

COMMUNITY PLANNING: SUMMARY PRIMER

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FOREWORD

The “Community Planning: Summary Primer” is a shortened version of the “Community Planning Primer.” The Summary Primer provides readers with an overview of community planning steps and is meant to serve as a quick reference document. The document was developed by the United States (U.S.) Centers for Disease Control and Prevention Global AIDS Program (CDC/GAP) Cambodia and the National Alliance of State and Territorial AIDS Directors (NASTAD) in collaboration with the National AIDS Authority (NAA).

The Summary Primer and Primer are two of three documents developed to support efforts to expand the HIV/AIDS community planning model in Cambodia beyond two initial pilot projects in which the Commune Authority served as the Community Planning Group with support from the Provincial HIV/AIDS Authority. The third document is the, “HIV/AIDS Community Planning in Poipet and Sre Sdok Communes: A Description of the Lessons Learned” and a “Summary of the Community Planning Primer.”

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BMC	Banteay Mean Chey Province
CDC	Center for Diseases Control and Prevention
CC	Commune Council
DAC	District AIDS Committee
GAP	Global AIDS Program
HACP	HIV/AIDS Community Planning
HACPG	HIV/AIDS Community Planning Group
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
NASTAD	National Alliance of State and Territorial AIDS Directors
NCHADS	National Center for HIV/AIDS, Dermatology and STD
NGO	Non-Governmental Organization
NAA	National AIDS Authority
PAC	Provincial AIDS Committee
PAO	Provincial AIDS Office
PAS	Provincial AIDS Secretariat
PHD	Provincial Health Department
RH	Reproductive Health
STI	Sexually Transmitted Infection
TA	Technical Assistance

COMMUNITY PLANNING: SUMMARY PRIMER

The Community Planning: Summary Primer is a shortened version of the Community Planning Primer. The Summary document is designed to provide program implementers with a quick reference to key Community Planning concepts. The summary primer addresses:

- A. What community planning is and why it is needed
- B. Participation in a community plan, including who should be involved and what are each participant's responsibilities
- C. Implementation of the community planning process including risk group identification, assessing needs for populations, identification of community resources and service gaps
- D. Prioritizing at-risk populations and services
- E. Monitoring and evaluating the community plan
- F. Updating the community plan

A. What is HIV/AIDS Community Planning?

HIV/AIDS Community Planning is an ongoing process to involve community leaders in decisions that are made related to the local implementation of HIV prevention and care services. It is important to involve appropriate community members in this process, as they are the experts in knowing what the most effective interventions are for identified at-risk populations and individuals who are HIV positive. In Cambodia, the Commune Authority, including Commune Council members represent the community. Priority setting is accomplished through a participatory process that results in programs that are responsive to high priority, community-validated needs within defined populations.

HIV/AIDS Community Planning (HACP) entails collaboration between the local Provincial HIV/AIDS Authority and the community. An HIV/AIDS Community Planning Group (HACPG), therefore, is composed of several members, including representative(s) from the Provincial HIV/AIDS Authority and civil society as well as community members, each of whom represents a group at-risk for HIV, or people who are HIV positive.

The Provincial HIV/AIDS Authority staff and Commune Authority are regarded as equals, as both are experts in their own areas. Provincial HIV/AIDS Authority staff assist the Commune Authority in making decisions regarding identifying at-risk groups and the most effective HIV interventions for those groups. The Commune Authority, in turn, provides invaluable personal and population-specific perspectives on the most effective and culturally appropriate services for people at-risk for HIV and for HIV positive individuals.

Through the HACPG process, Provincial HIV/AIDS Authority staff and Commune Authority members together form a collaborative HACPG that develops a HIV/AIDS Community Plan for the most effective delivery of services for the identified at-risk populations and for HIV positive individuals.

B. Why Do HIV/AIDS Community Planning?

Community Planning recognizes that HIV/AIDS is an issue that impacts an entire community. As such, Community Planning incorporates input from a range of organizations and individuals vested in providing optimum services and support to persons at-risk or living with HIV/AIDS. The Community Planning process is dynamic and reflects prioritization of resources and at-risk populations, as well as on-going evaluation of implemented services to optimize the impact of limited resources.

The purpose of writing an HIV/AIDS Community Plan is to create a community-led prioritization of resources and at-risk populations at the local level. The process of developing a Community Plan builds broad community support for the prioritized at-risk populations and allocated services. An HIV Community Plan is also useful in encouraging non-governmental agencies and international donors to be aware of where HIV resources should be allocated based on local expertise and determination.

C. Steps of Community Planning

There are distinct steps recommended for the HIV/AIDS Community Planning process. The following sections of the Community Planning primer provide an overview of these steps. The principles of Community Planning are further explained through a series of tools and instructions. For a more detailed description of the steps, please refer to the “Community Planning Primer.”

Planning Step

Create an HIV/AIDS Community Planning Group

Tools or Methods

The planning process should be reflective of multiple voices and perspectives including, but are not restricted to: the Provincial HIV/AIDS Authority who are responsible for the community's health; Commune Authority Members, which can include the commune council and representatives from influential community sectors including the Pagoda and/or businesses with an interest in the population's well-being; the agencies providing services to at-risk groups; the members of at-risk populations; as well as individuals living with HIV/AIDS.

Roles and Responsibilities

Provincial HIV/AIDS Authority – The Provincial Authority is responsible for supporting the HIV/AIDS Community Planning process with leadership, administrative support, and a broad understanding of the community epidemic (i.e. epidemiologic profile).

Commune Authority Members – The Commune Authority or Commune Council members provide their expert knowledge of the community and the community's needs.

Shared Responsibilities include: managing the Community Planning process, steering membership selection and orientation, mobilizing resources, evaluating the Community Planning process, and sustaining the Community Planning process.

Identify and prioritize at-risk populations in your community

Use mapping to identify where at-risk groups and/or HIV services are located in their geographical area. This can be done by using:

- * **Demographic Information** including data on education, age, marital status, employment, and/or gender breakdown for a given population.
- * **Epidemiologic Information** describing when and where diseases, in this case HIV and AIDS, or other infectious diseases such as tuberculosis, sexually transmitted diseases, and malaria, occur.

Prioritizing At-risk Populations uses the data in the epidemiologic profile to identify the 5-6 populations most at-risk for HIV.

Planning Step

Tools or Methods

Determine needs of at-risk populations

Developing Needs Assessments: Identify resources needed for interventions:

- * Review the community profile to identify and select populations to assess;
- * Plan the needs assessment (including resources needed, timelines, tools, collaborative efforts, methodologies, sample sizes, etc.);
- * Conduct the needs assessment;
- * Analyze the results, and utilize the results in the priority-setting

Prioritize Needs of At-risk Populations: Rank the needs for the population, based on the information from the needs assessment.

Identify community resources

Identify Community Agencies that Provide HIV/AIDS Services and Specific Services Provided by these Agencies to identify resources currently in existence for prevention and care services in a community.

Develop a Coordinated Listing of Services based on the population or group at-risk for which the services are intended.

Identify gaps in services for at-risk populations

Compare Information on Needs and Community Resources related to the needs for each at-risk group and the community resources currently being provided for each of these groups.
(Needs)-(Available Resources) = Service Gaps not being addressed by a service provider; this is an identified “gap” in services for the at-risk population.

Prioritize Identified Gaps for Each At-risk Population developed from a list of prioritized, unmet needs for each at-risk population.

Develop a community plan that reflects prioritized populations and services

An HIV/AIDS Community Plan should include information from each of the previously discussed steps in order to provide clear reasoning behind the inclusion or omission of each population and/or service. In writing your HIV/AIDS Community Plan you should present a logical case for supporting your prioritized populations and services over other options, given your available resources. In addition, the HIV/AIDS Community Plan should be integrated into the Commune Plan for maximum effectiveness

Develop a community plan that reflects prioritized populations and services (continued)

and to secure funding.

Components of an HIV/AIDS Community Plan

The necessary components of a comprehensive HIV/AIDS Community Plan include the following:

- (a) An **HIV/AIDS epidemiologic profile** that reflects the epidemic in that geographical area, and contains data such as:
 - reported AIDS cases
 - projected AIDS cases
 - estimated HIV prevalence in defined populations
 - HIV incidence
 - HIV risk behaviors
 - other information, such as sexually transmitted infections (STIs)
 - migration
 - injection drug use
- (b) A list of **priority target populations** to be reached by primary HIV prevention interventions (for example by age group, gender, socioeconomic status, geographic area, sexual orientation, exposure category, and significant cultural factors) and unmet needs and barriers in reaching populations.
- (c) A description of **priority strategies and interventions** that are culturally and linguistically appropriate for each of the target populations. These strategies and interventions could include:
 - HIV counseling, testing, referral, and partner notification
 - prevention case management and other one-on-one risk reduction prevention programs
 - peer education programs for high-risk populations
 - school-based programs
 - community mobilization
 - health communications and social (prevention) marketing approaches
- (d) A list of the **needed services**, prioritized for each of the priority populations. This “needs assessment” information can be obtained through the following strategies:

Develop a community plan that reflects prioritized populations and services (continued)

- distributing surveys to members of the priority populations
 - meeting with focus groups composed of the priority populations
 - talking with key informants of the priority populations
 - other strategies for obtaining information from priority populations on needed services
- (e) A list of **community HIV resources and services**, obtained from discussions with community members, agency staff providing the services, and clients of the service providers.
- (f) A list of the **gaps in services**, determined by comparing information on **needed services** and the **current community resources** that are available in the geographical area. These identified gaps in services should be prioritized for each priority population.
- (g) A description of **how the Commune-level and Provincial-level Authority and non-governmental agencies will coordinate within the area** for which the plan is developed to provide HIV services and programs.
- (h) An HIV prevention **technical assistance plan** identifying needs of the Provincial HIV / AIDS Authority, the Commune Authority, and community-based providers in the areas of program planning, implementation, and evaluation.

A **monitoring and evaluation plan** for the HIV / AIDS Community Planning Group to determine its successes and challenges.

Implement services based on the community plan

The Commune Authority will work with the Provincial HIV / AIDS Authority, community health organizations, etc. to provide services to those populations identified as priority at-risk populations.

Planning Step

Evaluate services to determine effectiveness

Monitoring refers to routine observation of your program and *evaluation* refers to determining whether the program is successful. These activities can be done by:

Developing a Data Collection System to Track Effectiveness of Service Delivery by tracking the status of goals, objectives and activities related to HIV services implementation, as recommended by the HIV / AIDS Community Plan.

Monitoring Services Implementation through activities such as: meeting with program leaders, interviewing individuals receiving services, and/or reviewing new disease data statistics.

Update the community plan on a regular basis

Each year, the Commune Authority can review their HIV / AIDS Community Plan and determine if, based on new evaluation data or updates in disease data, there is a need to revise the prioritized at-risk populations. Similarly, if interventions are not producing the expected results, the Commune Authority has the opportunity to review these services to determine whether they should be modified or whether they should be replaced with another intervention.

Tools or Methods

Identifying Community Needs

Exercise 1, “Making Your Dinner” illustrates the process of identifying specific needs. A community planning group will need to undertake this type of activity in order to create a list of at-risk populations and interventions needed for HIV/AIDS prevention and care.

Exercise 1: Making Your Dinner

Imagine that tomorrow your cousin is coming to dinner. You need to make dinner plans. Your neighbor has agreed to go to the store for you, but you need to decide what to buy:

Determine:

- What you will have for dinner?
- What food do you already have at home?
- What food do you need to buy to make this meal?

Ranking Process

Exercise 2, “The Best of Beautiful Cambodia” illustrates the process of ranking and justifying your resulting hierarchy. The participants are asked to make a list of tourist attractions of note in Cambodia and then to rank them based on how well they represent Cambodian heritage. Similarly, in the HIV/AIDS community planning process, both at-risk populations and services require ranking and/or prioritization, especially when faced with limited resources.

Exercise 2: The Best of Beautiful Cambodia

You are a tour agency that has been asked to recommend places where tourists unfamiliar with Cambodia can visit. You know that there are many beautiful places to visit in Cambodia but the tourists have only 10 days and can't see them all. They are relying on your advice. Your job is to develop a list of places that represent the Cambodian people and your national heritage.

Your job is to:

- List sites in Cambodia that you recommend the tourists visit
- Describe each location and tell why that site should be included
- Make a collective decision on how you will decide what makes certain places particularly great to visit (i.e. developing criteria for voting)
- Prioritize and select your tour agency's three favorite sites

Mapping

Example 3, “Mapping” is a tool that can be used for many purposes. The basic premise is to plot or identify the location of whatever it is you would like to identify on an area map. For example, in developing a resource inventory it may be helpful to have community members develop a map of the resources and/or services they know about. Additionally, it may be helpful to map the location of your at-risk populations.

Exercise 3: Mapping of Services

You are a community member who has been asked to develop a basic map of your community area and identify all the services you are aware of on the map. The Provincial HIV/AIDS Authority is relying on your advice. Your job is to locate all services you may know about on the map.

Your job is to:

- Construct an area map of the community including key landmarks
- Identify any and all service providers in your community
- Plot the location for each service provider and describe why that site should be included
- Present the map to the Provincial HIV/AIDS Authority