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Transmittal Memorandum

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FROM: Rita Madalena Mapsanganhe, PMT, USAID/Mozambique

Please find enclosed copy of a systematic Approach to Monitoring and Evaluation for the three-year Kulhuvuka, HIV/AIDS Corridor of Hope Project
Prepared under USAID Mozambique Strategic Objective Agreement Number 656-0243,
Cooperative Agreement Number 656-A-00-01-00077

Prepared under USAID Mozambique Strategic Objective Agreement
Number 656-0243
Sector Assistance for Upgrading and Developing Health Services,
Maputo Corridor AIDS Prevention Project,
Cooperative Agreement Number 656-A-00-01-00077

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rec'd 16 Apr. 2002

A Systematic Approach to
Monitoring and Evaluation

for the three-year Kulhuvuka,
HIV/AIDS Corridor of Hope Project

Foundation for Community Development
Maputo, Mozambique
2002

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A Systematic Approach to Monitoring and Evaluation of the three-year Kulhuvuka Corridor of Hope Project is the property of the UPK, Foundation for Community Development. They are at liberty to make additions, changes, subtraction, and otherwise use the information contained here in any way they see fit. Pieces of this systematic approach have been taken shamelessly, but legally, from the Handbook for Program Managers and Decision Makers Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries (Family Health International 2001). I hereby credit them with having produced a quality, useful, and pertinent large red handbook.

The FDC approach to monitoring and evaluation is designed to be flexible and responsive. Components should be changed as FDC evolves, clarifies capabilities, and redefines programmatic priorities. One constant, however, is that monitoring and evaluation must receive continuous attention throughout the life of the program. A systematic approach can simplify the job of identifying and measuring indicators, but no system will produce constructive, useable results without adequate, ongoing attention. There is no quick fix, but there is a logical one. Here it is.

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Monitoring and evaluation can be defined as any effort to **increase effectiveness** and **demonstrate success** through a systematic data-based inquiry into activities, outputs, and impacts.



Table of Contents

Introduction	6
Objectives.....	7
The Systematic Approach	10
Site Assessment	11
Monitoring	13
Evaluation	15
Results Dissemination	19
Participatory M+E	20
Conclusions	20
Time Table	21
Budget	22

Appendices

Logical Framework, MOV	I
Logical Framework, Activity	II
Data Sets.....	III
Site Population Totals.....	IV
Partner Activities, Summary	V
Assessment of HBC Services.....	VI
Workplace Interview Tools	VII
PSI/INJAD Survey Instruments	VIII
Focus Group Discussion Guides	IX

Introduction

As the HIV epidemic continues to spread throughout Africa, the quality and effectiveness of interventions designed to reduce transmission are more critical than ever. After over 15 years of fighting the epidemic, the track record is mixed: some countries have documented success in curtailing new infections, while others see their incidence rates rise or fall with little idea of the effectiveness of individual or combined interventions.

The Foundation for Community Development is in the initial phase of a three-year USAID funded program to fight the HIV epidemic through support of implementing partners in four provinces of Mozambique. This document describes a logical system for tracking program evolution and, ultimately, program effect on HIV prevalence the selected sites.

The steps were simple: clarify objectives and desired outcomes; select pertinent, measurable indicators; identify who will measure the indicators, and when/how they will do it; make sure time and resources are allocated for getting the results to all the right people in the right forms; figure out how much it will all cost...and then just do it. That's the hard part- the doing. But a commitment to the process sets us firmly down the right road.

Objectives

Program Objectives and Outcomes

The ultimate goal of the Kulhuvuka project is to reduce HIV prevalence in Gaza, Inhambane, Maputo City, and Maputo Province. An integrated range of activities in twenty-four sites will focus on a few broad social groups: in and out-of-school youth; migrant workers and their partners; young women and girls; men in workplaces; PLWHA and their families; and community leaders. The specific program objectives and outcomes (logical framework format Appendix I) span six thematic areas:

OBJECTIVE I

Prevention

Ensure knowledge, skills, and motivation to adopt safe behavior practices

Outcomes

- Reduced participation in risky behavior
- Improved individuals and community skills/motivation to engage in risk-reducing behavior
- Improved individual and community knowledge/attitudes to reduce risk

OBJECTIVE II

Susceptibility

Reduce the influence of environmental risk factors

Outcomes

- Enabled community environment to support risk-reducing behavior
- Established means for addressing external risk factors (STIs/nutrition)

OBJECTIVE III

Mitigation, Care, and Support

Increase and improve mitigation and care activities with infected and affected people

Outcomes

- Reduced impact of HIV/AIDS on individuals infected and affected
- PLWHA/OVC integrated into system of care and support

OBJECTIVE IV

Advocacy

Promote a social and political environment favorable to addressing HIV/AIDS issues; and to cultivate communities and workplaces that support non-discrimination of PLWHA

Outcomes

- Informed and supportive community leaders
- Increased acceptance/reduced stigmatization of PLWHA

OBJECTIVE V

Capacity Building

Develop capacity of partner NGOs to design and implement HIV/AIDS prevention and mitigation interventions

Outcomes

- Established and functional FDC HIV/AIDS unit
- Realized standard of quality for partner organizations in management of funded projects
- Established links between partner organizations

OBJECTIVE VI

Investigations

Improve regional and site-specific understanding of socio-cultural and economic factors that effect HIV/AIDS-related behavior, knowledge, and attitudes

Outcomes

- Developed HIV/AIDS/STI strategies and prevention messages that are based on results of site specific socio-economic/cultural research

Monitoring and Evaluation Objectives

Three specific objectives have guided the development of monitoring and evaluation system:

To improve project effectiveness by creating a continuous system of feedback to implementing partners. Data will be used to identify gaps, weaknesses, and strengths of project components; and consequently guide positive project evolution.

To demonstrate success at defined points in the project lifespan; and to provide concrete arguments for program continuation and expansion.

To support the national effort to monitor and evaluate HIV/AIDS programs. With compatible indicators and systems, shared information will strengthen databases at both the National Aids Council (NAC) and the Foundation for Community Development (FDC).

The Attribution Dilemma

The ultimate Kulhuvuka program goal, as stated, is to reduce HIV prevalence in the four southern provinces of Mozambique. There are several factors, however, unrelated to intervention effects that can contribute to an observed stabilization or decrease in prevalence of HIV in a given setting. They include:

- Mortality, especially in mature epidemics;
- Saturation effects in populations at high risk;
- Behavioral change in response to the experience of HIV/AIDS among friends and relatives;
- Other, unrelated, interventions
- Differential migration patterns related to the epidemic; and
- Sampling bias and/or errors in data collection and analysis

From a public health perspective, it may not matter whether the observed changes are due to a particular intervention. What is most important is that sexual practices have become safer and HIV infection should subsequently decrease.

Triangulation

In the absence of rigorous controlled trials, data triangulation procedures must be applied to substantiate a link between interventions and observed behavior changes.

From a cost-effective or policy perspective, however, it is important to examine the factors that caused the observed change in sexual behavior. If the change would have occurred without the intervention, obviously the money would have been better spent elsewhere. And so, it is imperative to ask the question; "Does the program make a difference?" In the absence of rigorous controlled trials, *triangulation* - assuring multiple data sources, different researchers, and multiple perspectives to interpret sets of data can provide reasonable evidence of program effect. The following section describes the three distinct parts and seven distinct data sets that will ultimately be used in project triangulation.

Periodicity

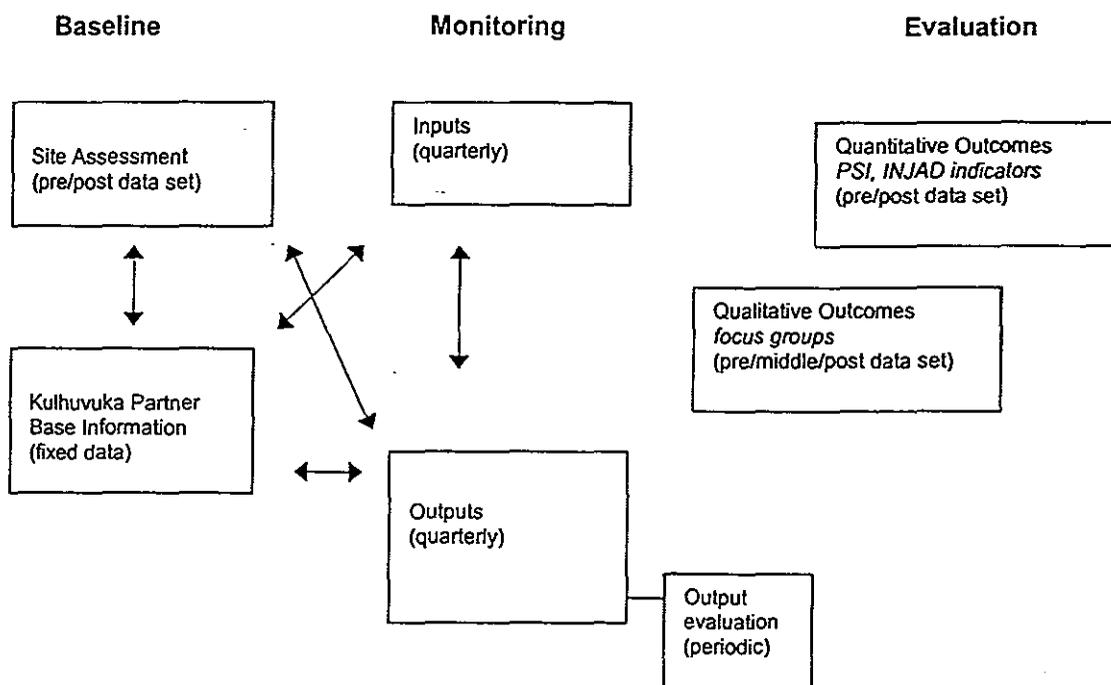
Some of those pieces will provide immediate data: the site assessment and partner baselines, and quantitative and qualitative baselines will provide a current picture of what exists on the ground. The process data (inputs and outputs) will describe quarterly accomplishments. Output evaluation will describe the quality of those accomplishments. Site evaluations and the qualitative evaluation (focus groups) will be repeated in program year three.

The seven pieces will provide an ongoing, intermediary description of program progress. They will, considered together, comprise the USAID year three evaluation.

The picture will be complete after the final quantitative evaluations in years 2004/2006; but the quantitative evaluation is absolutely not the final word on program success: again, *all* pieces must be considered in the triangulation process to fully describe overall impact, success, and barriers to success.

The Systematic Approach

The process of monitoring and evaluation will be broken into three distinct parts defined as baseline, monitoring, and evaluation. Each part is comprised of two data sets: baseline (site assessment and partner information); monitoring (inputs and outputs); and evaluation (qualitative and quantitative outcomes). The output data set has an additional measurement of quality, labeled as 'output evaluation'. For each data set, indicators have been selected to measure results (Appendix II) and data sets have been drafted (Appendix III).



Choice of Indicators

One of the critical steps in designing and carrying out an evaluation of an HIV/AIDS program – or any other program for that matter – is selecting appropriate indicators. Partners, donors, and international recommendations were involved in the FDC indicator selection process. A key national player – The National AIDS Council (NAC) – was also consulted. The NAC is currently coordinating an effort to select national indicators for evaluating program outcomes. FDC will remain involved in the effort, assuring that the national outcome indicators selected are considered in the final evaluation of the Kulhuvuka program. Each of the Kulhuvuka chosen indicators was judged to be:

- Valid – they should measure the condition or event they are intended to measure.
- Relevant – the program proposes to change the concept being measured.
- Specific – they should measure only the condition or event under observation
- Sensitive – they should reflect changes in the state of the condition or event under observation
- Operational – the indicator measures only one concept at a time and is easy to interpret
- Affordable – the costs of measuring the indicators should be reasonable
- Feasible – it should be possible to carry out the proposed data collection

Site Assessment

Objective

The purpose of the site assessment is to describe the current context of the HIV/AIDS epidemic in the 24 sites of the four provinces (see Appendix IV for population figures) that comprise the Foundation for Community Development Kulhuvuka Corridor of Hope Project.

Data Collection Methods

- Data review and literature search
- Interviews with national, provincial, and district partners and policy makers
- Field Research
 - ✓ Site Inventories
 - ✓ Ethnographic summaries

Data Review and Literature Search

- National socio-economic, health, HIV/AIDS/STI data
- Local socio-economic, health, HIV/AIDS/STI data
- Province, district, and NGO policy documents, situational analyses, plans, and reports

Key Data Sources

- Annual HIV Prevalence Sentinel Surveillance, MOH; *format: book; year: 2001*
- Health Facilities of Mozambique, GIS Analysis, EPH/USAID; *format: CD; year: 2000*
- Mozambique Census, INE; *format: CD; year: 1997*
- Demographic and Health Survey; INE/MOH; *format: book; year: 1997*
- Lesotho and Swaziland HIV/AIDS Risk Assessments at Cross Border and Migrant Sites in Southern Africa, USAID/FHI; *format: book; year: 2001*
- An AIDS Assessment of the Maputo Corridor, USAID; *format: book; year: 2000*

Interviews with National and Provincial Representatives and Policy Makers

- National Aids Council
- Project beneficiaries and partners
- International NGOs, headquartered in Maputo with projects in Kulhuvuka sites
- National NGOs, headquartered in Maputo with projects in Kulhuvuka sites

Field Research

Site inventories and ethnographic summaries will include the careful recording of infrastructure, resources, agencies, and primary people and communities at each of the sites. The inventories will be completed - with the close cooperation of the site-specific partners -

FDC Corridor of Hope Sites

Inhamabane

- Massinga
- Maxixe
- Vilankulo
- Quissico
- Homoine
- Morrumbene
- Cidade de Inhambane
- Mapinhane

Gaza

- Chokwe
- Canicado
- Lionde
- Chissano
- Macia
- Chibuto
- City of Xai Xai
- Chicumbane

Maputo

- Boane
- Magude
- Namaacha
- Moamba
- Ressano Garcia
- Manhica
- Matola-Rio

Maputo City

- Distrito Urbano 1
- Distrito Urbano 2
- Distrito Urbano 3
- Distrito Urbano 4
- Distrito Urbano 5

by gathering data from official district and municipal records, health services, and schools; by talking to community leaders, migrant workers, people in workplaces, and people on the street; and by recording the HIV/AIDS related activities of NGOs, CBOs, associations, and religious organizations. The information will be collected in a Microsoft Access relational database, linking to the partner, input, and output data sets.

Site assessments will be replicated at program completion and will form an important piece in the process of triangulation, and in evaluating program impacts.

Site Inventory Scope

Demographic Demographic features of each site, including gender and age breakdowns	Economic Major workplaces, together with employment data	Health Facilities Numbers and locations of hospitals and clinics	Condoms Outlets and stock
Residential characteristics, including number of formal and informal settlements	Army and police bases	Monthly number of patients and STI patients	HIV and Media Messages Locations of regular HIV-related mass media messages, including radio, television, newspapers, and bulletin board
Average house occupancies	Informal work sites, such as taxis	STI drug supply and training in syndromic management	Channels of Communications Formal and informal means of communications in different target sectors
Religious beliefs	Education Primary, secondary, and tertiary education institutions, and enrollment figures	NGOs/CBOs/Associations/Groups working in development in general and health in particular	Community Leaders Identification of leaders in the communities, including political, faith-based, popular, and traditional
Socioeconomic Socioeconomic characteristics	Miners Destination of miners and situations of the families at home	NGO HIV/STI activities	Referral Systems Channels of command
Economic activities	STI and HIV STI and HIV prevalence data	Micro-enterprise activities	
Employment Profiles	STI and HIV Programs	Services for PLWHA/OVC	

The data set and the data forms for collecting field data must be paired for simple, efficient data management, and to assure the correct factors are collected in the field. Please note, these forms are very much draft versions and wait the input of a program and computer specialists.

Lesotho and Swaziland HIV/AIDS Risk Assessments at Cross Border and Migrant Sites in Southern Africa (USAID/FHI 2001) references 'structured assessment guides'. These could also be reviewed for possible application in collecting site assessment data.

Monitoring

Inputs

Measuring inputs will be a simple record of all resources dedicated to each partner organization. They will include money, resources, supplies, staff support, and FDC-sponsored trainings.

Outputs

The outputs indicators were drawn directly from the ten current project proposals (World Relief International, Project Hope/AMODEFA, JustaPaz, Malhalhe, AMDU, ANEMO, Kulima, Pathfinder International, Médicos do Mundo, and Khensani (Appendix V). The activities described in those proposals were grouped, categorized, and summarized; the results are the activities defined in the program logical framework, and the output indicators are defined here by thematic area. As project activities expand and evolve, the logical framework components should be re-examined to assure consistency between output indicators and actual activities in the field.

Output Indicators

Prevention

1. # of trainings
2. # of peer educators
3. # of mass media spots
4. # of publications/type distributed
5. # of special events coordinated
6. # of condom distribution outlets
7. # of condoms distributed
8. # experience exchanges

Susceptibility

1. # income generating programs for girls/women
2. # STI education sessions

Mitigation, Care, and Support

1. # home-based care workers
2. # of services for PLWHA/chronically ill
3. # of services for OVC
4. # sessions including link to VCT services
5. # of income generating programs for PLWHA/OVC

Advocacy

1. # NGO/CBO advocacy/action plans
2. # of special events targeting community leaders
3. # of special events targeting community general
4. # of support groups for PLWHA/OVC
5. # of workplace educational activities
6. # of NGOs/CBOs incorporating HIV messages into activities

Capacity Building

1. # of staff in place at FDC
2. # of trainings for partner organizations
3. # of joint meetings/seminars for partner organizations
4. # of organizations selected for financial management training able to meet pre-award survey standards

Investigations

1. # of studies completed

Output Evaluation

Output evaluation will play an important role in describing program progress and in improving interventions by providing the information necessary to adjust delivery strategies. Output evaluation will be conducted throughout the course of program implementation and will use different methodological approaches to assess projects, ranging from direct observation, key informant interviews, mystery clients, pre/post testing (see *Sample Guide* below), to qualitative targeted focus groups to assess program coverage and barriers to services/behavior change.

Specific output evaluation measures will be designed in close collaboration with project partners and conducted periodically. The participatory approach to process evaluation allows the stakeholders themselves to identify essential indicators they want to measure and helps to ensure that evaluation will be relevant and useful in designing future interventions. Its purpose is to determine whether activities are proceeding according to plan, and if not, to indicate where changes need to be made. Questions asked during output evaluation obviously reflect the activities of the program. For example, while the output indicator measures only *number* of peer educators trained, the output evaluation might seek to answer the following questions:

- Where peer educators selected, trained and supervised?
- How often is the supervision occurring?
- Was there any planned follow-up training? Should there be?
- Are they performing the duties that were expected of them?
- Are they sought after by their peers to provide information?
- Do their peers respect them?
- Do they demonstrate appropriate behavior in their capacity as a peer educator?

The answers to these sorts of questions will present a clear idea of the strengths and weaknesses of a project and offer the opportunity to continually refine interventions during the life span of the project.

Two more samples of output evaluation are attached. One is a questionnaire that has been used to evaluate home-based care services for the chronically ill in Malawi, and is currently being adapted for use by Kubatsirana in Chimoio, Mozambique. (*Assessment of Home-Based Care Services in Malawi, March 2000, Umoyo Network, USAID*)(Appendix VI). The other is a set of workplace evaluation questionnaires developed in Thailand, one targeting employers, the other employees (Appendix VII).

Each activity output in the output data set includes a line to accommodate *evaluation type* and *evaluation results*. The output data set should not be considered final until decisions have been made concerning how each activity output will be evaluated. The data line should then be modified to accommodate the spectrum of chosen evaluation types and their results.

Sample Guide for Evaluating BCC Pamphlets

Ask these questions about each page of the pamphlet

1. Are there any words on this page you do not understand?
2. What are they? Can you explain why they are unclear?
3. Is there anything on this page that you do not believe to be true?
4. What? What would you find more believable?
5. What about the picture on this page – tell me what you see. (if appropriate ask, "Where is this place? What kind of person do you see?")
6. Is there anything about the pictures or the writing on this page that might offend or embarrass some people?
7. What? What would be better?
8. Is there anything on this page that is confusing?
9. What? How could it be clearer?
10. Is there anything on this page that you really like? What?
11. Is there anything on this page that you don't like? What?
12. How would you like to change it?

Ask these questions about the entire pamphlet

1. Do you think the pamphlet is asking you to do anything in particular?
 2. What? Do you think you would do it? Why? Why not?
 3. Do you think the pamphlet is meant for people like yourself, or is it for other people? Why?
 4. What do you think can be done to make this a better pamphlet?
 5. What is your opinion about the pamphlet as a means of communication within your community?
 6. What other means of communications could work, besides pamphlets like this, in your community?
-

Evaluation

Today there is consensus in the conceptual approach debate that both quantitative and qualitative data are valued and recognized as legitimate for program evaluation. In fact, these methods are by no means incompatible and should be used in combination. Deciding what and how much data to gather involves difficult methodological decisions and trade-offs between the quality and utility of the information. We've designed an approach for Kulhuvuka that uses two very different methods, and addresses two very different needs. At the same time, we had to consider best use of resources, taking advantage of quality ongoing nationwide evaluation efforts.

Quantitative Evaluation

Because of the difficulty in measuring HIV incidence directly, behavioral indicators have been heavily relied on to help predict the course of the HIV epidemic. The adoption and use of a limited set of behavioral indicators that are sensitive to the dynamic aspects of the HIV epidemic overtime is therefore critical to program planning. For the purposes of measuring the long-term outcomes of the group of projects Kulhuvuka will support in Gaza, Inhambane, Maputo City, and Maputo Province, a set of indicators has been carefully selected. They reflect program objectives, are based on international recommendations, and are, as discussed above: valid, relevant, specific, sensitive, operational, affordable, feasible. The data set simply reflects the values of the indicators and is *not* part of the relational database.

Outcome Indicators

Prevention

1. % of 15-49 year olds who correctly name two ways of preventing transmission of HIV
2. % of 15-49 year olds who report having at least one non-regular partner in the last 12 months
3. % of 15-49 year olds who report condom use with last (*non-regular*) partner
4. % of 15-49 year olds not using a condom with last non-regular partner who believe they have moderate to high risk of contracting HIV/AIDS
5. Average age at first sexual experience
6. % of 15-49 year olds who believe it is possible to look healthy and be HIV+

Susceptibility

1. # of girls integrated into income generating schemes in last 12 months
2. % of 15-49 year olds who had STI symptoms in the last 12 months who sought care at a service provider

Mitigation

1. % of 15-49 year olds who know where they can get an HIV test
2. # of PLWHA/chronically ill people who have received external help in the last 12 months
3. # of OVC who have received external help in the last 12 months

Advocacy

1. # of key community leaders engaged in policy dialogues concerning HIV/AIDS prevention, care, and support in last 12 months

2. % of 15-24 year olds who would continue to buy foods from a seller if the seller had HIV*
3. # of workplaces supporting the national legislation for PLWHA in last 12 months

Capacity Building

1. # of FDC HIV/AIDS unit staff by title and credentials
2. # of partner organizations with standardized financial, monitoring, and evaluation systems in place
3. system of linkage between partner organizations in place

Investigations

1. # sites described by socio-cultural and economic factors
2. # of site/region-specific strategies developed

Two recognized, reputable studies were chosen to measure outcome indicators: the Population Services International Knowledge, Attitude, and Practices study (PSI KAP 2001), and the jointly conducted Adolescent and Youth Sexual and Reproductive Health Survey (INJAD 2001). Because of a dynamic environment, we can't say *exactly* what year they will be repeated, but they are reported to be scheduled for years 2004, and 2006, respectively. Actual PSI KAP/INJAD questions are attached in Appendix VIII.

Data is still being analyzed from year 2001 surveys at the time of this writing, and so actual baseline is not yet available. Once it is, reasonable target increased will be discussed.

Year three and four of the project will likely be too early to expect to see any significant increase in outcome indicator values, but we recognize that at the start. Project year five/six are when results are expected.

If, by some poor stroke of luck, both the PSI KAP and INJAD are unable to resurvey in year four or five of the project, the National Institute of Statistics Demographic and Health Survey (1997/2002/2007), which uses the same sampling frame, can be relied on as a back-up.

Qualitative Evaluation

First a definition:

- The qualitative data will consist of words describing semi-structured observations of reality, resulting in in-depth information of high validity about a relatively small number of cases (namely, respondents, interviewees, people) *from the point of view of the people studied.*
- The qualitative information will provide insights into attitudes, beliefs, motives, and behaviors of target populations, including in-depth understanding about what they think and how they feel, *using the actual words of the people being interviewed or observed.*
- The qualitative methodology attempts to answer “why” questions and deal with emotional and contextual aspects of response, adding “feel”, “texture” and “nuance” to quantitative finding, again, *from the point of view of the people being studied.*
- The qualitative research will not attempt to generalize to larger populations because it will involve a small number of non-randomly selected respondents.

To gather qualitative data, a participatory process will develop a discussion guide, and define focus group methodology. Participation will include representatives from FDC’s UPK, Kulhuvuka partners in Gaza, Inhambane, Maputo City, and Maputo Province; and qualitative evaluation specialists. Coordination should be maintained with the Ministry of Health, the National Institute of Statistics, and the National Aids Council.

Objectives

1. To provide a deeper understanding of individual definition of “disease”, “risk”, “stigma”, and “responsibility” as they relate to HIV/AIDS.
2. To identify potential barriers to achieving target outputs and outcomes.
3. To describe perceptions of the project and its specific interventions.
4. To add to the information pool used to determine to what extent the project has reached the stated objectives.
5. To identify issues, related to the above objectives, which might merit further research.

Focus Group Discussions

Focus groups discussions will involve a skilled moderator or facilitator who leads an informal but semi-structured discussion with a homogenous group of 6-12 people. An assistant moderator takes notes, operates the tape recorder, and deals with external interruptions. There can be an observer who takes notes on the general process.

General Methodology

Social Partners

In local language

In-school youth

Out-of-school youth

Migrant workers/families

Women/girls

PLWHA/families

Community leaders

Men in workplaces

Focus Group Discussions

2 discussions for each of the selected social partners in each *rural* and *urban* setting; in each of the selected provinces

Field Teams

Well-trained in qualitative techniques

1 field coordinator

Separate male/female teams

Each team conducts 2 focus groups/day plus immediate summary of information

Analysis

Manual matrixes (non computer-assisted)

Team approach

Objective driven

Periodicity

mid 2002, mid 2003, mid 2004

A discussion guide is attached (Appendix IX); but it is designed only to generate ideas. The actual discussion guide will be formed with the guidance of qualified consultants and the technical advisory group; and will reflect the specific objectives of the study.

Key Informant Interviews

Key informant interviews may be used as an additional means of understanding the knowledge, attitude, and practice of certain social partners in relation to HIV/AIDS if the focus group format disallows adequate discussion and/or understanding of a pertinent topic.

Results Dissemination

An evaluation system can become a meaningless exercise in data collection unless the findings motivate donors, partners, program managers, and community leaders to take further action to fight the HIV/AIDS epidemic. Thus, broad dissemination of the findings in formats that promote response is an essential component of any data collection system. Unfortunately, dissemination is often treated as an afterthought, receiving only limited attention after the results have been analyzed and formal reports generated. Some people even consider their dissemination work complete with the publication of a detailed final technical report. If dissemination is to produce necessary action on the part of partners, stakeholders, and donors, it will involve much, much more. In fact, effective dissemination is an ongoing process that begins with the idea of a survey, and continues through the life of a project. The elements include:

- Building consensus among donors, partners, program managers, and community leaders about the modes and methods of evaluation. This helps to create ownership of the findings and ensures that their presentation will be appropriate and relevant for the various target audiences.

- Developing a complete dissemination strategy at the time of project planning. This should include dissemination of some key findings as soon as possible after data collection is complete to sustain interest.
- Preparing donors, partners, program managers, and community leaders to understand the meaning, limitations, and interpretation of results well in advance of their actual release.
- Developing separate dissemination materials for each group (donors, partners, program managers, and community leaders) that explain the findings in clear, simple language, in a variety of formats (technical reports, policy briefs, public briefings, power point/slide shows, group and individual meetings, community meetings, and photographic/anecdotal accounts).
- Actively following up to answer questions, clarify meanings and interpretations, and make informed recommendations on appropriate policies, projects, or actions as suggested by the data.

Participatory Monitoring and Evaluation

Partners must be involved in the monitoring and evaluation process from inception to the very last day of the last project. Without partner investment, data and results will likely be dismissed or ignored by the people who are best positioned to make use of it. To begin the participatory process, two trainings are planned targeting the six-eight program partner organizations.

Goal	Objectives
<ul style="list-style-type: none"> • To increase partner's investment in the proposed Kulhuvuka monitoring and evaluation indicators and methodologies • To increase partners capacity to conduct <i>evaluation</i> work plans for their proposed strategies and actions 	<ul style="list-style-type: none"> • Distinguish between process, outcome, and impact level evaluations • Agree on an effective system for collecting output indicator results • Identify methods to overcome barriers to conducting effective output evaluations • Design output evaluation work plan

Conclusion

This documents puts in place the framework for the monitoring and evaluation of the Kulhuvuka program over the next three years. It defines the general approach, and points the process down a particular road. It is not an end, however, it is simply a beginning. There are many basic pieces of the structure that will support quality M+E throughout the project duration that need to be put firmly in place before the system can swing into a regular process of collecting and tallying output data; evaluating those outputs, and conducting outcome evaluations. The following two tables detail timing and approximate costs of each element. They imply a priority order for element completion.

Budget

Item	Allocated Time (weeks)	Responsible	Approx. Costs (USD)
Logical Framework			
Reconcile outputs and outcomes with evolving project ideas and define final indicators	2	FDC	-
Data System			
Draft data system (using the baseline, monitoring, and evaluation indicators/data sets as a place from which to start discussions with a systems specialist); assure the data base is truly relational	8	Computer Specialist	18000
Design data collection sheets for field use in site assessments and output reporting, assuring input from partners	2	FDC/Consultant	3000
Pre-test data collection sheets with partners, and modify accordingly	2	FDC/Consultant	3000
Finalize data system	1	Computer Specialist	3000
Finalize data collection sheets	1	FDC/ Consultant	1500
Define periodicity of collection	-	FDC	-
Conduct random periodic checks of data	ongoing	FDC/Consultant	5000
Perform periodic modifications of data system	ongoing	FDC/Computer Specialist	5000
Future installment of GIS mapping capability	8	FDC/Computer Specialist	15000
Partner Training			
Conduct partner M+E training, including modules on theory, data systems, reporting, process monitoring, process evaluations, and outcomes	4	FDC/Consultant	12000
Coordinate follow-up trainings to address issues/ problems relating to data collection system	2	FDC/Consultant	8000
Process Evaluation			
general fund (actual activities to be developed with partners)	ongoing	FDC/Partners/ Consultant	50000
Site Assessment			
Conduct site assessments; input and analyze data; produce report	4	Survey Specialists	85000
Conduct final site assessment; input and analyze data; produce report			85000
Qualitative Evaluation			
Form technical group	1	FDC	-
Develop a final product from draft objectives, discussion guides, and methods	3	TG/FDC/ Consultant/Partners	1500
Select survey specialists to conduct focus groups	1	FDC	-
Conduct data collection, analysis, and technical report	4	Survey Specialists	55000
Produce dissemination report(s)	2	Consultant	8000
Compile lessons learned for mid-term study	1	FDC/Consultant/ Partners	1500
Repeat focus groups, dissemination report(s); midterm	6	FDC/ Survey Specialists	63000
Compile lessons learned for final study	1	FDC/Consultant/ Partners	1500
Repeat focus groups, dissemination report(s); final	6	FDC/ Survey Specialists	63000
Quantitative Evaluation			
Track progress of analysis of the baseline studies selected, assuring the chosen indicators are included	ongoing	FDC	-
Maintain regular contact with PSI/INJAD/DHS to assure ongoing coordination and inclusion of selected indicators	ongoing	FDC	(75000)
Results Dissemination			
Design dissemination strategy	1	FDC/Consultant	1500
Dissemination of results baseline, mid, and end terms		FDC	32000
Total			595,500

Time Table

Item	Year 2002				Year 2003				Year 2004			
	1	2	3	4	1	2	3	4	1	2	3	4
Logical Framework												
Reconcile outputs and outcomes with evolving project ideas and define final indicators												
Data System												
Draft data system (using the baseline, monitoring, and evaluation indicators/data sets as a place from which to start discussions with a systems specialist); assure the data base is truly relational												
Design data collection sheets for field use in site assessments and output reporting, assuring input from partners												
Pre-test data collection sheets with partners, and modify accordingly												
Finalize data system												
Finalize data collection sheets												
Define periodicity of collection												
Conduct random periodic checks of data												
Perform periodic modifications of data system												
Future installment of GIS mapping capability												
Training												
Conduct partner M+E training, including modules on theory, data systems, reporting, process monitoring, process evaluations, and outcomes												
Coordinate follow-up training to address issues/ problems relating to data collection system												
Process Evaluation												
General fund (actual activities to be developed with partners)												
Site Assessments												
Conduct baseline site assessments; input and analyze data; produce report												
Conduct final site assessment; input and analyze data; produce report												
Qualitative Evaluation												
Form technical group												
Develop a final product from draft objectives, discussion guides, and methods												
Select survey specialists to conduct focus groups												
Conduct data collection, analysis, and technical report												
Produce dissemination report(s)												
Compile lessons learned for mid-term study												
Repeat focus groups, dissemination report(s); midterm												
Compile lessons learned for final study												
Repeat focus groups, dissemination report(s); final												
Quantitative Evaluation												
Track progress of analysis of the quantitative baseline studies selected, assuring the chosen indicators are included												
Maintain regular contact with PSI/INJAD/DHS to assure ongoing coordination and inclusion of selected indicators												
Results Dissemination												
Design dissemination strategy												
Dissemination of results baseline, mid, and end terms												

Appendix I

Kulhuvuka Logical Framework, MOV

Narrative Summary	Outcome Indicators <i>(compiled by FDC)</i>	Means of Verification	Frequency	Notes
GOAL Reduced HIV/AIDS transmission in Maputo Transportation Corridor	Reduction in the rate of increase of HIV prevalence in Gaza, Inhambane, Maputo City, and Maputo Province	Sentinel Surveillance Survey among Pregnant Women	Annual	is currently the <i>only</i> means of measuring prevalence in Mozambique
OBJECTIVE I Prevention Ensure knowledge, skills, and motivation to adopt safe behavior practices Outcomes: <ul style="list-style-type: none"> • Reduced participation in risky behavior • Improved individuals and community skills/motivation to engage in risk-reducing behavior • Improved individual and community knowledge/attitudes to reduce risk 	<ol style="list-style-type: none"> 1. % of 15-49 year olds who correctly name two ways of preventing transmission of HIV 2. % of 15-49 year olds who report having at least one non-regular partner in the last 12 months 3. % of 15-49 year olds who report condom use with last (<i>non-regular</i>) partner (note: INJAD omits the word <i>non-regular</i>) 4. Of those NOT using a condom with last non-regular partner, % of 15-49 year olds who believe they have moderate to high risk of contracting HIV/AIDS 5. Average age at first sexual experience 6. % of 15-49 year olds who believe it is possible to look healthy and be HIV+ 	PSI KAP/INJAD/ Focus Groups PSI KAP/INJAD/ Focus Groups PSI KAP/INJAD/ Focus Groups PSI KAP/ INJAD/ Focus Groups PSI KAP/INJAD/ Focus Groups PSI KAP/INJAD/ Focus Groups	Annual For PSI KAP and INJAD, see notes column Focus groups at program beginning, middle, and end	Sources of data: PSI: 2001/2004-5; province; urban only; gender; 15-49 (<i>indicators 1,2,3,4,5,6</i>) INJAD: 2001/2006; province, gender, age 15-24 (<i>indicators 1,2,3,4,5,6</i>) DHS: 1997/2003; province, rural/urban, gender, 7 age groups (<i>indicators 1,3,5</i>) <u>submit DHS addition questions via Howard Helman to Dr. Okey</u>
OBJECTIVE II Susceptibility <ul style="list-style-type: none"> • Reduce the influence of environmental risk factors Outcomes: <ul style="list-style-type: none"> • Enabled community environment to support risk-reducing behavior • Address external factors that influence risk (STIs/nutrition) 	<ol style="list-style-type: none"> 1. # of girls integrated* into income generating schemes in last 12 months 2. % of 15-49 year olds who had STI symptoms in the last 12 months who sought care at a service provider 	Site Assessments PSI KAP/ INJAD/ Focus Groups	Site Assessments 2001/2003	*Receiving regular monthly income
OBJECTIVE III Mitigation, Care, and Support Increase and improve mitigation and care activities with infected and affected people Outcome <ul style="list-style-type: none"> • Reduced impact of HIV/AIDS on individuals infected and affected • PLWHA/OVC integrated into system of care and support 	<ol style="list-style-type: none"> 1. % of 15-49 year olds who know where they can get an HIV test 2. # of PLWHA/chronically ill people who have received external help in the last 12 months 3. # of OVC who have received external help in the last 12 months 	PSI KAP/ INJAD/ Focus Groups Site Assessments Site Assessments	For PSI KAP and INJAD, see notes column	*If people don't know/don't admit to being HIV+, then the project will tally <i>chronically ill</i> people (UNAIDS definition of sick for 3 consecutive months) **"external help" defined by admission to a support group, counselling, home-based care, health care, micro-enterprise, food/clothing, and/or education services

Narrative Summary	Outcome Indicators <i>(compiled by FDC)</i>	Means of Verification	Frequency	Notes
<p>OBJECTIVE IV Advocacy Promote a social and political environment favorable to addressing HIV/AIDS issues; and to cultivate communities and workplaces that support non-discrimination of PLWHA</p> <p>Outcome</p> <ul style="list-style-type: none"> • Informed and proactive community leaders • Increased acceptance/reduced stigmatization of PLWHA 	<ol style="list-style-type: none"> 1. # of key community leaders engaged in policy dialogues concerning HIV/AIDS prevention, care, and support in last 12 months 2. % of 15-24 year olds who would continue to buy foods from a seller if the seller had HIV* 3. # of workplaces supporting the national legislation for PLWHA in last 12 months 	<p>Site Assessments</p> <p>INJAD*/Focus Groups</p> <p>Site Assessments</p>	<p>Site Assessments 2001/2003</p>	<p>*PSI uses a different question with the same intent. See appendices for actual question phrasing.</p>
<p>OBJECTIVE V Capacity Building Develop capacity of partner NGOs to design and implement HIV/AIDS prevention and mitigation interventions</p> <p>Outcome</p> <ul style="list-style-type: none"> • Established and functional FDC HIV/AIDS unit • Realized standard of quality for partner organizations in management of funded projects • Established links between partner organizations 	<ol style="list-style-type: none"> 1. # of FDC HIV/AIDS unit staff by title and credentials 2. # of partner organizations with standardized financial, monitoring, and evaluation systems in place 3. system of linkage between partner organizations in place 	<p>FDC Records</p> <p>FDC Records</p> <p>FDC Records</p>	<p>Annual</p> <p>Quarterly</p> <p>Quarterly</p>	
<p>OBJECTIVE VI Investigations Improve regional, and site specific understanding of socio-cultural and economic factors that effect HIV/AIDS-related behavior, knowledge, and attitudes</p> <p>Outcomes</p> <ul style="list-style-type: none"> • Developed HIV/AIDS/STI strategies and prevention messages that are based on results of site specific socio-economic/cultural research 	<ol style="list-style-type: none"> 1. # sites described by socio-cultural and economic factors 2. # of site/region-specific strategies developed 	<p>FDC Records</p> <p>FDC Records</p>	<p>Quarterly</p> <p>Quarterly</p>	

Activities	Output Indicators <i>(collected each month/trimester from partner organizations)</i>	Means of Verification	Frequency	Notes
ACTIVITY I Prevention <ul style="list-style-type: none"> • IEC/BCC training for NGOs/CBOs • Mass media communication (radio, TV, newspaper) • Production of educational and promotional materials (leaflet, theater, poster, video, periodical) • Coordination of special events (days, talks, debates, seminars) • Distribution of condoms • Establishment of peer education programs • Bio-safety Training 	<ol style="list-style-type: none"> 1. # of trainings 2. # of peer educators 3. # of mass media spots 4. # of publications/type distributed 5. # of special events coordinated 6. # of condom distribution outlets 7. # of condoms distributed 8. # experience exchanges 	Project Reports	Quarterly	
ACTIVITY II Susceptibility <ul style="list-style-type: none"> • Promote girls empowerment • Increase demand for STI services at health centers 	<ol style="list-style-type: none"> 1. # income generating programs for girls/women 2. # STI education sessions 	Project Reports	Quarterly	
ACTIVITY III Mitigation, Care, and Support <ul style="list-style-type: none"> • Increase access to VCT services • Provide home-based care • Provide physical, psychological and moral support for PLWHA/OVC • Coordinate income generating activities 	<ol style="list-style-type: none"> 1. # home-based care workers* 2. # of services* for PLWHA/chronically ill 3. # of services** for OVC 4. # sessions including link to VCT services 5. # of income generating programs for PLWHA/OVC*** 	Project Reports	Quarterly	<p>*defined by support group, counseling, home-based care, health care, micro-enterprise, food/clothing, and/or education services</p> <p>**# of those served at home will be tallied in mitigation <i>outcomes</i>, above</p> <p>***tallied under <i>services</i>, but further defined here</p>

Activities	Output Indicators <i>(collected each quarter by partner organizations)</i>	Means of Verification	Frequency	Notes
ACTIVITY IV Advocacy <ul style="list-style-type: none"> • Mobilize leaders and community network to include HIV/AIDS on agenda • Mobilize NGOs/CBOs to mainstream HIV/AIDS • Undertake public events involving PLWHA, political leaders, and other public personalities • Mobilize community to accept and care for OVC and PLWHA • Mobilize community/workplace education about HIV/AIDS 	<ol style="list-style-type: none"> 1. # NGO/CBO advocacy/action plans 2. # of special events targeting community leaders 3. # of special events targeting community general 4. # of support groups for PLWHA/OVC 5. # of workplace educational activities 6. # of NGOs/CBOs mainstreaming HIV/AIDS 	Project Reports	Quarterly	
ACTIVITY V Capacity Building <ul style="list-style-type: none"> • Compose and train HIV/AIDS unit at FDC • Identify and train implementing partners in grants management, strategy planning, administration, and project M+E • Financial management training for selected non-partner NGOs/CBOs 	<ol style="list-style-type: none"> 1. # of staff in place at FDC 2. # of trainings for partner organizations 3. # of joint meetings/seminars for partner organizations 4. # of organizations selected for financial management training able to meet pre-award survey standards 	Project Reports		
ACTIVITY VI Investigations <ul style="list-style-type: none"> • Support socio-economic and anthropologic studies that are designed to create more effective interventions • Biomedical studies to identify local methods of boosting immune systems 	<ol style="list-style-type: none"> 1. # of studies completed 	Project Reports	Quarterly	

Appendix II

Kulhuvuka Logical Framework, Activity

Narrative Summary	Outcome Indicators <i>(compiled by FDC)</i>	Activities	Output Indicators <i>(collected each month/trimester from partner organizations)</i>
GOAL Reduced HIV/AIDS transmission in Maputo Transportation Corridor	Reduction in the rate of increase of HIV prevalence in Gaza, Inhambane, Maputo City, and Maputo Province		
OBJECTIVE I Prevention Ensure knowledge, skills, and motivation to adopt safe behavior practices Outcomes <ul style="list-style-type: none"> • Reduced participation in risky behavior • Improved individuals and community skills/motivation to engage in risk-reducing behavior • Improved individual and community knowledge/attitudes to reduce risk 	<ol style="list-style-type: none"> 1. % of 15-49 year olds who correctly name two ways of preventing transmission of HIV 2. % of 15-49 year olds who report having at least one non-regular partner in the last 12 months 3. % of 15-49 year olds who report condom use with last (<i>non-regular</i>) partner (note: INJAD omits the word <i>non-regular</i>) 4. % of 15-49 year olds not using a condom with last non-regular partner who believe they have moderate to high risk of contracting HIV/AIDS 5. Average age at first sexual experience 6. % of 15-49 year olds who believe it is possible to look healthy and be HIV+ 	ACTIVITY I Prevention <ul style="list-style-type: none"> • IEC/BCC training for NGOs/CBOs • Mass media communication (radio, TV, newspaper) • Production of educational and promotional materials (leaflet, theater, poster, video, periodical) • Coordination of special events (days, talks, debates, seminars) • Distribution of condoms • Establishment of peer education programs • Bio-safety Training 	<ol style="list-style-type: none"> 1. # of trainings 2. # of peer educators 3. # of mass media spots 4. # of publications/type distributed 5. # of special events coordinated 6. # of condom distribution outlets 7. # of condoms distributed 8. # experience exchanges
OBJECTIVE II Susceptibility <ul style="list-style-type: none"> • Reduce the influence of environmental risk factors Outcomes <ul style="list-style-type: none"> • Enabled community environment to support risk-reducing behavior • Address external factors that influence risk (STIs/nutrition) 	<ol style="list-style-type: none"> 1. # of girls integrated into income generating schemes in last 12 months 2. % of 15-49 year olds who had STI symptoms in the last 12 months who sought care at a service provider 	ACTIVITY II Susceptibility <ul style="list-style-type: none"> • Promote girls empowerment • Increase demand for STI services at health centers 	<ol style="list-style-type: none"> 1. # income generating programs for girls/women 2. # STI education sessions
OBJECTIVE III Mitigation, Care, and Support Increase and improve mitigation and care activities with infected and affected people Outcomes <ul style="list-style-type: none"> • Reduced impact of HIV/AIDS on individuals infected and affected • PLWHA/OVC integrated into system of care and support 	<ol style="list-style-type: none"> 1. % of 15-49 year olds who know where they can get an HIV test 2. # of PLWHA/chronically ill people who have received external help in the last 12 months 3. # of OVC who have received external help in the last 12 months 	ACTIVITY III Mitigation, Care, and Support <ul style="list-style-type: none"> • Increase access to VCT services • Provide home-based care • Provide physical, psychological and moral support for PLWHA/OVC • Coordinate income generating activities 	<ol style="list-style-type: none"> 1. # home-based care workers 2. # of services for PLWHA/chronically ill 3. # of services for OVC 4. # sessions including link to VCT services 5. # of income generating programs for PLWHA/OVC

Narrative Summary	Outcome Indicators <i>(compiled by FDC)</i>	Activities	Output Indicators <i>(collected quarterly from partner organizations)</i>
<p>OBJECTIVE IV Advocacy <u>Promote a social and political environment favorable to addressing HIV/AIDS issues;</u> and to cultivate communities and workplaces that support non-discrimination of PLWHA</p> <p>Outcomes</p> <ul style="list-style-type: none"> • Informed and supportive community leaders • Increased acceptance/reduced stigmatization of PLWHA 	<ol style="list-style-type: none"> 1. # of key community leaders engaged in policy dialogues concerning HIV/AIDS prevention, care, and support in last 12 months 2. % of 15-24 year olds who would continue to buy foods from a seller if the seller had HIV* 3. # of workplaces supporting the national legislation for PLWHA in last 12 months 	<p>ACTIVITY IV Advocacy</p> <ul style="list-style-type: none"> • Mobilize leaders and community network to include HIV/AIDS on agenda • Mobilize NGOs/CBOs to mainstream HIV/AIDS • Undertake public events involving PLWHA, political leaders, and other public personalities • Mobilize community to accept and care for OVC and PLWHA • Mobilize community/workplace education about HIV/AIDS 	<ol style="list-style-type: none"> 1. # NGO/CBO advocacy/action plans 2. # of special events targeting community leaders 3. # of special events targeting community general 4. # of support groups for PLWHA/OVC 5. # of workplace educational activities 6. # of NGOs/CBOs mainstreaming HIV/AIDS
<p>OBJECTIVE V Capacity Building Develop capacity of partner NGOs to design and implement HIV/AIDS prevention and mitigation interventions</p> <p>Outcomes</p> <ul style="list-style-type: none"> • Established and functional FDC HIV/AIDS unit • Realized standard of quality for partner organizations in management of funded projects • Established links between partner organizations 	<ol style="list-style-type: none"> 1. # of FDC HIV/AIDS unit staff by title and credentials 2. # of partner organizations with standardized financial, monitoring, and evaluation systems in place 3. system of linkage between partner organizations in place 	<p>ACTIVITY V Capacity Building</p> <ul style="list-style-type: none"> • Coalesce and train HIV/AIDS unit at FDC • Identify and train implementing partners in grants management, strategy planning, administration, and project M+E • <u>Financial management training for selected non-partner NGOs/CBOs</u> 	<ol style="list-style-type: none"> 1. # of staff in place at FDC 2. # of trainings for partner organizations 3. # of joint meetings/seminars for partner organizations 4. # of organizations selected for <u>financial management training able to meet pre-award survey standards</u>
<p>OBJECTIVE VI Investigations Improve regional and site specific understanding of socio-cultural and economic factors that effect HIV/AIDS-related behavior, knowledge, and attitudes</p> <p>Outcomes</p> <ul style="list-style-type: none"> • Developed HIV/AIDS/STI strategies and prevention messages that are based on results of site specific socio-economic/cultural research 	<ol style="list-style-type: none"> 1. # sites described by socio-cultural and economic factors 2. # of site/region-specific strategies developed 	<p>ACTIVITY VI Investigations</p> <ul style="list-style-type: none"> • Support socio-economic and anthropologic studies that are designed to create more effective interventions • Biomedical studies to identify local methods of boosting immune systems 	<ol style="list-style-type: none"> 1. # of studies completed

Appendix III

Data Sets

Standardized Data Definitions

Baseline
Partner
Site Assessments
Field Form

Monitoring
Input
Output

Evaluation
Qualitative
Quantitative

Standardized Data Definitions

Definitions of key data must remain consistent with every use, in order to enable comparison between baseline, inputs, and outputs.

1. Partners
2. Staff type (managerial, administrative, technical, support??)
3. Sites (in Inhamabane: Massinga, Maxixe, Vilankulo, Quissico, Homoine, Morrumbene, Cidade de Inhambane, Mapinhane; in Gaza: Chokwe, Canicado, Lionde, Chissano, Macia, Chibuto, City of Xai Xai, Chicumbane; in Maputo: Boane, Magude, Namaacha, Moamba, Ressano Garcia, Manhica, Matola-Rio; in Maputo City: Distrito Urbano 1, Distrito Urbano 2, Distrito Urbano 3, Distrito Urbano 4, Distrito Urbano 5)
4. Thematic areas (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions)
5. Activities (trainings, mass media, publications, special events, mainstreaming HIV/AIDS, condom outlets, experience exchanges / income generating, STI education sessions / home-based care workers, chronically ill served at home, orphans receiving care, support groups, sessions including link to VCT services / NGO advocacy plans, special events targeting community leaders, special events targeting community general, support groups for PLWHA/OVC, workplace educational activities / staff in place at FDC, trainings for partner organizations, joint meetings or seminars / studies completed, region-specific home-based care kits, local foods or substances)
6. Target groups (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, OVC, community leaders, church congregations, CBO, community volunteer, health worker, workplaces general, other _____)
7. age group (15-24, 24-49, 49+, all)
8. publications (posters, brochures, flyers, periodicals, videos)
9. distribution locales (community general, public gathering places, schools, clinics, NGOs/CBOs, trainings, special audience, other _____)
10. mass media (radio, TV, newspaper, bulletin board)
11. special events (sensitization seminars, talks, seminars, debates, theatre, celebration days)
12. Community Leaders type (political, community, faith-based, popular, traditional, other)
13. Topic trainings (campaign/strategy development, HIV general, HIV prevention general, STIs, outreach/IEC/BCC communications, peer education, activist, life skills, micro-finance, home-based care, counseling, experience exchange, link to VCT services, bio-safety)
14. Topic special events/mass media/publications/messages (HIV general, HIV prevention general, STIs, condom use, project awareness, service awareness, life skills, link to VCT services)
15. Micro-enterprise project by type (food, sewing, plastic arts, other, none)
16. Services for PLWHA/OVC (support group, counseling, home-based care, health care, micro-enterprise, food/clothing, education, other, none)
17. condom distribution outlets (health facility, workplace, NGO/CBO, association/club, market place, school, other, none)

Data System

Kulhuvuka Partner Base

Date of entry _____

Name of entry person _____

- 1. Name (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU)
2. Type (A, B)
3. Province (Gaza, Inhambane, Maputo, Maputo City)
4. Site (if Inhambane: Massinga, Maxixe, Vilankulo, Quissico, Homoine, Morrumbene, Inhambane City, Mapinhane; if Gaza: Chokwe, Canicado, Lionde, Chissano, Macia, Chibuto, City of Xai Xai, Chicumbane; if Maputo: Boane, Magude, Namaacha, Moamba, Ressano Garcia, Manhica, Matola-Rio; if Maputo City: Distrito Urbano 1, Distrito Urbano 2, Distrito Urbano 3, Distrito Urbano 4, Distrito Urbano 5)
5. Project target groups (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, community leaders, church congregations, other)
6. Thematic areas (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other)
7. Staff (managerial, administrative, technical, support)
By number

Data System

Site Baseline

Date of entry _____

Name of entry person _____

Date of collection _____

Name of collection person _____

- 1. Province (Gaza, Inhambane, Maputo, Maputo City)
- 1. Site (if Inhambane: Massinga, Maxixe, Vilankulo, Quissico, Homoine, Morrumbene, Inhambane City, Mapinhane; if Gaza: Chokwe, Canicado, Lionde, Chissano, Macia, Chibuto, City of Xai Xai, Chicumbane; if Maputo: Boane, Magude, Namaacha, Moamba, Ressano Garcia, Manhica, Matola-Rio; if Maputo City: Distrito Urbano 1, Distrito Urbano 2, Distrito Urbano 3, Distrito Urbano 4, Distrito Urbano 5)
2. Site Population (enter exact number)
3. Site main economies (*create list*)
4. Kulhuvuka partner NGO (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____)
5. Kulhuvuka target groups (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, OVC, community leaders, church congregations, CBO, community volunteer, health worker, workplaces general, other _____)
6. Estimated Kulhuvuka beneficiaries (# male, # female, don't know)
7. Site Main workplaces

Work site name: _____

- Sector ()
 - Employees (# males, # females)
 - National policy for PLWHA in place (yes, no, don't know)
 - HIV/AIDS activities in last 12 months
 - peer educators (# males, # females, don't know)
 - advocacy groups (# males, # females, don't know)
 - publications (posters, brochures, flyers, periodicals, videos)
 - special events (sensitization seminars, talks, seminars, debates, theatre, celebration days)
 - other (leave space to describe)
 - none
 - Other notes (leave space)
9. Site (non-Kuhluluvuka) major NGO/CBOs
- Name (write name)
 - Year of conception (write year)
 - Sector of work (health, development, ...)
 - Target groups (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, OVC, community leaders, church congregations, CBO, community volunteer, health worker, workplaces general, other _____)
 - Thematic areas (HIV programs) (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none)

- HIV activities (trainings, mass media, publications, special events, incorporation of HIV/AIDS messages, condom outlets, experience exchanges / income generating, STI education sessions / home-based care workers, chronically ill served at home, orphans receiving care, support groups, sessions including link to VCT services / NGO advocacy plans, special events targeting community leaders, special events targeting community general, support groups for PLWHA/OVC, workplace educational activities / staff in place at FDC, trainings for partner organizations, joint meetings or seminars / studies completed, region-specific home-based care kits, local foods or substances, other, none)
- Beneficiaries in last 12 months (# male, # female, don't know)
- Other notes (leave space)

10. Site Associations/Clubs

- Name (write name)
- Year of conception (write year)
- Thematic area (health, development, ...)
- Target groups (community general, in-school youth, out-school youth, migrant workers/families, female/girls, male/boys, PLWHA/families, community leaders, church congregations, other)
- HIV program (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none)
- HIV activities HIV activities (trainings, mass media, publications, special events, incorporation of HIV/AIDS messages, condom outlets, experience exchanges / income generating, STI education sessions / home-based care workers, chronically ill served at home, orphans receiving care, support groups, sessions including link to VCT services / NGO advocacy plans, special events targeting community leaders, special events targeting community general, support groups for PLWHA/OVC, workplace educational activities / staff in place at FDC, trainings for partner organizations, joint meetings or seminars / studies completed, region-specific home-based care kits, local foods or substances, other, none)
- Members (# male, # female, don't know)
- Beneficiaries in last 12 months (# male, # female)
- Other notes (leave space)

11. Site Micro-enterprise Projects

- Type (food, sewing, plastic arts, other, none)
- Target groups (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, OVC, community leaders, church congregations, CBO, community volunteer, health worker, workplaces general, other _____)
- Beneficiaries in past 12 months (# male, # female, don't know)
- Other notes (leave space)

12. Site Services for PLWHA

- Type (support group, counseling, home-based care, micro-enterprise, food/clothing, education, other, none)
Beneficiaries in last 12 months (# male, # female, don't know)
- VCT (yes, no) if no, closest VCT (...)
- Day hospital (yes, no) if no, closest day hospital (...)
- Other notes (leave space)

13. Services for OVC

- Type (support group, counseling, home-based care, micro-enterprise, food/clothing, education, other, none)
Beneficiaries in past three months (# male, # female)

14. Health Care Services

- Type (hospital, health center, private clinic, traditional healer, other, none)
Service providers (doctor, basic nurse, mid nurse, high nurse, other)
(by number)
Patients/day (...)
HIV testing (yes, no)
STIs treated/month (# male, # female, don't know)
Condoms available (yes, no)

15. Site Condom Distribution Outlets

- Type (health facility, workplace, NGO/CBO, association/club, market place, school, other, none)
distributed by month (0-500, 501-2000, 2001-10,000, 10,001-50,000)
Cost (yes, no)

16. Regular HIV/AIDS Media Programming

- thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) media (radio, TV, newspaper, bulletin board, other _____) topic (HIV general, HIV prevention general, STIs, condom use, project awareness, service awareness, life skills, link to VCT services) duration (# hours/days/weeks) length (< 1 minute, 2-10 minutes, 11-30 minutes, 30-60 minutes > 60 minutes) total airings (1, 2-10, 10-50, 50-100, >100) language (Portuguese, ...) target group (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, OVC, community leaders, church congregations, CBO, community volunteer, health worker, workplaces general, other _____) faith-based (yes, no) beneficiaries -ie: listeners/viewers -(#male, #female, don't know) age group (15-24, 24-49, 49+, all)

17. Community Leaders

- Type (political, community, faith-based, popular, traditional, other)
AIDS agenda items in last 12 months (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none)
Form of address (....)
Frequency of address (daily, weekly, monthly, yearly)

18. Formal and Informal Communication Outlets

Field Forms

Site Assessments

Use a separate form for each entry

Form A: Work Sites

Definition of Work Site: *blah blah blah...*

Date:

Date collected by:

Province:

Site:

Site Main workplaces

Work site name: _____

Sector (_____)

Employees (# _____ males, _____ females)

National policy for PLWHA in place (_____ yes, _____ no, _____ don't know)

HIV/AIDS activities

- peer educators (_____ males, _____ females)
- advocacy groups (_____ males, _____ females)
- publications (*circle any that apply*: posters, brochures, flyers, videos, none)
- special events (*circle any that apply*: sensitization seminars, talks, seminars, debates, theatre, none)

- other (describe): _____

- none

Other notes (describe): _____

Data System: Monitoring

Input Indicators

To be maintained by FDC

→ Name of organization (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU)

Thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions)

Funds by thematic area (enter US dollar amount)

Direct Grant in USD _____

Resources by USD value (_____ office furniture, _____ computer hardware, _____ computer software, _____ IEC materials, _____ reference materials HIV, _____ reference materials administration, _____ reference materials other)

Supplies by USD value (_____ office consumables, _____ medical consumables, _____ other)

Staff support

Type of staff person (manager, administrator, technical, support, activist)

Amount of time (<day, 1-5 days, 6-20 days, 21-60 days)

FDC-sponsored trainings

by type of trainee (_____ managers, _____ administrators, _____ technical, _____ support, _____ activists)

gender (_____ male, _____ female)

age group (15-24, 24-49, 49+, all)

date of training (month/year)

duration of training (_____ hours/ _____ days/ _____ weeks)

trainer of trainers (yes, no)

topic (campaign/strategy development, HIV general, HIV prevention/outreach, sensitization, financial, monitoring+evaluation, experience exchange, other)

type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, none)

results of evaluation (low, medium, high, n/a)

Data System: Monitoring

Output Indicators

To be submitted to FDC by partners each quarter (no date needs to be included in data fields; only track to which quarter the output occurred in)

→ **By Activities** (trainings, mass media, publications, special events, mainstreaming HIV/AIDS, condom outlets, experience exchanges / income generating, STI education sessions / home-based care workers, chronically ill served at home, orphans receiving care, support groups, sessions including link to VCT services / NGO advocacy plans, special events targeting community leaders, special events targeting community general, support groups for PLWHA/OVC, workplace educational activities / staff in place at FDC, trainings for partner organizations, joint meetings or seminars / studies completed

Objective 1: Prevention

1. **trainings¹** by partner (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (in Inhambane: Massinga, Maxixe, Vilankulo, Quissico, Homoine, Morrumbene, Cidade de Inhambane, Mapinhane; in Gaza: Chokwe, Canicado, Lionde, Chissano, Macia, Chibuto, City of Xai Xai, Chicumbane; in Maputo: Boane, Magude, Namaacha, Moamba, Ressano Garcia, Manhica, Matola-Rio; in Maputo City: Distrito Urbano 1, Distrito Urbano 2, Distrito Urbano 3, Distrito Urbano 4, Distrito Urbano 5) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) topic (campaign/strategy development, administration, M+E, HIV general, HIV prevention general, STIs, outreach/IEC/BCC communications, peer education, activist, life skills, micro-finance, home-based care, counseling, experience exchange, link to VCT services, bio-safety) target group -ie: type of trainee- (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, OVC, community leaders, church congregations, CBO, community volunteer, health worker, workplaces general, other _____) duration (# hours/days/weeks) trainer of trainers (yes, no) faith-based (yes, no) beneficiaries -ie: trainees- (#male, #female) age group (15-24, 24-49, 49+, all) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)
2. **mass media spots** on HIV/AIDS by partner (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) media (radio, TV, newspaper, bulletin board, other _____) topic (HIV general, HIV prevention general, STIs, condom use, project awareness, service awareness, life skills, link to VCT services) duration (# hours/days/weeks) length (< 1 minute, 2-10 minutes, 11-30 minutes, 30-60 minutes > 60 minutes) total airings (1, 2-10, 10-50, 50-100, >100) language (Portuguese, ...) target group (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, OVC, community leaders, church congregations, CBO, community volunteer, health worker, workplaces general, other _____) faith-based (yes, no) beneficiaries -ie: listeners/viewers -(#male, #female, don't know) age group (15-24, 24-49, 49+, all) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)

¹ Training defined as _____

3. **publications by partner** (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) type (posters, brochures, flyers, periodicals, videos) topic (HIV general, HIV prevention general, STIs, condom use, project awareness, service awareness, life skills, link to VCT services) distribution locale (community general, public gathering places, schools, clinics, NGOs/CBOs, trainings, special audience, other _____) quantity/locale (0, 1, 2-25, 25-50, 51-100, 101-500, 500-2000, >2000) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)
4. **special events by partner** (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) type (sensitization seminars, talks, seminars, debates, theatre, celebration days) topic (HIV general, HIV prevention general, STIs, condom use, project awareness, service awareness, life skills, link to VCT services) beneficiaries (#male/#female) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)
5. **mainstreaming HIV/AIDS by group type** (NGO, CBO, association, other) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) topic (HIV general, HIV prevention general, STIs, condom use, project awareness, service awareness, life skills, link to VCT services) frequency (daily, monthly, yearly, never)
6. **condom outlets by partner** (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) place (health facility, workplace, NGO/CBO, association/club, market place, school, other, none _____) (by number) target group (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, OVC, community leaders, church congregations, CBO, community volunteer, health worker, workplaces general, other _____) distributed (#males, #females, #total) age group (15-24, 24-49, 49+, all)
7. **experience exchanges by partner** (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) local (regional, national, international) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) topic (campaign/strategy development, HIV general, HIV prevention general, STIs, outreach/IEC/BCC communications, peer education, activist, life skills, micro-finance, home-based care, counseling, experience exchange, link to VCT services) beneficiaries (#males, #females) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)

Objective 2: Susceptibility

1. **income generating programs by partner** (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo,

Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) target group (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, OVC, community leaders, church congregations, CBO, community volunteer, health worker, workplaces general, other _____) beneficiaries (#males, #females) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)

2. **STI education sessions** by partner (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) target group (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, OVC, community leaders, church congregations, CBO, community volunteer, health worker, workplaces general, other _____) beneficiaries (#males, #females) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)

Objective 3/Mitigation, Care, Support

1. **home-based care workers** by partner (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) target group (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, OVC, community leaders, church congregations, CBO, community volunteer, health worker, workplaces general, other _____) beneficiaries (#males, #females) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)
2. **chronically ill served at home** by partner (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) beneficiaries (#males, #females) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)
3. **orphans receiving care** by partner (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) beneficiaries (#males, #females) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)
4. **support groups for OVC/PLWHA** by partner (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) beneficiaries – ie: members -

(#males, #females) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)

5. **sessions including link to VCT services by partner** (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) target groups (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, OVC, community leaders, church congregations, CBO, community volunteer, health worker, workplaces general, other _____) number of sessions by target group (0, <10, 11-50, 51-100, 1001-500, >500) beneficiaries (#males, #females) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)
6. **income generating programs, by gender** (from 2.1, above)

Objective 4: Advocacy

1. **NGO advocacy plans by partner** (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) target groups (community general, in-school youth, out-school youth, migrant workers/families, women/girls, men/boys, PLWHA/families, OVC, community leaders, church congregations, CBO, community volunteer, health worker, workplaces general, other _____) # of plans (1, 2, 3, 4, 5, 6-10, >10) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)
2. **special events targeting community leaders by partner** (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) topic (campaign/strategy development, HIV general, HIV prevention general, STIs, outreach/IEC/BCC communications, peer education, activist, life skills, micro-finance, home-based care, counseling, experience exchange, link to VCT services, other _____) beneficiaries (#males, #females) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)
3. **special events targeting community general** (from 1.4, above)
4. **support groups for PLWHA/OVC** (from 3.4, above)
5. **workplace educational activities by partner** (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) topic (HIV general, HIV prevention general, STIs, condom use, project awareness, service awareness, life skills, link to VCT services, other _____) beneficiaries (#males, #females) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)

6. incorporating HIV messages (from 1.5, above)

Objective 5: Capacity Building

1. **staff in place at FDC** by type (managerial, administrative, technical, support) number (by type)
2. **trainings for partner organizations** by partner (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) duration (# hours/days/weeks) trainer of trainers (yes, no) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) topic (campaign/strategy development, administration, M+E, HIV general, HIV prevention general, STIs, outreach/IEC/BCC communications, peer education, activist, life skills, micro-finance, home-based care, counseling, experience exchange, link to VCT services) beneficiaries -ie: trainees- (#male, #female) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)
3. **Joint meetings/seminars for partner organizations** by partner (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) local (regional, national, international) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) topic (campaign/strategy development, HIV general, HIV prevention general, STIs, outreach/IEC/BCC communications, peer education, activist, life skills, micro-finance, home-based care, counseling, experience exchange, link to VCT services) number of sessions (0, 1, 2, 3, 4, 5, 6-10, >10) beneficiaries (#males, #females) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)

Objective 6: Investigations

1. **studies completed** by partner (AMODEFA/HOPE, Pathfinder, Save the Children, World Relief, Médicos do mundo, Kulima Inhambane, JustaPaz, ANEMO, Khensani, MALHALHE, AMDU, other _____) province (Gaza, Inhambane, Maputo, Maputo City) site (1-24) thematic area (prevention, mitigation, susceptibility, advocacy, capacity building, appropriate interventions, other, none) topic (HIV general, HIV prevention general, STIs, condom use, project awareness, service awareness, life skills, link to VCT services, other _____) # studies (0, 1, 2, 3, 4, 5, 6-10, >10) type of evaluation (pre/post test, oral critique, observation, questionnaire, follow-up, other, none), results of evaluation (low, medium, high, n/a)

Data System: Output/Outcome Evaluation

**Qualitative Data Set:
Focus Group Discussion Guide**

(to be developed)

Appendix V

Partners activities, Summary

Type "A"

Amodefa/Hope
World Relief
Pathfinder
Kulima Inhambane
Médicos do Mundo
Save The Children

Type "B"

AMDU
Justapaz
ANEMO
Malhalha
Khensani

Activities: AMODEFA/Project Hope (A)

Principal areas: Gaza/XaiXai, Chibuto, Chókwe, Bilene; Maputo/Matola, Manhiça, Magude, Namaacha, Ressano Garcia; Maputo City/Maputo City
Principal audience: miners and their wives, partners, families, widows, and communities

Project duration: _____

Activity	Output Indicator	Means of Verification	Periodicity
ACTIVITY I Prevention <ul style="list-style-type: none"> • Train 379 peer educators in HIV/AIDS prevention topics and communication techniques; and in promotion of VCT Centers • Daily HIV educational activities implemented at <u>TEBA</u> • Condoms and condom education always available at TEBA • Community radio local language program developed; crank radios distributed to miners in remote areas; discussions organized • Collect, analyze, reprint, and distribute IEC materials • Organize competitions for World Aids Day • Experience exchange with miner's programs in South Africa 	<ol style="list-style-type: none"> 1. 379 peer educators trained 2. 70% of them active in project 3. 95% of respondents able to site 2 methods of preventing HIV transmission 4. HIV activities provided on 95% of the work days of TEBA 5. Female participation not less than 30% 6. Minimum of 25,000 condoms distributed at TEBA, plus 20,000 more through other activities 7. 30% increase in use with non-regular partners 8. Minimum of 100 radio sessions during the project 9. 50 crank radios distributed 10. 200 discussion sessions organized 11. Minimum of five pieces selected, bought, and used 12. Minimum of 10 groups performing 13. 2 members sent to South Africa 14. A report produced of lessons learned and recommendations 	<p>Project reports Project reports Pre/post KAP/focus groups</p> <p>Project reports ↓</p> <p>Pre/post KAP/focus groups Project reports ↓</p>	<p><i>The KAP will be done once at project inception (baseline) and again at project completion with selected target groups</i></p> <p><i>The focus groups, targeting specific audience groups, will be conducted at beginning, middle, and end.</i></p> <p><i>Project reports will be produced each trimester</i></p>
ACTIVITY II Susceptibility			
ACTIVITY III Mitigation, Care, and Support <i>For miners, wives of miners, families and widows affected by HIV</i> <ul style="list-style-type: none"> • Train 379 home-based care givers for miners and their families • Recruit trained nurses to train care givers and support care program • Maintain strong coordination with other home-based care – related programs • Women's Groups formed 	<ol style="list-style-type: none"> 1. 379 care givers trained; 50% women 2. 2,500 families received support through care givers 3. 4,500 counseling sessions conducted 4. 500 children/orphans received support through care givers 1. 11 home-based care nurses recruited and trained 2. 400 clients received direct care from nurses 3. Volunteer supervised at least once per trimester 4. Reports produced 5. Trimester meetings held with nurses and volunteers 6. Trimester meetings held in each project site 7. Mechanisms for referral discussed 8. 16 groups formed 9. 160 women attending 	<p>Project reports ↓</p>	<p>OVER →</p>

<p>ACTIVITY IV Advocacy</p> <ul style="list-style-type: none"> Community leaders sensitized Implement "Healthy Work Environment" concept Involvement of AMIMO and miners in planning and strategy meetings 	<ol style="list-style-type: none"> Bi-annual meeting in 10 areas realized 90% of leaders able to site two methods of preventing HIV transmission 90% of leaders expressed willingness to promote educational activities and services in their communities Trimester meters held with TEBA, AMIMO, AMODEFA, and Hope Norms and rights for workplaces evolved 16 officials of TEBA trained 30% increase in team member condom use with non-regular partners 5 officials and 7 activists trained as peer educators 3 meetings held with AMIMO/miner involvement 	<p>Project reports Pre+post KAP/focus groups Pre+post KAP/focus groups</p> <p>Project reports</p> <p>Project reports Project reports Pre+post KAP/focus groups Project reports</p> <p>Project reports</p>	
<p>ACTIVITY V Capacity Building</p> <ul style="list-style-type: none"> Training by specialist for M+E Training in finances and administration Participate in international/regional conferences Provide training for other CBOs/NGOs in HIV/AIDS prevention activities/skills Self-help groups for miners, families, communities, PLWA established/sustained 	<ol style="list-style-type: none"> 12 people of AMODEFA/4 of HOPE trained Specific M+E tools developed 6 people of AMODAF/4 of Hope trained Financial format for monthly reports developed 2 members participated in international/regional conference Report about above developed 40 staff from CBOs/NGOs trained Bi-annual accompaniment visits conducted 2 self-help groups established/sustained 	<p>Project reports ↓</p>	
<p>ACTIVITY VI Appropriate Interventions</p> <p>Pilot appropriate home-based care kits for health care workers, volunteers, and beneficiaries</p> <p>Pilot "Health Banks" project, a combination education-business loan program for women at risk that has been used by HOPE in 6 countries</p> <p>Pilot "Training for Transformation" (T4T), a behavior change methodology that has been used in African countries for 12 years</p>	<ol style="list-style-type: none"> Need for kits evaluated, including input from home-based care givers and patients Kits produced: 1 for nurses; 1 for supervisors; 30 for volunteers; 60 for patients and families Analysis conducted and recommendation produced for adaptation/expansion home-based care kit development in the Kulhuvuka corridor 4 "Health Banks" opened (2 in Maniça/2 in Macia) involving a minimum of 80 spouses, partners, miner's widows, and other women of the family) 4 AMODEFA and 4 Hope staff trained in project management Analysis conducted and recommendation produced for adaptation/expansion of "Health Banks" 8 managers trained in project implementation 80 volunteers trained in use of T4T Analysis conducted and recommendation produced for adaptation/expansion of T4T 	<p>Project reports ↓</p>	

Activities: World Relief International (A)

Principal areas: Inhambane/Maxixe, Massinga, Vilankulos, Quissico, Homoine, Murrumbene, Inhambane City, Mapinhane; Gaza/XaiXai, Chibuto, Chôkwè, Canicade, Lionde, Chissano, Macia, Chicumbane; Maputo Province/Maniça; Maputo City
Principal audience: community general (particularly youth and local and national churches).

Project duration: Jan 2002/2003/June 2004; 30 months

Activity	Output Indicator	Means of Verification	Periodicity
ACTIVITY I Prevention <ul style="list-style-type: none"> • 360 Churches in 18 communities develop and maintain prevention programs (objective 1/9) • Majority of pastors are doing pre-marital and prevention counseling and referring members for VCT treatment (objective 2) • Lessons learned are shared and sharpened at the community level (objective 3) • 12,000 youth practice and support each other in HIV/AIDS prevention (objective 5/9) • 80% of employees of Kawena Enterprises are knowledgeable about AIDS and practice prevention for themselves and encourage safe practice among their employment beneficiaries (objective 7) 	<ol style="list-style-type: none"> 1. AIDS training video adapted to Mozambique (Shangaan/Portuguese language) and shown 100 times (200 copies) 2. Pastoral counseling for 300 pastors/priests (500 counseling manuals) 3. Youth leader training for 30 Hluaweka youth leaders (3 age-specific youth training manuals) 4. monthly church visits for guidance and supervision in 360 churches Inverse of activities 5. 1,300 pastors complete 3-day pastoral counseling training 6. monthly visits 7. supervisors for follow-up 8. Community networks in-place 9. training of youth leaders 10. youth training in clubs, Sunday school, and youth meetings 11. club meeting with regular discussion of AIDS, negotiation skills, peer support 12. Train animators from Kawena 13. Complete basic HIV training for employees adopted from MED curriculum (250 adapted guides printed) 14. Develop educational brochure 	<p>Project records and reports</p> <p>Pre/post tests</p> <p>Records of Health Centers; referrals for VCT</p> <p>Record of networks in place, # of members, and actions</p> <p>Pre/post KAP for youth members</p>	<p><i>External mid/final evaluation (no details provided)</i></p>
ACTIVITY II Susceptibility			
ACTIVITY III Mitigation, Care, and Support <ul style="list-style-type: none"> • 1,800 church volunteers are active in family-based care of PLWHA and orphans (objective 4/9) • 8,000 community bank members aware of HIV/AIDS and prepare their families for greater economic stability to absorb potential affect of AIDS in their extended families (objective 6) 	<ol style="list-style-type: none"> 1. family-based home-care trainings (10,000 manuals printed for care; 5,000 manuals for orphan support) 2. monthly follow-up meetings of care-giver support groups 3. church-based management of food/blankets/care supplies fund for most needy families 4. train animators in HIV/AIDS MED training course 5. 8,000 CB members complete 12 lesson training on HIV/AIDS 6. KAP survey conducted pre and post training 7. monthly follow up by animators to assess application of knowledge 8. bank members make personal application plan resulting from training 	<p>Assessment of # of orphans in communities and review care given through animators</p> <p>Pre/post test</p>	
ACTIVITY IV			OVER →

Advocacy			
ACTIVITY V Capacity Building <ul style="list-style-type: none"> • 8 of targeted communities assume responsibility and oversight of social partner animators (objective 8) 	<ol style="list-style-type: none"> 1. Assist in establishment of networks 	Project records	
ACTIVITY VI Appropriate Interventions			

Activities: Pathfinder (A)

Principal areas: Maputo City Urban Districts 1-5; schools of the priority districts of Maputo Province, including Boane, Namaacha, Matola-Rio zone, Magude, Moamba, Ressano Garcia, and Manhiça; and schools of priority districts of Inhambane Province.

Principal audience: in and out of school youth; ages 10-24

Project duration:

Activity	Output Indicator	Means of Verification	Periodicity
ACTIVITY I Prevention <ul style="list-style-type: none"> • Life skills/HIV/AIDS Peer education programs 	Not stated	Project reports ↓	Quarterly
ACTIVITY II Susceptibility <ul style="list-style-type: none"> • Life skills/HIV/AIDS Peer education programs 			
ACTIVITY III Mitigation, Care, and Support			
ACTIVITY IV Advocacy			
ACTIVITY V Capacity Building <ul style="list-style-type: none"> • Life skills/HIV/AIDS Peer education programs 	↓		
ACTIVITY VI Appropriate Interventions <ul style="list-style-type: none"> • Life skills/HIV/AIDS Peer education programs 			

Médicos do Mundo

	Resumo descritivo	Indicadores
<u>Objectivo geral</u>	Melhorar a saúde da população do distrito da Namaacha diminuindo a incidência de HIV/SIDA.	-Redução do aumento de prevalência do HIV
<u>Objectivo específico</u>	1.-Diminuir a participação da população de Namaacha em comportamentos de risco de infecção de HIV. 2.-Melhorar os níveis de informação e conhecimentos da população sobre SIDA e DTS 3.- Reduzir o impacto do HIV/SIDA nos infectados e afectados. 4. Formar e capacitar na gestão de programas de prevenção a Associação AJUD.	-Aumento do uso do preservativo. -Redução do número de pessoas com mas de un parceiro anual. -Aumento do número de participantes nas actividades de sensibilização. -Aumento do conhecimento pelas comunidades sobre prevenção do DTS/HIV/SIDA. -Incremento de aceitação na sociedade civil dos seropositivos e doentes com SIDA. -Melhoramento das actividades sobre prevenção realizadas por AJUD
<u>Resultados esperados</u>		
	Cerca de 90% da população vivendo no distrito recebe informação sobre a prevenção HIV/SIDA, e essa é assimilada.	-Nº de actividades de sensibilização realizadas. -Nº de contactos com os líderes locais. -Nº de panfletos distribuídos. -Nº de pessoas conhece três vias de transmissão do HIV -Nº de professores capacitados. -Nº de grupos de sensibilização criados.
	As pessoas que cruzam a fronteira tem acesso a informação sobre a prevenção do HIV /SIDA	-Nº de pessoas contactadas no posto na fronteira. -Material distribuído.
	Aumento de pessoas na comunidade que adoptam comportamento seguro na practica sexual.	- No de preservativos distribuídos ou vendidos. -Diminuição do número de pessoas com parceiros sexuais ocasionais.
	-Aumento do pessoas que vão ao GATV	-Nº de pessoas que vão ao GATV. -Aumento dos testes realizados.
	-Aumento do apoio recebido por os infectados e afectados pelo HIV/SIDA.	-Nº de grupos de apoio a seropositivos e doentes criados -Aumento do conhecimento da comunidade/família para cuidado e atenção de doentes. -Aumento do número de pessoas sem preconceitos ou estigma quanto aos seropositivos.
	- Fortalecer a AJUD na capacidade de gerir e coordenar projectos relacionados com HIV/SIDA.	-Nº de actividades de formação/capacitação realizadas.

Quadro Logico da proposta da Kulima em Inhambane no quadro da implementação do projecto "Kulhuvuka"

Zona de intervenção : Provincia de Inhambane	Distritos de : Zavala, Inharrime, Jangamo, Morrumbene, Homoine e Massinga. Cidades de Inhambane e Maxixe.
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Beneficiarios :	Jovens extra escolares, pequenos comerciantes informais, migrantes Mulheres e raparigas, líderes comunitarios, vitimas de HIV/SIDA e orfaos
------------------------	--

Logica de intervenção	Indicadores	Melos de verificação	Factores externos
Objectivo geral Convencer a população em como o HIV/SIDA existe, educa-la a proteger-se, não rejeitar os doentes de sida, criar elos comunitarios de solidariedade junto com os doentes, as viúvas e os orfaos	Projecto " Kulhuvuka" implementado pela Kulima e outros parceiros.	Kulima Inhambane e Unidade tecnica do projecto " Kulhuvuka"	Pobreza absoluta
Objectivos especificos Formação/capacitação da população na tematica do HIV/SIDA	Implementação do projecto em 8 Distritos da Provincia de l'Bane 40/60.000 jovens (5/10.000 por distrito) 800/1.500 comerciantes informais. 25/40.000 Mulheres e raparigas. 800/1200 líderes 8/10.000 migrantes (mineiros e outros)		
Resultados 1 / Populações sensibilizadas capacitadas na problemática do HIV/SIDA 2/ Mudanças comportamentais das populações diente a problemática do HIV/SIDA e os infectados e os afectados.	Numero e tipo de pessoas abrangidas Nº e tipo de acções de formação Rede de colaboradores voluntários com efeito multiplicador Nº e tipo de publicações Nº e tipo de inqueritos "C.A.P." Diminuição do No de relações sexuais desprotegidas. Aumento conhecimentos sobre HIV/SIDA Formas de protecção adoptadas Kulima e parceiros capacitados no combate so HIV/SIDA e implem. Projectos (ver em anexo as metas predefinidas)	Relatorios do projecto Materiais utilizados Resultados dos inqueritos Visitas e relatorios de monitoria Nucleo Provincial combate ao HIV/SIDA Vistas in toco aos grupos alvos Liderenças comunitarias.	Analfabetismo Tabus culturais Pobreza absoluta

3/ Mitigação da situação negativa em que se encontram os orfãos e vítimas de HIV/SIDA	Gestos de solidariedade com os Infectados/afectados.	Visitas domiciliárias
<p>Actividades</p> <p>Criação equipa técnica, criação rede colaboradores voluntários Seminários de lançamento do programa Seminários de formação/capacitação Reuniões distritais com pessoas-chaves Estudo "C.A.P." Mesas redondas</p> <p>Representações teatrais, danças e músicas Actividades desportivas Sessões de vídeo nas comunidades Realização de manifestações públicas Organização celebrações dia 1 Dezembro Formação núcleos nos G.Alvos e Comunid. Publicação manual, boletins, etc. Divulgação do uso do preservativo</p> <p>Curso de atendimento social Acompanhamento crianças/famílias Manutenção das crianças</p>	<p>Recursos</p> <p>Equipa técnica Rede colaboradores voluntários Base provincial apetrechada Bases distritais apetrechadas Meios comunicação (vídeos, Megafones...) Material de "I.E.C." (Informação, Educação e comunicação)</p> <p>Manuais, Boletins, panfletos, cartazes...) Meios logísticos (carros, mini bus, motos, bicicletas...) Meios sensibilização (chapeus, camisetas...) Meios funcionamento (ajudas custo, combustíveis, peças, mat. Expedientes, seguros, telefone, E.mail, água e luz.</p> <p>Activistas Kits de material integrativo</p>	<p>Parceiros de implementação</p> <p>"UTOMI" (as. Seropositivos e Doentes de HIV, SIDA)</p> <p>A.Co.De.Za. (As. Com. Dos. Zavala) A.C.D.I. (As. Com. Des. Inharrim) A.C.A.P. (As. Com. Alívio a pobreza Jangamo) Vitald (Veterinários sem Fronteiras Inglaterra) "Wenela" Associações de criadores de Homoine e Morrumbane</p> <p>Parceiros sociais</p> <p>Liderança comunitária Jovens (dentro e fora da escola) Rapariga e mulher jovem Grupos alvos específicos (migrantes, vendedores informais, utentes frequentes de divertimentos nocturnos (bolles, barracas), pescadores, camionistas, trabalhadores das instâncias turísticas e de divertimento.</p>

Activities: Save the Children USA (A)

Principal areas: Gaza/XaiXai, Chibuto, Chókwè, Canicade, Lionde, Chissano, Macia, Chicumbane
Principal audience: In/out school youth; migrant workers, spouses, and partners; girls and young women; OVC; PLWHA and families; community leaders

Project duration 2002/2003/2004; 36 months

Activity	Output Indicator	Means of Verification	Periodicity
<p>ACTIVITY I Prevention</p> <ul style="list-style-type: none"> • promote access to VCT • promote access to STI counseling and treatment services • promote STI/HIV prevention messages • promote condom use • promote Youth reproductive health and life skills through replication of Negotiation Skills and Child-Child Programs • promote micro-finance loans to trade women • promote weekly HIV/AIDS prevention dialogues • promote community activism by Prevention and Youth Technical subcommittees 	<ol style="list-style-type: none"> 1. #/% of youth reporting protective behaviors (delay, abstinence, protection during last sexual activity) 2. #/% of sexually active people reporting use of condom or protective practice at last sex (with regular or non-regular partner) 3. Degree to which community norms regarding HIV/AIDS risk behavior (reduction of stigma, VCT, women's status, negotiation of safe sex, alcohol and drug use, protective behaviors) have changed 4. # of respondents who know 4 facts regarding HIV/AIDS and STD transmission, detection, and treatment 5. # of respondents who know where to seek help for STD treatment 	<p>Target population surveys</p> <p style="text-align: center;">↓</p>	<p><i>Baseline/ Final Evaluation</i></p> <p><i>Using probability of selection proportional to population size in a 2-stage cluster design</i></p>
<p>ACTIVITY II Susceptibility</p>			
<p>ACTIVITY III Mitigation, Care, and Support</p> <ul style="list-style-type: none"> • train home-based care workers • provide HBC kits • Reduce stigma by promoting ongoing community dialog/IEC on living positively; and involving PLWHA as activists • Identify technical sub committees for OVC to monitor OVC • Support communities/extended families fostering orphans, assist in school attendance • Form community-based business councils to mobilize resources (fund raise, community gardens) for care and support of OVC/PLWHA <p>Mitigation, Care, and Support</p> <ul style="list-style-type: none"> • Increase capacity of community to mobilize resources through formation of local business councils • Provide workshop series as forum for public/private partnerships • Extend Group Guaranteed Lending Services approach 	<ol style="list-style-type: none"> 1. #/% of chronically ill people receiving home based care 2. #/% of care givers trained in HBC 3. #/% of HBC patients receiving counseling and assistance with nutrition on a monthly basis 4. Number of mobilized community support groups from PLWHA 5. Number of mobilized community groups to provide support and protection for OVC 6. #/% of OVCs in foster care services whose care and protection needs are adequately met 7. #/% of chronically ill patients reporting adequate home-based care over the last 6 months 8. #/% of OVC, PLWHA, and HIV/AIDS-affected families receiving psychosocial support services, activities, and counseling 9. Amount of community resources generated by the business council used by/for the impact area 10. % of PLWHA, OVC, and care givers who report that their livelihood needs are met 11. # of home care patients who have received assistance in succession planning 12. #/% of orphans receiving basic education 13. #/% of orphans with adequate nutrition 14. #/% of OVCs receiving vocational training 15. #/% of OVCs ill in last month who received medical care 	<p>Project Data Base</p> <p style="text-align: center;">↓</p>	<p style="text-align: right;">OVER →</p>

<ul style="list-style-type: none"> • Link faith/affinity-based coops to provide nutritional support to PLWHA/OVCs 			
<p>ACTIVITY IV Advocacy</p> <ul style="list-style-type: none"> • conduct workshop at multiple levels to ID key issues and strategies • Train PLWHA, women, girls in local advocacy strategies • Organize and facilitate exchange visits among communities 	<ol style="list-style-type: none"> 1. Advocacy plan with prioritized advocacy issue identified and strategies for addressing issue in place for each partner NGO 2. #/% of key policy makers engaged in policy dialogues concerning HIV/AIDS prevention and OVC care and support 	<p>Interview with partner NGOs/PLWHA</p> <p>Interview with key policy makers</p>	<p>Semi-annually/ final evaluation</p>
<p>ACTIVITY V Capacity Building</p> <ul style="list-style-type: none"> • perform organization needs assessment of partner NGOs • provide training in administration, finances, and logistics, community mobilization, organization and governance, care, prevention, and mitigation, and M+E • support local NGOs in training and supporting community, district, and provincial AIDS coalitions • establish Community Based Learning Center for exchange of experiences and technical expertise 	<ol style="list-style-type: none"> 1. Number of organized AIDS Networks formed with clear roles and responsibilities (village, district, AIDS committees) 2. # of NGOs with institutional strengthening plan in place and acted upon 3. # of NGOs with financial and administrative systems functioning for all partners 4. # of NGOs able to train and support Community/District AIDS committees using the Community Action Cycle 5. Forum for sharing best practice amongst NGO/GOV active 	<p>Assessments/surveys of partner PVOs/NGOs/CBOs</p>	<p>Semi-annually/ final evaluation</p>
<p>ACTIVITY VI Appropriate Interventions</p>			

Activities: AMDU (B)

Principal areas: Maputo City; Urban District 5
Principal audience: community general

Project duration: 30 months

Activity	Output Indicator	Means of Verification	Periodicity
ACTIVITY I Prevention <ul style="list-style-type: none"> Improved attitude in relations towards HIV/SIDA 	<ol style="list-style-type: none"> 1 diagnosis and SWOT realized for district Training manual completed, and 72 animators trained 108 workshops conducted; 1 festival/bairro Training manual completed, and 12 HIV/AIDS committees formed (at least 30% women) to work in marketplaces (education/condom distribution) At least 3 education/condoms sessions realized in each night spot At least 1 brochure delivered to each family where parents are working outside the city Training manual completed, and 48 CBOs created in the district (??) At least 15 HIV activities/events (including condom distribution) per bairro in cooperation with cultural/sports events 	Project records ↓	<i>mid/end evaluation</i> <i>(no details provided)</i> <i>Project reports submitted on a quarterly basis</i>
ACTIVITY II Susceptibility			
ACTIVITY III Mitigation, Care, and Support <ul style="list-style-type: none"> Increase the interaction between PLWHA and the rest of the community 	<ol style="list-style-type: none"> 1. Survey of PLWHA completed and entered into data bank 2. 3 places of (testing and ??) counseling put in place in the district 3. 60% of beneficiaries referred to VCT; 30% of beneficiaries tested 4. 1000 families frequent the savings bank course (??), 60% women 5. Increase family income by 20%, mainly for female heads of households 6. (Support) increase condom distribution locations 7. (Support) distribution of anti-retrovirals 	Project records ↓	
ACTIVITY IV Advocacy <ul style="list-style-type: none"> Reduce factors of risk through enforcing the strategies of survival in communities hardest hit 	<ol style="list-style-type: none"> 1. Number of institutions with district 5 on their priority agendas (for HIV/AIDS activities) 2. 2 annual meetings to discuss the intentions of the PEN 3. 1 set of brochures produced to inform local partners on the progress in the fight against HIV/AIDS 4. Internet connection installed to support the district in staying informed 5. ___ systems for promoting condoms and other means of protection introduced 6. ___ partnerships formed with MMCAS, MOH, MYS, GOAL, MUI.EID, Kindlimuka, MONASO, Action Aid, IESSOR) 	Project records ↓	
ACTIVITY V Capacity Building			
ACTIVITY VI Appropriate Interventions			

Activities: JustaPaz (B)

Principal areas: Inhambane/Maxixe, Massinga, Murrumbene; Maputo/Moambe/City of Maputo
Principal audience: church pastors and congregations

Project duration: April 2002/2003/June 2004; 24 months

Activity	Output Indicator	Means of Verification	Periodicity
ACTIVITY I Prevention <ul style="list-style-type: none"> • Reflect on the problem of HIV/SIDA from an ethical and theological point of view • Develop a theology that sustains a positive and constructive approach to the epidemic; and supports prevention and mitigation efforts • Systemize theological ideas and transform them into HIV lessons, talks, and brochures • Encourage other religious denominations to establish study programs and education campaigns for prevention of HIV/AIDS 	<ol style="list-style-type: none"> 1. 5 reflection committees formed of 10 members each 2. 2 capacity building seminars organized for those members 3. Synthesis document produced containing biblical reflections that dare Christians to have a different attitude towards HIV/AIDS (2000 copies printed) 4. Diverse manuals, brochures, pamphlets, and talks produced (manuals and brochures – 2000 each) 5. Sensitizing campaigns supported to reach church members (30 campaigns at various churches) 	Project reports ↓	<i>Final evaluation: report of # of churches and # of people reached</i> <i>Page 6, unclear:</i> <i>2) "through a form previously described" – what is this?</i> <i>3) end of project evaluation with activists – further describe</i>
ACTIVITY II Susceptibility			
ACTIVITY III Mitigation, Care, and Support			
ACTIVITY IV Advocacy <ul style="list-style-type: none"> • Capacitate clergymen of various denominations (to incorporate AIDS messages into their work) 	<ol style="list-style-type: none"> 1. 10 sensitization seminars realized; reaching 250-300 church leaders 	Project reports	<i>*perhaps FDC put this activity under capacity building? But look at primary program objective – it's advocacy</i>
ACTIVITY V Capacity Building			
ACTIVITY VI Appropriate Interventions <ul style="list-style-type: none"> • Develop and implement an inquiry project about the relationship between AIDS and Conflict. 	<i>Can't find indicator/result</i>		<i>what is this??</i>

Activities: Anemo (B)

Principal areas: Cidade de Maputo/Hulene, Malhangalene, Mavalane, Polana Caniço, 25 de Junho,
 Província de Maputo/Boane, Catembe, Magude, Manhiça, Marracuene, Moamba, Namaacha e Xinavane
 Principal audience: nurses, and elements of the community

Project duration: May 2002/2003/ April 2004

Activity	Output Indicator	Means of Verification	Periodicity
ACTIVITY I Prevention			
ACTIVITY II Susceptibility			
ACTIVITY III Mitigation, Care, and Support <ul style="list-style-type: none"> • Mitigate the suffering of PLWHA through establishment of home-based care givers • Better the quality of life of people living with HIV/AIDS • Better the health care services; specifically the nursing care in the Health Units • Increase consciousness of nurses and the community in respect and treatment of those who suffer 	<ul style="list-style-type: none"> • 20 nurses identified to conduct activities in their units • 5 nurses identified to work in home-based care • Materials concerning biosecurity, STIs/HIV, human rights, deontologia professional, treatment of patients with AIDS and family counseling developed and available • Not less than 2 activists identified in each specified community • 4 trainings for home-based care • 2-3 home visits per patient • All families and communities educated about the importance of VCT • Monthly supervision visits • Annual monitoring and evaluation meetings; and activity planning 	Project reports ↓	Quarterly
ACTIVITY IV Advocacy			
ACTIVITY V Capacity Building			
ACTIVITY VI Appropriate Interventions			

Activities: Khensani (B)

Principal areas: Gaza/Inhambane/City of Maputo/Maputo Province
Principal audience: military people and young men

Project duration: April 2002/2003/June 2004; 24 months

Activity	Output Indicator	Means of Verification	Periodicity
ACTIVITY I Prevention • Activist Education Program /military units committees, military preparation centers and quarters	<ul style="list-style-type: none"> • # of activist trained • # monitoring and supervision visits • # IEC activities conducted 	Project reports ↓	Quarterly
ACTIVITY II Susceptibility			
ACTIVITY III Mitigation, Care, and Support			
ACTIVITY IV Advocacy			
ACTIVITY V Capacity Building			
ACTIVITY VI Appropriate Interventions			

Appendix VI

Assessment of Home-Based Care Services
Questionnaire

Questionnaire for Client
Questionnaire for Volunteer

Appendix Five: Data Collection Instruments

1. Patient Questionnaire

Home Based Care - Questionnaire for the Client

ID#

INTERVIEWER: Please tell the client that we are here to learn from them about what their experiences have been since they have been receiving care from the HBC program. We are NOT doing an inspection, and we are not here to provide medical care. What they tell us will help us improve HBC programs in Malawi. Talking to us may not help them directly, but will help improve HBC for other people.

First, ask the client if he/she is willing to talk with you and answer your questions.
Willing to talk: Yes / No

Please also explain that the client can stop the interview at any point if they are feeling too tired or if they find your questions upsetting.

Before you start asking questions, fill out these questions:

Interview Time: Morning / Afternoon

Date seen: _____

Interviewer Name(s): _____

Other(s) present at the Interview: _____

District and town _____

1) What is the setting you are in? Urban / Peri-urban / Rural

Client Information

2) Age: _____

3) Male or Female?

4) What is your religion? _____

5) What is the highest level of schooling you had? _____

6) Can you read? Yes / A little/ No

7) What is your current marital status? (Circle only one of these)

a) Married and living with spouse

b) Married and NOT living with spouse

c) Divorced

d) Widowed

e) Never married

f) Other

8) How many children have you ever had? _____ 9) How many are now living? _____

10) What are the ages of your living children? _____

[11] If the client reports that some children have died, ask how old the children were when they died, and what the cause of death was?]

12) Do your children live with you? Yes / No

13) # of children under 18 years in house: _____

Please make your assessment of the sanitation of the house and its surroundings.

14) Sanitation of House: Very Clean / Clean / Dirty / Very Dirty

15) Who takes care of you most of the time? _____ (write self if no caregiver)

16) Who prepares your food? _____

17) How many meals do you have daily? _____

18) Can you dress yourself without assistance? Yes / No

19) Can you bathe yourself without assistance? Yes / No

20) Can you feed yourself without assistance? Yes / No

The next two questions are the interviewer's judgement and assessment. Don't ask these.

21) What is the ambulatory status of the client?

bedridden / homebound / limited range of activity / normal

22) If the client is bedridden, what is the condition of the bed and bed clothes?

Dirty / Wet / Clean

HBC Volunteer Information

23) Who is your HBC worker/Volunteer? _____ (first name only)

24) Male or Female?

25) When did you first begin receiving visits from your volunteer? _____

26) How many times each month does your volunteer come? _____ visits/month

27) How long is a visit (in minutes)? _____ minutes

28) Have you always had the same volunteer? Yes / No

29) If no, how many others? _____

30) Why was there a volunteer change? _____

31) How did you feel about the volunteer change? _____

Now I would like to ask you some questions about what problems you have needed help with in the last 6 months?

<u>Need/Problem (circle)</u>	<u>Yes / No</u>	<u>If Yes, did HBC provide?</u>	<u>Comments</u>
32) Help with household tasks	Yes / No.....	Yes / No	
33) Food	Yes / No	Yes / No	
34) Nursing care	Yes / No.....	Yes / No	
35) Needs of children and family	Yes / No	Yes / No	
36) Oral Rehydration Solution	Yes / No.....	Yes / No	
37) Soap	Yes / No	Yes / No	

- | | | |
|-------------------------------------|---------------|----------|
| 38) Medical care | Yes / No..... | Yes / No |
| 39) Simple meds (panadol, vitamins) | Yes / No | Yes / No |
| 40) Prescribed medications | Yes / No..... | Yes / No |
| 41) Skin creams / lotions | Yes / No | Yes / No |
| 42) Dressings/ bandages | Yes / No..... | Yes / No |
| 43) Gloves, infection control items | Yes / No | Yes / No |
| 44) Counseling | Yes / No..... | Yes / No |
| 45) Legal assistance (wills, etc) | Yes / No | Yes / No |
| 46) Condoms | Yes / No..... | Yes / No |
| 47) Bed clothes, mattress | Yes / No | Yes / No |
| 48) Financial Advisement | Yes / No..... | Yes / No |

49) Is there any other need or problem that I haven't mentioned?

Of all the needs, what is your one most important need?

50) Can you give us a specific example of when your HBC volunteer was very helpful?

51) Can you give us a specific example of when your HBC volunteer did not help you with a problem which you had?

52) Are the needs of your caregiver being addressed by HBC? Yes / No / Don't know/
No family

53) Has your volunteer talked to your family about their needs? Yes / No/ Don't know /
No family

54) Do you get support from your family? Yes / No

55) Do you get support from your religious group? Yes / No

Clinical – HIV related

56) Have you ever been diagnosed with TB? Yes / No

57) Have you ever been tested for HIV? Yes / No

58) If no, do you want to be tested? Yes / No

59) If yes, what was the result? HIV+ / HIV- / Don't Know

60) What was your reaction?

61) When were you tested? Where?

62) Were you given pre- and post-test counseling? Yes / No

63) What do you believe is making you sick now?

64) What did the doctors (or nurses or clinical officers) tell you about what is making you sick now?

65) What do your children believe is making you sick?

66) Are the needs of your children being addressed by HBC? Yes / No / Don't know/
No children

67) What particular needs do your children need addressed by HBC?

68) Has HBC talked to your children about their feelings or worries? Yes / No

69) Are your school-aged children in school? Yes / No

70) Do your children work? Yes / No

71) Do your children know about your illness? Yes / No

72) Beside yourself, who spends the most time with your children?

73) Does your child have access to youth activities or clubs? Yes / No

Now I'd like to ask you some questions about how you have been feeling in the last 6 months.

74) Diarrhea > 1 month? Yes / No

75) If yes, did HBC provide ORS? Yes / No

76) If yes, did HBC teach caregiver about ORS and the need for fluids? Yes / No

77) Nausea/Vomiting > 1 month? Yes / No

78) Fever > 1 month? Yes / No

79) If yes, did HBC help or teach caregiver about use of cool baths? Yes / No

80) Weight Loss > 10% of body weight? Yes / No

81) If yes, did HBC provide food? Yes / No

82) If yes, did HBC teach client and care giver about nutrition? Yes / No

83) Cough > 1 month? Yes / No

84) Sputum with blood (last month)? Yes / No

85) Night sweats (last month)? Yes / No

86) If yes to cough, sputum with blood, and/or night sweats, did HBC encourage you to go to the hospital /health centre for TB treatment?
Yes / No

87) Persistent itchy rash? Yes / No

88) If yes, did HBC provide skin creams or lotions? Yes / No

89) Shingles? Yes / No

90) Genital ulcers? Yes / No

91) Currently Pregnant? Yes / No

92) If yes, did HBC talk with you or your family about HIV transmission from mother to baby? Yes
/ No

93) Activity in last month: (circle one)

Normal / in bed <50% / in bed >50

94) If in bed >50%, has your HBC taught you and your caregiver how to prevent bedsores?

Yes / No

95) Painful or difficult swallowing?

Yes / No

96) If yes, what treatment have you had?

97) Frequent Headaches?

Yes / No

98) Chronic pain?

Yes / No

99) If yes, has HBC given you panadol or aspirin? Yes / No

Medications

100) What medications that you could buy from the shop are you taking now?

101) What medications prescribed from the doctor are you taking now?

102) What traditional remedies are you using now?

The next set of questions are designed to help you assess the client's emotional status. Please use language the client will understand, and stop asking these questions if the client becomes upset.

103) Are you having difficulty sleeping? Yes / No

104) Decreased Energy level? Yes / No

105) Lowered Concentration? Yes / No

106) Decreased Appetite? Yes / No

107) Any hobbies/ favorite activities? Yes / No

108) Have you ever thought about taking your life? Yes / No

109) Do you feel sad or depressed? Yes / No

110) Do you ever feel anxious or agitated? Yes / No

111) If yes, about what?

112) How often? All the time / Daily / Weekly

113) Because of your condition, what do you do to cope?

114) Do you take alcohol? Yes / No

115) If yes, how much?

116) Do you take any other drugs? Yes / No

117) Do you feel lonely? Yes / No

118) Does your HBC volunteer talk to you about your feelings or worries? Yes / No

119) If yes, does talking with your volunteer help? Yes / No

120) Has your volunteer talked to your family about their feelings and worries? Yes / No / Don't know

121) How much talking with your volunteer do you do? Too much / The right amount / Too little

Please make your assessment of the client's status:

122) Mental status: Clear, lucid _____ Confused _____ Signs of dementia? _____

123) Emotional status: Hopeful _____ Passive, detached _____ Hopeless, depressed _____

Anxious, agitated _____ Normal _____

124) Psychomotor retardation? Yes / No

HBC training manual specific questions

Counseling

125) Does your volunteer regularly counsel you? Yes / No

126) If yes, about what?

127) Has your volunteer counseled you about a will? Yes / No

128) Has your volunteer counseled your caregiver and family about the transmission of HIV? Yes / No

129) Are you having sexual relations with anyone? Yes / No

130) If yes, are you using condoms regularly? Yes / No

Nutrition

131) Have you and your volunteer ever talked about nutrition? Yes / No

132) Has your volunteer ever provided you with any food? Yes / No

133) If yes, does s/he provide you with food regularly? Yes / No

Discharge, Planning, and Referral System:

134) When did you last go to a hospital or health centre? _____

135) Where did you go? _____

136) Do you need help going to and from the hospital/health centre? Yes / No

137) Has your volunteer ever assisted in your going home from the hospital? Yes / No

138) Has your volunteer ever assisted in your going to the hospital when you were very sick? Yes / No

Hygiene/Infection Control

139) Do you need help with keeping yourself clean? Yes / No

140) Has your volunteer ever helped you bathe? Yes / No

141) Has your volunteer ever bandaged your wounds? Yes / No

142) Has your volunteer ever helped with cleaning the house? Yes / No

143) Has your volunteer ever helped with washing clothes? Yes / No

144) When making decisions about your health care, do you and your caregiver value your HBC volunteer's input? Yes/No _

145) What would you like to see changed with the HBC program?

Now that we are finished asking questions of you, do you have any questions for us?

2. Volunteer Questionnaire

Home Based Care - Questionnaire for the Volunteer

ID#

INTERVIEWER: Please tell the volunteer that we are here to learn from them about what their experiences have been since they have joined the HBC program. We are NOT doing an inspection, and we are Not here to provide medical care. What they tell us will help us improve HBC programs in Malawi.

First, ask the volunteer if he/she is willing to talk with you and answer your questions.
Willing to talk: Yes / No

Before you start asking questions, fill out these questions:

Interview Time: Morning / Afternoon

Date seen: _____

Interviewer Name(s): _____

Other(s) present at the Interview: _____

District and town: _____

1. What is the setting you are in? Urban / Peri-urban / Rural

Volunteer Information

2. Age: _____

3. Male or Female?

4. What is your religion? _____

5. What is your occupation? _____

6. What is the level of schooling you had? _____

7. Can you read and write? Yes / A little / No

Now I would like to ask you some questions about your client we are seeing today.

8. What is the name of the client? _____ (first name is enough)

9. Male or Female?

10. When did you start as this client's HBC volunteer? _____

11. How long ago was your first visit to the client? _____

12. How many times per month do you visit this client? _____ visits/month

13. Do you currently have any other clients? Yes / No

14. If yes, how many?

Client's self-care:

15. Can your client feed her/himself without assistance? Yes / No

16. Can your client dress her/himself without assistance? Yes / No

17. Can your client bathe her/himself without assistance? Yes / No

18. What is the ambulatory status of the client?

bedridden / homebound / limited range of activity / normal

Now I would like to ask you some questions about what problems your client has needed help with in the last six months.

<u>Need/Problem</u> <u>Comments</u>	<u>Yes / No</u>	<u>If Yes, did HBC provide?</u>
19. Help with household tasks	Yes / No.....	Yes / No
20. Food	Yes / No	Yes / No
21. Nursing care	Yes / No.....	Yes / No
22. Needs of children and family	Yes / No	Yes / No
23. Oral Rehydration Solution	Yes / No.....	Yes / No
24. Soap	Yes / No	Yes / No
25. Medical care	Yes / No.....	Yes / No
26. Simple meds like panadol, vitamins	Yes / No	Yes / No
27. Prescribed medications	Yes / No.....	Yes / No
28. Skin creams / lotions	Yes / No	Yes / No
29. Dressings/ bandages	Yes / No.....	Yes / No
30. Gloves, other infection control items	Yes / No	Yes / No
31. Counseling	Yes / No.....	Yes / No
32. Legal assistance (wills, etc)	Yes / No	Yes / No
33. Condoms	Yes / No.....	Yes / No
34. Bed clothes, rubber sheet, mattress	Yes / No	Yes / No
35. Financial Advisement	Yes / No.....	Yes / No
36. Is there any other need or problem I haven't mentioned?		
<hr/>		
37. On the whole, are you meeting the needs of your client?		Yes / No
38. Of the needs I've mentioned, what is your client's most important need?	<hr/>	
39. What activities do you do for your client?		
<hr/>		
40. Have you ever told your client what role you would play in her/his life?		Yes / No
41. What is your role?	<hr/>	
42. How long ago did you join the Home Based Care program as a volunteer?		
years ago	<hr/>	
43. Why did you volunteer?		
<hr/>		
44. Do you receive any incentives for your time as an HBC volunteer?		Yes / No
45. How do you get your clients?		
referrals / from the village / both referrals and village / other	<hr/>	
46. Do you think all of your clients are HIV+?		Yes / No

47. Is there a system at your hospital/health centre to refer clients to the HBC program?
Yes / No / Don't Know
48. Are you addressing the needs of your client's family and children? Yes / No
49. Are the needs of your client's family important to HBC? Yes / No
50. Do you think your input is valued when your client and client's family make decisions about health care? Yes / No

Now I'd like to ask you some questions about how your client has been feeling in the last 6 months.

51. Diarrhea > 1 month? Yes / No
52. If yes, did HBC provide ORS? Yes / No
53. If yes, did HBC teach caregiver about ORS and the need for fluids? Yes / No
54. Nausea/Vomiting > 1 month? Yes / No
55. Fever > 1 month? Yes / No
56. If yes, did HBC help or teach caregiver about use of cool baths? Yes / No
57. Weight Loss > 10% of body weight? Yes / No
58. If yes, did HBC provide food? Yes / No
59. If yes, did HBC teach client and care giver about nutrition? Yes / No
60. Cough > 1 month? Yes / No
61. Sputum with blood (last month)? Yes / No
62. Night sweats (last month)? Yes / No
63. If yes to cough, sputum with blood, and/or night sweats, did HBC encourage you to go to the hospital /health centre for TB treatment? Yes / No
64. Shingles Yes / No
65. Persistent itchy rash? Yes / No
66. If yes, did HBC provide skin creams or lotions? Yes / No
67. Genital ulcers? Yes / No
68. Currently Pregnant? Yes / No
69. If yes, did HBC talk to the client or family about HIV transmission from mother to baby? Yes / No
70. Activity in last month: (circle one)
Normal / in bed <50% / in bed >50
71. If in bed >50%, has your HBC taught the client and caregiver how to prevent bedsores? Yes / No
72. Painful or difficult swallowing? Yes / No
73. If yes, what treatments were given?
-
74. Frequent Headaches? Yes / No
75. Chronic pain? Yes / No
76. If yes, has HBC given the client panadol or aspirin? Yes / No

Medications

77. What medications that your client could buy from the shop is s/he taking now?

78. What medications prescribed from the doctor is your client taking now?

79. What traditional remedies is your client using now?

80. Have you ever given your client any medications? Yes / No
If yes, which ones?

Emotional Support

81. Has your client been depressed over the past six months? Yes / No
82. If yes, how do you know?

Over the past six months, has your client had:

- | | |
|---|-----------------------|
| 83. Difficulty sleeping? | Yes / No / Don't know |
| 84. Decreased Energy level? | Yes / No / Don't know |
| 85. Lowered Concentration? | Yes / No / Don't know |
| 86. Decreased Appetite? | Yes / No / Don't know |
| 87. Any hobbies / favorite activities? | Yes / No / Don't know |
| 88. Social Withdrawal? | Yes / No / Don't know |
| 89. Has your client ever thought about taking her/his own life? | Yes / No / Don't know |

90. Has your client felt anxious or agitated over the past six months? Yes / No / Don't know
91. How often? All the time / Daily / Weekly
92. If yes, about what is s/he anxious?

93. Does your client take alcohol? Yes / No / Don't know

94. If yes, how much? _____

95. Does your client take any other drugs? Yes / No / Don't know

96. Do you talk to your client about her/his feelings or worries? Yes / No

97. If yes, do you think talking is helping? Yes / No

98. What percentage of your time with your client is spent talking?
0% / 25% / 50% / 75% / 100%

HBC Training Manual Specific Questions

Nutrition

99. Have you ever talked to your client about nutrition? Yes / No

100. Have you ever provided your client with any food? Yes / No

101. If yes, do you provide food regularly? Yes / No

Discharge, Planning, and Referral System

102. When was your client's last visit to a hospital/health centre:

128. Name three different ways HIV is transmitted.

- 1.
- 2.
- 3.

129. What would you like to see changed with the HBC program?

130. Specifically, what can be done to make you perform better?

Now that we are finished asking questions of you, do you have any questions for us?

Appendix VII

Workplace Interview Tools

Questionnaire for Employers
Questionnaire for Employees

Name of company

Type of business No. of employees

Address Telephone Fax

Name/ Last name Position

Date Month Year

Section 1. Evaluation of basic policy and measures

Does your company follow the following measures?

1. Blood test for AIDS is not compulsory for job applicants.

Yes, in writing Yes, not in writing No

2. Blood test for AIDS is not compulsory for job applicants but can be taken on a voluntary basis.

Yes, in writing Yes, not in writing No

3. Does not dismiss . Employees may continue to work until they are no longer able. They leave voluntarily or on doctor's advice or until they are unable to meet work standards and requirements.

Yes, in writing Yes, not in writing No

(If the answer is no for all 3 questions skip to section 3)

Section 2. Evaluation on company's announcement of basic policy and measures

1. How does the company announce its written and unwritten policies ?

	WRITTEN			UNWRITTEN		
Announce to all employees	1	2	3	1	2	3
Announce only to executives						
Announce to some employees						

No announcement at all

Section 3: Evaluation of company's policy regarding confidential data

2. Does the company have policies regarding who should have information on employees who have HIV virus ?

- No written policy
- No
- Yes
- No. of people with confidential data

Please give their positions in the table below

Positions of people permitted to have data	Reasons why they should have such data

3. Do employees who know that they have HIV virus have to inform the company?

- No written policy
- No
- Yes. Not disclosing is a violation of company rules.

4. What other measures does your company take towards developing a system of safeguarding confidential data ?

- None
- Yes, Please list measures

1. _____
2. _____
3. _____

SECTION 4: Evaluation of policies or measures to aid HIV positive employees

5. Does your company have policies or measures to assist all levels of employees who have HIV virus ?

- No (skip to section 5)
- Yes

6. What are these policies or measures ? (you may answer more than 1)

- No reduction of regular company benefits
- Employee rights remain the same eg. Salary increase, rights to train etc.
- Employees may change post to better suit his health.
- HIV positive employees may work with others; does not segregate
- Employees may take sick leave on doctor's recommendations when other symptoms develop.
- The above policies also cover employees who have other chronic diseases such as cancer, diabetes, hepatitis etc.

7. What are the other supportive measures your company takes to assist employees with HIV virus ?

- Keeps them employed as long as possible
- Gives them work to supplement their income such as allowing them to take work home.
- Pays unemployment benefits according to the laws upon dismissal.
- Gives financial assistance when disabled eg. Medical expenses, social security until death, continues to pay premium for life insurance, assists with funeral expenses.
- Helps their families by giving educational funds to children or employs the children and spouses
- Other, give details. _____

SECTION 5 Evaluation of Activities for the Dissemination of Knowledge and Understanding on AIDS

8. During the past year, have executives or employees of your company undergone training programs on AIDS?

- None (skip to number 10)
- Yes

9. In what manner does your company organize training on AIDS?

- lectures for a minimum of 30 people
- education for small groups (less than 30)
- Peer education
- Other (give details)

10. At present, the total number of executives and employees in your company is

Divided into no. of executives....., no. of employees.....
 The total number of employees who have not had training on AIDS is

During the past year, the number of executives and employees who have undergone training on AIJDS is

During the past 3 years, the number of executives and employees who have undergone training on AIDS is

11. Does your company have a working committee on AIDS?

- No
- Yes

Please give details of activities that the working committee organized within the past year.

- (i).....
- (ii).....
- (iii).....

12. During the past year, did your company organize activities to give more education and understanding on AIDS?

- No (Skip to No.15).
- Yes

13. During the past year, what educational activities and dissemination did your company organize?

Dissemination Events and Display/Distribution of Materials on AIDS.

- Brochures, calendars
- Posters, display of news and information on boards.
- AIDS exhibitions
- AIDS columns in journals and magazines
- Announcements through the intercom, videos
- Up-to-date information centers.
- Other activities (please specify)

Organizing special activities on AIDS

- Information on; AIDS during company's Safety Week or on other special occasions, such as company anniversary etc.
- Gave AIDS information during orientation or at meetings.
- Organize competitions, such as sayings and mottos on AIDS, paintings and quiz.
- Cooperates with other ganizations in organizing activities.
- Visits patients giving them moral support
- Other, give details....

14. Does the company organize events to promote the use of condoms or not?

- No
- Yes. What types of events?
 - *Instructions on the correct way to use condoms.
 - *Organizer locations for free distribution of condoms.
 - *Organizes locations for the sale of condoms.
 - *Other, give details.

15. Does your company have volunteers who act as peer leaders to educate co-workers on AIDS?

- No
- Yes

16. Does your company arrange counseling on AIDS for employees?

- Yes
- No

17. Does your company make arrangements to assist employees in treating venereal diseases?

- Yes
- No

SECTION 6: Evaluation of Community Participation on AIDS.

18. During the past year, was your company involved in community participation on AIDS?

- No (end of interview)
- Yes

19. During the past year, what types of community participation projects did your company organize apart from projects within the company?

Community Activities	Average Cost
<input type="checkbox"/> donated funds to help AIDS patients and HIV positive persons	
<input type="checkbox"/> donated funds for AIDS projects	
<input type="checkbox"/> organized activities to raise funds for AIDS patients and family members on alternative skills	
<input type="checkbox"/> improved livelihood and increased ability of patients and family to be self sufficient	
<input type="checkbox"/> assisted in educational funds, fund to start business etc.	
<input type="checkbox"/> assisted in job placements	
<input type="checkbox"/> other, give details	

Estimates of expenditure on AIDS activities

During the past year, what expenses did your organization incur on the following:

Activity	No. of personnel	Time (days)	Labor costs of personnel (estimates)	Cash in material, equipment, meetings (estimates)
1. Decision making process regarding joining projects.				
2. Personnel involved in preparing information for organization.				
3. Employees preparing individual interview forms. (i) not during work hours (no expenses) (ii) during work hours				
4. Improving policies on AIDS and announcement of policies (personnel involved, hired outside organization, materials, equipment)				
5. Training on AIDS 5.1 personnel involved in organizing 5.2 Employees attending training				
6. Educational activities and information on AIDS 6.1 Personnel involved in organizing 6.2 Employees who participated in activities during work hours.				
7. Promotion in distribution or sale of condoms (i) distribute condoms (ii) sale of condoms				
8. Promoting the treatment of venereal diseases (i) within the organization (ii) outside organization (Expenses that had to be paid regarding SDS for personnel in and outside company which can be estimated as percentage of total medical expenses if available)				
9. Counseling and advisory services.				
10. AIDS participation projects.				
11. Support given to HIV positive employees within organization. <input type="checkbox"/> Staff medical expenses paid by the organization. <input type="checkbox"/> Hospital staff expenses <input type="checkbox"/> Medications expenses <input type="checkbox"/> Expenses over and above insurance that organization paid <input type="checkbox"/> Health/life insurance with private insurance company <input type="checkbox"/> Payment of social insurance <input type="checkbox"/> Disability fund				
12. No. of people who took sick leave. No. of days.				

13. Reduced insurance premium.				
--------------------------------	--	--	--	--

Employee Questionnaire

1. This survey takes about 10-15 minutes. The questions mainly involve company policies and activities to educate employees on AIDS; their understanding, concept and habits regarding AIDS. Your cooperation is requested in answering this questionnaire. Please be assured that the information obtained will be kept confidential. The questionnaire form does not request name or department of your company as the appraisal will be conducted on the basis of total numbers only. After you have answered the questions, kindly go over them again to make sure that you have answered every question. After you have completed the questionnaire, place it in the envelope, seal it and drop it in the box at TBCA office. The information received will be safely kept and utilised only by researchers.
2. We request your cooperation in answering each question carefully so that the information can be fully utilised in developing effective programs. You may choose a time convenient to you for answering these questions. However, should there be any questions that you feel uncomfortable to answer, you may abstain from answering them.
3. If you volunteer to answer this questionnaire you will not receive any compensation as an incentive to answer the questions. Your participation or non-participation will not have any bearing on your employment or your livelihood but the information you give will be most beneficial to the promotion of health for employees on the whole. Please bear in mind that there may be future occasions for requesting your participation for similar surveys.
4. If you should have any questions regarding the project, you may contact Khun Suparat Supatarahirapol for additional information.(TBCA Bangkok) Te. 643-98912. Khun Suthon Moonmeung (TBCA Chiangmai) Tel.(053) 232-560.

Answering this questionnaire shows that you are willing to participate in this study. Thank you very much for your cooperation in this project.



10. During the past year, have you or your friends in the company/factory ever talked about AIDS? No Yes
11. Does your company permit employees who have AIDS virus to continue to work?
May continue to work Dismiss Don't know
12. Does your company assist employees who have AIDS virus? No Yes
--Don't know
13. Does your company take blood test for AIDS before hiring?
Yes No Don't know Not sure.
14. Does your company take blood test of employees to check for AIDS?
Yes No Don't know Not sure
15. How happy are you with company policies and measures on AIDS?
Very happy Happy Not happy.
16. Does your company have volunteers who act as leaders in giving education and understanding on AIDS? No Yes
17. Does your company arrange counseling on AIDS for employees? Yes No
18. During the past year, have you ever taken sick leave? No Yes, total of ...days.
19. During the past year, were you reimbursed for costs of hospital care?
No (skip to Section 2)
Yes, amount reimbursed
0 All
0 Half of costs
0 Part of costs
20. Where does your medical care come from?
 Social security
 Insurance company (paid by company)
 Company that you are employed with
 Other ...give details.

PART 2: Knowledge and Understanding

Please make a tick (√) in the space provided.

1. At present there are approximately one million people with HIV/AIDS in Thailand	Yes	No
2. People with AIDS virus are different from AIDS patients		
3. AIDS virus enters through injured areas and thin linings in different parts of the body.		
4. AIDS virus is found most in blood, sperm, fluid in the vagina.		
5. Female sex organ is more susceptible to receive AIDS virus		

than male's.		
6. AIDS is a disease that is caused by habits,		
7. Blood donors can get AIDS virus		
8. All babies born from women who have AIDS will also have the virus.		
9. One can tell from outside appearance as to who has AIDS virus.		
10. Thailand should check for AIDS in all containers of blood donated.		

SECTION 3: Evaluation of Behavior

How risky do you think the following habits are in contracting the AIDS virus?	VERY RISKY	RISKY	NOT VERY RISKY	NOT RISKY AT ALL
1. Using hands to assist partner in sexual orgasm.				
2. Have sex with a person who is not a spouse without using a condom.				
3. Have sexual relations with partner using one's mouth on the partner's sexual organ.				
4. Have sexual relations where a man ejaculates outside				
5. Being close to and living every day with someone who has AIDS virus				
6. Have many sleeping partners but using condoms with only some.				
7. Have sex through the rectum without using condoms.				
8. Using an artificial sex organ together				

SECTION 4: Survey on One's Own Habits

The following questions are very personal. However, your answers are extremely important for this study. Therefore please read and give the truth on every question bearing in mind that this information will be kept confidential. No one will know who it belongs to as no name is requested.

- Have you ever had sexual relations?
 - No (skip to Section 5)
 - Yes

If you have had sexual relations before, please answer the following questions by ticking () in the column you choose or add a word in the space.... Provided.

2. During the past year, have you ever had sexual relations with female/male prostitutes?

- No (Skip to No. 3)
- Yes

2.1. If you answered yes, how many?

- One
- More than One. How many.....

2.2 Every time you had sex with female/male prostitute during the past year, how often did you use the condom?

- Every time
- Most of the time
- Sometimes
- Hardly ever
- Never

3. During the past year, have you had sex with anyone who was not your spouse or prostitutes eg. friends, boy/girl friend or fiance or some one who you knew within a short time?

- No (skip to Section 5)
- Yes

If the answer is yes, please give number of people you were involved with

<input type="checkbox"/> One	<input type="checkbox"/> More than one. How many
<p>3.2 How often did you use condoms?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Every time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Very few times 	<p>Who do you use condoms with?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No one (skip to Section 5) <input type="checkbox"/> Every one <input type="checkbox"/> With some only <p>3.2.2 During the past year, when you had sex with persons who were not your spouse or prostitute, how often did you use the condom?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Every time <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Very few times <input type="checkbox"/> Not at all

PART 5: Attitudes on AIDS

1. Do you know anyone who has contracted AIDS virus?

- Yes
- No.

2. Do you think you can participate in the following activities with people who have the AIDS virus?

Activities	Can	Cannot	Not Sure
1. Work in the same room.			
2. Use the same bathroom			
3. Eat together.			
4. Take care of them.			
5. Touch and feel.			
6. Have sexual relationship.			

3. Do you agree with the following statements?

	Yes	No	Not sure
Company should tell employees who have AIDS virus.			
Employees who have AIDS virus should leave work.			
Company should make blood test compulsory for all employees			
Company should allow employees to make their Own decision regarding blood test.			
Employees with AIDS virus should be treated the same as others.			

4. What do you think about the following behavior?

	Agree	Disagree	Not sure
Noi is a female employee who always carries condoms.			
Chai has known Kaeo only one day and was so pleased that he already had sex with her			
Noi refused to have sex with Ake because they did not have a condom			
I will not tell anyone if I have the virus.			
I will kill myself if I have the AIDS virus.			

End of Questionnaire

The PSI Connection

(question numbers relate to the PSI questionnaire)

FDC Objective I: Prevention

FDC Indicator #1 (PSI p11)

701a. In what way can a person protect themselves from infection with the HIV virus? (use condoms, have a few partners, both partners be faithful, don't have casual sexual partners, abstinence, avoid injections with non-sterile needles, avoid blood transfusions, other, don't know any means)

702. I'm going to read some statements about protection from HIV/AIDS. For each statement, say if you think it is true or false. People can protect themselves from HIV/AIDS through:

702a. good diet

702b. be with one partner

702c. avoid public toilets

702d. use condoms during sexual relations

702e. avoid touching someone with HIV

702f. avoid sharing food with someone with HIV

702g. avoid being bitten by mosquitoes or other bugs

702h. make sure injections are with clean needles

FDC Indicator #2 (PSI p6)

401. Did you have sexual relations with someone in the last 12 months who was not your spouse/regular partner? (regular partner defined as someone you have had sexual relations with for one year or more)

403. When was the last time you has sexual relations with someone who was not your spouse/regular partner?

FDC Indicator #3 (PSI p6)

406. The last time you had sexual relations with a non-regular partner, did you use a condom?

407. Why not? (partner didn't want to, reduces pleasure, partner doesn't like condoms, I don't like condoms, I trust partner, don't need-try to get pregnant, don't need, use other contraception, very expensive, didn't have any at hand, they weren't available-couldn't find any)

408. Why did you? (prevent pregnancy, prevent DTS, prevent HIV/SIDA, my partner wanted to use them, other)

FDC Indicator #4 (PSI p12)

802. What are the chances that you will contract HIV? (none, moderate, big, I'm already infected, don't know)

The INJAD Connection

(question numbers relate to the INJAD questionnaire)

FDC Objective I: Prevention

FDC Indicator #1 (INJAD p30)

617. What can a person do to avoid catching SIDA? (inform themselves, don't have sexual relations, always use a condom, have only one partner, reduce number of partners, don't have sexual relations with a homosexual, take care if you need a blood transfusion, don't donate blood, only use sterilized syringes, avoid mouth kisses, don't live with an infected person, don't have sexual relations with a prostitute, don't use public baths)

FDC Indicator #2 (INJAD p15)

229. When was the last time you had sexual relations?

230. How many people have you had sexual relations with in the last 12 months?

231. What sort of relationship did you have with them? (wife/partner, girlfriend, fiancé; friend, occasional partner, recently met person/stranger, ex-wife, maid)

FDC Indicator #3

238. The last time you had sexual relations, did you use a condom? (INJAD p17)

239. Why not? (don't know condoms, steady partner/don't need, didn't have, expensive, don't like, use other method, didn't expect to have sex at that moment, religious, didn't think to use, very excited and forgot risk, want to have children, trust in partner)

252. The second to last time you had sex, did you use a condom? (INJAD p20)

253. Why not? (don't know condoms, steady partner/don't need, didn't have, expensive, don't like, use other method, didn't expect to have sex at that moment, religious, didn't think to use, very excited and forgot risk, want to have children, trust in partner)

FDC Indicator #4 (INJAD p30)

620. Do you think your risk of contracting HIV is small, medium, big, or you have no risk at all?

621. Why do you think you have little or no risk of contracting HIV? (don't use drugs, don't have sexual relations, use condom when have sex, have only one partner, limit the number of partners, partner doesn't have another man, don't get blood transfusion, sterilize needles, trust partner, don't share razors, knives, things for cutting, other)

622. Why do you think your risk is medium or large for contracting HIV? (inject drugs, don't use condom, more than one partner, have many partners, partner has another woman, receive blood transfusion, don't sterilize syringes, other)

FDC Indicator #5 (INJAD p11)

202b. What age were you when you had your first sexual relations?

FDC Indicator #6 (INJAD p30)

617a. Is it possible for a person to seem completely healthy and be infected with the HIV virus?

FDC Objective II: Susceptibility

FDC Indicator #2 (INJAD p28)

604. Have you had any of the following symptoms? (discharge from penis, pain when urinating, sore on penis, warts on penis/anus)

606. The last time you had (*name of symptom*) did you seek counseling or treatment?

607. Where? (Health Unit, private clinic, friend, market, pharmacy, traditional healer)

FDC Objective III: Mitigation, Care, and Support

FDC Indicator #1 (INJAD p32)

629. Do you know where you can get tested for the HIV virus?

635. What benefits do you think a person can have by knowing their HIV status? (can plan for children, can avoid spreading HIV, can avoid pregnancy, if negative don't have to worry anymore, can begin to eat well, if negative can plan a pregnancy, none, other)

636. What would be the principal disadvantages for a person to have and HIV test? (loss of hope, don't have a future, rejection by family-partner-friends, can't do anything because there is no cure, none, other)

FDC Objective IV: Advocacy

Indicator#2

644a. If you knew that a seller of foods was infected with the HIV virus, would you continue to buy his products (fruits and vegetables)?

Microsoft Access Reports by

- Province
- Partner
- Thematic Area
- Each activity

Appendix IX

Focus Group Discussion Guide

Data System: Output/Outcome Evaluation

Qualitative Data Set: Focus Group Discussion Guide

(Question track from the general to the particular)

Outcome Evaluation

PREVENTION

Perceptions of HIV/AIDS

Sample questions:

1. What are important sicknesses in your community?
2. Who is affected by ... (malaria, diarrhea, STIs)? Why?
3. Do you have HIV/AIDS in your community? A lot, or a little? Is it a serious thing?
4. Who is affected by it?
5. Where does it come from?
6. How do people believe it is passed?
7. Is it curable? How?
8. Are there misconceptions that people hold about diseases like HIV/AIDS?

Perception of risk

Sample questions:

1. What is "risk" to you?
2. Do people worry about HIV? Why? Why not?
3. Do you believe people have changed their behavior since HIV/AIDS? How? Why?
4. What kind of people are at risk for HIV/AIDS? Why?
5. Do people believe condoms can keep them safe from HIV? Why, why not?
6. Do people generally use condoms? Why, why not? Is it "uncool"?
7. Are people who have many partners considered high risk? Why, why not?
8. Is staying faithful to a partner a good way to protect from HIV? Why, why not?
9. What does "faithful" mean to you?
10. Do people believe they can tell an HIV+ person by what they look like?

SUSCEPTIBILITY

Perception of STIs

Sample questions:

1. What is a STI?
2. How are they passed?
3. Are STIs talked about between partners? Why, Why not?
4. Is treatment usually sought for STI burning, itching, pain? If no, why not?
5. What is the usual treatment for STI burning, itching, pain? Why?
6. Can girls/women say no to sex if their husband/boyfriend has an STI? Why, why not?

MITIGATION

Perception of stigma

Sample questions:

1. Would people buy vegetables from a seller in the market if that person had HIV/AIDS? Why/why not?

2. Would people care for a family member/live with a family member with HIV/AIDS? Why/why not?
3. What would your neighbors say about a family with HIV? Why?
4. Do people want to know their HIV status? Why, why not?
5. Do people seek testing? Why, why not?
6. Do people know where they can get an HIV test? Where?

ADVOCACY

Perceptions of responsibility (only for community leaders)

Sample Questions:

1. Is HIV considered a significant issue in your community?
2. Do leaders play a role in the fight against HIV/AIDS? What is it? Is it adequate? Why, why not?
3. What should a community leader's role be in the fight against HIV/AIDS?
4. What barriers do community leaders face in addressing issues/implementing actions?
5. What skills/resources does a community leader need in addressing HIV/AIDS issues?
6. Do they have them?
7. Who are those leaders in this community?

Output Evaluation

Perception of information sources

Sample questions:

1. Have you ever heard any public announcement about HIV/AIDS? On radio, TV, in the newspapers?
2. If you wanted to have some information about HIV/AIDS, where would you go/who would you ask? Why?
3. Who (person or organization), in your community, is/are considered knowledgeable about HIV/AIDS?

Perception of services

Sample questions:

1. What kind of support is available for someone with HIV/AIDS?
2. Where would you go for help/support if you had/knew someone with HIV/AIDS?
3. Are there any support groups for PLWHA/OVC in your community? What do they do? Why do they do it? Are they well-respected?
4. Is STI treatment available? Do people go? Where do people go? Why? Why not?
5. Is VCT available? Where? Do people use it? Why, why not?
6. Are condoms available? Where? Always available? Are they expensive? How much?

Perception of Project

(Only at mid and end points; only for project associates: managers, provincial/district supervisors, direct beneficiaries)

Sample questions

1. Are you familiar with _____ intervention/project?
2. How do you feel members of the community have responded to _____ intervention/project?
3. What have been the strengths of the project from your perspective?
4. What have been the weaknesses? How could they be addressed?
5. What have been the lessons learned? How would you do things differently next time?

Close of Contract

Please accept the following final report to close the contract between *Sarah Jane Sheldon* and *The Foundation for Community Development*.

The final deliverable, attached, is A Systematic Approach to Monitoring and Evaluation of the three-year Kulhuvuka, Corridor of Hope Project. It includes a complete logical model; details on studies to support a quantitative evaluation of program outcomes; an implementation plan; notes on dissemination of results; and guidance for partner M+E training.

Item	Description	Allocated Days	Actual Days
Scope of Evaluation	Clarified the intent of the original objectives and outcomes; integrated them with actual partner proposals	2	4
Examined existing data, past and future studies	Scrutinized national surveys to determine best fit for Kulhuvuka outcome evaluation	0	3
Methodological Approach	Expanded the logical model to include outcome and output indicators; means of verification; and periodicity of verification	3	4
Implementation Plan	Detailed type and components of data systems; drafted data lines; defined distinct studies for baseline, quantitative, and qualitative needs; developed budget and time line	9	10
Analysis and Interpretation of Results	Designed M+E system to rely on data of varied types from varied sources	1	1
Dissemination Plan	Described needs and budgeted for broad dissemination plan	1	1
Total Days		16	23

It has been a great pleasure to work with the UPK.

Sincerely;



Sarah Jane Sheldon