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EVALUATION PLAN

FOR

THE AIDS SUPPORT ORGANIZATION'S (TASO)

COMMUNITY INITIATIVE (TCI)

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BACKGROUND

The AIDS Support Organization (TASO) was conceived by a group of people who began meeting in one anothers' homes in Kampala, Uganda, in 1986. After rapidly evolving into an internationally renowned organization which provided primarily counseling services to people with AIDS (PWAs), TASO took a critical look at its work and realized that many of their clients who came for counseling had no follow-up community support. Although community members, PWAs and others were beginning to recognize HIV/AIDS in their midst, they were unsure of what to do about it.

After being approached by a number of communities who requested training and support, and with the awareness that the TASO clinics and counselling services were rapidly becoming overburdened, TASO realized the need to empower people at the community level so that they could begin to address the many problems associated with the AIDS epidemic. Along these lines TASO believed that by giving people at the community level the basic skills needed for AIDS education, counselling, and homecare, they could help to extend TASO's services to more people. It was envisioned that care of PWAs could be used as and entry point to prevention for providing prevention information to communities.

A pilot project of a truly community-based integrated prevention and care program was successfully initiated in Kampala which, in turn, provided sufficient justification for funding to expand the program to three upcountry centers, Mbarara, Masaka, and Tororo. These efforts eventually evolved into what is now called the TASO Community Initiative (TCI). Currently the TCI is operating in 12 TASO supported sites.

The guiding principle which is the essence of the TCI, is that in order for community HIV/AIDS activities to be successful, the community at large must have a sense of "ownership" in connection with their HIV/AIDS related activities. This is encouraged by TASO in that the TCI process is not introduced into a community unless local community leaders can demonstrate evidence of strong community support. Once community support (initiative) has been demonstrated, this support is consistently encouraged through the TCI process.

According to the TCI plan, communities who request and subsequently receive support from TASO, that is they become a TASO supported community, are encouraged to go through the following TCI process: convene a group of community leaders to identify and analyze community problems caused by AIDS; after identifying problems caused by AIDS community leaders form a village TASO committee (VTC) to oversee HIV/AIDS activities; TASO provides training to the VTC; the committee establishes HIV/AIDS objectives for the community; the community selects volunteer TASO community workers (TCWs); TASO provides an initial 5 day training to the TCWs on how to educate people about HIV/AIDS, how to care for PWAs, basic counseling skills, homecare, and referral; TASO continues ongoing training (on a monthly basis) to both the VTC and the TCWs. Once the program is well established in a community, TCI supports the VTC in efforts to establish small income generating activities (IGAs) to sustain the community HIV/AIDS efforts. According to the plan each year the VTC is to conduct a community participatory assessment (CPA) of the program activities.

In addition to taking TASO supported communities through the process just described, TCI regional trainers also provide outreach training to existing community groups in communities which are not formally supported by TASO. TCI national trainers conduct "Training of Trainer" courses for other organizations which have active community based projects.

INTRODUCTION

The purpose of this document is to describe a plan designed to guide TCI staff through an evaluation directed at modifying the TCI activities/services, if necessary, in order to increase their effectiveness and efficiency (see Exhibit 1: *Guidelines for Developing an Evaluation Plan* -- Appendix D). The specific evaluation components in the plan are: 1) formative research; 2) process assessment; and 3) effectiveness assessment.

FORMATIVE EVALUATION STUDY

Purpose: The purpose of the formative research is to systematically collect information required to determine the effects of the current program activities and the reasons for specific successes or failures. This information will be used to clarify and refine the current TCI intervention.

Methods: The information will be obtained through both qualitative and quantitative data collection methods. These include key informant (i.e., administrator, presenter, participant, community residents, etc.) interviews, focus group(s), community participatory assessments (i.e., assessment conducted by the village TASO committee), evaluation presentation feedback (i.e., information elicited from individuals who are present at the time TCI staff present study and evaluation findings to community residents), surveys administered to TCI activity participants, community surveys, direct observations of trainers and TCWs, trainer activity reports, and TCW activity reports. The instruments used to guide the collection of these data are in Appendix A.

PROCESS ASSESSMENT

Purpose: The purposes of the process assessment are to collect information which will help facilitate the replication of the program activity in other settings and provide data which can be useful in modifying the service components, if necessary, in order to increase their effectiveness and efficiency. This assessment will provide feedback on five factors pertaining to the implementation and quality of TCI activities. These factors are *program implementation conformity* (i.e., the extent to which the program was faithfully delivered as planned), *program coverage* (i.e., the extent to which community residents participated in the program), *site response* (i.e., community perceptions of, and reactions to, the presence of TCI activities in the community), *participant response* (i.e., how the program participants felt about, and responded to, the program), and *competencies of TCI personnel*.

TABLE 1a.

FACTORS CONSIDERED IN PROCESS ASSESSMENT, EVALUATION RESEARCH QUESTIONS AND POSSIBLE EVALUATION METHODS

FACTOR(S) CONSIDERED IN PROCESS ASSESSMENT	EVALUATION RESEARCH QUESTIONS	DATA SOURCE
Program Implementation Conformity: To what extent was the program faithfully delivered as planned?	What kind of service(s) was provided?	DO, KII, Psrv
	Who provided the service(s)?	DO, KII, Psrv
	What was the duration of the service?	DO, KII, Psrv
	What happened during service delivery?	DO, KII, Psrv
	Was the information which was supposed to be presented, actually presented?	DO
	Did presenters follow prescribed procedures in their interactions with clients?	DO
	Were the materials that were supposed to be used in the presentation, actually used?	DO
	What instructional variations were observed in the sequence, scope, or content of the program?	DO
	Are there any aspects of the program which need more attention, alteration or elimination?	DO, KII, Psrv

Methods of collecting evaluation data:
KII=Key informant (i.e., administrator, presenter, participant, community residents, etc.) interview
FG=Focus group(s) leading to case studies
CPA=Community participatory assessments
EPF=Evaluation presentation feedback
Psrv=Participant surveys
CSRV=Community surveys (optional)
CSRV'=Revised community survey (optional)
DO=Direct observation, includes Forms 9 and 10
TARF=Trainer activity report form
TCWARF=TCW activity report form

TABLE 1b.

FACTORS CONSIDERED IN PROCESS ASSESSMENT, EVALUATION RESEARCH QUESTIONS AND POSSIBLE SOURCES OF DATA

FACTOR(S) CONSIDERED IN PROCESS ASSESSMENT	**EVALUATION RESEARCH QUESTIONS**	**DATA SOURCE**
Program Coverage (Exposure): The extent to which community residents participated in program (number served/number in given area * 100)?	What proportion of the community participated in TCI activities?	CSRV, TARF, TCWARF
	How many, and what kind of activities take place? TCW CONTACTS: -information to community groups -distribution of condoms -making referrals -home care education -home care service TRAINING: -community mobilization seminars -community assembly for TCW selection -initial training of Village TASO Committees -ongoing VTC training -initial TCW training -ongoing TCW training -community education seminars in TASO communities -outreach community education -training of trainers (TOT) in TASO -training TCWs for other organizations.	TARF, TCWARF

Methods of collecting evaluation data:
KII=Key informant (i.e., administrator, presenter, participant, community residents, etc.) interview
FG=Focus group(s) leading to case studies
CPA=Community participatory assessments
EPF=Evaluation presentation feedback
Psrv=Participant surveys
CSRV=Surveys (optional)
CSRV'=Revised survey (optional)
DO=Direct observation, includes Forms 9 and 10
TARF=Trainer activity report form
TCWARF=TCW activity report form

TABLE 1c.

FACTORS CONSIDERED IN PROCESS ASSESSMENT, EVALUATION RESEARCH QUESTIONS AND POSSIBLE SOURCES OF DATA

FACTOR(S) CONSIDERED IN PROCESS ASSESSMENT	EVALUATION RESEARCH QUESTIONS	DATA SOURCE
Site Response: community perceptions of, and reactions to, the presence of TCI activities in the community.	What do community leaders and other residents think of the program?	KII, CSRV, FG, CPA, EPF
	What responses from the community are or might subvert the program?	KII, CSRV, FG, CPA, EPF
	What obstacles or social barriers must be overcome for the project to achieve its objectives?	KII, CSRV, FG, CPA, EPF
	What are the public attitudes towards the program?	KII, CSRV, FG, CPA, EPF
Participant Response: how the program participants felt about, and responded to, the program.	How satisfied were participants with the service?	Psrv, DO, KII
	Did participants believe the information presented?	Psrv, DO, KII
	Do participants plan to apply information?	Psrv, KII
Competencies of Personnel: How competent were the personnel who delivered the services?	How competent are the TCI trainers?	DO, Psrv
	How competent are the TCWs?	DO, Psrv

Methods of collecting evaluation data:
KII=Key informant (i.e., administrator, presenter, participant, community residents, etc.) interview
FG=Focus group(s) leading to case studies
CPA=Community participatory assessments
EPF=Evaluation presentation feedback
Psrv=Participant surveys
CSRV=Surveys (optional)
CSRV'=Revised survey (optional)
DO=Direct observation, includes Forms 9 and 10
TARF=Trainer activity report form
TCWARF=TCW activity report form

Methods: The factors considered in the process assessment are summarily displayed in Tables 1a, 1b, and 1c. These tables also present the evaluation research questions which correspond with each factor, and the various methods used to collect data on each question.

As is the case in the formative assessment, information on the process assessment factors will be collected using key informant interviews (KII), focus groups (FG), direct observations of TCW and TCI Trainers (DO), Community Participatory Assessments (CPA), Evaluation Presentation Feedback (EPF), and both participant (PSRV) and community surveys (CSRV). Once again, the instruments used to guide the collection of these data are in Appendix A.

EFFECTIVENESS ASSESSMENT

Purpose: The purpose of the outcome assessment is to provide evidence concerning whether or not the program was effective in meeting its goals and the effectiveness of specific program activities, controlling for other factors. Hence, prior to conducting this assessment it was important to clarify the outcome expectations and objectives of the TCI program activities. Therefore, informal discussion were held with key professionals from TASO. In addition, a consensus building activity was carried out to clarify the centrally important messages delivered by TCI staff (see Exhibit 2). Taken together, the TASO staff described the TCI activities and messages as having the following objectives and outcome expectations:

1. INCREASE KNOWLEDGE:
   of the prevalence of HIV/AIDS, modes of transmission, prevention measures, how to care for PWAs, referral services, and other important facts about HIV/AIDS.

2. PROMOTE POSITIVE ATTITUDES: at the community level.
   a. Increase number of individuals who indicate a willingness to care for PWAs.
   b. Change community norms toward accepting condom use among all sexually active residents.

3. INCREASE COMMUNITY INVOLVEMENT:
    a. participation in community sponsored HIV/AIDS education activities
    b. support and participation in income generating activities (IGA)
    d. supporting clients, i.e., food, transport, homecare
    c. planning provisions for widows, widowers and orphans

4. CHANGE BEHAVIORS OR INTENTIONS TO CHANGE:
    a. With steady sex partner(s)
        a1. Faithfulness, i.e., "stick to steady partner(s)"
        a2. Use condom unless partner is KNOWN to be negative
    b. With non-steady partner(s)
        b1. Abstinence
        b2. Consistent condom use

The goal of the outcome assessment is to determine what effect exposure to TCI program components (education outside of care context, education in care context, education in and out of care context, and neither) has on program outcome objectives (factors). The specific research questions which will be used to determine whether this goal is accomplished are described as follows (see Figure 1 for a summary of the research objectives):

RQ1. What is the effect of exposure to TCI program components (education outside of care context, education in care context, education in and out of care context, and neither) on knowledge of the prevalence of HIV/AIDS, modes of transmission, prevention measures, how to care for PWAs, referral services, and other important facts about HIV/AIDS?

RQ2. What is the effect of exposure to TCI program components (education outside of care context, education in care context, education in and out of care context, and neither) on reported intentions of refraining from having sex outside of marriage, or using a condom if their marriage partner is not KNOWN to be body negative?

RQ3. What is the effect of exposure to TCI program components (education outside of care context, education in care context, education in and out of care context, and neither) on attitudes towards PWHIV/AIDS as evidenced by the number of individuals who indicate a willingness to care for PWA, and community norms which support condom use among all sexually active individuals?

RQ4. What is the effect of exposure to TCI program components (education outside of care context, education in care context, education in and out of care context, and neither) on willingness to support community efforts to alleviate the socioeconomic consequences of the AIDS epidemic as evidenced by participation in community sponsored HIV/AIDS education activities; support and participation in income generating activities (IGAs); supporting clients, i.e., food, transport, homecare; and plans for the provision of widows, widowers and orphans?

Methods: Both qualitative and quantitative methods will be used to collect information on the factors pertaining to outcome (program effect). These methods are laid out in Table 2. This Table shows the factors considered in outcome assessment by evaluation questions and possible sources of data. The forms and survey instruments used to collect these data are included here in Appendix A.

RESEARCH DESIGN AND IMPLEMENTATION PLAN

Figure 2 illustrates the sequence and scope of the evaluation. It shows that the evaluation will begin with the formative evaluation study. The formative study will collect data from the 12 existing TASO communities. These data will be used to refine and clarify (inform) the present TCI intervention. As was stated previously, the data which will be used to inform the intervention will be derived from a community survey which has already been carried out in two TASO supported communities (CSRV), Key Informant Interviews (KIIs), and Focus Groups (FG).

Once the formative evaluation study has been completed in the current TASO communities, ongoing process and outcome assessments of the refined TCI intervention (X') will begin in communities currently served by TASO as well as in all new communities which elect to utilize TCI services. As is also illustrated in Figure 2, the methods which will be used to inform the intervention in both current and future TASO supported communities include those methods employed in the formative study (KIIs, FG, and optional community surveys) as well as the additional methods noted in Table 2 under sources of data. Information will also be derived from periodic feedback elicited from community members at the time TCI staff present the results of community surveys and other data collected at various times throughout the course of the evaluation.

FIGURE 1.

TASO COMMUNITY INITIATIVE (TCI) EFFECTIVENESS ASSESSMENT GOAL, WITH TYPE AND DEGREE OF *TCI* EXPOSURE, AND EFFECTIVENESS FACTORS

EFFECTIVENESS ASSESSMENT GOAL =

TO DETERMINE WHAT EFFECT EXPOSURE TO THE T.C.I. PROGRAM HAS ON PROGRAM OUTCOME OBJECTIVES?

TYPE OF TCI EXPOSURE =

- EDUCATION OUTSIDE CARE CONTEXT
- EDUCATION INSIDE CARE CONTEXT
- EDUCATION IN AND OUT OF CARE
- NEITHER

EFFECTIVENESS OBJECTIVES (factors) =

INCREASE KNOWLEDGE:
of the prevalence of HIV/AIDS, modes of transmission, prevention measures, how to care for PWAs, referral services, and other important facts about HIV/AIDS.

PROMOTE POSITIVE ATTITUDES:
a. Increase number of individuals who indicate a willingness to care for PWAs.
b. Change community norms
  b1. Accepting condom use
  b2. Accepting zero-grazing

INCREASE COMMUNITY INVOLVEMENT:
a. participation in community sponsored HIV/AIDS education activities
b. support and participation in income generating activities (IGA)
d. supporting clients, i.e., food, transport, homecare
c. plan provisions for widows, widowers and orphans

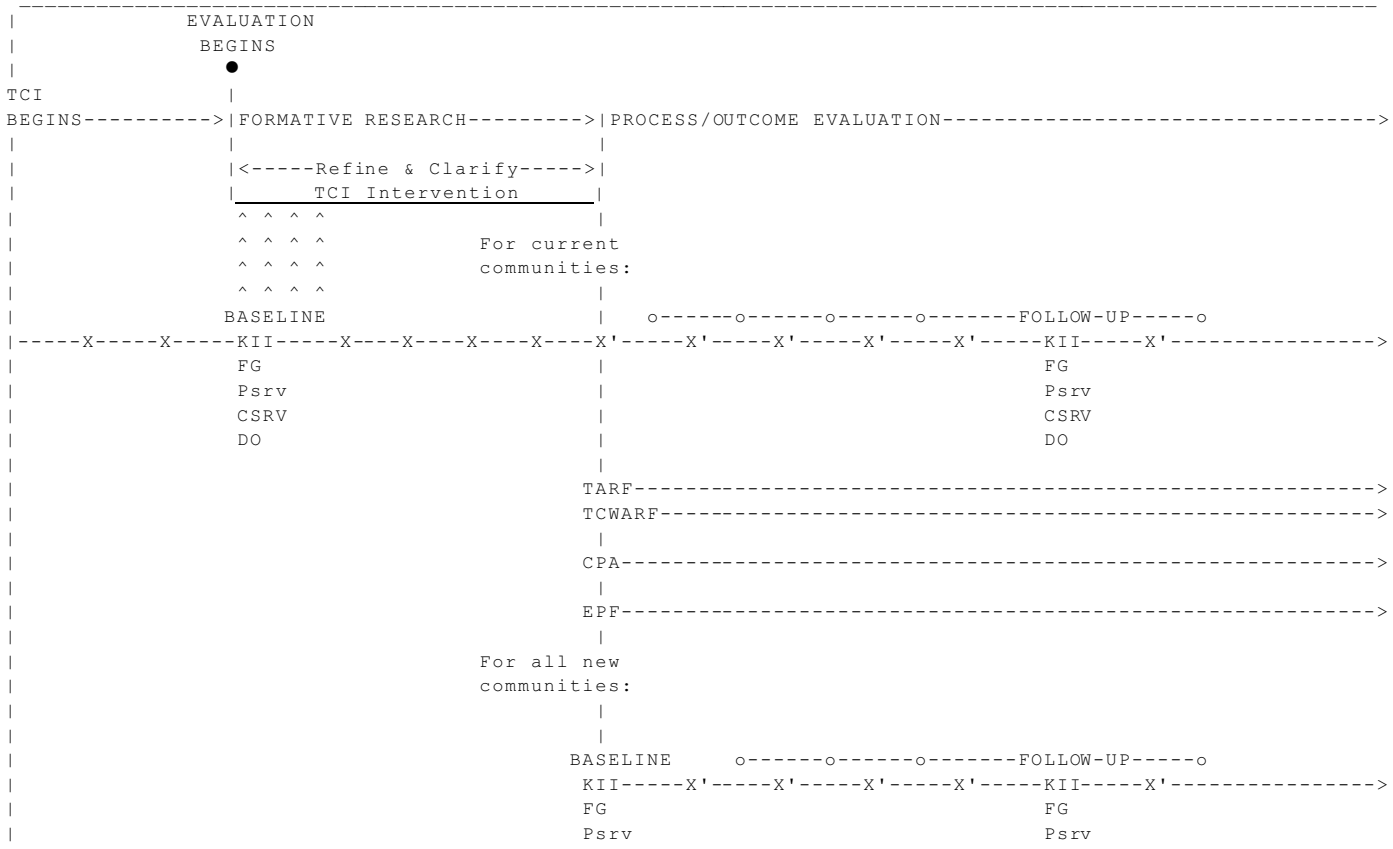
CHANGE BEHAVIORS OR INTENTIONS:
a. With steady sex partner(s)
  a1. Faithfulness, i.e., "stick to steady partner(s)"
  a2. Use condom unless partner is KNOWN to be negative
b. With non-steady partner(s)
  b1. Abstinence
  b2. Consistent condom use

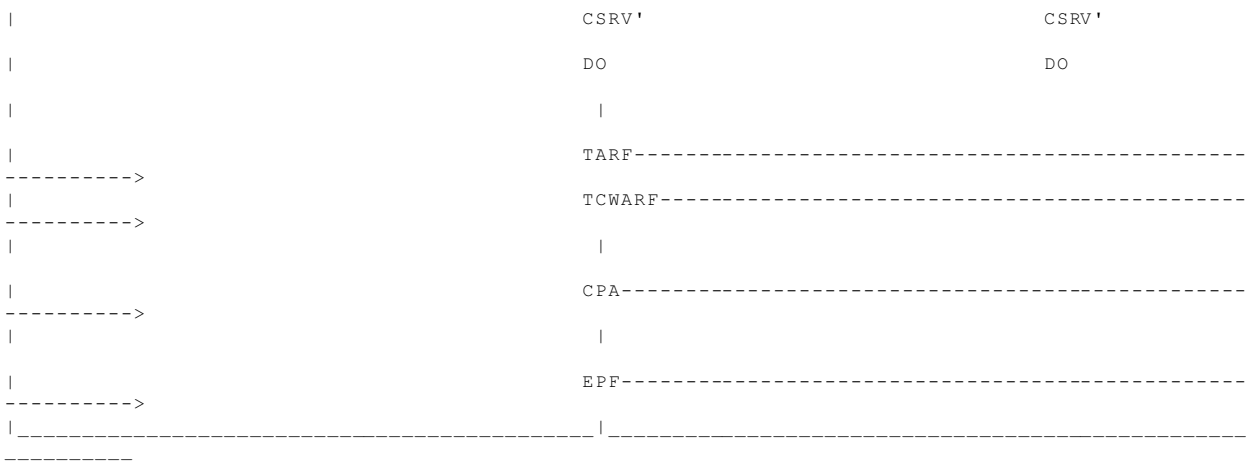
TABLE 2.
FACTORS CONSIDERED IN EFFECTIVENESS ASSESSMENT, EVALUATION RESEARCH QUESTIONS AND METHODS USED TO COLLECT DATA ON QUESTIONS

FACTOR(S)	EVALUATION QUESTIONS (INDICATORS)	DATA SOURCE
Knowledge	Did intervention increase knowledge of HIV/AIDS prevalence, modes of transmission and prevention, care for PWAs, referral services, and other facts?	Psrv, CSRV
Attitudes	Did number of individuals who indicate a willingness to care for PWAs increase?	CSRV, FG, CPA, EPF, KII
	Did community norms change towards acceptance condom use or zero-grazing?	CSRV, FG, CPA, EPF, KII
Community Involvement	Did participation in community sponsored HIV/AIDS education activities increase?	CSRV, FG, CPA, EPF, KII
	Did support and participation in income generating activities (IGA) increase?	CSRV, FG, CPA, EPF, KII
	Did support (food, transport) for PWAs increase?	CSRV, FG, CPA, EPF, KII
	Did community make, improve upon, or implement plans for provision of widows and orphans?	CSRV, FG, CPA, EPF, KII
Behaviors and Intentions	Did faithfulness to steady partner(s) increase?	Psrv, CSRV
	Did condom use increase with steady partner(s) not KNOWN to be negative?	Psrv, CSRV
	Did condom use increase with non-steady partners?	Psrv, CSRV
Other Outcomes	What other effects were observed including major or primary effects, unintentional or side effects?	All sources of data listed in key below

Methods of collecting evaluation data:
KII=Key informant (i.e., administrator, presenter, participant, community residents, etc.) interview
FG=Focus group(s) leading to case studies
CPA=Community participatory assessments
EPF=Evaluation presentation feedback
Psrv=Participant surveys
CSRV=Community surveys (optional)
CSRV'=Revised community survey (optional)
DO=Direct observation, includes Forms 9 and 10

FIGURE 2:TASO COMMUNITY INITIATIVE EVALUATION RESEARCH DESIGN





DESIGN ILLUSTRATION KEY

-----X----X---X = original intervention (1st 12 communities)
----X'---X'---X'= modified intervention (after formative research)
--o----o----o-- = ongoing observations with KPI, FG, Psrv, CSRV, etc.

Methods of collecting evaluation data:
KII=Key informant (i.e., administrator, presenter, participant, community residents, etc.) interview
FG=Focus group(s)
CPA=Community participatory assessments
EPF=Evaluation presentation feedback
Psrv=Participant surveys
CSRV=Community survey (optional)
CSRV'=Revised community survey (optional)
DO=Direct observation
TARF=Trainer activity report form
TCWARF=TCW activity report form

As is also illustrated in Figure 2, throughout the course of the evaluation, the evaluation design calls for the use of a variety of data collection methods to gather information on the process and outcome factors of interest. The use of different methods of data collection will provide a means of cross-validation. In addition, it is expected that the methods used to collect more qualitative data (e.g., KIIs, Focus Groups, and Direct Observation) will provide background (contextual) information which can be helpful in interpreting the more qualitative data collected with the survey.

DATA COLLECTION INSTRUMENTS

Data collection on the factors of interest described above will require developing and pretesting several different data collection instruments (forms and surveys). A number of *sample* instruments are included here in *Appendices A and B*.

When conducting community surveys (Instrument 8) it will be necessary to consider sampling because in most cases it will be impractical to collect information from all individuals in a community. The two alternatives for sampling are probability and nonprobability samples. Although probability samples (e.g., simple random sample, stratified random sample, cluster sample) are more desirable from a scientific perspective (i.e., provides the only technically legitimate basis for generalizing results to similar populations, estimating sampling error and use of inferential statistics), in cases where it is not possible to obtain a probability sample, such as when sampling units are not known or identifiable, or when resources are restricted and the decision is between a non-probability sample or no data at all, a purposive nonprobability sample (e.g., convenience, homogenous, heterogenous) obtained by sampling on a particular set of variables in the population, may be justified if the limitations are taken into consideration.

DATA ANALYSIS

Qualitative Data Analysis

Table 3 shows the types of field contacts (*data collection methods* such as focus groups and key informant interviews) where qualitative data will be collected by the data summary forms. These data summary forms are included here in Appendix B.

Figure 3 is a flow diagram which shows the sequence of qualitative data collection for each of the data collection methods used to collect qualitative data. This diagram also illustrates how these data flow into the evaluation report. Exhibit 3 provides a brief overview concerning how to transcribe field notes.

TABLE 3:POSSIBLE FIELD CONTACTS WHERE QUALITATIVE DATA ARE COLLECTED BY DATA SUMMARY FORMS

FIELD CONTACTS	SINGLE CONTACT AND COMBINED SUMMARY FORM NUMBERS (#) AND TITLES
FG	#S1:SINGLE CONTACT FOCUS GROUP DATA SUMMARY FORM #C1:COMBINED FOCUS GROUP DATA SUMMARY FORM
KII	#S2:SINGLE CONTACT KEY INFORMANT INTERVIEW DATA SUMMARY FORM #C2:COMBINED KEY INFORMANT DATA SUMMARY FORM
DO	#S3a:SINGLE CONTACT DIRECT OBSERVATION (DO) OF TCW COMMUNITY EDUCATION OR HOME VISIT #C3a:COMBINED DIRECT OBSERVATION (DO) OF TCWs' DATA SUMMARY FORM #S3b:SINGLE CONTACT DIRECT OBSERVATION OF TRAINERS' DATA SUMMARY FORM #C3b:COMBINED DIRECT OBSERVATION (DO) OF tci TRAINERS' DATA SUMMARY FORM
CPA	#S4_C4:SINGLE CONTACT AND COMBINED COMMUNITY PARTICIPATORY ASSESSMENT (CPA) DATA SUMMARY FORM
EPF	#S5:SINGLE CONTACT EVALUATION PRESENTATION FEEDBACK (EPF) DATA SUMMARY FORM #C5:COMBINED EVALUATION PRESENTATION FEEDBACK (EPF) DATA SUMMARY FORM

Field Contacts (Methods of collecting evaluation data):

KII=Key informant (i.e., administrator, presenter, participant, community residents, etc.) interview
FG=Focus group(s) leading to case studies
CPA=Community participatory assessments
EPF=Evaluation presentation feedback
DO=Direct observation, includes Forms 9 and 10

---INSERT FIGURE 3 HERE---

Quantitative Data Analysis

Quantitative data will be generated via the community and participant surveys and the monthly TCW and TCI report forms. These data will be collected on the variables included in the evaluation study (Forms 8, 9, 10 in Appendix A). A computer statistical software package such as EPI INFO should be used to summarize the quantitative data.

Flow charts for the quantitative data analysis (Figures 4 and 5) show each step in the analysis process. These diagrams also illustrate how these data flow into the evaluation process (report).

Descriptive quantitative data should be presented in graphical and tabular summaries (Tables 4a-4g, Tables 5a and 5b, and Table 6 in Appendix C). A statistical computer package should also be used to examine relationships between outcome (dependent) and relevant independent variables. Dependent variables will include various measures of knowledge, attitudes, behavioral intentions, behaviors, and community involvement. Independent variables will include key factors considered to be associated with, or predictive of, the outcome variables. These can include age, gender, marital status, and exposure to TASO/TCI (i.e., education inside and outside the context of care, education alone, education within context of care alone, and neither).

SPSSPC or SAS statistical programs should be used to conduct multivariate analyses (e.g., multiple and logistic regression) which are designed to measure the strength of association between independent (predictor) variables and the dependent variables of concern. These procedures will statistically control (remove the effects of) independent variables which are extraneous to the relations under study and evaluate whether exposure to a TCI intervention has any effect on the outcome (dependent) variables of interest, independent of other predictor--potentially confounding--variables.

REPORTS (FEEDBACK)

Ongoing feedback concerning the findings of the process and outcome assessments should be provided to appropriate TASO administrators through a written report(s). To facilitate the decision making process, the report(s) should be brief, understandable and well organized. It should include a description of the program followed by information which addresses each of the factors considered in the formative, process and outcome assessments. The report should also discuss such things as who provided what services to whom, when, how often, and in what settings, and whether there is any evidence to suggest that documented changes were brought about by the intervention, what the changes mean, and whether there were any unexpected changes.

---INSERT FIGURES 4 AND 5 HERE---

APPENDIX A:

INSTRUMENTS

1. **Focus Group Guide**

2. **Key Informant Interview Guide--for Key TASO Staff**

3. **Key Informant Interview Guide--for TCWs**

4. **Presenter Competency Appraisal Guide (DO:PCAG)**

5. **TCW Community Education and Home Visit Observation Guide (DO:TCW)**

6. **Community Participatory Assessment (CPA) Guide**

7. **Evaluation Presentation Feedback (EPF) Guide**

8. **Community Survey (see SRV and SRV' in Evaluation Design)**

9. **Monthly TCW Activity Report Form (TCWARF)**

10. **Monthly Trainer Activity Report Form (TARF)**

FORM 1:FOCUS GROUP GUIDE --Community members
Existing TASO TCI Sites

This guide is meant to be used to lead discussion with community members. The questions included are not meant to be asked in any particular order nor in any particular fashion. They are used here to indicate topics that should be covered in the focus group discussion. One exception to this is the initial question, which is usually instrumental in starting discussion.

Initial question: How has AIDS affected your community?

Moderators should let discussion flow, should be respectful of peoples' opinions and attempt to engage the quieter members in the discussion. Probing for clarification or more detail is essential. Moderators should also attempt to prevent especially vocal individuals from dominating the discussion. Statements such as "We've heard what you have to say but we haven't heard _____'s opinion" can be politely delivered and effective.

Topics to be covered:

How has the community responded to AIDS?

How have people in this community changed their behaviors to prevent transmission of the virus that causes AIDS ? (How have you changed your behavior to prevent becoming infected?)

What are the biggest problems related to AIDS that this community faces?

What does this community need most now for its efforts to care for those affected by AIDS?

What does this community need most now for its efforts to prevent other people from becoming infected?

What program or programs are helping in this community to provide care for those dying of AIDS? What are they doing? How successful have they been?

What program or programs are helping in this community to prevent AIDS? What are they doing? How successful have they been?

What has been done in this community that has been most successful in helping the community deal with caring for those affected by AIDS?

What has been done in this community that has been most successful in helping the community prevent other people from getting infected?

Which people in the community do community members trust and respect on the topic of AIDS? How have these people been influential?

Which programs do community members trust and respect on the topic of AIDS?

FORM 2:KEY INFORMANT INTERVIEW GUIDE--
for Key TASO Staff

How did this (TASO/TCI) program come about in this community?

What sort of community efforts have been tried here for AIDS or other concerns in the past? How successful have they been? What have been their greatest strengths and their greatest weaknesses?
What has been done this time to avoid problems or mistakes of the past?

What is the goal of this (TASO/TCI) community effort? Who decided on that goal?

How successful do you feel this community has been in reaching that/those goals? What evidence do you have for their success? What features of the program do you feel are responsible for that success?

What are the strengths of this community effort? How can they be built on for this community and others?

What are the weaknesses of this community effort? How can they be addressed in this community and others?

What are the lessons to be learned from this community effort for TASO to use in other communities in the future?

How long has the project been in this community?

Has the community had a favorable response to the project?

What can be done to help TASO staff in this effort (Recognizing that the request may be impossible to meet)?

FORM 3:KEY INFORMANT INTERVIEW GUIDE--
for TCWs

How did this program come about in this community?

What sort of community efforts have been tried here for AIDS or other concerns in the past? How successful have they been? What have been their greatest strengths and their greatest weaknesses?
What has been done this time avoid problems or mistakes of the past?

What is the goal of this community effort? Who decided on that goal?

How successful do you feel you have been in reaching that/those goals? What evidence do you have for that success?

What are the strengths of your community effort? How can they be built on for this community and others?

What are the weaknesses of your community effort? How can they be addressed in this community and avoided in others?

What are the lessons to be learned from your community effort for TASO in the future?

Do you think we are meeting the needs of the community? Why/Why not?

What are the needs of the community? of the PWAs?

What can be done to help you in this effort (Recognizing it may not be possible to do what is requested)?

FORM 4:PRESENTER COMPETENCY APPRAISAL GUIDE

INSTRUCTIONS:
Please respond to each of the following questions by writing the most appropriate response option number (0=none of the time; 1=almost none of the time; 2=some of the time; 3=almost all of the time; and, 4=all of the time) in the blank space next to each item. For example, if the presenter appeared to be well prepared "some of the time" during the session, you should place the number 2 in the blank space, denoting the presenter is always prepared.

KNOWLEDGE AND PREPARATION:
____Was the presenter well prepared?
____Was the presenter's presentation well organized?
____Did the presenter appear to know subject matter?
____Did the presenter present accurate information?
____Did the presenter use appropriate language?
____Did the presenter stick to the subject matter (i.e., follow the prescribed curriculum)?

DELIVERY AND MANNER:
_____Did the presenter use appropriate body language (i.e., facial and body expressions including good eye contact)?
_____Did the presenter effectively facilitate participation?
_____Did the presenter face the audience?
_____Was the presenter interesting and entertaining (i.e., engaging)?
_____Did presenter present himself/herself with confidence?
_____Did presenter appear to have status with the group?
_____Did the presenter's appearance (i.e, dress), personal hygiene, or mannerisms, in any way distract from the presentation?
_____Was the presenter innovative (i.e., use visual aides or relevant examples to help participants understand difficult concepts)?
_____Was the presenter audible (i.e., speak loud enough audible)?
_____Did presenter explain information in a clear and understandable terms?
_____Did presenter conduct the training at a desirable pace?

SENSITIVITY:
_____Did the presenter acknowledge the feelings and concerns of participants?
_____Did the presenter express appreciation for participant input?
_____Did the presenter treat participants with respect?
_____Did the presenter evidence confidentiality?
_____Did presenter respond to group signals (i.e., discern the mood of the group, by noticing and responding appropriately when participants appeared to be upset, tired or confused?

RESPONSE OPTIONS:

0=none of the time	**3=almost all the time**
1=almost none of the time	**4=all of the time**
2=some of the time	

SENSITIVITY (Continued):

_____Did the presenter appear to be culturally competent (i.e., that is sensitive to the cultural norms of the participants)?

_____Did the presenter appear to be sincere?

METHOD:

_____Following an experiential activity, does the presenter asks questions that lead to effective critical analysis?

_____Did the presenter use a variety of training methods effectively?

VISUAL AIDES:

_____Did the presenter position teaching aides suitably?

_____Was the presenter effective in relating the information presented to the teaching (visual) aides?

_____If applicable, did the presenter write legibly on the newsprint?

APPRAISAL:

_____If applicable, does the presenter show the ability to deal with a difficult participant?

_____Did the presenter document and use feedback from the participants, self and others?

_____Did presenter demonstrate the ability to draw on and build on what the participants already know (i.e., does the presenter conducted a pre-assessment and utilized it by moving from known to unknown)?

_____Did the presenter make the message relevant to participants by using examples which they can relate to?

_____Did the presenter ask appropriate questions to see if participants were following the presentation?

_____Did the presenter probe for questions and concerns?

_____Did the presenter provide constructive criticism?

What are the presenter's strengths?

What can the presenter do to improve?

What were the objectives of the presentation?

Would you say the presenter accomplished *none of the objectives=0, some of the objectives=1, most of the objectives=3, or all of the objectives=4?*

___ *proportion of objectives accomplished*

FORM 5:TCW COMMUNITY EDUCATION AND HOME VISIT OBSERVATION GUIDE (DO:TCW)

TCW: _____

SITE: _____

What information was the presenter supposed to provide in their teaching and interactions with program participants/clients?	Did the presenter present the prescribed information?		COMMENTS/RECOMMENDATIONS CONCERNING:
	YES	NO	

FORM 6:COMMUNITY PARTICIPATORY ASSESSMENT (CPA) GUIDE

The VTC should ask the following questions as a mean of comparing what was accomplished over the past year against what the community set out to accomplish, as outlined in the COMMUNITY ACTION PLAN. Answers to these questions will provide feedback which can be useful to both the VTC and TASO in further clarifying and refining community intervention activities.

WHAT DID WE ACCOMPLISH?

WHAT DO WE STILL NEED TO DO?

HOW CAN WE DO THESE THINGS?

WHO WILL DO THEM?

WHEN WILL THEY BE DONE?

OTHER IMPORTANT COMMENTS: _____

_____

_____

_____

FORM 7:EVALUATION PRESENTATION FEEDBACK (EPF) GUIDE

Presentation Site:_____

Presenter:_____

Use this form to summarize any feedback (most salient points) provided by those individuals who attend a filed contact where data is presented, as in the case when the results of a community survey are presented to a VTC or other interested community groups or individuals.

FORM 8:COMMUNITY SURVEY FORM

Community: **District:** **Survey No.:**
Date: **Sex:** **Age:**

1.) What is the highest level of education you have attained?
____(1)No formal education
____(2)P1-P3
____(3)P4-P6
____(4)P7 completed
____(5)Secondary O-Level
____(6)Higher

2.) What religion are you?
____(1)C.O.U. (Church of Uganda)
____(2)Catholic
____(3)Moslem
____(4)Fundamentalist (Pentecostal, S.D.A...)
____(5)None

3.) Do you want more children than you already have?
____(1)Yes
____(2)No

4.) Can an infected mother give birth to an infected child?
____(1)Don't Know
____(2)Yes
____(3)No
____(4)Other

5.) Can an infected mother give birth to an uninfected child?
____(1)Don't Know
____(2)Yes
____(3)No
____(4)Other

6.) How long does it take before a person infected with the AIDS virus becomes ill and dies?
____(1)Don't Know
____(2)3 months or less
____(3)3-6 months
____(4)6 months or 1 year
____(5)2-5 yrs
____(6)5 yrs or more

7.) What are your sources of information about AIDS?

-radio, people, PWAs, church, medical personnel, TASO, family members, Rcs, reading materials, seminars, videos, TCW educational, TCW homecare.

If TCW, How many times?

8.) Do you think you will be infected at sometime during your lifetime?

____(1)Don't Know
____(2)Yes
____(3)No

9.) Have you had sex in the last three months?

____(1)Yes
____(2)No

10.) How many steady partners have you had in the last three months?

_____(Number)

11.) How many non-steady partners have you had in the last three months?

_____(Number)

12.) The last time you had sex with your non-steady partner, did you use a condom?

_____(1)Yes
_____(2)No

13.) Did you use a condom with your non-steady partner in the last three months?

_____(1)Yes
_____(2)No

14.) The last time you had sex with a steady partner, did you use a condom?

_____(1)Yes
_____(2)No

15.) Did you use a condom with a steady partner in the last three months?

_____(1)Yes
_____(2)No

16.) Has/ve your steady partner(s) been tested for the virus which causes AIDS?

_____(1)Don't Know
_____(2)Yes
_____(3)No

17.) Do you suspect your steady partner to be infected?

_____(1)Yes
_____(2)No

18.) Do you believe that condoms, when properly used, can protect a person from getting AIDS?

_____(1)Yes
_____(2)No

19.) Do you intend to use condoms everytime you have sex with your nonsteady partner?

_____(1)Yes _____(2)No

20.) Do you intend to use condoms everytime you have sex with your steady partner?

_____(1)Yes _____(2)No

21.) Do you ever discuss condoms with people who are important to you?

_____(1)Yes _____(2)No

22.) Do people important to you feel you should use condoms if you have sex with non-steady partners?

_____(1)Yes _____(2)No

23.) Where can you get condoms locally?

_____(1)Don't Know
_____(2)Medical unit
_____(3)Private shop
_____(4)TCW
_____(5)TASO

FOR ITEMS 24-31 ANSWER --> __(1)AGREE __(2)DISAGREE __(3)DON'T KNOW

24.) Most of the people you know have reduced their number of sexual partners because of AIDS.

_____(1) _____(2) _____(3)

25.) Many of the men in this community have had at least one nonsteady partner in the past three months?

_____(1) _____(2) _____(3)

26.) Many of the women in this community have had at least one nonsteady partner in the past three months?

_____(1) _____(2) _____(3)

27.) Many of the men in this community are using condoms now.

_____(1) _____(2) _____(3)

28.) Many of the women in this community are using condoms now with their partners.

_____(1) ______(2) ______(3)

29.) People who have AIDS deserve it.

_____(1) ______(2)

30.) Most unmarried boys in this community refrain from having sex until they

are married.

_____(1) _____(2) _____(3)

31.) Most unmarried girls in this community refrain from having sex until they are married.

_____(1) _____(2) _____(3)

FORM 9:MONTHLY TCW ACTIVITY REPORT FORM

TCW: _____

Community: _____

Report for Month of: _____

DEAR TCW: Information for this form should be taken from the Daily Recording Forms which you complete throughout the month.

TCW ACTIVITY		No.
Number of visits		
Number of contacts with groups		
Number of times you provided homecare service		
Number of homecare training sessions/encounters		
Number of referrals to:		
Number of condoms distributed to:		

Problems/Suggestions:

FORM 10: MONTHLY TRAINER ACTIVITY REPORT FORM

Trainer: _____

Community: _____

Report for Month of: _____

TRAINING ACTIVITY	No. of Training Sessions	No. of Participants
Community mobilization workshops		
Community assemblies for TCW selection		
Initial training of Village TASO Committees (VTC)		
Ongoing VTC training		
Initial TCW training		
Ongoing TCW training		
Community education seminars in TASO supported communities		
Outreach Trainings		

Problems/Suggestions:

APPENDIX B:

SINGLE CONTACT AND COMBINED DATA SUMMARY FORMS

S1:Single Contact Focus Group Data Summary Form

C1:Combined Focus Group Data Summary Form

S2:Single Contact Key Informant Interview Data Summary Form

C2:Combined Key Informant Data Summary Form

S3a:Single Contact Direct Observation (DO) of TCW Community Education or Home Visit

C3a:Combined Direct Observation (DO) of TCWs' Data Summary Form

S3b:Single Contact Direct Observation of Trainers' Data Summary Form

C3b:Combined Direct Observation (DO) of TCI Trainers' Data Summary Form

S4_C4:Single Contact and Combined Community Participatory Assessment (CPA) Data Summary Form

S5:Single Contact Evaluation Presentation Feedback (EPF) Data Summary Form

C5:Combined Evaluation Presentation Feedback (EPF) Data Summary Form

FORM S1:SINGLE CONTACT FOCUS GROUP (FG) DATA SUMMARY FORM

I. List the main issues or themes that struck you during the FG session?

II. Use the matrix here to summarize the information you got (or failed to get) on each of the target
questions for this contact.

*Question#	INFORMATION

III. Did anything else strike you as a salient, interesting, illuminating or important in this contact?

IV. What new (or remaining) target question(s) should be covered next time a focus group is convened at this
site?

V. Other relevant information or concerns?

*Attach question to form

FORM C1:COMBINED FOCUS GROUP (FG) DATA SUMMARY FORM

I. List the main issues or themes covered in the various FG sessions?

II. Use the following matrix to combine and summarize the information obtained on the FG target questions
(see the Single Contact Focus Group Data).

*Question#	INFORMATION

III. Summarize all other salient, interesting, illuminating or important information was obtained in the various contacts?

IV. What new (or remaining) target question(s) should be covered next time a focus group is convened at this site?

V. Other relevant information or concerns?

*Attach question to form

***FORM S2*:SINGLE CONTACT KEY INFORMANT INTERVIEW (KII) DATA SUMMARY FORM**

Type of KII contact:

Interview -

Who? _____

Where? _____

When(mm/dd/yy)? ___/___/___

Meeting -

Who? _____

Where? _____

When(mm/dd/yy)? ___/___/___

Pick out the most salient points in the contact. List and number these points on this sheet in order of importance, and note the page number in your field notes which corresponds with each point.

***FORM C2*:COMBINED KEY INFORMANT DATA SUMMARY FORM**

KEY INFORMANT CLASSIFICATIONS	SALIENT COMMENTS BY *QUESTION
TASO/TCI Staff	Question 1. Question 2. Question #...
TASO/TCI Participant	Question 1. Question 2. Question #...
NON-TASO/TCI Participant	Question 1. Question 2. Question #...
PWA TASO/TCI Participant	Question 1. Question 2. Question #...
PWA TASO/TIC *NON-Participant*	Question 1. Question 2. Question #...
Family member of PWA TASO/TCI Participant	Question 1. Question 2. Question #...
Family member of PWA TASO/TCI *NON-Participant*	Question 1. Question 2. Question #...

*Questions asked in key informant interviews are attached.

NOTE: IF THERE IS A DOCUMENT WHICH IS CENTRAL OR CRUCIAL TO A PARTICULAR CONTACT (ex: a meeting agenda, newspaper clipping discussed in an interview, etc), make a copy and attach it to this write up. Otherwise, put in a document file.

***FORM S3a*:SINGLE CONTACT DIRECT OBSERVATION (DO)**
OF TCW COMMUNITY EDUCATION OR HOME VISIT

TCW: _____

SITE: _____

TYPE OF CONTACT (Circle): Community Education or Home Visit

WHEN (MM\DD\YY): ____________

Pick out the most salient points in the contact. List and number these points on this sheet in order of importance, and note the page number in your field notes which corresponds with each point.

***FORM C3a*:COMBINED DIRECT OBSERVATION (DO)**
OF TCWs' DATA SUMMARY FORM

Use the following matrix to combine and summarize the information collected with the *Single Contact TCW Community Education and Home Visit Observers Guide*.

What information was the presenter supposed to provide in their teaching and interactions with program participants/clients?	Did the presenter present the prescribed information?		COMMENTS/RECOMMENDATIONS CONCERNING:
	YES	NO	

***FORM S3b*:SINGLE CONTACT DIRECT OBSERVATION OF TRAINER DATA SUMMARY FORM**

Presenter: _____

Presentation Site: _____

Presentation Date: _____

Use this form to summarize the information collected with the *Presenter Competency Appraisal Form* as it pertains to the following points of interest.

KNOWLEDGE AND PREPARATION:

DELIVERY AND MANNER:

SENSITIVITY:

METHOD:

VISUAL AIDES:

APPRAISAL:

WHAT ARE THE PRESENTER'S STRENGTHS?

WHAT CAN THE PRESENTER DO TO IMPROVE?

***FORM C3b*:COMBINED DIRECT OBSERVATION (DO)**
OF TCI TRAINERS' DATA SUMMARY FORM

Use percentages to summarize the information outlined on the various *Presenter Competency Appraisal Guide*. Place these percentages in the space provided to the left of the response options, i.e., none of the time, almost none of the time, some of the time, almost all the time, and all of the time.

KNOWLEDGE AND PREPARATION:

Well prepared?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Well organized?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Know subject matter?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Presented accurate information?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Used appropriate language?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Stick to subject matter?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

DELIVERY AND MANNER:

Used appropriate body language?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Facilitate participation?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Face the audience?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Interesting and entertaining?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Confidence?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Appear to have status with the group?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Distracting mannerisms or appearance?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Innovative?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Audible?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

DELIVERY AND MANNER (Continued):

Explain clearly?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time
Desirable pace?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

SENSITIVITY:
Acknowledge feelings and concerns?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time
Appreciate input?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time
Treat participants with respect?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time
Evidence confidentiality?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time
Respond to group signals?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time
Culturally competent?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time
Appear sincere?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

METHOD:
Effective critical analysis?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time
Use a variety of training methods?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

VISUAL AIDES:
Position teaching aides suitably?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time
Effective visual aides?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time
Write legibly on the newsprint?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

APPRAISAL:
Show ability to deal with a difficult participant?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time
Document and use feedback from the participants, self and others?
____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

APPRAISAL (Continued):

Draw on and build on what the participants already know?

____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Use examples which participants can relate to?

____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Appropriate questions to see if participants were following the presentation?

____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Probe for questions and concerns?

____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

Provide constructive criticism?

____none of the time ____almost none of the time ____some of the time ____almost all the time ____all of the time

---

WHAT PROPORTION OF OBJECTIVES ACCOMPLISHED?

SUMMARIZE AND LIST OTHER SALIENT COMMENTS WHICH PERTAIN TO TCI PRESENTER COMPETENCIES?

***FORM S4_C4*:SINGLE CONTACT AND COMBINED *COMMUNITY PARTICIPATORY ASSESSMENT* (CPA) DATA SUMMARY FORM**

The results of the information collected using the CPA Guide should be summarized according to the following format. The summary under each heading should be concise and to the point. In most instances the entire summary should not exceed 1 type written page.

BRIEF DESCRIPTION OF THE COMMUNITY (BACKGROUND):

WHAT ARE THE STRENGTHS OF THE COMMUNITY PROGRAMS?

WHAT ARE THE WEAKNESSES OF THE COMMUNITY PROGRAMS?

LESSONS LEARNED:

RECOMMENDATIONS:

***FORM S5*:SINGLE CONTACT EVALUATION PRESENTATION**
FEEDBACK (EPF) DATA SUMMARY FORM

Presentation Site:_____

Presenter:_____

Pick out the most salient points in the EPF contact. List and number these points on this sheet in order of importance, and note the page number in your field notes which corresponds with each point.

***FORM C5*:COMBINED EVALUATION PRESENTATION**
FEEDBACK (EPF) DATA SUMMARY FORM

Use this sheet to summarize the salient points listed on the EPF Data Summary Forms. As with the EPF, these comments should be listed in order of importance. Also list the presentation site where the comment was made.

PRESENTATION SITE AND COMMENTS (SALIENT POINTS)
PRESENTATION SITE:_____
PRESENTATION SITE:_____
PRESENTATION SITE:_____
PRESENTATION SITE:_____

APPENDIX C:

DESCRIPTIVE QUANTITATIVE DATA ANALYSIS

Community Survey Data
(Form 8)

Table 4a Respondent profile

Table 4b Education levels by sex

Table 4c Sex by birth to in/(un)infected child

Table 4d Personal knowledge of AIDS

Table 4e Number of sex partners by sex

Table 4f Condom usage by age

Table 4g Frequencies of AIDS behaviors responses

The Community Worker (TCW)
(Form 9)

Table 5a Monthly TCW activity

Table 5b Summary of problems and suggestions

The Monthly Trainer Activity (TCI)
(Form 10)

Table 6 Monthly trainer activity

Table 4a
RESPONDENT PROFILE
N=

Sex

Age

Males _____
Females _____

Low _____
High _____
Average _____

Religion

Education

Church of Uganda _____
Catholic _____
Moslem _____
Fundamentalist _____
None _____

No formal ed _____
P1 - P3 _____
P4 - P6 _____
P7 Complete _____
Secondary O _____
Higher _____

Sources of Information About AIDS
(Percent)

Radio _____
People _____
PWAs _____
Church _____
TASO _____

Medical Personnel _____
Family Members _____
Seminars _____
Videos _____
TCW Educational _____
TCW Homecare _____
Reading Materials _____

Table 4b
Education Levels by Sex

Sex

		M	F
Education	P1 - P3		
	P4 - P6		
	P7 Complete		
	Secondary		
	Higher		
	No formal ed		

N =

"Want More Children" by Sex

Sex

		M	F
"Want More Children"	Yes		
	No		

N =

Table 4c
SEX BY BIRTH TO IN/(UN)INFECTED CHILD

Sex by Infected Mother Can Give Birth to Infected Child

		Yes	No
Sex:	Males		
	Females		

N =

Sex by Infected Mother Can Give Birth to Uninfected Child

		Yes	No

Sex:	Males		
	Females		

N =

Table 4d

PERSONAL KNOWLEDGE OF AIDS

Time Between Infection & Death

		Sex	
		M	F
Time	3 months or less		
	3 - 6 months		
	6 months - 1 year		
	2 - 5 years		
	5 years +		
	Don't know		

N =

Believe You Will Become Infected

		Sex	
		M	F
Believe	Yes		
	No		
	Don't Know		

N =

Table 4e

SEX PARTNERS

All Sex Partners

Sex

Number	M	F
None		
1 - 5		
6 - 10		
10 +		

N =

Steady Sex Partners

Sex

Number	M	F
1 - 3		
4 - 6		
7 - 10		
10 +		
None		

N =

Non-Steady Sex Partners

Sex

Number	M	F
1 - 3		
4 - 6		
7 - 10		
10 +		
None		

N =

Table 4f
CONDOM USAGE
Steady Partners

"Used Condom Last Time" By Sex

Used Condom Last time	M	F
Yes		
No		

"Condom w/Steady Partner Last 3 Mo." by Sex

Used Condom Last time	M	F
Yes		
No		

"Steady Partner Been Tested" by Sex

"Steady Partner Tested"	Sex M	Sex F
Yes		
No		

"Suspect Steady Partner Infected" by Sex

"Steady Partner Infected"	Sex M	Sex F
Yes		
No		

CONDOM USAGE
NON-STEADY PARTNERS

Non-Steady Partner Condom Usage Last Time by Sex

"Non - Steady Partner Used Condom Last time	Sex M	Sex F
Yes		
No		

Non-steady partner Used Condom Last 3 Months by Sex

"Non-Steady Partner Used Condom Last 3 Months	Sex M	Sex F
Yes		
No		

Table 4g
AIDS BEHAVIORS
(Percentages)

Males		Females
_____	Reduced number of Sexual Partners	_____
_____	Men have had at least 1 non-steady partner	_____
_____	Woman had at least 1 non-steady partner	_____
_____	Men Now Using Condoms	_____
_____	Women Now Using Condoms w/Partners	_____
_____	Believe People Who Have AIDS Deserve It	_____
_____	Most Unmarried Boys do not have sex till married	_____
_____	Most Unmarried Girls do not have sex till married	_____

Table 5a
MONTHLY TCW ACTIVITY
Form 9

Visits Made

Total _____

Average _____

Contacts with Group

Total _____

Average _____

Number of Homecare Service Provided

Total _____

Average _____

Number of Homecare Training Sessions

Total _____

Average _____

Number of Condoms Distributed

Total _____

Average _____

Table 5b

SUMMARY OF PROBLEMS AND SUGGESTIONS

Monthly TCW Activity

Problems: 1.

2.

3.

Suggestions: 1.

2.

3.

Table 6

MONTHLY TRAINER ACTIVITY
(Form 10)

	Number of Training Sessions	Number of Participants
Community Mobilization Workshops	_____	_____
Community Assemblies for TCW selection	_____	_____
Initial training (Village TASO committee)	_____	_____
Ongoing VTC training	_____	_____
Initial TCW training	_____	_____
Ongoing TCW training	_____	_____
Community education seminars	_____	_____
Outreach training	_____	_____

APPENDIX D:

EXHIBITS

1. **Guidelines for Developing an Evaluation Plan**

2. **Sample Form Used to Develop Standardized HIV/AIDS Education/Counseling Messages**

3. **Directions for Taking Field Notes During Field Contacts**

EXHIBIT 1.

GUIDELINES FOR DEVELOPING AN EVALUATION PLAN

Galen Cole, Ph.D., M.P.H.
NCPS-DSTD/HIVP-BPRB

The program planning steps required to evaluate a program can vary according to the type and purposes of the evaluation. They can also vary somewhat according to whether the evaluation begins before or after the program is implemented. For the most part, however, all the steps which follow are required to plan and conduct a comprehensive evaluation. The steps which are often considered to be program planning steps are designated by capital **P**, whereas, evaluation steps are designated by a capital **E**.

P1. Describe the Target Population and their Health-Relevant Service Environment.

The purpose of this step is to describe the target population (i.e. persons residing in a community, attending a school, working at a particular worksite, or served by a clinic) and health-relevant points about the environment in which they live. Information which is useful in characterizing a target population in a specific area includes information about migration patterns, stage of behavior change, attitudes, beliefs, values, geographic dispersion, education, gender, race and ethnicity, and socioeconomic status. If one is characterizing the health-relevant aspects of the area where a population of interest resides it would be useful to know about such things as transportation, climate, air quality, and the availability and accessibility of health services (REF).

P2. Identify Health Problems and Their Determinants Among the Target Population.

This process involves the application of descriptive and analytic epidemiologic methods required to gather, analyze, and summarize information which can be used to describe the extent, location and etiology of current health problems. This process typically relies on more than one source of information on the health status of the referent population. The information can be compiled from existing sources or by collecting new information. The types of information which help describe the health-relevant problems include morbidity, mortality or disability statistics/rates; host and environmental risk factors; notifiable disease statistics; disease registry statistics; hospital admission and discharge reports; life-expectancy tables; years of premature life lost; police accident reports; and information about health services, including eligibility restrictions and service capacity (Dever, 1984; McKillip, 1987).

E1. Assess Health Problems to Determine Needs of Target Population.

The assessment of health problems to determine needs occurring in the formative stages of the program moves beyond information-gathering and analysis of health problem and determinant identification. Once problems and their underlying causes have been identified (e.g. excess condition-specific mortality or morbidity, high prevalence of behavioral risk factors), they are evaluated to determine which problems and determinants are most important for the target population (i.e. have most severe consequences if left unmet) and which are most relevant to the mission of the agency/organization interested in the population's needs (McKillip, 1987). This can be done by computing discrepancies between *what should be* (i.e. expected mortality or morbidity, knowledge of HIV transmission, perception of susceptibility), based on the opinions of health experts or past performance, and *what is* (i.e. observed mortality and morbidity, knowledge, behavioral intentions), based on measurements pertaining to the problems and determinants of interest. Discrepancies are indicated when what is observed is lower than desired levels (McKillip, 1987). For example, nationally we might hope that at least 80% of those who report one or more high risk behaviors for HIV would have participated in HIV counseling and testing within the past year; however, as a result of questions asked on a national survey, it might be determined that only 45% of the population was tested and counseled. This constitutes a discrepancy of 35%. Discrepancies constitute *needs*. The greater the discrepancy the greater the need and, one would assume, the higher the priority for addressing the need.

P3. Formulate and Prioritize Problem Statements

Once problems and their determinants have been assessed and discrepancies or needs have been identified, these discrepancies should be worded as problem statements so decision-makers can determine if the problem or its determinant warrants the utilization of resources. A problem or its determinant cannot be efficiently solved unless it is precisely described. Thus, a problem statement should be stated on the basis of the information derived from steps P1, P2, and E1 in terms of: (a) What is presently occurring?, (b) What should be occurring?, (c) Is there a deviation between what is occurring and what should be occurring?, and most importantly, (d) Is the nature and extent of the deviation significant enough to justify using limited resources to reduce the deviation? If the answer to (d) is yes, then a problem statement should be written to precisely describe the problem. In the public sector, the need and demand for services consistently outstrip their availability. Therefore, program planners and decision-makers must carefully weigh their options and decide where their programmatic efforts and limited resources can be most efficiently applied.

In prioritizing problems or their determinants, there should be some objective criteria for systematically determining which problems, determinants, and needs--as expressed in formal problem statements--take precedence over others. There are a number of different strategies which have been developed to assist in the process of sytematically prioritizing health problems or their determinants (Frankle & Owen, 1978). At a minimum, the process which is used to establish priorities should take into consideration such things as (1) the magnitude or size

of the problem; (2) the seriousness of the problem (i.e. generally a disease that kills or disables should take precedence over one that does not); (3) the availability of scientific knowledge concerning how to address the problem including the proven effectiveness of interventions which have been used to solve the problem; (4) the availability of human and technical resources required to address the problem; (5) the desires of community leaders; and (6) desires of community at large.

P4. Decide Whether or Not to Intervene.

The decision of whether or not to intervene should take into consideration factors such as a) whether the problem(s) has serious health consequences, b) whether an intervention that is effective or potentially effective exists, c) whether the potential benefits of the intervention outweigh the financial or other costs required to implement the intervention--the expenditure of resources will benefit the most people possible and d) will the intervention result in the greatest benefit to the most people.

If the intervention is targeting a behavioral antecedent to a health problem, consideration should include such things as: (a) the availability of fiscal and human resources; (b) the nature of the relationship between the behavior and the health objective; (c) how difficult it is to modify or change the target behavior taking into consideration such things as how much pleasure is identified with the behavior, how often the client is exposed to cues to engage in the behavior, the availability of resources required to engage in the behavior, and the acceptability of the behavior (Smith et al, 1992); and (d) whether or not the behavioral change program is acceptable to the community.

P5. Formulate New or Reformulate Existing Program Goal(s).

Program goals are general statements concerning the purposes and intended effects of the program. Although they are typically not quantifiable, they provide direction in developing interventions that address identified problems.

P6. Select or Develop Program Activities to Achieve Goals and Solve Problems.

The methods employed to achieve program goals should coincide with the goals. For example, if the goal of the program is to change behaviors of a particular target group, the interventions employed should be based on (1) a fundamental understanding of behavioral and learning theory, and (2) an understanding of which theory most clearly explains the present behavior in the target group whose behaviors the program wishes to change. If the goal of the program is to increase the availability of clinical services to the population the program serves, the program must analyze and understand the obstacles to service delivery. In this example several questions must be asked:

1. Is the clinic located in the area most accessible to those persons most affected by STDs?
2. Are the hours of operation adequate to meet the community's needs?
3. Is the staffing, both medical and nonmedical, adequate to meet the needs?

4. Is the clinic large enough to meet the needs?
5. Is the present patient flow pattern an obstacle to serving larger numbers of patients per clinic session?
6. Are there adequate medical supplies, diagnostic equipment, and support services available?

Once these answers have been obtained, the program can institute activities that will remove the discrepancies between "what is" and "what should be" occurring.

E2. Decide on the Type of Evaluation you Plan to Conduct in the Formative and Operational Stages of the Program.

As was discussed under the terminology section above, comprehensive evaluation consists of a number of different types and subtypes of assessments. These are (1) assessment of needs, (2) assessment of activities (activity evaluation), (3) analytic and empirical assessment of the effects of activities (effectiveness evaluation), and (4) analytic and empirical resource-benefit assessment. These assessments can be carried out in either the formative (i.e. before wide implementation) or operational (i.e. after program has been implemented widely) stages of a program.

The decision as to what type of evaluation to conduct and when to begin the evaluation (i.e. before or after the program is implemented) varies on the basis of a number of different factors. Some of these factors are 1) financial and human resources available to conduct the evaluation, 2) technical expertise of personnel responsible for the evaluation, 3) purpose of the evaluation, and 4) political considerations connected with the program.

E3. Write Quantifiable Objectives.

Once the problems have been articulated and prioritized, and the program goal(s) has been established, measurable objectives should be written. The type of objectives which are written will depend on the type of evaluation which is being conducted. For example, if an activity evaluation is going to be carried out, it will be necessary to write **activity objectives**. Likewise, if an effectiveness or resource benefit evaluation is decided on, effectiveness and resource benefit objectives should be formulated. These types of objectives are described as follows:
Activity objectives - specify the program activities which you plan to implement to achieve the desired effects.
Effectiveness (analytic or empirical) objectives - should state the intended short, medium and long-term effects of the program activities on host (i.e. biological, behavioral, psychological) or environmental (i.e. social norms, the economy, taxes) factors.
Resource-benefit (analytic or empirical) objectives - should state both the effectiveness objectives and the amount of resources allocated to meet those objectives.

Irrespective of the type of objective written, they should all be specific (identify what will be done to who, when, and where), measurable

(identify when, how many), time-phased (identify a specified time), and achievable (attainable with available resources and technologies, and based upon previous statistics).

P7. Devise Program Operation Procedures Including the Financial Plan. This will entail describing context features of the program such as how it operates, location where it is delivered, program staff, recipients, and resources. For example, "the program will provide an initial 5-day training to the community workers on how to educate people about Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), how to care for persons with AIDS (PWAs), basic counseling skills, homecare, and referral."

E4. Formulate Evaluation Procedures and Design. The evaluation procedures should specify the type of information needed; where (i.e. from what source) the information can be located; when the data will be collected; how the data will be entered and managed; how the data will be analyzed, interpreted and presented/reported; and who will be responsible for performing these tasks.

The design framework illustrates the methods for gathering comparative information on the objectives (indicators) of interest in the different types of assessment. The essentials of an evaluation design depend on the purposes of the evaluation. If the primary purpose is scientific, the design should optimize the internal and external validity of the evaluation. If the primary purpose of the evaluation is more practical than scientific, the design features will be more concerned with the quality of the current program's immediate performance or effects than with replicable results (Green, 1986). A practical program evaluation will aim to garner information that will assist program managers in making decisions about future programmatic directions. The evaluations will help them decide whether to start new programs, maintain the *status quo*, discontinue old programs or redirect agency resources to remphasize certain program areas.

The data collection methods delineated in an evaluation design are often classified as either qualitative or quantitative. Qualitative methods typically produce descriptive information while quantitative methods are used to generate numbers such as frequencies, percentages or rates.

Qualitative methods include direct observation, key informant interviews, and focus groups. Some examples of how qualitative methods can be used to collect information pertaining to STD/HIV programs include (1) observing counseling/interview sessions and/or field investigations, (2) interviewing individual staff on job satisfaction, and (3) conducting a focus group among clients to assess clinic service delivery.

Quantitative methods used to collect data on STD/HIV interventions include the use of questionnaires or surveys, encounter forms, vital records, surveillance systems, hospital records, clinic records or case reports. Examples include administering a survey to determine risk behaviors; conducting a survey to determine the proportion of the target population reporting consistent condom use; administering a community survey before and after a community intervention to determine differences

in targeted attitudes, perceptions and/or behaviors; surveying the population to determine what proportion knows that condoms are protective against some STDs; inspecting encounter forms to determine reason for visit; examining vital records to determine cause of death; using surveillance system to determine demographic characteristics of individuals with a specific diagnosis, examining clinic records to determine incidence/prevalence of STDs, or reinfection rates.

The effects of an intervention may be confounded by extraneous factors (e.g., an event which occurred during the course of the intervention, the presence of competing interventions, the extent to which program participants were exposed to the program itself, etc.) that can obscure or exaggerate the "actual" effects of an intervention. These confounding factors need to be taken into account (removed or measured) in the evaluation.

P8. Pilot Test Program Elements.

Pilot testing of program components allows program administrators to implement changes incrementally and evaluate them prior to full-scale commitment of resources. Significant success on a partial scale should predict success on a larger scale. However, administrators and planners should be aware that the conditions or the "environment' in which a given program element will operate (full-scale) must be similar if not identical to that of the pilot test. This will minimize those extraneous factors that could limit success or confound the results.

Examples could include, morbidity and surveillance programs, computerized medical records systems, encounter forms, clinical quality assurance programs, new interview/counseling formats, changes in clinic patient flow, new employee workplans, new performance evaluation systems, and new training and education courses.

P9. Pilot Test Complete Program.

This step allows program planners and evaluators to observe the effectiveness of the interventions and activities on a limited scale. If the program is ill-conceived, it can be discontinued; if the program appears to be effective, but requires modifications, it can be adjusted before full-scale commitment of resources.

E5. Initiate Formative Evaluation Decided on in Step E2

This is the formative stage of the evaluation when the formative activity, analytic effectiveness, empirical effectiveness, analytic resource-benefit, and/or empirical resource-benefit evaluation begins. The type of evaluation which is initiated in this stage will depend on what was decided in Step E2.

P10. Full-scale Program Implementation.

Based on projections of results obtained from the pilot test, program planners can be reasonably certain that full-scale commitment of time and resources will result in achievement of program goals and objectives. Hence, the complete program is implemented.

E6. Initiate Operational Evaluation Decided on in Step E2

The operational stage of the evaluation begins at the time when the program is implemented in full. At this point, once again depending on what was decided in step E2, the activity evaluation can continue, and the operational effectiveness and/or resource-benefit evaluation can begin.

E7. Develop a data analyses plan with sample tables.

This plan should illustrate show how qualitative and quantitative data will be interpreted and presented. A flow diagram should be devised to help illustrate how qualitative data will be collected, summarized and presented.

E8. Determine how data will be reported.

To facilitate the decision making process, provide guidance on how to prepare a brief report which is understandable and organized. For example, the report should include a description of the program followed by information which addresses each of the evaluation research questions considered in the evaluation. The report should also discuss such things as who provided what services to whom, when, how often, and in what settings, and whether there is any evidence to suggest that documented changes were brought about by the intervention, what the observed changes mean, and whether there were any unexpected changes.

EXHIBIT 2.

SAMPLE FORM USED TO DEVELOP STANDARDIZED HIV/AIDS EDUCATION/COUNSELING MESSAGES

POSSIBLE SEX PARTNERS *HIV STATUS*	MALE HIV STATUS			FEMALE HIV STATUS		
	(+)	*(A+)	(-)	(+)	*(A+)	(-)
Known positive (+)						
Anonymous (Assume +)						
Known negative (-) with suspected risk behaviors						
Known negative (-) with no suspected risk behaviors						
Known positive (+) with desire to have a child						
Known negative (-) with desire to have a child						

* Anonymous individuals are assumed positive.

NOTE: Information in each cell where there is more than one recommendation should be ordered in a contingency fashion according to the relative risk of the recommendation(s).

EXHIBIT 3.

DIRECTIONS FOR TAKING FIELD NOTES DURING FIELD CONTACTS

When you are assigned to be a recorder during a field contact (e.g., focus group, key informant interview, direct observation of TCW providing service, etc.) you should take careful field notes which cover the main themes, issues, problems, and questions which were brought out during the contact. Immediately after the field contact, field notes should be written up in a systematic form. This form will vary according to the type of field contact you make. The various forms are displayed below by the different types of field contacts specified in the evaluation plan, and the corresponding evaluation report guides (i.e., guides used to prepare the final report).