCTION

Developing a Strategic Operational Plan for condoms requires analyzing a wide range of data to determine which interventions will have the most impact given available resources. **This manual will enable you to move from a situation analysis to the selection of effective interventions.** The collaborative process described here will help you make the difficult choices necessary to develop a focused and implementable plan. We call this process “Design.”



What can “Design” do for you?

1. Develop a shared understanding among key stakeholders of the major constraints confronting your condom program
2. Prioritize the constraints that have the most impact on condom use within priority populations
3. Understand the factors that underlie the prioritized constraints
4. Develop strategic objectives to focus the efforts of the national program where they are most needed
5. Identify the activities to enable you to achieve those objectives
6. Develop indicators of success to include in your Results Framework, and develop a plan for monitoring progress



Who should use this manual?

This manual is for individuals and groups responsible for developing and stewarding comprehensive condom programs, and for organizations and external consultants supporting those individuals. It is intended to be a practical, hands-on manual that supports condom programming.

This manual, referred to as Design: a manual for identifying strategic priorities for condom programs, is part of a package of support that includes:

- Introduction to the Condom Planning Package
- The Guide for Developing Strategic Operational Plans to Achieve Sustainable Increases in Condom Use
- Situation Analysis Guidance
- Guidance for Developing a Monitoring, Evaluation & Program Improvement plan



What is the overall approach and process?

Overall approach and main components

The manual describes a series of steps to be undertaken collaboratively with key stakeholders. Some of the collaborative work will be done in a workshop setting. Identification of **priority populations** will result in better targeting of scarce program resources. This is the first and most important part of the process. With target populations identified, teams can explore the **constraints** (or program weaknesses) that get in the way of condom use by priority populations. Identifying constraints will inform your **vision for a healthy, sustainable condom program** – which is fundamental in the development of a total market approach (TMA). Program constraints also inform the **strategic priorities** for your program, and the supporting **outputs** and **activities** that will drive your plan forward. Finally, you will develop a **Monitoring, Evaluation & Program Improvement (ME&PI) plan** and complete a **Results Framework** that will keep your program on track.

What is the main output of Design?

The main output from the Design process is a set of **Strategic Priorities** to improve your condom program. These strategic priorities are supported by an analysis of key constraints, and are linked to outputs and activities that address those constraints. It can be challenging to capture all of this information concisely. We recommend developing a one page/slide summary of each **Strategic Priority** as shown below:

Strategic Priority Example

Constraint in condom program	Strategic Priority to address constraint	Outputs supporting Strategic Priorities	Activities that lead to the desired outputs
<p>Insufficient planning, coordination, integration and targeting of public sector condom distribution</p> <ul style="list-style-type: none"> ▪ Oversupply and untargeted distribution is leading to wastage ▪ Lack of targeting, planning & oversight of free “post-facility” distribution ▪ Insufficient integration into SRH, other prevention, treatment 	<p>Improve targeting of public sector condom distribution within context of TMA</p>	<p>1</p> <p>Free post-facility distribution carried out according to TMA plan targeting specific populations mapped in their communities</p>	<ul style="list-style-type: none"> ▪ Develop guidance/SoPs targeting public sector condoms by post-facility outlet type, cadre, population (within context of TMA & social marketing, commercial) ▪ Mapping communities to identify targeted distribution, segmentation, priority outlets
		<p>2</p> <p>Monitoring system in place that includes post-facility distribution and is used to make program improvement decisions</p>	<ul style="list-style-type: none"> ▪ Review existing data collection systems that monitor distribution beyond facility; ensure they meet programmatic needs, standardize across facilities and cadres ▪ Analyze & disseminate data, adjust programs as appropriate ▪ Quantify use based on behaviors & populations in context of TMA ▪ Develop data collection tool for target populations
		<p>3</p> <p>Health workers and community service providers confidently and correctly use the ordering system to reduce stock-outs</p>	<ul style="list-style-type: none"> ▪ Training on supply chain & provider role in MIS, address provider incentives to perform desired role ▪ Conduct training for Community health provider cadres on the post-facility tracking system

Adapted from Population Services International's Keystone Design Framework as applied in Zimbabwe

Who should be included in the process, and what support do you need?

The steps outlined in Design are best done in a collaborative setting such as a workshop. An outline and detailed facilitator's guide are included as **Annexes A and B** of this manual.

Collaborative decision making is an opportunity to tap into the collective wisdom of multiple stakeholders—including community groups and civil society, representatives from the commercial and non-profit sectors, and multiple government agencies—each of which bring valuable perspectives. The process is also an important opportunity to ensure the final strategic priorities and the overall Strategic Operational Plan are collectively understood and owned by those who will be responsible for executing the plan.

What skills are required in a workshop facilitator?

A strong workshop facilitator will be needed to harness the energy, ideas, and input from a group of diverse individuals contributing to decision making.

Facilitators should have:

- An ability to manage a room of strong personalities, organize and synthesize information, keep groups on topic and on time, work toward session objectives, and ensure the participants feel they've contributed to a process
- Technical expertise in mixed health systems, basic HIV programming (including treatment and prevention), and basic understanding of the principles of condom programming
- Ability to bring a diverse group to consensus — even if that means not everybody's ideas are incorporated
- Communication skills — a good facilitator encourages open communication
- Active listening skills — a good facilitator will maintain a body language that helps the group feel assured by facing them squarely, making eye contact, nodding, and keeping an open posture. They should be aware of nonverbal cues
- Skills in rapport-building — a facilitator should be able to connect with the group. Trust and empathy are essential for building a relationship with the group
- An ability to structure and record facts and feelings — a facilitator should be able to capture the information gathered during the course of the discussion, either directly or by delegation
- An ability to develop synergies. Teamwork is essential in any workshop or session. A skilled facilitator knows how to bring the participants together based on shared interests and goals

Adapted from <https://www.linkedin.com/pulse/20140619061555-1334077-6-essential-skills-of-a-effective-facilitator/>

It is important to have key stakeholders participate in the workshop. Other participants may also be invited if the situation analysis indicates that additional perspectives are needed. Terms of Reference for the Key Stakeholder Group can be found in **Annex B of the Guide for Developing Strategic Operational Plans to Achieve Sustainable Increases in Condom Use.**

How long does it take?

It is important to allow sufficient time to plan for the Design workshop. At least a week is needed to collect and synthesize the information in the Situation Analysis that will be most relevant for the group in the workshop to consider. Time is also required to design sessions that will deliver the key outputs from the workshop: a set of prioritized activities that form the backbone of the Strategic Operational Plan. In some cases, more than a week will be needed if there are information gaps in the Situation Analysis that need to be filled. The workshop itself will take stakeholders through each step of Design in 3-5 working days. If the group is smaller, has a particularly strong facilitator, or is building on the strengths of an existing, recently produced strategy, two days may be sufficient.

Design

5 Steps to develop strategic priorities

Step 1

IDENTIFY PRIORITY POPULATIONS

- Who does the program & market need to serve?
- Who is the program & market failing?

Step 2

IDENTIFY & PRIORITIZE CONSTRAINTS

- What are the major constraints that limit condom use by priority pops organized by the pillars of Demand, Supply & Program Stewardship?

Step 3

DEVELOP VISION FOR A HEALTHIER MARKET

- What does a strong, sustainable program look like?
- What is a healthy market state for Demand, Supply & Program Stewardship?

Step 4

SET STRATEGIC PRIORITIES, DEFINE OUTPUTS & ACTIVITIES

- What 4-5 strategic priorities will enable you to achieve your vision of a healthy market?
- What outputs will they produce, through which activities?

Step 5

DEVELOP ME&PI PLAN

- What indicators and tools will you use to measure progress?
- How do your indicators fit into a Results Framework?



THE STEPS

Whenever possible, the Situation Analysis and relevant documentation (for example, the national HIV/AIDS strategy, important program reports, etc.) will be distributed to participants in advance of the workshop. The workshop facilitators will work closely with the Core Group assembled to lead the planning process to ensure alignment on workshop objectives, agree on the overall approach, and identify any areas the Core Group feels are especially important to focus on during the workshop. For example, if last-mile distribution of condoms to rural males is known to be a persistent constraint to equitable condom access, the Core Group could allocate more time in the workshop for this constraint. The Core Group's job is to lead the process of developing the Strategic Operational Plan. Terms of Reference for the Key Stakeholder Group can be found in **Annex A of the Guide for Developing Strategic Operational Plans to Achieve Sustainable Increases in Condom Use**.



Step 1: Identify Priority Populations

Deciding which populations the program should focus on is one of the most important steps of Design. Identifying priority populations early in the process can help to ensure users' perspectives, motivations, aspirations and choices are central to the choice of strategic priorities and interventions. It will also ensure that your program focuses on populations that will have the most impact on incidence.

This step should draw on the "Health Need" and "Condom Use" sections of the Situation Analysis. That analysis will have identified general populations and the behaviors driving HIV risk and incidence. This step aims to further narrow down the behaviors and population segments presenting the greatest need and opportunity to grow condom use and slow incidence.

Target populations can be identified by answering the following questions:

- Who does the market need to serve?
- Who is the market failing?
- Who are we designing for?
- Where is the greatest opportunity to decrease incidence?

The key to this step is to be selective. Listing all of the possible at-risk groups and trying to design interventions to reach all of them is not selective. Some groups will not end up as priorities. But prioritizing populations does not mean that other populations will be ignored or won't benefit from the interventions in your plan. Given finite resources, the plan will need to factor in the realistic reach of the program given available resources, and make difficult decisions about whom to target during the timeframe of the plan.

Prioritization & Audience Segmentation

Audience segmentation is the primary method that health programs use to divide a large audience into smaller groups based on shared characteristics, needs, and behaviors. Segmentation enables programs to more effectively target products, services, communications, and other activities that are relevant to a specific population.

Using segmentation to dig deeper into the specific factors that place a population at risk can produce more actionable outcomes. For example, many plans single out “youth” as a population in need. But this is a broad demographic category that includes many types of behaviors and diverse characteristics. Digging deeper, your analysis may show that very low condom use and age-mixing between older men and poorer, younger girls ages 15-24 in the urban areas of specific provinces is playing a key role in the HIV transmission cycle. Targeted investments on that more narrowly defined population and behavior can result in better program design that focuses on the drivers of incidence, while getting the most value for money.

You will need to balance the selection of priority populations with the resources available to reach them. To start the process of prioritization, build on the criteria used to disaggregate the population in the Situation Analysis. These include geography, behaviors, age, gender, and wealth. Continue to identify sub-populations at risk of HIV and the specific factors that contribute to that risk using the best evidence and data available.

CONSIDER THE FOLLOWING FACTORS TO HELP PRIORITIZE POPULATIONS:



It can be helpful to have the Core Group present a preliminary recommendation on prioritization to stakeholders in a workshop. The Core Group should be closely engaged in the Situation Analysis and have the data necessary for preliminary recommendations. Doing this before the workshop will save time for other parts of the process.



Step 2: Identify and Prioritize Constraints

The second step in Design is to identify 4-5 programmatic weaknesses or constraints inhibiting use among your priority populations. This step informs strategic objectives, and ultimately, the budgeted activities that form the core of the Strategic Operational Plan by:

- Reducing the hundreds of facts uncovered in the Situation Analysis into meaningful insights and programmatic implications
- Identifying the biggest inefficiencies, bottlenecks, gaps, or weaknesses in the program, particularly when viewed through the lens of priority populations
- Assessing the performance of interventions and program components in terms of their contribution to achieving high condom use and market sustainability
- Helping the broader stakeholder group, most of whom were not directly engaged in developing the Situation Analysis, understand program performance, which fosters greater ownership, and buy-in to the plan under development
- Identifying strategic priorities to select activities in later steps

Using the Results Framework to organize analysis

The pillars that provided structure for the Situation Analysis are also used to capture, organize, and understand the prioritized constraints facing your program:

- 1. Demand-side constraints**, including behavioral factors such as low knowledge, unsupportive attitudes, and weak motivation that inhibit condom use
- 2. Supply and distribution constraints**, such as last-mile distribution or public sector stock-outs
- 3. Program Stewardship constraints**, such as weak leadership and coordination of the condom program, or unsupportive policies and regulations

Focus on “Why this matters”

The Situation Analysis starts as a fact-gathering exercise. To make sense of the mountain of facts, you need to turn them into insights. The path to a strong, actionable strategy requires the team to identify the major program constraints impeding higher condom use. To ensure these constraints are identified, you want to continually ask: “Why does this fact or insight matter?” Asking and answering that question will keep you focused on the constraints that, when overcome, will result in substantially improved condom programs.

These constraints can then be further broken down for analysis. For example, demand-side constraints can be disaggregated by priority population and communication channel. This may lead to insights into gaps such as the absence of standard operating procedures to guide peer education efforts addressing a key population, or the absence of a unifying communication strategy for priority youth. Activity-level gaps can also be identified, such as low coverage for sex workers in a particular geographic area, or no funded interventions for priority youth behavior change.

Program constraints in one pillar may directly affect another, making it difficult to determine how to classify a constraint. For example, the lack of consumer data (a stewardship problem) may impede the development of evidence-driven behavior change communication (a demand-side issue). There's no right or wrong answer for where to place a constraint; some may need to be recorded under more than one pillar.

FACTORS TO CONSIDER WHEN PRIORITIZING CONSTRAINTS

Not all program constraints or opportunities affect condom use equally – try to identify the challenges that affect use the most or have been most resistant to improvement.

Continuously look for themes that multiple constraints can fit under. For example, a series of programmatic weaknesses in promoting condom use with sex workers can often roll up into one overarching constraint.

It's common to see an opportunity or weakness hold across the entire program – for example, poor user demand can impede uptake at every level of the supply chain.

When prioritizing, differentiate constraints at the activity level (e.g., peer educators targeting sex workers can't access condoms from the health center) from more strategic issues (no strategy underpinning communications with sex workers, for example).

It helps to outline the underlying root causes of 'symptoms' that often present when identifying constraints. For example, a symptom (frequent stock-outs at community health centers) may be driven by other underlying causes (weak LMIS, or insufficient planning and quantification).

It can be a challenge to land on the right level of constraint. Constraints that are too narrow in scope can be resolved in a year, or with a single activity; those that are too broad may not be addressed in the period of your strategy. The following are examples of prioritized constraints from Zimbabwe's 2019 condom strategic plan. The examples include bullets that provide an important level of detail about the specific challenges that were identified in the Situation Analysis. These sub-elements are helpful for shaping the strategic priorities, as well as the activities that are designed in a later stage of the process.

Core Constraints (adapted from Zimbabwe's condom strategic plan)

Stewardship challenges are hindering the response and limiting alignment of stakeholders. Supporting factors:

- Insufficient people & resources at gov't level
- No integration into treatment, other prevention
- TMA strategy insufficient and not supported by workplan
- Coordination lacking among partners
- Major funding gaps, and no funding coordination
- Advocacy for school-based programs & KP

Supply challenges: no planning, coordination, integration, and targeting of public sector condom distribution. Supporting factors:

- Oversupply and untargeted distribution are leading to wastage
- Lack of targeting of free – including distribution beyond health facilities (“post-facility”)
- Insufficient planning and oversight of post-facility distribution
- Insufficient integration into SRH, other prevention, treatment

Inadequate demand creation and insufficient segmentation of programs targeting prioritized populations. Supporting factors:

- Big gaps in AGYW & young men, no strategy
- KP not adequately supported by peer education and other media
- Lack of mass media resulting in stigmatized use
- Lack of standardized messaging & approach for each population (i.e., standard operating procedures)

Limited data and market analytics for program design and monitoring. A lack of:

- Market data – distribution, sector contribution, access.
- Usage data
- Access data – particularly public sector last mile distribution
- Market segmentation – consumer preferences for demand creation
- M&E to show impact of interventions
- Indicators /evaluation framework (including TMA indicators)

Using the Program Self-Assessment Tool to prioritize program elements

The Condom Program Self-Assessment Tool (PSAT) is a user-friendly method for countries to assess how their national programs are performing against global best practices. It is an efficient and effective way to identify program underperformance particularly as related to stewardship.

The summary tables included in the PSAT provide an additional way to present high-level findings from the Situation Analysis and to frame discussion during the Prioritize Workshop. The condom PSAT can be particularly helpful in prioritizing specific elements of stewardship function that may be underperforming. The draft facilitation guide includes an optional session in which the PSAT is used to identify constraints related to stewardship.

The tool can be found here:

<https://hivpreventioncoalition.unaids.org/resource/hiv-prevention-self-assessment-tool-psat/>



Step 3: Develop a Vision for a Healthier Market

Once you know which populations your program will target and the constraints that prevent them from using condoms regularly, it's important to step back and create a vision for a healthier, sustainable condom market. A healthy condom market increases condom use among target populations, and decreases reliance on external (donor) subsidies.

The vision for a healthier market is important as it defines how your program will grow condom use even if funding for prevention and condom programs declines. The vision will guide development of strategic priorities, and is an important element of your Total Market Approach. In the Design workshop you will describe what that healthier state looks like in three to five years for the three pillars of Supply, Demand, and Program Stewardship. The vision for a healthier market will define what steps can be taken over the next year of the plan to put the program on the pathway to greater sustainability.

Be realistic and ambitious in creating your vision of a healthier market. Your program may require donors to fund some aspects of the program beyond the period of your plan. But this is an opportunity to identify how strategies such as increasing engagement with the commercial sector and sustainable social marketing partners, and greater use of domestic financing can play a larger role in meeting the condom needs of your population into the future.

The example below illustrates how the process, outlined in the facilitation guide accompanying this manual, can be applied to Program Stewardship.

Functional Area: Program Stewardship

Aim: 5-year goal	What stands in the way now?	What can happen over the next 12 months?	How will we get there?
Improved program leadership through high-functioning condom group working under strong MoH focal point	<p>Lack of funding and no dedicated MoH staff for condoms</p> <p>Insufficient capacity by MoH</p>	<p>Develop ToRs for CWG</p> <p>Advocate with MoH for budgeted LOE position</p> <p>Targeted advocacy strategy with MoH and MoF to allocate budget support</p> <p>Capacity development for MoH staff</p>	<p>Allocated domestic budget support for MoH condom focal point.</p> <p>Capacity building from regional TA provider.</p>

The facilitation guide in **Annex A** outlines in detail how to accomplish this objective.



Step 4: Set Strategic Priorities, Outputs & Activities

The next step is to develop the strategic priorities, outputs, and activities that will address each of your priority constraints. This is an important step in mapping out “where do we want to go” and “how will we get there.” Four to five strategic priorities will focus your program efforts to increase condom use over the duration of your Plan, and drive funding proposals to major donors. Outputs break strategic priorities down into “bite sized” pieces, while activities are a means to implement outputs.

Strategic priorities provide the focus for your program in the 3-5 year period of your plan to address the constraints identified earlier in this process. As with constraints, it can be a challenge to identify priorities that aren't overly broad or narrow. You should develop at least one Strategic Priority for every prioritized constraint. It can be helpful to consider that a Strategic Priority is a constraint “flipped” into a positive outcome – that is, a reframing of a weakness into a strength.

Constraint		Flipped to Strategic Priority
<p>Stewardship challenges are hindering the program response and limiting alignment of stakeholders</p>		<p>Increased ownership & stewardship by government for national condom program, addressing funding, coordination, implementation, and M&E in the context of TMA</p>

Outputs break strategic priorities into ‘bite sized’ elements, which in turn are broken down into to specific activities. Outputs can outline **how** your program proposes to improve market performance and positively influence the target population’s behavior to address stated health needs. They bring greater clarity as to how your program will achieve strategic priorities, and often address the specific sub elements revealed during the situation analysis and identification of constraints.

Activities should directly support the elements outlined in your outputs. It’s still important to keep interventions at a strategic level, that is, activities that will drive program investments over the next 2-3 years. *“Increase demand creation interventions and market segmentation for AGYW and young men in urban regions”* is likely to be more relevant over 2-3 years than *“Hire 50 peer educators to reach AGYW in province x.”* While it is often easier to focus on discrete activities that are relatively easy to implement and measure – such as condom procurement – it is important that interventions also address the challenges you have identified in program stewardship and demand creation.

In line with the Results Framework, organize the activities in the categories of Supply, Demand, and Program Stewardship.

Annex D of the of the Guide for Developing Strategic Operational Plans outlines a Menu of potential interventions that you can select from and tailor to support outputs.

Putting it together

The figure introduced on page 7 and below can be helpful to understand how the steps above come together.

The prioritized constraint, “Stewardship challenges are hindering the response and limiting alignment of stakeholders” (in gray) drives the aspirational strategic priority (in yellow) “Increased ownership & stewardship of government for national condom program, addressing funding, coordination, implementation, and M&E in the context of TMA.”

The supporting outputs (in blue) break down the strategic priority into 3 discrete elements that are required to achieve the strategic priority.

Finally, a number of identified activities (in green) are directly translatable to a workplan and support each of the 3 agreed outputs.

Strategic Priority Example #1

Constraint in condom program	Strategic Priority to address constraint	Outputs supporting Strategic Priorities	Activities that lead to the desired outputs
<p>Insufficient planning, coordination, integration and targeting of public sector condom distribution</p> <ul style="list-style-type: none"> ▪ Oversupply and untargeted distribution is leading to wastage ▪ Lack of targeting, planning & oversight of free “post-facility” distribution ▪ Insufficient integration into SRH, other prevention, treatment 	<p>Improve targeting of public sector condom distribution within context of TMA</p>	<p>1</p> <p>Free post-facility distribution carried out according to TMA plan targeting specific populations mapped in their communities</p>	<ul style="list-style-type: none"> ▪ Develop guidance/SoPs targeting public sector condoms by post-facility outlet type, cadre, population (within context of TMA & social marketing, commercial) ▪ Mapping communities to identify targeted distribution, segmentation, priority outlets
		<p>2</p> <p>Monitoring system in place that includes post-facility distribution and is used to make program improvement decisions</p>	<ul style="list-style-type: none"> ▪ Review existing data collection systems that monitor distribution beyond facility; ensure they meet programmatic needs, standardize across facilities and cadres ▪ Analyze & disseminate data, adjust programs as appropriate ▪ Quantify use based on behaviors & populations in context of TMA ▪ Develop data collection tool for target populations
		<p>3</p> <p>Health workers and community service providers confidently and correctly use the ordering system to reduce stock-outs</p>	<ul style="list-style-type: none"> ▪ Training on supply chain & provider role in MIS, address provider incentives to perform desired role ▪ Conduct training for Community health provider cadres on the post-facility tracking system

Adapted from Population Service International's Keystone Design Framework as applied in Zimbabwe

A second example helps show how this will work with a Program Stewardship constraint.

The prioritized constraint, “Stewardship challenges are hindering the response and limiting alignment of stakeholders,” drives the aspirational strategic priority, “Increased ownership & stewardship by government of national condom program, addressing funding, coordination, implementation, and M&E in the context of TMA.”

Finally, selected activities (in green) will directly populate a workplan and support the agreed to outputs.

Strategic Priority Example #2

Constraint in condom program	Strategic Priority to address constraint	Outputs supporting Strategic Priorities	Activities that lead to the desired outputs
<p>Stewardship challenges are hindering the response and limiting alignment of stakeholders</p> <ul style="list-style-type: none"> ▪ Insufficient level of effort and resources at government level ▪ Lack of appreciation, understanding and planning for TMA by key stakeholders ▪ Insufficient coordination at provincial and district levels ▪ Need to put in place the Condom Strategic Operational Plan – identify milestones, clarify roles and responsibilities, ID funding gaps, sync with TMA 	<p>Increased ownership & stewardship by government for national condom program, addressing funding, coordination, implementation, and M&E in the context of TMA</p>	<p>1</p> <p>Domestic support for condom procurement & other programming thru NAC, AIDS levy, NATF, Health levy and the treasury</p>	<ul style="list-style-type: none"> ▪ Engage the Permanent Secretary to approach relevant funding sources (NAC, MOHCC, MOF) ▪ Prepare concept note on the changing condom landscape, funding gaps and TMA
		<p>2</p> <p>Coordination mechanisms active and valued by stakeholders</p>	<ul style="list-style-type: none"> ▪ Clarify organogram, TOR, and identify members to constitute the team at provincial and district level ▪ Support meetings for the team ▪ Allocate budget to support coordination activities at provincial and district levels
		<p>3</p> <p>Level financial playing field for commercial sector</p>	<ul style="list-style-type: none"> ▪ Advocate for consistent application of essential medicines/ commodities list to ensure commercial sector does not pay duty/VAT for condoms
		<p>4</p> <p>Policies that create more favorable environment for condoms in place</p>	<ul style="list-style-type: none"> ▪ Identify policies that require changing (e.g., school health policy & school-based condom interventions & policies impacting KP) & align TMA strategy ▪ Compile data to inform the need for policy realignment ▪ Identify relevant stakeholders and platforms for engagement ▪ Review school health policy and identify opportunities for collaboration/leverage ▪ Advocate for removal duty & VAT- ensure condoms as essential medicines/commodities for commercial sector

Adapted from Population Service International's Keystone Design Framework as applied in Zimbabwe



Step 5: Monitoring, Evaluation & Program Improvement Plan

The Monitoring, Evaluation, and Program Improvement (ME&PI) plan will enable continuous improvement throughout the execution of the Strategic Operational Plan. Investing in understanding the condom market and the needs of priority audiences will add value not only in plan execution but also in the next planning cycle.

Separate guidance is provided to develop a Monitoring, Evaluation & Program Improvement plan. It is generally better to develop the ME&PI plan after the workshop with a smaller, more dedicated team.

ANNEX A

AGENDA OUTLINE FOR STRATEGIC PRIORITIES IDENTIFICATION WORKSHOP

	Morning	Afternoon
Day 1	<p>Introductions and convening remarks</p> <p>Setting workshop expectations and objectives</p> <p>Introducing the results framework and the three pillars: Supply, Demand, and Program Stewardship</p>	<p>Defining the health need: how increased condom usage can result in lower HIV incidence, reduction in STIs and unintended pregnancies</p> <p>Identifying 3-5 key target populations that the condom program will focus on over the next 2-3 years</p>
Day 2	<p>Uncovering insights in the Situation Analysis</p> <p>Describing inefficiencies, weaknesses, and gaps in the condom program</p> <p>Identifying and prioritizing program constraints</p>	<p>Describing a vision for a healthier condom market</p> <p>Identifying strategic priorities to guide the program over the next 2-3 years</p>
Day 3	<p>Developing program outputs that break down the strategic priorities into manageable, implementable pieces</p> <p>Selecting program activities that will achieve program outputs</p>	<p>Pulling together the Results Framework</p> <p>Finalizing the strategic priority slides</p> <p>Sketching out the Monitoring, Evaluation & Program Improvement plan</p>

Also find a detailed facilitation guide in **Annex B**.