

458

National
AIDS
Programme
Management

A TRAINING COURSE

4

Programme Prevention
Priorities and Targets



Global Programme on AIDS
World Health Organization

NATIONAL AIDS PROGRAMME MANAGEMENT

A Training Course

PROGRAMME PREVENTION PRIORITIES AND TARGETS

**World Health Organization
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PROGRAMME PREVENTION PRIORITIES AND TARGETS

INTRODUCTION

This module will describe a process for determining the broad priorities for the prevention efforts of a national AIDS programme. Priorities for care will not be addressed in this module. However, it is recognized that programmes must devote resources to care, and more information about care priorities and activities is in the module, *HIV/AIDS Care and Social Support*.

Programme priorities are those interventions that will be most effective in reducing HIV infection in the target populations of primary importance. In other words, they reflect *who* is most at risk for HIV and *what* will most effectively prevent HIV transmission to and from these individuals.

Establishing priorities can help make the best use of limited financial resources. It is a weakness, rather than a strength, for a programme to try to do everything. What is needed is to focus on a few things that will have an impact on the spread of HIV in the country. This requires making difficult choices.

The priorities discussed in this module are broad decisions that help set a framework within which further planning and priority setting can be done. Later in the course, methods for identifying other more detailed priorities are discussed. For example, decisions must be made when planning specific activities or selecting specific messages for specific target groups.

This module also describes a process for setting programme targets. Targets are specific, quantified, medium-term goals that state the intended improvements to be accomplished by the programme. They should be written for aspects of the programme that are currently important and feasible to improve. In other words, they describe *how much* the programme intends to accomplish, and by *when*. Targets are helpful for planning and later evaluating programme achievements.

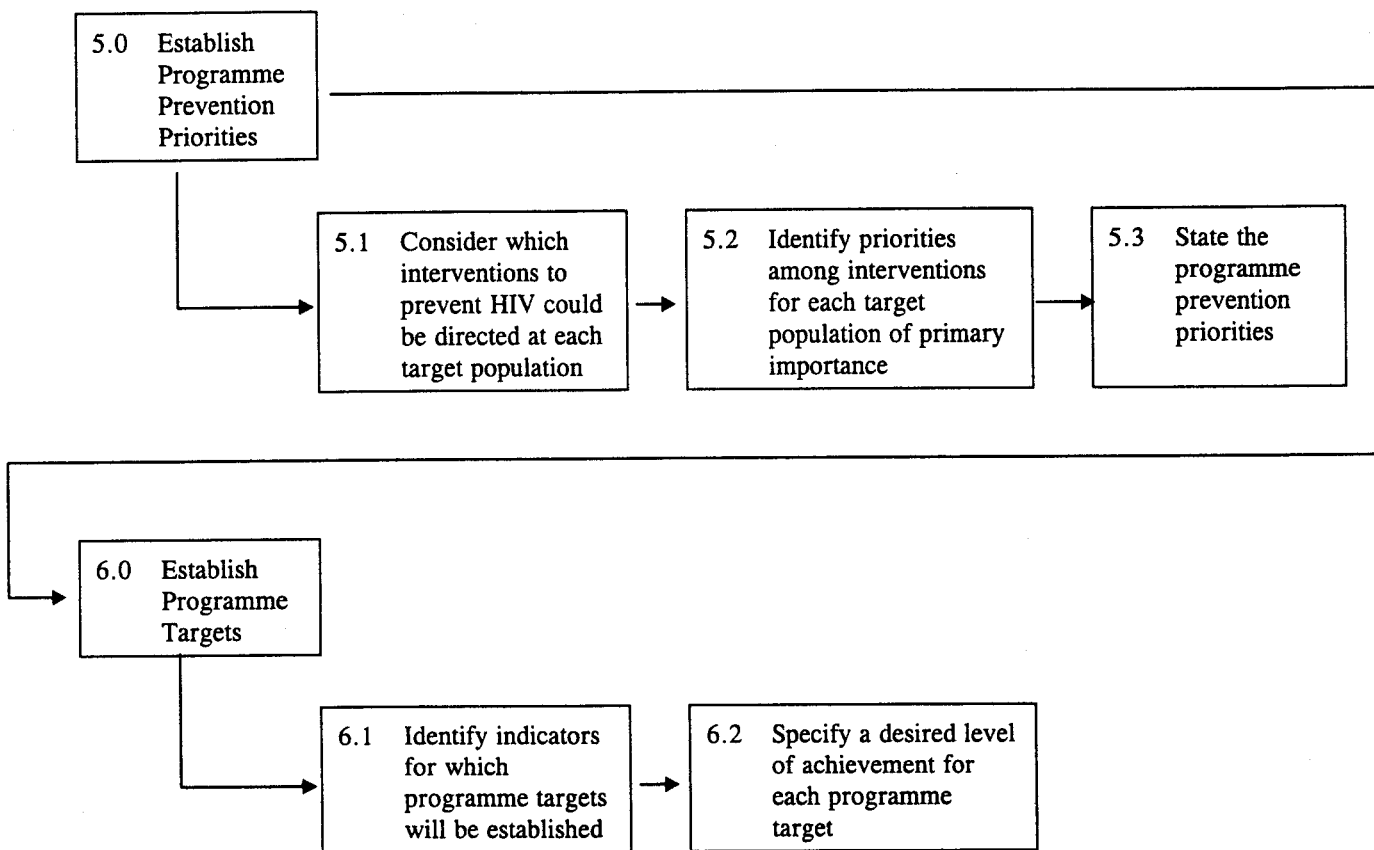
LEARNING OBJECTIVES

The information, examples and practice exercises in this module will help prepare participants to identify prevention priorities of a national AIDS programme and to set programme targets. After completing this module, participants will be able to:

- identify and state programme priorities for prevention of HIV
- identify indicators for which programme targets will be set
- set several programme targets

FLOW-CHART

The planning steps on the flow-chart which are covered in this module are:



1.0 ESTABLISH PROGRAMME PREVENTION PRIORITIES

What are "programme prevention priorities"? Why should they be established?

A national AIDS programme (NAP) is comprehensive. It consists of a wide variety of interventions directed at a variety of target populations. Given the scope of the NAP, programme management staff may not be able to do everything **immediately**. There may not be enough time, trained personnel, financial support or political/cultural support.

When faced with this situation, programme management staff may find it useful to identify programme prevention priorities. The phrase "programme prevention priorities" refers to those interventions that will be most effective in preventing HIV infection in the target populations of primary importance.

Part of the decision on programme prevention priorities was made when the target populations of primary importance were identified. The rest of the decision requires selection of the prevention interventions that should be emphasized for each of those target populations. These selections are made by considering the technical feasibility of implementing the intervention for a specific target population, the degree of political/cultural support and the likelihood of financial support.

The advantage of identifying programme prevention priorities is that doing so helps clarify what aspects of the programme should be implemented first, and ensures that resources are used in the most effective way possible.

Programme prevention priorities are intended to guide the programme for a period of 2-3 years. However, factors such as the nature of the epidemic, changes in the target populations of primary importance, changes in resources available, and progress made may require a programme to modify its priorities earlier or later.

1.1 Consider which interventions to prevent HIV could be directed at each target population

The module *HIV/AIDS Problem, Control Activities and Target Populations for Prevention* suggested some target populations at risk of HIV. It described how to identify **who** in a country is at risk for HIV and how to select target populations of primary importance. The module *Interventions and Policies* discussed **what** could be done to prevent HIV, and suggested some interventions. The table on the next page summarizes the suggested target populations and interventions.

REVIEW TARGET POPULATIONS AND INTERVENTIONS

Target populations

Sexually active youth
Women of child-bearing age
Special occupational groups (for example, truck drivers or military)
Clients of prostitutes
Prostitutes
STD patients
Population receiving blood transfusions
Injecting drug users
Men who have sex with men
Adults with non-regular partners
Other (for example, partners of injecting drug users)

Prevention Interventions

Interventions to prevent sexual transmission of HIV:

Promote safer sexual behaviours.
Provide condoms.
Provide STD care.
Promote STD care-seeking behaviour.

Interventions to prevent HIV transmission through blood:

Provide a safe blood supply.
Provide aseptic conditions for invasive skin-piercing, surgical and dental procedures.
Prevent unsafe drug behaviours.

Interventions to prevent perinatal transmission of HIV:

Provide information about HIV prevention, perinatal transmission and family planning.
Provide health care services, including counselling, to women known or thought to have HIV infection.

A first step in determining programme prevention priorities is to consider which interventions could be directed at each target population of primary importance. *All the possible* interventions that could be directed at a given population should be listed at this point. No possible interventions should be omitted, since the *relative* priority of each intervention will be determined in a later step.

On page 8 is a worksheet that can be used when determining programme prevention priorities. The worksheet has been filled in with sample responses to show what it may look like when it is completed. To complete the worksheet, follow the steps below.

1. List the target populations of primary importance in the first column of the worksheet. (Some countries may also find it helpful to use this process for determining prevention priorities among the other target populations.)
2. List all the possible interventions that could be directed at each target population of primary importance. To do so, review the risk factors that were identified for each target population. (Risk factors for each target population were summarized in the module, HIV/AIDS Problem, Control Activities and Target Populations for Prevention. See Column C: RISK BEHAVIOURS, and Column D: POSSIBLE FACTORS INFLUENCING RISK OF HIV INFECTION from the matrix on page 41.) Use the information about risk factors to determine which interventions could be directed at each target population.

- If the risk for a given target population is a sexual behaviour, then interventions that attempt to prevent sexual transmission should be directed at that target population.

When a target population's risk is a sexual behaviour, consider implementing all four interventions to prevent sexual transmission. This is important because people who practise unsafe sexual behaviours are very likely to get STD, and people who have STD are very likely to practise unsafe sexual behaviours.

- If the risk is from another kind of exposure, the interventions to prevent transmission from that other exposure should be listed. For example, if the risk of HIV transmission is from blood transfusions, then the intervention "provide a safe blood supply" should be listed.

Also consider listing the interventions to prevent sexual transmission. Most people in target populations at risk are sexually active. They may, therefore, infect their sexual partners with HIV. It may be very important to try to prevent sexual transmission among these groups, especially among injecting drug users.

Look at the second column of the worksheet on page 8 to see an example of this step.

1.2 Identify priorities among interventions for each target population

When the preceding step is completed, there may be a fairly long list of interventions that *could* be implemented for each target population of primary importance. However, this does not mean that all the listed interventions *should* be implemented, or that they should all be implemented to the same degree. Therefore, it is useful to identify priorities among interventions for each target population of primary importance.

Determine the relative priority of the interventions by considering the following factors: technical feasibility/impact, likelihood of funding and political/cultural support. These terms are defined below:

technical feasibility/impact the likelihood that the intervention can be implemented (that is, it is technically feasible to implement it) and that the intervention will succeed at reducing transmission, if it is implemented.

Consider these questions when determining the technical feasibility/impact of implementing an intervention for a target population: Does adequate infrastructure exist to provide the services? Can staff be trained, if needed? Can the services be monitored and sustained? Will the intervention have an impact?

Also consider these questions if the intervention includes an attempt to change people's behaviour in areas such as condom use, STD care seeking and use of safer sexual behaviours: Will it increase knowledge about the desired behaviour and change the target population's beliefs about the behaviour? Will the target population try the behaviour? Will the target population continue using the new behaviour?

likelihood of funding the likelihood of obtaining the resources needed to implement an intervention. This includes considering resources that may be available from other sectors of the government or from new donors who may be willing to contribute in the future.

Consider these questions: Will the cost of implementing the intervention for the target population be very costly, moderately costly, or inexpensive? Are adequate resources likely to be available in the programme's budget? Are funds and resources being offered by donors for implementing the intervention for the target population?

political/cultural support the degree to which political or cultural views will limit or advance an intervention.

Consider these questions: Is there any law or policy currently prohibiting implementation of the intervention for the target population? Are there cultural or religious factors that will make it difficult to implement the

intervention for the target population? Are there cultural or religious factors that will facilitate support? Are there other factors that will encourage or discourage government support of this intervention, such as donor support?

The worksheet on page 8 can be used when assessing each target population-intervention combination. To complete the worksheet, follow the steps below.

1. Using the factors defined above, assess each target population-intervention combination. Record your assessment in the appropriate column on the worksheet. Use these ratings:

H = HIGH (that is, it has high technical feasibility/impact, has a high likelihood of financial support, or a high degree of political/cultural support)
M = MEDIUM (that is, it has moderate technical feasibility/impact, has a moderate likelihood of financial support, or a moderate degree of political/cultural support)
L = LOW (that is, it has low technical feasibility/impact, has a low likelihood of financial support, or a low degree of political/cultural support)

When considering each factor, think about what the situation will be like *over the next 2-3 years*. It is important to understand that this is what is being estimated. (For example, if no funding is available this year, but large amounts of donor support will be available in the next year, you might want to rate the likelihood of financial support as "high", even though no funding is immediately available.) When you consider "technical feasibility/impact", be realistic but assume for the moment that you have adequate financial resources and political/cultural support. Likelihood of funding and political/cultural support will be considered after technical feasibility/impact has been considered.

2. Calculate an average of the ratings to determine the priority of each intervention-target population combination. *Assign weights to each factor as is appropriate for your country*. For example, in some countries a low degree of political/cultural support may mean that an intervention should be ranked Low even though technical feasibility/impact and financial support were High. In other countries, a low degree of political/cultural support may have less influence on the overall rating.

Record the priority of each intervention-target population combination in the final column of the worksheet.

EXAMPLE

DETERMINE PREVENTION PRIORITIES

TARGET POPULATIONS OF PRIMARY IMPORTANCE	LIST ALL INTERVENTIONS THAT COULD BE IMPLEMENTED FOR THIS TARGET POPULATION	DETERMINE RELATIVE PRIORITIES			PRIORITY (H, M, L)
		Technical feasibility/ impact	Likelihood of funding	Political/cultural support	
INJECTING DRUG USERS	Prevent unsafe drug behaviours.	M	H	H	H
	Promote safer sexual behaviours.	M	M	M	M
	Provide condoms.	H	H	H	H
	Provide STD care.	H	M	H	H
	Promote STD care seeking behaviour.	M	M	M	M
PROSTITUTES	Promote safer sexual behaviours.	H	H	H	H
	Provide condoms.	H	H	H	H
	Provide STD care.	H	L	M	M
	Promote STD care seeking behaviour.	H	L	M	M
	Promote safer sexual behaviours.	M	M	M	M
STD PATIENTS	Provide condoms.	H	H	M	H
	Provide STD care.	H	M	H	H
	Promote STD care seeking behaviour.	H	M	M	M
	Promote safer sexual behaviours.	H	H	M	H
	Provide condoms.	H	H	L	M
YOUTH	Provide STD care.	M	L	L	L
	Promote STD care seeking behaviour.	H	L	L	L

When you have finished rating the interventions, the programme prevention priorities should be clear:

- The intervention-target population combinations that are rated High should be the programme's priorities for prevention of HIV. In some cases, however, the intervention-target population combinations that were rated Medium will also be considered a priority, if resources permit.
- Many of the intervention-target population combinations that were rated Medium and all intervention-target population combinations that were rated Low are not programme prevention priorities. They may be implemented to a lesser degree or at a later time.

1.3 State the programme prevention priorities

It is helpful to state the programme priorities so that your decisions are clear and can be shared with others, such as donors. Some sample statements of a programme's priorities for prevention follow.

EXAMPLE

In Country X, the programme prevention priorities are:

- To prevent unsafe drug behaviours among injecting drug users, and to provide them with STD care and condoms
- To promote safer sexual behaviours and provide condoms to prostitutes
- To provide STD care and condoms to STD patients
- To promote safer sexual behaviours among youth.



EXERCISE A

In this exercise, you will practise determining programme prevention priorities using the method described above. To do so, follow the steps below. Record your responses on the worksheet on page 12.

1. List the target populations from your matrix on page 41 in the module, *HIV/AIDS Problem, Control Activities, and Target Populations for Prevention*, that you determined will be of primary importance in your country.
2. List all the interventions that you think *could* be implemented for each target population. Consider the information provided on page 5 as you do this.
3. Assess each target population-intervention combination using the factors *technical feasibility/impact*, *likelihood of funding* and degree of *political/cultural support*. To do this, answer the following questions. When answering, think about what the situation will be like over the next 2-3 years. Use the ratings H, M or L, and record your answers in the appropriate column on the worksheet.

**technical
feasibility/
impact**

Consider these questions when determining the technical feasibility/impact of implementing an intervention for a target population: Does adequate infrastructure exist to provide the services? Can staff be trained, if needed? Can the services be monitored and sustained? Will the intervention have an impact?

Also consider these questions if the intervention includes an attempt to change people's behaviour in areas such as condom use, STD care seeking and use of safer sexual behaviours: Will it increase knowledge about the desired behaviour and change the target population's beliefs about the behaviour? Will the target population try the behaviour? Will the target population continue using the new behaviour?

likelihood of funding Consider these questions: Will the cost of implementing the intervention for the target population be very costly, moderately costly, or inexpensive? Are adequate resources likely to be available in the programme's budget? Are funds and resources being offered by donors for implementing the intervention for the target population?

political/cultural support Consider these questions: Is there any law or policy currently prohibiting implementation of the intervention for the target population? Are there cultural or religious factors that will make it difficult to implement the intervention for the target population? Are there cultural or religious factors that will facilitate support? Are there other factors that will encourage or discourage government support of this intervention, such as donor support?

4. Calculate an average of the ratings to determine the priority of each target population-intervention combination. Assign weights to each factor as is appropriate for your country. Record the priority rating in the final column of the worksheet.

When finished with this exercise, discuss your answers with a facilitator.

2.0 ESTABLISH PROGRAMME TARGETS

As stated earlier, targets are specific, quantified, medium-term goals that state the intended improvement in the programme. They are about the programme as a whole, and state *how much* will be accomplished, by *when*. Two kinds of targets will be referred to in this course: programme targets and activity targets.¹

Programme targets are quantified goals for achievements of the programme as a whole. They often encompass an entire intervention or more than one intervention and the entire population aged 15-49. An example of a programme target is "By 1996, 85% of the population aged 15-49 will be able to cite at least two acceptable ways of protection from HIV infection".

Activity targets are quantified goals for achievements of specific activities within an intervention. They are specific to target populations or aspects of activities needed to carry out the intervention. The achievement of activity targets contributes to the achievement of programme targets. An example of an activity target is "By 1994, 50% of sexually active youth will use condoms during sexual intercourse with a non-regular sex partner." Another example is "By 1994, 80% of outlets will have an uninterrupted supply of condoms."

This module describes how to establish *programme targets*. (A process for setting activity targets will be described later in the course.) A good programme target is:

- appropriate for the current programme priorities, that is, it quantifies improvements which are important and feasible in the medium-term²
- dependent upon the achievements of several activities
- national in scope, for most countries with national programmes
- realistic, based as much as possible on data from regional and local staff

¹Some targets quantify changes in health status that occur as a result of programme activities. However, it is impossible to predict the extent of changes in AIDS-related health status (for example, incidence or prevalence of HIV) because the changes will depend on both behavioural considerations (for example, number of sexual partners) and non-behavioural considerations (for example, infectivity rates) which are not fully understood. Therefore, targets for changes in AIDS-related and STD-related health status are not recommended and will not be covered in this course.

²"Medium-term" is used to mean within 3-5 years. "Short-term" is used to mean within 1-2 years. Generally, programme targets are written for the medium-term future and activity targets are written for the short-term future.

- specific, that is, it should say how much will be achieved by a certain time
- measurable, that is, it should be feasible to collect the data needed to evaluate them. (More information on measurement is in the module, *Monitoring and Evaluation*.)

Remember that good targets alone do not make a good programme. A good programme must *work to achieve the targets*.

2.1 Identify indicators for which programme targets will be established

The first step in establishing targets is to identify the *indicators* for which programme targets will be set. Indicators suggest the extent of programme achievement or the level of some condition in the population. An indicator can be a proportion, percentage or rate. For example, an indicator may be the number of condoms available at the central level during the preceding 12 months per population aged 15-49. An indicator may not tell you the whole story of what is happening, but it should give a hint.

It is important to be selective when identifying indicators for which programme targets will be established. The final selection should be limited to a small, manageable number of indicators that reflect the aspects of the programme which are most important in meeting the programme's objectives. The following steps describe a process by which programme indicators can be identified.

2.1.1 Consider for which aspects of the programme it would be useful to set targets

It may be more important to set programme targets for some parts of the programme than for others. For example, programme management staff may decide to set programme targets for a behaviour within an intervention because the behaviour will be promoted among many people in the country (for example, condom use), or for an entire intervention because the intervention is seen as one of the most important ways to prevent HIV (for example, STD care).

Once the interventions or behaviours for which it would be useful to set targets are identified, important aspects of each can be selected. Examples of aspects that may be addressed by an indicator include knowledge, availability and use. These terms are defined below:

knowledge extent to which the target population will know information on the desired behaviour and the skills needed to perform the behaviour.

availability extent to which the population lives within a reasonable distance of an acceptable source of services or supplies that are affordable and easily obtained.

use correct and consistent performance of the desired behaviour by the target population. *Use* will be a result of many factors, such as:

- difficulty of the desired behaviour and the attraction of the dangerous behaviour to be changed
- proportion of the target population with knowledge and availability who will try the new behaviour
- proportion of people who try the behaviour who will continue it and do it correctly

Although many types of activities are going on through the life of a national AIDS programme, certain activities will be given priority at certain points in time. Because of this, different targets will be most meaningful at different times. For example, knowledge and/or availability may be a useful target when an intervention is first implemented because the programme will focus on giving people knowledge of what to do and the needed supplies/equipment. It may be less useful to set targets for *knowledge* later in the programme when levels of knowledge are very high. Targets are often set for *use* both early and later in a programme because use is often the most meaningful aspect of an intervention.

A programme will revise and add to its targets as it adds new major activities or identifies new programme priorities. However, the list of programme targets should never grow to an unmanageable length. Target setting should be kept as simple as possible and should provide numbers that are useful for planning specific activities and resource needs and for monitoring and evaluating progress.

2.1.2 Consider WHO recommended prevention indicators

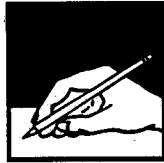
WHO has compiled a list of indicators for which it would be useful to set programme prevention targets. They have been selected because they represent important aspects of most programmes.

Seven of these indicators, written in italics on page 16, are used by WHO to report on progress made in achieving global control of HIV/AIDS. Programme management staff are encouraged to consider setting programme targets for all these indicators.

INDICATORS FOR ESTABLISHING PROGRAMME TARGETS

INTERVENTIONS	POSSIBLE PREVENTION INDICATORS
Promote safer sexual behaviours.	<p><i>proportion of the population aged 15-49 reporting the use of a condom during the most recent act of sexual intercourse with a non-regular sex partner</i></p> <p><i>proportion of the population aged 15-49 reporting having been sexually active in the last 12 months who report having had at least one sex partner other than their regular sex partner(s) in the last 12 months</i></p>
Provide condoms.	<p><i>proportion of the population aged 15-49 who can acquire a condom</i></p> <p><i>number of condoms available for distribution during the preceding 12 months per population aged 15-49</i></p>
Provide STD care.	<p><i>proportion of individuals presenting with an STD in health facilities who were assessed and treated in an appropriate way</i></p> <p><i>proportion of individuals presenting with an STD or for STD care in health facilities who received basic advice on condoms and on partner notification</i></p>
Promote STD care seeking behaviour.	<i>proportion of the population aged 15-49 who can state a place they could seek appropriate STD care</i>
Provide a safe blood supply.	<i>proportion of blood donors surveyed who were assessed for risk of HIV</i>
Provide aseptic conditions for invasive skin-piercing, surgical and dental procedures.	<i>proportion of health facilities that follow guidelines for providing aseptic conditions</i>
Prevent unsafe drug behaviours.	<i>proportion of injecting drug users surveyed who report use of clean equipment</i>
Provide information about HIV prevention, perinatal transmission, and family planning.	<i>proportion of women of child-bearing age surveyed who report having received information about HIV prevention, perinatal transmission, and family planning</i>
Provide health care services, including counselling, to women known or thought to have HIV infection	<i>proportion of women known or thought to have HIV infection attending health facilities who receive appropriate care and counselling</i>
MULTIPLE PREVENTION INTERVENTIONS	<i>proportion of the population aged 15-49 who can cite at least two acceptable ways of protecting oneself from HIV infection</i>

* In developing prevention indicators, WHO/GPA has concentrated on the risks involved in sexual intercourse with non-regular sex partners.



EXERCISE B

In this exercise, you will specify several indicators that would be useful and feasible to use for the purpose of establishing programme targets in your country. To do this, consider the list of recommended indicators on page 16 and the most important aspects of the programme in your country in the medium term (that is, within 3-5 years). List the indicators you select and a brief description of why you selected each indicator in the space below.

Review your answers with a facilitator when you have finished the exercise.

2.2 Specify a desired level of achievement for each programme target

Once the indicators for which programme targets will be set are selected, the next step is to specify the desired level of achievement for each target. A process for setting programme targets is described below.

A. ESTIMATE THE CURRENT LEVEL FOR EACH INDICATOR

Review existing data (such as routine reports, surveillance data or survey results) to determine the current level of achievement for each indicator. If available data is incomplete or out-of-date, make a reasonable estimate. For example, if national data is not available, review regional information, talk to health staff and other experts, and then estimate the current level of achievement of the indicator for the entire country.

B. SPECIFY THE YEAR FOR WHICH THE TARGETS WILL BE SET

Programme targets should be set for 3-5 years in the future since medium-term planning is often more realistic and meaningful than longer-term planning.

C. PREDICT THE CHANGE IN EACH INDICATOR

Consider a variety of factors for each indicator such as use, likelihood of financial support, and degree of political/cultural support. Use would include the number of the population who will be reached with the services or messages, the degree to which the activities can be implemented, the kinds of activities used to promote the change, and the relative difficulty of achieving the change (for example, of changing a behaviour). Likelihood of financial support includes existing resources and new resources that could be obtained in the future. Political/cultural support includes social, religious or cultural factors that may facilitate or impede the change. List questions about factors to consider, and use the answers to the questions to predict the change in each indicator.

D. ADD THE CURRENT LEVEL AND THE CHANGE

In this step, add the figure obtained in step A above to the amount obtained in step C. The resulting sum will tell you the level of achievement for which you should set the target.

E. CALCULATE THE PROPORTION³

In this step, divide the expected level of achievement by the number of people in the target population.⁴ The result will be the target level of achievement stated in terms of a proportion of the target population.⁵

F. STATE THE TARGET

The statement should include the date by which the target will be met, the target population, the achievement, and the desired amount of achievement. For example, "By (date), XX% of (target population) will do (XX)."

COLLECTING INFORMATION

Setting targets involves making estimates. Sometimes this may seem almost like guessing. But these estimates or guesses can be either well-informed or poorly informed. If the estimates are made with a full appreciation of all the elements involved and on the basis of all the available facts, they can be an important management tool. Once targets have been estimated, it is possible to see what activities and resources will be required by the programme.

In order to set realistic targets, current information should be obtained from regional and local health staff. The most effective way to obtain the information is to visit regional staff (or hold a meeting with all regional staff), explain to them what information is needed and why, and if necessary help them obtain it. This may involve reviewing records, reviewing results of surveys, conducting surveys or interviewing experts or key informants.

Below is an example of how to set a programme target. The example is for the proportion of the population 15-49 able to cite at least two acceptable ways of protecting oneself from HIV infection, but a similar process can be used for establishing any programme target.

³If you would like a review of how to work with fractions, proportions, and percentages, please turn to the annex, "Review of Mathematical Terms" and complete the short-answer exercises provided. This will help prepare you to work with proportions and percentages in Exercises C and D in this module.

⁴The number of people in the target population may be adjusted for expected population growth by the target year.

⁵The denominator will usually be a number of people, though in some cases it may be another unit, such as health facilities.

EXAMPLE

It was the end of 1993 and the programme management staff of Kayona wanted to set a programme target for the proportion of the adult population able to cite at least two acceptable ways of protecting oneself from HIV infection. To set the programme target, they obtained the following information:

- According to a survey conducted in 1991, 20% of the population aged 15-49 can cite at least two acceptable ways of preventing HIV infection. Twenty percent is equal to 4 million people aged 15-49.
- The programme management staff decided to set a target for three years in the future, that is, the end of 1996.
- There are 20 million people 15-49 years of age in Kayona.
- A major priority of the programme is to increase condom use, but the public will also be educated about having fewer non-regular sexual partners and engaging in safer sexual acts. All of these preventive behaviours can be quite openly and broadly promoted in the society.
- The programme will use a wide variety of methods to try to increase knowledge of ways to prevent HIV infection. This includes nationwide radio broadcasts, wide-spread distribution of posters, advertisements placed in local newspapers and health facility-based education.
- The programme management staff expect to continue the current level of activities and also expand activities to reach people who have not yet received messages. They estimate 16 million people aged 15-49 will be reached over the next 2-3 years. Each person will hear a message about ways to protect oneself from HIV many times per year. There will be adequate funding to support all the activities listed above.
- Based on previous experience with similar IEC activities, the programme management staff estimate that approximately one-half of those who hear many messages per year are likely to remember at least two acceptable ways of protecting oneself from HIV infection.
- The programme management staff made the following calculations to determine the expected change in the level of achievement. Messages will be heard by 16 million people by the end of the target year. Of that number, 4 million can already state at least two acceptable ways of protecting oneself from HIV. That means that 12 million people who do **not** now know two ways to protect oneself will be reached with messages about preventive behaviours. Of these 12 million people, approximately 6 million

will remember and be able to cite at least two ways of protecting oneself from HIV infection.

On the next page is the worksheet used by the programme management staff to set the target. Notice that in step D of the worksheet, the programme management staff added the current level (4 million people) and the change (6 million people) to obtain the total number of people who will be able to cite at least two acceptable ways of protecting oneself. The sum is 10 million people.

In step E, they calculated a proportion by dividing the number of people who will be able to cite at least two acceptable ways (10 million) by the total population aged 15-49 (20 million). (They considered adjusting the total population to allow for population growth, but decided it was not necessary because the target is approximate.) This gave them the number 0.50, or 50%.

Finally, they stated the target:

"By 1996, 50% of the population aged 15-49 will be able to cite at least two acceptable ways of protecting oneself from HIV infection."

EXAMPLE WORKSHEET

PROPORTION OF POPULATION AGED 15-49 ABLE TO CITE AT LEAST TWO ACCEPTABLE WAYS OF PROTECTING ONESELF FROM HIV INFECTION

A. ESTIMATE THE CURRENT LEVEL

Currently, how many people aged 15-49 can cite at least two acceptable ways of protecting oneself from HIV infection?

4 million

B. SPECIFY THE YEAR

FOR WHICH THE TARGET WILL BE SET

1996

C. PREDICT THE CHANGE

Consider how these factors will change in the years before the target year

- What is the size of the population aged 15-49? **20 million**
- Which preventive behaviours will be promoted in the society? **condom use, fewer partners, safer sexual acts** How openly and broadly? **quite**
- What methods will be used to try to increase knowledge of preventive behaviours? **radio, posters, advertisements in newspapers, education in health facilities**
- What is the likelihood of obtaining funding that will be used to increase people's knowledge of ways to protect oneself from HIV infection? **good**
- What number of people aged 15-49 is the programme planning to reach with messages about preventive behaviours? **16 million**
- How many people who do **not** now know ways to protect oneself from HIV infection will be reached with messages about preventive behaviours? **12 million**
- Of the population aged 15-49 who read or hear messages about preventive behaviours, what proportion are likely to remember at least two acceptable ways? **50%**

How many additional people aged 15-49 will be able to cite at least two acceptable ways of protecting oneself from HIV infection in the target year?

6 million

D. ADD THE CURRENT LEVEL PLUS THE CHANGE

10 million

E. CALCULATE THE PROPORTION

$$\frac{\text{10 million}}{\text{number able to cite at least two acceptable ways of preventing HIV infection by target year}} \div \frac{\text{20 million}}{\text{total population aged 15-49}} = \frac{\text{0.50}}{\text{proportion of population aged 15-49 able to cite at least two acceptable ways of preventing HIV infection}}$$

F. STATE THE TARGET

By 1996, 50 % of the population aged 15-49 will be able to cite at least two acceptable ways of protecting oneself from HIV infection.



EXERCISE C

In this exercise you will practise setting three kinds of targets:

- proportion of population aged 15-49 who can acquire condoms
- proportion of population aged 15-49 who have sexual intercourse with a non-regular sex partner who report using a condom during the most recent act of sexual intercourse with a non-regular sex partner
- proportion of individuals presenting with an STD in health facilities who are assessed and treated in an appropriate way.

For each target, a scenario in the fictional country Kayona is described. Information is provided about the current level of the indicator, the year for which the target will be set and factors that may influence the change in the indicator.

Use the worksheets that accompany the scenarios to calculate the level of achievement for each programme target.

Review your answers with a facilitator when you have finished this exercise.

SCENARIO FOR WORKSHEET ONE

The programme management staff of Kayona wants to set a programme target for the proportion of the population aged 15-49 who will be able to acquire condoms. It is 1993 and they want to set the target for the end of 1996. Use the information below to complete the worksheet on the next page:

- According to a recent survey, 4 million of the 20 million people aged 15-49 currently can acquire condoms.
- Improving condom use is a major programme emphasis, and the programme has received significant financial support from donors for creating new condom distribution outlets. The programme management staff intends to greatly increase the number of distribution outlets over the next three years so that all people, that is, an additional 16 million people aged 15-49, will be able to acquire condoms.
- The supply of condoms will also increase greatly over the next three years, and there will be enough condoms to supply the existing and new condom distribution outlets. The additional condoms will be received from donors and also imported by the NAP.
- The programme management staff is confident that enough new distribution outlets can be established to make condoms available for almost all people. However, they are very concerned about the programme's ability to deliver condoms on an uninterrupted basis to new outlets in remote areas. Therefore, they estimate that approximately 10% of the people (2 million) will not have a dependable source of condoms by 1996.
- Therefore, the programme management staff revises its estimate of the number of additional people who will be able to acquire condoms from 16 million to 14 million.

WORKSHEET ONE

PROPORTION OF POPULATION AGED 15-49 WHO CAN ACQUIRE CONDOMS

A. ESTIMATE THE CURRENT LEVEL

What number of people aged 15-49
currently can acquire condoms? _____

B. SPECIFY THE YEAR
FOR WHICH THE TARGET WILL BE SET _____

C. PREDICT THE CHANGE

Consider how these factors will change in the years before the target year

- What is the size of the population aged 15-49?
- Will there be additional condom distribution outlets (for example, through social marketing efforts) so that more people are near a source of condoms?
- Will the supply of condoms increase in the years before the target year so that existing and new condom distribution outlets can be supplied? For example, will more condoms be produced or imported?
- Will condoms be provided on an uninterrupted basis to all outlets?
- Will condoms be stored adequately to ensure they are of good quality?
- What is the likelihood of obtaining funding for the increased condom distribution?

How many additional people aged 15-49 will be
able to acquire condoms in the target year? _____

D. ADD THE CURRENT LEVEL AND THE CHANGE _____

E. CALCULATE THE PROPORTION

$$\frac{\text{number of people aged 15-49 who can acquire condoms by target year}}{\text{number of people aged 15-49}} = \text{proportion of population aged 15-49 who can acquire condoms}$$

F. STATE THE TARGET

By _____, _____% of the population aged 15-49 will be able to acquire condoms.

SCENARIO FOR WORKSHEET TWO

In this scenario, the programme management staff of Kayona is setting a programme target for the proportion of the population aged 15-49 who have sexual intercourse of risk who will report using a condom during the most recent act of sexual intercourse of risk. (They define sexual intercourse of risk as sexual intercourse with a non-regular partner.) It is 1993 and they want to set the target for 1996. Use the information below to complete the worksheet on the next page:

- Kayona has very high rates of HIV infection throughout the country, and it is estimated that one-fourth of the 20 million people aged 15-49 (that is, 5 million people) are believed to have sexual intercourse with non-regular partners, that is, they engage in sexual intercourse of risk. A recent survey has shown that 250 000 people age 15-49 currently report using a condom during the most recent act of sexual intercourse with a non-regular partner.
- The most frequently stated reasons for not using condoms with non-regular partners include: men do not understand the need for them; men do not like using condoms; and women in this culture cannot easily negotiate sexual matters.
- Condoms can be quite openly and widely promoted. Recent efforts have started to increase people's knowledge of the need for condoms. Program activities will increase the availability of condoms so that approximately 90% of the population aged 15-49 will be able to acquire condoms within three years. This would mean that 90% of the 5 million people who have sexual intercourse of risk will be able to acquire a condom, including 250 000 current users of condoms and 4 250 000 non-users.
- Many activities will be initiated over the next 3 years to encourage condom use. For example, the NAP will reach approximately one-half of the population through mass media messages about the need to protect themselves from HIV infection. Other activities that specifically promote condom use will also be implemented including intensive social marketing efforts throughout the country, worksite education/promotion campaigns, condom education in family planning and antenatal clinics, and other community-based activities.

Among the population who are not currently using condoms but who will be able to acquire condoms, 95% will be reached by activities promoting the use of condoms.

- The programme management staff is optimistic that these activities will succeed in changing people's attitudes towards using condoms. Based on previous experience, they estimate that one-half of non-users who are reached with messages about condoms and can acquire them will try using them (that is, 2 018 750 people).
- They further estimate that of those who try using condoms, one-third will use them correctly and consistently during sexual intercourse of risk (that is, 672 917 people).

WORKSHEET TWO

PROPORTION OF POPULATION AGED 15-49 WHO HAVE SEXUAL INTERCOURSE OF RISK AND WHO REPORT USING A CONDOM DURING THE MOST RECENT ACT OF SEXUAL INTERCOURSE OF RISK*

*Sexual intercourse of risk is sexual intercourse with a non-regular sex partner.

A. ESTIMATE THE CURRENT LEVEL

- How many people aged 15-49 have sexual intercourse of risk? _____
- Of this population, how many currently report using a condom during the most recent act of sexual intercourse of risk? _____

B. SPECIFY THE YEAR FOR WHICH THE TARGET WILL BE SET _____

C. PREDICT THE CHANGE

Consider how these factors will change in the years before the target year

- How much will the population who have sexual intercourse of risk increase or decrease in the years before the target year?
- What are the reasons that individuals who have sexual intercourse of risk do not use condoms now?
(lack of skill or knowledge? condoms not available? condoms not affordable?)
What are current attitudes towards condom use during sexual intercourse of risk?
- Can condoms be promoted? How openly and broadly?
By what methods?
Will condoms be promoted through social marketing efforts?
- What is the likelihood of obtaining funding for condom supplies and promotion?
- How many people aged 15-49 who currently have sexual intercourse of risk without a condom will be able to acquire condoms in the target year?
- What number of people aged 15-49 who have sexual intercourse of risk without a condom and can acquire condoms is the programme planning to reach with messages about using condoms?
- Of the people who have sexual intercourse of risk without a condom who could acquire a condom and will be reached by activities promoting condoms, what number will try using a condom?
- To what extent will these trials be followed by using condoms correctly and consistently?

How many additional people aged 15-49 who have sexual intercourse of risk will report using a condom during the most recent act of sexual intercourse of risk in the target year? _____

D. ADD THE CURRENT LEVEL AND THE CHANGE _____

E. CALCULATE THE PROPORTION

$$\frac{\text{number of people aged 15-49 who will report using a condom during the most recent act of sexual intercourse of risk by target year}}{\text{number of people aged 15-49 who have sexual intercourse of risk}} = \text{proportion of people aged 15-49 who have sexual intercourse of risk who will report using a condom during the most recent act of sexual intercourse of risk}$$

F. STATE THE TARGET

By _____, _____% of the population aged 15-49 who have sexual intercourse of risk will report using a condom during the most recent act of sexual intercourse of risk.

SCENARIO FOR WORKSHEET THREE

The programme management staff of Kayona wants to set a programme target for the proportion of individuals presenting with an STD in health facilities who are assessed and treated in an appropriate way. It is 1993 and the target will be set for 1996. Use the information below to complete the worksheet on the next page:

- Last year, health facilities in Kayona reported that approximately 300 000 individuals with STD (or cases) were treated. Of these, the programme management staff estimate that 60 000 were treated correctly.
- The major reasons that people are not assessed and treated in an appropriate way are that: (1) standard STD treatment guidelines were developed very recently and staff in only 100 of 500 health facilities are trained to use the new guidelines, and (2) drugs and other supplies needed for treating STD have not been widely available.
- The programme management staff estimates that by the target year, staff in 400 of the country's 500 health facilities will have been trained to use the new STD treatment guidelines. Staff in 100 health facilities are already trained, and the staff in an additional 300 health facilities will be trained to treat STD during the next 3 years.

The programme management staff make the following estimates about the number of individuals presenting with an STD who will be appropriately treated. Currently, staff in 100 health facilities appropriately treat 60 000 individuals with STD annually. By the target year, staff in an additional 300 health facilities will correctly treat an additional 180 000 individuals presenting with an STD each year.

- Programme management staff are optimistic that the NAP will obtain enough funding to provide all newly trained health workers with the supplies and drugs needed to treat STD. However, delivery of supplies and drugs will be very erratic, and they estimate that facilities with newly trained staff will experience drug or supply shortages approximately 10% of the time. Because of this, they revise their yearly estimate of the additional number of individuals who will be treated correctly at those facilities to 162 000 people.
- There will be no increase in the number of health workers who treat STD or in the number of health facilities. Also, the programme management staff agree that they must improve the capacity of existing health facilities to diagnose and treat STD before more people are encouraged to come to health facilities for treatment. Therefore, no new activities will be implemented to encourage people to come to health facilities for STD treatment, and the expected caseload will remain approximately the same as this year.

WORKSHEET THREE

PROPORTION OF INDIVIDUALS SEEKING STD CARE IN HEALTH FACILITIES WHO WILL BE ASSESSED AND TREATED IN AN APPROPRIATE WAY

A. ESTIMATE THE CURRENT LEVEL

How many individuals presenting with an STD in health facilities are currently assessed and treated in an appropriate way? _____

B. SPECIFY THE YEAR

FOR WHICH THE TARGET WILL BE SET _____

C. PREDICT THE CHANGE

Consider how these factors will change in the years before the target year

- What are the reasons that individuals presenting with an STD in health facilities are not assessed and treated in an appropriate way now? (lack of skill? lack of drugs? caseload too large?)
- How many additional staff could be trained?
- How often will supplies and drugs for STD management be available at facilities with newly trained staff?
- Will problems of staff shortages be improved?
- What is the likelihood of obtaining funding to provide supplies and drugs for STD management?
- Will new activities be implemented to teach people about STD and to encourage them to come to health facilities for STD treatment?
Are more people with STD expected to come to public health facilities for treatment? How many more?
- Will any expected increase in caseload be matched by increases in health facility staff, training, drug supply?

How many additional individuals presenting with an STD will be assessed and treated in an appropriate way in the target year? _____

D. ADD THE CURRENT LEVEL AND THE CHANGE _____

E. CALCULATE THE PROPORTION

$$\frac{\text{number of individuals presenting with an STD in health facilities annually who will be assessed/treated appropriately by target year}}{\text{number of individuals presenting with an STD in health facilities annually}} = \frac{\text{proportion of individuals presenting with an STD in health facilities who will be assessed/treated appropriately}}{\text{proportion of individuals presenting with an STD in health facilities who will be assessed/treated appropriately}}$$

F. STATE THE TARGET

By _____, _____% of individuals presenting with an STD in health facilities will be assessed and treated in an appropriate way.



EXERCISE D

In this exercise you will relate the target-setting process described in this module to the situation in your own country. Work with the other participants from your country. The exercise has two parts.

PART ONE: Blank copies of the four sample worksheets used in this module are on pages 33-37. Select one, preferably the one about which you have the most information, and estimate a programme target for your country. (If desired, in step E you may adjust the total target population to allow for population growth by the target year.)

PART TWO: Record your answers to the following questions:

- Was the process of setting programme targets described in this module helpful? Why or why not?

- Are you likely to use this process when you set targets for your own country?

- Is the information that you will need to set the targets available to you?

When your country group has completed Parts One and Two,
review your answers with a facilitator.

**PROPORTION OF POPULATION AGED 15-49
ABLE TO CITE AT LEAST TWO ACCEPTABLE WAYS
OF PROTECTING ONESELF FROM HIV INFECTION**

A. ESTIMATE THE CURRENT LEVEL

Currently, how many people aged 15-49 can cite at least two acceptable ways of protecting oneself from HIV infection? _____

B. SPECIFY THE YEAR

FOR WHICH THE TARGET WILL BE SET _____

C. PREDICT THE CHANGE

Consider how these factors will change in the years before the target year

- What is the size of the population aged 15-49?
- Which preventive behaviours will be promoted in the society?
How openly and broadly?
- What methods will be used to try to increase knowledge of preventive behaviours?
- What is the likelihood of obtaining funding that will be used to increase people's knowledge of ways of protecting oneself from HIV infection?
- What number of people aged 15-49 is the programme planning to reach with messages about preventive behaviours?
- How many people who do **not** now know ways to protect oneself from HIV infection will be reached with messages about preventive behaviours?
- Of the population aged 15-49 who read or hear messages about preventive behaviours, what proportion are likely to remember at least two acceptable ways?

How many additional people aged 15-49 will be able to cite at least two acceptable ways of protecting oneself from HIV infection in the target year? _____

D. ADD THE CURRENT LEVEL AND THE CHANGE _____

E. CALCULATE THE PROPORTION

$$\frac{\text{number able to cite at least two acceptable ways of preventing HIV infection by target year}}{\text{total population aged 15-49 years}} = \text{proportion of population aged 15-49 able to cite at least two acceptable ways of preventing HIV infection}$$

F. STATE THE TARGET

By _____, _____% of the population aged 15-49 will be able to cite at least two acceptable ways of protecting oneself from HIV infection.

**PROPORTION OF POPULATION AGED 15-49
WHO CAN ACQUIRE CONDOMS**

A. ESTIMATE THE CURRENT LEVEL

What number of people aged 15-49
currently can acquire condoms? _____

B. SPECIFY THE YEAR

FOR WHICH THE TARGET WILL BE SET _____

C. PREDICT THE CHANGE

Consider how these factors will change in the years before the target year

- What is the size of the population aged 15-49?
- Will there be additional condom distribution outlets (for example, through social marketing efforts) so that more people are near a source of condoms?
- Will the supply of condoms increase in the years before the target year so that existing and new condom distribution outlets can be supplied? For example, will more condoms be produced or imported?
- Will condoms be provided on an uninterrupted basis to all outlets?
- Will condoms be stored adequately to ensure they are of good quality?
- What is the likelihood of obtaining funding for the increased condom distribution?

How many additional people aged 15-49
will be able to acquire condoms in the target year? _____

D. ADD THE CURRENT LEVEL AND THE CHANGE _____

E. CALCULATE THE PROPORTION

$$\frac{\text{number of people aged 15-49 who can acquire condoms by target year}}{\text{number of people aged 15-49}} = \text{proportion of population aged 15-49 who can acquire condoms}$$

F. STATE THE TARGET

By _____, _____% of the population aged 15-49 will be able to acquire condoms.

How many additional people aged 15-49 who have sexual intercourse of risk will report using a condom during the most recent act of sexual intercourse of risk in the target year? _____

D. ADD THE CURRENT LEVEL AND THE CHANGE _____

E. CALCULATE THE PROPORTION

$$\frac{\text{number of people aged 15-49 who will report using a condom during the most recent act of sexual intercourse of risk by target year}}{\text{number of people aged 15-49 who have sexual intercourse of risk}} = \text{proportion of people aged 15-49 who have sexual intercourse of risk who will report using a condom during the most recent act of sexual intercourse of risk}$$

F. STATE THE TARGET

By _____, _____% of the population aged 15-49 who have sexual intercourse of risk will report using a condom during the most recent act of sexual intercourse of risk.

**PROPORTION OF INDIVIDUALS PRESENTING WITH AN STD
IN HEALTH FACILITIES WHO WILL BE ASSESSED AND TREATED
IN AN APPROPRIATE WAY**

A. ESTIMATE THE CURRENT LEVEL

How many individuals presenting with an STD in health facilities are currently assessed and treated in an appropriate way? _____

B. SPECIFY THE YEAR FOR WHICH THE TARGET WILL BE SET _____

C. PREDICT THE CHANGE

Consider how these factors will change in the years before the target year

- What are the reasons that individuals presenting with an STD in health facilities are not assessed and treated in an appropriate way now? (lack of skill? lack of drugs? caseload too large?)
- How many additional staff could be trained?
- How often will supplies and drugs for STD management be available at facilities with newly trained staff?
- Will problems of staff shortages be improved?
- What is the likelihood of obtaining funding to provide supplies and drugs for STD management?
- Will new activities be implemented to teach people about STD and to encourage them to come to health facilities for STD treatment?
Are more people with STD expected to come to public health facilities for treatment? How many more?
- Will any expected increase in caseload be matched by increases in health facility staff, training, drug supply?

How many additional individuals presenting with an STD will be assessed and treated in an appropriate way in the target year? _____

D. ADD THE CURRENT LEVEL AND THE CHANGE _____

E. CALCULATE THE PROPORTION

$$\frac{\text{number of individuals presenting with an STD in health facilities annually who will be assessed/treated appropriately by target year}}{\text{number of individuals presenting with an STD in health facilities annually}} = \text{proportion of individuals presenting with an STD in health facilities who will be assessed/treated appropriately}$$

F. STATE THE TARGET

By _____, _____% of individuals presenting with an STD in health facilities will be assessed and treated in an appropriate way.

REMEMBER THIS

ABOUT PROGRAMME PREVENTION PRIORITIES AND TARGETS

- Determining the major priorities of your programme will help you decide which activity areas should be addressed first and what will be delayed.
- For each target population of primary importance, consider which interventions should be a priority. Use these factors to determine priorities.
 - technical feasibility/impact
 - likelihood of funding
 - political/cultural support
- Decide which indicators should be used for the purpose of setting programme targets. This should include as many of the seven recommended indicators as are appropriate for your programme.
- Set programme targets that are:
 - appropriate for the current priorities of the programme
 - national in scope
 - realistic, that is, based as much as possible on data from regional and local staff
 - specific, that is, they should say how much will be achieved by a certain time
 - measurable, that is, it should be feasible to collect the data needed to evaluate them
- In setting some targets, you can use the worksheets given in this module as aids.
- Good targets do not make a good programme. The programme must *work to achieve its targets*.

ANNEX

REVIEW OF MATHEMATICAL TERMS

REVIEW OF MATHEMATICAL TERMS

This is an optional section which you may wish to complete if it has been a long time since you have worked with fractions, proportions and percentages. The short-answer exercises in this annex will serve as a review.

SHORT-ANSWER EXERCISE

1. Which of the following is a fraction? Which is a proportion (sometimes called a decimal fraction)? Which is a percentage?
 - a) 0.024
 - b) $24/1000$
 - c) 2.4%
 - d) $24 + 1000$

2. Is the following statement true or false?

All of the above mathematical expressions are different ways of saying the same thing.

ANSWERS

1. 24/1000 is a fraction. 0.024 is a proportion.
2.4% is a percentage.
2. The statement is true. All of the mathematical expressions are different ways of saying the same thing.

In the worksheets in this module, you will often need to convert proportions to percentages and vice versa. A percentage is the same as a fraction with 100 as the denominator (the bottom number). If 20.0% of the population is under age 5, that means approximately 20 out of every 100 people (20/100) are under age 5. Another way to express this is a proportion, 0.20.

Summary: $20.0\% = 20/100 = 0.20$

NOTE: In a proportion, a zero is usually written in front of the decimal point. It is also helpful to show where the decimal point is in a percentage, for example, 31.0%, not 31%.

To express a proportion as a percentage, move the decimal point to the right 2 places, and add a percentage sign. For example:

$$0.142 = 14.2\%$$

To express a percentage as a proportion, move the decimal point 2 places the other way:

$$13.0\% = 0.13$$

Remember that each place to the right of the decimal point represents a different denominator. For example, 0.021 can be expressed as 21 per 1000 or 21/1000. 0.021 can also be expressed as 2.1 per 100 or 2.1/100.

SHORT-ANSWER EXERCISE

1. What does 0.04 mean as a fraction?
2. What does 0.040 mean as a fraction?

ANSWERS

1. $0.04 = 4/100$

2. $0.040 = 40/1000$, which reduces to $4/100$

SHORT-ANSWER EXERCISE

COMPLETE THE EQUATIONS BELOW:

PERCENTAGE = PROPORTION = FRACTION

 $1.0\% = \quad =$

 $= \quad = 32/100$

 $4.4\% = \quad =$

 $= 1.21 =$

 $= 0.013 =$

 $= \quad = 3/8$

<i>ANSWERS</i>		
PERCENTAGE	PROPORTION	FRACTION
1.0%	0.01	1/100
32.0%	0.32	32/100
4.4%	0.044	44/1000
121.0%	1.21	121/100
1.3%	0.013	13/1000
37.5%	0.375	3/8