

Program Improvement Through Use of Process Evaluations

Sharing experiences from the Capable Partners Project (CAP) in Botswana

Capacity Building Series

FHI 360

FHI 360 is a global development organisation with a rigorous, evidence-based approach. Our professional staff includes experts in health, nutrition, education, economic development, civil society, environment and research. FHI 360 operates from 60 offices with 4,400 staff in the United States and around the world.

We have worked with 1,400 partners in 125 countries, forging strong relationships with governments, diverse organisations, the private sector and communities. Our commitment to partnerships at every level and our multidisciplinary approach enable us to have a lasting impact on the individuals, communities and countries we serve—improving lives for millions.

Capable Partners (CAP) project

Capable Partners is a USAID-funded project that supports the Botswana government's efforts to mitigate HIV. The CAP project promotes organisational development and capacity building through networking and technical support.

CAP partners with non-governmental organisations (NGOs), faith-based organisations (FBOs) and community-based organisations (CBOs) on HIV prevention services under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and Peace Corps engagement in PEPFAR programmes.

The CAP project also supports monitoring and evaluation of grantees and sub-grantees, routine training on HIV prevention interventions, and the development and dissemination of behaviour change tools. Strengthening communities towards sustainability is the over-riding goal of the CAP project.

Foreword

This publication is part of a *Capacity Building Series* documenting the experiences of the Capable Partners Botswana project in organisational development, and building the technical capacity of local civil society organisations in HIV Prevention, from 2008-2011. It is widely recognised that a strong civil society is essential for a successful and sustained response to the HIV and AIDS epidemic in Botswana.

Much debate has taken place around the limited capacity of civil society in Botswana, and to date there have been only a few success stories. We are therefore pleased to introduce you to this *Capacity Building Series* which features real life experiences of civil society organisations in Botswana actively participating in their own capacity enhancement, and forging stronger and more effective organisations as a result. While the Capable Partners Botswana project contributed a solid capacity building model together with expert facilitation and tools, we believe it is the enthusiastic participation and ownership of the process by our local partners, which has been the most important ingredient for success.

As we look beyond the end of this project, we thank USAID for the opportunity to contribute to civil society strengthening in Botswana. We wish our partners and other civil society organisations every

success in achieving their mandates, and hope this and other publications in the *Capacity Building Series* will prove useful in strengthening organisations, and, by doing so, improve the quality and sustainability of the response to the HIV and AIDS epidemic. Several individuals and institutions have contributed to the case studies, guidance and tools outlined in this and other documents in the series. We thank all involved for their commitment and insights.



Mike Merrigan, Dr. PH
Chief of Party
FHI Development 360 Botswana

This Guideline has been made possible by the generous support of the American people through the United States Agency for International Development (USAID).

FHI has acquired the programmes, expertise, and assets of AED.

Visit us at www.fhi360.org



Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
BAIS	Botswana AIDS Impact Survey
BCC	Behaviour Change Communication
CAP	Capable Partners Project
CBO	Community-Based Organisation
CSO	Civil Society Organisation
DAC	District AIDS Coordinator
DMSAC	District Multi-Sectoral AIDS Committee
DSD	Delayed Sexual Debut
ECB	Evaluation Capacity Building
FBO	Faith-Based Organisation
FGD	Focus Group Discussion
FHI 360	Family Health International 360
GBV	Gender-Based Violence
GoB	Government of Botswana
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
KAP	Knowledge, Attitude, Practice
M&E	Monitoring and Evaluation
MCP	Multiple and Concurrent Sexual Partnerships
MoH	Ministry of Health
NACA	National AIDS Coordination Agency
NGO	Nongovernmental Organisation
NSF	National Strategic Framework
PLWHA	People Living with HIV and AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PHDP	Positive Health Dignity and Prevention
PMTCT	Prevention of Mother to Child Transmission
SMC	Safe Male Circumcision
SOPs	Standard Operating Procedures
STIs	Sexually Transmitted Infections
TA	Technical Assistance
UNAIDS	Joint United Nations Programme on HIV and AIDS



Table of Contents

1.0 BACKGROUND	7
1.1 What is the Capable Partners (CAP) Botswana project?	7
2.0 YEAR 1: 2009 PROCESS EVALUATIONS	9
2.1 Overview	9
2.2 Objective of the Process Evaluations	9
2.3 Methodology Synopsis	9
2.4 Findings and Recommendations	10
3.0 YEAR 2: 2010 PROCESS EVALUATIONS: BUILDING CAPACITY	13
3.1 Overview	13
3.2 Evaluation Capacity Building: Process Evaluation Roll Out	14
3.3 FHI 360 Evaluation Capacity Building Strategies	15
4.0 STEP-BY-STEP GUIDANCE FOR CSOS TO PLAN FOR PROCESS EVALUATIONS	17
4.1 Ethical Issues	17
4.2 Steps to plan a process evaluation	18
5.0 STEP-BY-STEP GUIDE FOR IMPLEMENTATION OF PROCESS EVALUATION: SHARING EXPERIENCES FROM YEAR 2: CAP PARTNER LED PROCESS EVALUATION METHODOLOGY	23
5.1 Conduct Focus Group Discussions	23
5.2 Administer KAP Survey	24
5.3 Ethical Issues to consider during implementation	24
5.4 Data Transcription	24
5.5 Data Analysis and Report Writing	25
5.6 Disseminating Results	25
6.0 RESULTS AND FINDINGS FROM THE YEAR 2 PROCESS EVALUATIONS	27
6.1 Findings	27
6.2 Lessons Learned	27
6.3 Strategies to Address Identified Gaps	29
Annex 1: Process Evaluation Agenda	30
Annex 2: Process Evaluation Training Agenda	31
Annex 3: Beneficiary Focus Group Discussion Guide	34
Annex 4: Implementers Focus Group Discussion Guide	37
Annex 5: Stakeholder Focus Group Discussion Guide	42
Annex 6: Staff Focus Group Discussion Guide	45
Annex 7: KAP Survey	49
Annex 8: BCC Observation Checklist	50
Annex 9: Process Evaluation Checklist	51



1.0

Background

This publication documents the implementation process and experiences of the USAID-funded Capable Partners Botswana (CAP), a capacity building project that supported a number of non-governmental organisations (NGOs) working on HIV prevention in Botswana from 2008–2011. The purpose of the programme is to strengthen community-based responses to HIV prevention implemented by civil society organisations (CSOs), and help the organisations develop into strong and effective partners in the national HIV and AIDS response.

This publication describes the CAP project annual process evaluation methodology, outlines the implementation processes, the major activities and tools used and shares key results. The process, findings, tools and results are of practical relevance to other organisations involved in capacity building or implementing community-based programmes in Botswana and beyond.

1.1 What is the Capable Partners (CAP) Botswana project?

On July 31, 2008, Family Health International 360 (FHI 360—the newly formed entity after FHI acquired the assets, programmes and expertise of AED) was awarded a USAID/RHAP Associate

Cooperative Agreement for the Local Partners Capacity Building Programme to enhance the organisational development and sustainability of local non-governmental organisations (NGOs), faith-based organisations (FBOs), and community-based organisations (CBOs) implementing HIV prevention programmes in Botswana. All activities conducted under CAP are guided by the Botswana Partnership Framework for HIV and AIDS (2010–2014)—a collaboration between the Government of Botswana (GoB) and the United States Government (USG) through the President's Emergency Plan for AIDS Relief (PEPFAR). This supports the National Strategic Framework's (NSF II) focus on HIV Prevention, Capacity Building and Health Systems Strengthening, Strategic Information and Treatment and Care and Support as its main pillars.

By January 2011, CAP Botswana awarded 12 grants to local CSOs in 13 districts to support HIV and AIDS prevention activities. As of September 30, 2011, seven of these grants completed their third year under CAP, two were new and three have been closed out. The project also provided technical assistance (TA) to strengthen the organisational and professional capacities of these local NGOs, FBOs and CBOs, and offered support to local CSOs through the Peace Corps Small Community Grants Programme to design projects for funding and prepare grant applications, which resulted in 19 small grants.

Areas of intervention by CAP Botswana include: D'kar, Dukwi, Gaborone, Ghanzi, Goodhope, Lobatse, Kang, Kanye, Kasane, Mabutsane, Mahalapye, Masunga, Mochudi, Molepolole, Palapye, Rakops, Ramotswa, Selebi-Phikwe, Serowe, Tlokweng, Tsabong and Tutume.



Figure 1: Map of Botswana showing CAP Project operational districts. Partner organisations under CAP vary in size and scope. Some are national-level NGOs working across a number of districts, while others are localised and focus on certain geographic areas and populations within the country.

2.0

Year 1: 2009 Process Evaluation

2.1 Overview

Process evaluations were introduced into the CAP project from the beginning of the project design. Conducted annually, process evaluations are aimed at improving HIV prevention programme design, implementation and management of projects implemented in various communities in Botswana by diverse NGOs, CBOs and FBOs funded through the CAP project. The first process evaluation was designed and implemented in September 2009 by CAP staff. CAP staff liaised with organisations that would continue to receive funding through the project, helping to improve HIV programmes design, implementation and management in the next year of funding. This process was also designed to understand how CAP, as a capacity building project, could strengthen technical assistance to supported organisations. Finally, this process was designed to understand the benefits of projects to beneficiaries and stakeholders in the communities where the projects were implemented and identify future needs.

Process evaluations look at two critical areas of programme implementation – coverage and process. Coverage examines the end beneficiary of services by answering several questions including: What proportion of those who need services actually use them? Are the services reaching the intended target population as designed? and What are the demographics of those who are reached through services? Process looks at various aspects of implementation of services such as: How are clients identified and targeted for services? and What are the tools, processes used for managing the project implementation process for client satisfaction, delivery of quality and needed services and ensuring adequate coverage? The process evaluation was designed as a rapid two-day assessment to answer the above questions (Refer to Annex 1 for a Sample Agenda).

2.2 Objective of the Process Evaluations

The main objective of the process evaluations was to:

- Assess how programmes were implemented, in order to improve their approach and procedures in the next year of implementation.
- Explore programme structure and content, the type of activities carried out, their relevance, frequency and manner of execution; perceptions of programme impact; relationships between organisation/programme and key stakeholders; and feedback from beneficiaries and others.

2.3 Methodology Synopsis

These objectives were met through various methods (Refer to Annexes 3-8 for tools):

- Focus group discussions with:
 - ▶ One group of stakeholders
 - ▶ Three groups of beneficiaries
 - ▶ One group of facilitators (peer educators field officers)
- Knowledge, Attitude and Practice (KAP) surveys—administered among beneficiaries and implementers
- Behaviour Change Communication observation—use of a BCC observation checklist to document and provide feedback on a delivered HIV prevention community outreach session
- Data Quality Audit- verification of data submitted in monthly reports

2.4 Findings and Recommendations

After implementation of the Year 1 process evaluation in 2009, reports were written by the CAP staff to document findings and recommendations for each organisation. Recommendations were monitored throughout the next year of implementation and most were implemented.

Recommendations included deliverables that both CAP staff and partner organisations were responsible for implementing. Figure 2 below highlights general successes, challenges and strategies implemented (recommendations) to address challenges for all partners.

Organisational Area	Successes	Challenge	Strategy
M&E	<p>Some tools were in place to capture both quantitative and qualitative data.</p> <p>Training registers and feedback tools were well developed.</p>	Data quality issues: double counting, incomplete fields, limited narratives in reports.	<p>New tools developed. Standard operating procedures and guidance documents developed for all tools</p> <p>M&E duties integrated into job descriptions of all responsible for reporting.</p> <p>Data audits conducted monthly internal by org, semi-annually by CAP.</p>
Stakeholder Involvement	Organisations and projects seen to be invaluable to community.	Stakeholders stated that they were generally informed about organisation and projects, however, would appreciate more regular progress updates.	Quarterly stakeholder meetings conducted to update all stakeholders about progress of project.

Figure 2. Overview of Success, Challenge and Strategies for Programme Improvement: Process Evaluation Year 1

Organisational Area	Successes	Challenge	Strategy
HIV prevention programming	Implementers (i.e. peer educators) were actively engaging with community members, educating them on HIV prevention issues. They were well known by beneficiaries and could be identified by name.	Need for documented materials to guide implementation of community outreach sessions.	Development of communication guides to provide information on one topic at a time, target specific audiences and provide guidance on facilitation.
		Too many topics covered in one outreach session i.e. alcohol, MCP, HCT, PMTCT, stigma and discrimination. Target population was not always reached during implementation due to challenges locating them.	Community mapping exercises conducted for all organisations to identify 'hot spots' and identify other venues where to find target population.
Training	Were budgeted for annually, structured, all implementers generally received at a minimum an initial training.	Feedback from implementers included need for more intensified HIV technical information for trainings and M&E to be included.	Training of trainers (ToT) model designed to focus on HIV technical information (i.e. key drivers), facilitation skills, and review of tools required for their positions (i.e. M&E tools).
Human Resources	Implementers were passionate about their jobs.	High turnover of implementers.	Volunteer management system strengthened to re-design recruitment process, monthly incentives, supervision structures, professional development opportunities and volunteer recognition mechanisms.
Performance	Partners were able to report some reach.	Targets were not always reached.	Monthly implementation plan template developed and implemented by each partner. Implementers presented with data on a monthly basis to track reach and adjust implementation plans as needed.

Figure 2 (continued). Overview of Success, Challenge and Strategies for Programme Improvement: Process Evaluation Year 1



3.0

Year 2: 2010 Process Evaluations: Building Capacity

3.1 Overview

In September 2010 as part of FHI 360's continued efforts to build capacity of its grantees, the project recognised the need to focus on building evaluation capacity, as many grantees still needed further support to design, collect and analyse information to evaluate their programmes. Even though FHI 360 had been providing technical assistance (TA) in areas such as behavioural change communication (BCC), monitoring and evaluations (M&E), it did not address process evaluations specifically. Thus, the Year 2 (2010) process evaluations served two important purposes – to build grantee knowledge and skills necessary to carry on the work when the FHI 360 project ends and to provide evaluations findings for project improvement. FHI 360 was interested in ensuring that evaluations became an integral part of partners' organisational programming due to the success of the first year of process evaluations and to ensure that programmes remained relevant to the communities they served and were responsive to beneficiary and stakeholder needs, and changing HIV trends. Organisations that continually strive to improve programming, engage community stakeholders and beneficiaries to ensure their needs are met are committing to community ownership of projects. When projects run out of financial support, many times it is ultimately the community, through local resource mobilisation that can help sustain an organisation and its projects.

Evaluation capacity building (ECB) is defined as:

“the design and implementation of teaching and learning strategies to help individuals, groups and organisations, learn about what constitutes effective, useful, and professional evaluation practice. The ultimate goal of ECB is sustainable evaluation practice—where members continuously ask questions that matter, collect, analyse and interpret data and use evaluation findings for decision-making and action. For evaluation practice to be sustained, participants must be provided with leadership support, incentives, resources, and opportunities to transfer learning about evaluation to their everyday work. Sustainable evaluation practice also requires the development of systems, processes, policies and plans that help embedded evaluation work into the way the organisation accomplishes its mission and strategic goals” (p.444)¹.

The above definitions acknowledge that ECB is multidisciplinary and does not entail only the processes of design and implementation evaluations but ensuring that the practice is sustainable. All of these elements provided a conceptual foundation for the FHI 360 grantee led process evaluation. The overall objective for the Year 2 process evaluations was to build the capacity of CAP partners to plan and implement process evaluations through application of knowledge and skills to their work toward a sustained evaluation practice.

¹Preskill H, Boyle S. A multidisciplinary model of evaluation capacity building. *American Journal of Evaluation*. 2008;29: 443–459.

3.2 Evaluation Capacity Building: Process Evaluation Roll Out

There are several benefits for conducting process evaluations for civil society organisations. One, it allows for a sense of accountability as it aims to gauge if a programme, project, organisation is accomplishing what it is expected to and if not, this process provides an opportunity to investigate why not and make necessary adjustments to programmes or organisational processes. If accomplishments are being achieved, process evaluations also provide an opportunity for documentation of such successes to share with other civil society organisations for potential adaptation for their own organisations or programmes. As mentioned earlier, one of CAP's mandates is to provide capacity building.

The rationale for design of process evaluations in the first year (CAP lead) was to understand what were the gaps in behaviour change programming, monitoring and evaluation, stakeholder relationships, networking and integration into community structures which are all critical for sustainability. Again, the rationale for the second year process evaluations (CAP partners lead) was a capacity building initiative of the CAP project to demystify process evaluations and to help partners continually adapt and improve their programming to best suit the needs of their community and to be able to adjust with the environmental factors such a political, economic or cultural shifts. Figure 3 illustrates the progression of the two process evaluations conducted in 2009 and 2010.

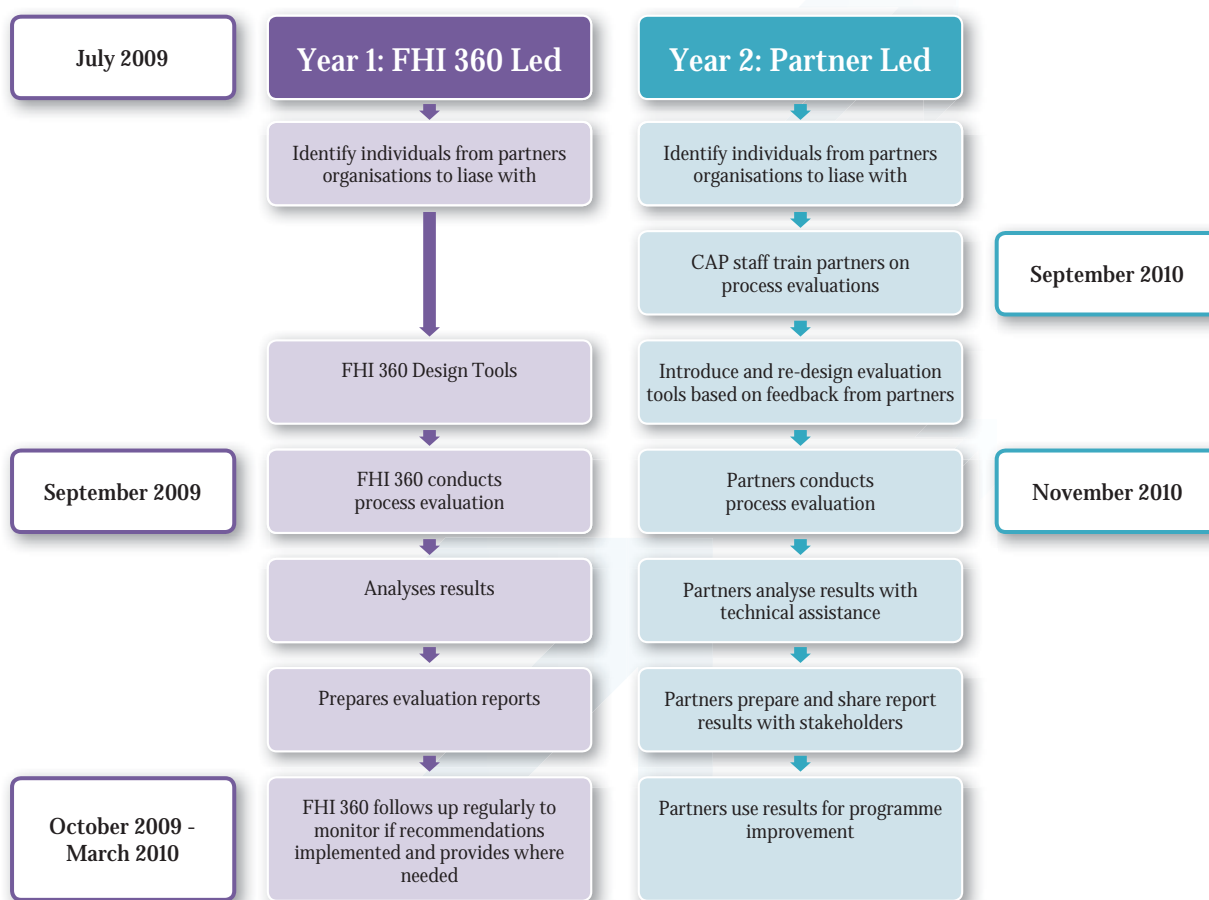


Figure 3. Process Evaluations Process Overview (Year 1 vs. Year 2)

3.3 FHI 360 Evaluation Capacity Building Strategies

To prepare CAP grantees for the process evaluation, FHI 360 conducted a Process Evaluation Capacity Building Training on the 20-24th of September 2010 which targeted project officers and program managers/coordinators. (Refer to Annex 2 for Training Agenda). Three major components of the trainings were:

1. Theory
 - Understand concepts, principles and processes of evaluating HIV and AIDS programmes.
 - Understand how and when to conduct effective process evaluations.
 - Increase knowledge and strengthen skills in using appropriate methods and tools for data collection with emphasis on focus group discussion (FGD).
2. Practical
 - Review and finalisation of data collection tools.
 - Learn more about data analysis.
 - Ensure use and dissemination of evaluation findings and lessons learned.
 - Learn how to write evaluation reports.
3. Planning/Identifying members of an evaluation team
 - Develop an evaluation work plan.
 - Identify clear roles and responsibilities for the evaluation team.

Since the process evaluation was a shared responsibility, FHI 360 developed the tools for data collection, which the grantees reviewed during this training and made the necessary changes to ensure that they captured the needs of their programmes. FHI 360 recognised the importance of incorporating participants' suggestions as most were involved in the day-to-day operation of their programmes and had more insights on the programme.

Participants underwent an intensive training on qualitative research. The group was trained on how to conduct focus group discussions, how to write and organise interview notes and detailed discussion of the FGD guides.

FHI 360 also provided guidance to grantees in the development of evaluation plans to guide their evaluation process. The aim of the evaluation plan was to guide the grantees through each step of the evaluation process. An evaluation plan also acts as a reminder to all involved in the evaluation process about the purpose of the evaluation and their roles and responsibilities. Since evaluations are a participatory process and involve different stakeholders, grantees were asked to go back and work with relevant stakeholders to finalise their evaluation plans. Refer to Figure 4 for a sample of a developed evaluation plan on page 19.



4.0

Step-by-Step Guidance for CSOs to plan for process evaluations

The next few sections of the publication are focused on helping other civil society organisations plan and implement process evaluations to help improve their programming based on the model implemented by CAP partners as well as through sharing their experiences and lessons learned.

4.1 Ethical Issues

Before beginning a process evaluation it is critical to first review ethical issues and ensure that all who participate in the evaluation have a clear understanding of ethical issues. Ethical issues include confidentiality, ensuring that information discussed, shared, and captured through data collection tools is recorded and stored in a manner that will protect an individual from being identified (his or her name) with his or her responses provided during participation in the process evaluation.

Also, issues of bias should be discussed with all evaluation team members, to ensure that information that is gathered and reported is accurate and ethical. Bias is defined as, 'an inclination or preference that influences judgment from being balanced or even-handed.'² Non-bias was discussed and addressed with CAP partners to ensure process evaluation data collection methodologies and findings were robust and factual. Additionally, issues of asking leading questions and ensuring full participation of all individuals in focus groups were also discussed.

Skills for successful facilitation of focus group sessions were taught and practiced during the pre-evaluation training to provide the evaluation team with relevant skills such as asking probing and clarification questions. The issue of confidentiality about information shared during focus group discussions and through KAP surveys was discussed during the training. Introductory statements for all focus group discussions were created to inform focus group participants of the methods taken to ensure confidentiality. These statements were reviewed with training participants.

EXAMPLE OF BIAS:

Bias samples-Selecting members of the FGD who you know will only provide positive responses about your programme

Facilitation bias- When conducting a session, skewing processes that may limit information received (i.e. making facial expressions in response to a participant's response)

Biased questions-Ask questions that will force an individual to answer a certain way, i.e. that looks favourable to you

Bias reporting-Selecting only certain information to include in you report, not balanced information

²www.businessdictionary.com

4.2 Steps to plan a process evaluation

1. Select Evaluation Teams

It is important to select the right individuals to be on the evaluation team. Process evaluation is a team effort. Key qualities to look for in your evaluation team are individuals who are cognisant of the services, processes, issues addressed through the project and or target population being evaluated to minimise shallow findings. It is ideal for all evaluation team members to be trained on the tools being used for the process, have appropriate facilitation skills or provide training on such skills. One individual, called the team leader, should head the team and have the responsibility for the evaluation process. The team leader will need assistance in developing the evaluation plan, collecting the data, analysing and interpreting data and preparing the final report. If a project is implemented in multiple sites it is important to remember that all staff members should be included in the evaluation team. This will prove to be beneficial during implementation, as staff from one project site can be used to lead FGDs in another project site to avoid bias.

Since this is an internal improvement process, use of staff and known stakeholders may promote maximum involvement and participation of programme staff to address issues uncovered during the process evaluation and to actively implement recommendations made. Use of staff can also be disadvantageous as they may exhibit some bias throughout the process and some components of the process evaluation may make staff uncomfortable. Reinforcement to staff about the purpose of this process, and the benefits of remaining unbiased should be reiterated and taken into consideration when selecting members of the evaluation team. Facilitators of focus group discussions (FGDs) for the CAP partner lead evaluations consisted of programme officers and programme managers, all who were part of the

pre-process evaluation training led by FHI 360. Stakeholders from the District AIDS Coordinator office (DAC) and District Multi-Sectoral AIDS Committee members and FHI 360 staff were also part of the team but only facilitated certain FGDs to avoid facilitation bias by implementers and management. Since the stakeholders from DAC and DMSAC were not part of the training, they were all given the FGD tools in advance to study and most had experience conducting FGDs. Where possible, programme officers with the organisation but from another project site were used to conduct FGD sessions to avoid bias.

2. Develop Process Evaluation Plan

As with any process, it is important to develop a plan to outline what needs to be done, by whom, and by when. Therefore, key areas to include in an evaluation plan are the different activities that need to be completed to prepare and implement the process evaluation, (i.e., invite relevant stakeholders), the roles and responsibilities of all those who are involved in the evaluation process, due dates for activities and relevant deliverables. Figure 4 highlights the evaluation plan from Young Women's Friendly Centre (YWFC) based in Mahalapye. While the project is implemented in two sites, Mahalapye and Mabutsane, the table in Figure 4 reflects the implementation section of the Mahalapye site only.

3. Develop Discussion Guides

To structure focus group discussion sessions, it is important to develop discussion guides. The discussion guides should include a script to cover at a minimum the introduction of the moderator, confidentiality, the format of discussion and verbal consent. Refer to the sample script on page 20 for more details.

Activity	Deliverables	Responsibility	Deadline
PLANNING			
In house meeting-all staff need to know about process evaluation	Minutes, finalised plan	Program Manager, M&E officer	16th October 2010
Form the evaluation team and train them on the process and tools to be used	10 evaluation team members trained		19th October 2010
Select the FGD team for each session	Sessions allocated per team member		
Decide and select venue to hold FGDs	Venue identified and secured		
Determine Budget	Budget Developed	Finance Officer	15th October 2010
Identify participants for FGDs	Invitation list developed	Program Manager, M&E officer	19th October 2010
Invite participants for FGDs	Invitations delivered	Program Manager, M&E officer	21st October 2010
IMPLEMENTATION: Site 1: Mahalapye			
Stakeholder FGD	FGD conducted notes taken, tape recording of session	Facilitator: (Project Officer from Site 2: Mabutsane) Notetaker: (Peer Educator 1), (Peer Educator 2)	28th October 2010
Implementer FGD		Facilitator: (Project Officer from Site 2: Mabutsane) Notetaker: Youth Officer from BNYC, Lay counselor from clinic	28th October 2010
Beneficiary FGD 1: Out of School Youth		Facilitator: M&E Officer, Note takers: Youth Officer from BNYC, Lay counselor from clinic	29th October 2010
Beneficiary FGD 2: In School Youth			29th October 2010
Beneficiary FGD 3: Shebeen			28th October 2010
KAP survey administration	Completed KAP surveys	Implementers lead	26-28th October 2010
DATA ANALYSIS AND REPORT WRITING			
Analyse KAP results	Final Report	Program Manager, M&E officer	10th November 2010
Review voice records and hand written notes on FGD tools			15th November 2010
Develop a report based on structure of FGDs conducted			20th November 2010

Figure 4: YWFC's process evaluation plan

SAMPLE SCRIPT from CAP developed Beneficiary FGD guide

Introduction of moderators

Hello, my name is (insert your name) from organisation X. We are speaking with various people in our communities where we operate to get their feedback about our programme and activities and learn how we can improve them to best meet their needs. We believe that your opinions and experiences will make a valuable contribution to this process, and help in the fight against HIV and AIDS in Botswana. Please feel free to tell us anything that you like or do not like about the programme.

Please be aware that participating in the discussion is voluntary and your choice. You can refuse to answer any question and withdraw at any time from the discussion. We really appreciate your help.

Confidentiality

This interview is completely anonymous and confidential, which means that we will not record your name, your age, your address, or any other information that could be used to link you with your responses. We also do not want to know anything about your sexual behaviour, whether you have been tested for HIV, or the result. Please do not tell us anything about yourself of a personal or private nature. When discussing topics including sexual behaviour, we are interested in your opinions regarding common attitudes or practices of your friends and others in your age group. Again, please do not mention any names.

Format of the discussion

After introduction of both facilitators and members, a series of questions will be asked. We encourage discussion between all of you and the full participation of everyone. Each person's opinion or view is important and should be respected and please note that there are no right or wrong answers. We ask that whatever is discussed here today remains within the group and is not discussed outside of the group.

The discussion will last between 45 minutes to 1 hour. We will use a tape recorder during this process and this is only documenting purposes to ensure we get accurate information.

Do you have any questions? Is it okay if we ask you some questions? Is it okay if we turn on the tape recorder for documentation purposes?

Questions, should be structured in a manner that allows for an increase in intensity (type of information requested) as the session progresses. Facilitation guides can be generally developed into four major categories to reflect the four stages of a focus group discussion:

1. *Introduction: Facilitator greets everyone and asks participants to introduce themselves, provides an overview of the goals and purpose of discussion, seeks verbal consent to talk to them, asks for permission to use a tape recorder, and discusses format of the discussion.*
2. *Rapport Building Stage: Facilitator asks questions that are easy for participants to answer to start talking and sharing.*
3. *In-depth discussion: Facilitator starts asking questions related to the main purpose of the discussion and this is where the key data is collected. It is during this part of the discussion that questions regarding impact or benefits of the programme, improvements, if any, should be made to the programme, and/or if there are certain areas that are not being addressed by the programme/project but is seen to be important to the programme, should be asked during this part of the focus group discussion.*
4. *Closure: Facilitator summarises the impressions or conclusions from the discussion, participants clarify and confirm the information, and facilitator answers any remaining questions from participants.*

Tools that were designed and developed in Year 1 were used for the Year 2 process. FHI 360 reviewed questions and updated them based on relevance of questions and information. During the training, all discussion guides were reviewed with partner organisations and adjustments to the tools were made based on need. Discussion guides targeted implementers (i.e. peer educators), stakeholders, management and beneficiaries of services.

4. Define and select stakeholders

Before inviting stakeholders to participate in the stakeholder FGD is important to define and then select stakeholders. First, selected stakeholders should be individuals who: an organisation interacts with regularly, are aware of the services provided to the community and can speak in-depth about them, influences the community and any other cultural, social, political individuals who are critical to ensuring the success of a programme. Stakeholders have to be carefully selected based on their ability to provide in-depth information for programme improvement; therefore length and quality of relationships need to also be assessed before selecting stakeholders to invite to the stakeholder FGD.

5. Make appoints with stakeholders

When inviting stakeholders, it is important to follow-up with invitations sent, but also to set up face-to-face meetings to explain to them the purpose of the FGD and the benefit he or she can provide to the process. Many times stakeholders may not attend an FGD due to busy schedules or lack of clarity of process or benefit to the organisation, project or community. This needs to be clearly communicated to stakeholders to ensure their attendance.

6. Select locations for Interview

It is important to remember when selecting locations for interviews to select ones that are convenient, private and allow for open discussion with minimal interruptions. Venues should be in an area with limited outside noise, interference and physically comfortable i.e. there is enough space for all FGD participants. In smaller villages, open space venues may attract curious uninvited participants. For example, conducting a FGD for in-school youth in the teacher's lounge is not an ideal venue as there will be no privacy, causing students to feel uncomfortable to fully share in the presence of their teachers.

7. Recruit beneficiary participants

It is important to select the right individuals for the beneficiary FGDs as well. Here are some questions to ask yourself before selecting FGD participants:

- Who can provide the best information?
- What will the composition be in each focus group?
- How many participants do we want to select?
- How do we contact the participants?
- Do we have incentives for participation and what kind?

It is important to select individuals who have participated in your programme activities or services. It would be even more advantageous to select beneficiaries who have received multiple services or participated in multiple programme activities. As much as possible, to minimise bias, it is important to select individuals representing the variety of target groups you reach and implementation venues that your project targets. For example, if a project reaches youth in schools, through bars and in churches, but only youth from schools are selected, this will limit information received and will not make the process valuable to fully understand if you are meeting the needs all of individuals who access or receive your services. Also, if you implement in multiple venues in multiple locations it is important to ensure that you get a good mix of beneficiaries who represent varied physical locations i.e those who live in rural vs. urban areas, while also ensuring that there is a balance of gender, age, educational background and or socio-economic status represented among selected beneficiaries. Refer to Figure 5 for an overview of FGD composition for the process evaluation conducted for Evangelical Fellowship of Botswana (EFB) in Molepolole.

Type of FGD	Site	Composition	Facilitator
Stakeholder	Molepolole	1 DAC 2 CSO staff 2 Nurse 2 Teacher 2 Kgosi 1 Board member 1 Parent	Staff
Beneficiaries (In School)	Molepolole	Form 5 students 5 males 7 females	Staff
Beneficiaries (Out of School)	Molepolole	Youth between 17-30 years old: 7 males 8 females	Staff
Beneficiaries (Church)	Molepolole	Youth between 17-30 years old: 6 males 8 females	Staff
Staff FGD	Molepolole	Program staff	DAC representative
Implementer/peer Educators	Molepolole	Program implementers/ field officers	DMSAC representative

Figure 5. FGD Composition Overview for Evangelical Fellowship of Botswana (EFB)

Other important tips when selecting participants to ensure varied representation, while ensuring participants feel comfortable to share within the FGD:

- Identify the types of groups that should be represented
- Hold a separate FGD for each type of group
- Participants should be homogenous, i.e., have similar socio economic and cultural background
- Participants should share common characteristics related to the discussion topic e.g. age, sex, profession, geographic location, Education
- Ideally people should not know each other

5.0

Step-by-step guide for implementation of process evaluation:

Sharing experiences from Year 2: CAP partner led Process Evaluation Methodology

5.1 Conduct Focus Group Discussions

Focus group discussions were conducted to capture in-depth views about key aspects of the programme. Six focus group discussions were held: One for stakeholders, another for implementers of services, three for beneficiaries, and one for management. A total of four FDG guides were drafted by the FHI 360 team and reviewed by the grantees during the pre-evaluation training. The guides were in English and translated into Setswana for grantees. All FGDs were in Setswana or English or both languages depending on participants' level of understanding.

Grantees were tasked with the responsibility of organising teams to facilitate the FGDs and participants for these FGDs. Each organisation conducted a minimum of six FGDs. The FGDs were conducted with groups of stakeholders, implementers/volunteers, programme staff/management and beneficiaries. Each grantee, however, conducted a minimum of three FGDs for beneficiaries.

Stakeholders were selected from interest groups that were closely linked to the programme such as the District AIDS Coordinating office, and community leaders and representatives from other NGOs in the areas. Further, teachers and church representatives were part of stakeholders if the programme was implemented in schools and churches. Beneficiaries were selected from people have received services from the programme in the past year. Since our grantees target different audiences, beneficiary FGDs varied across programmes. Beneficiary FGDs included in school, out-of-school, workplace, clinic, sheeben and church FGDs; the selection was based on the organisation's target audience. For instance, since YWFC implements in schools, clinics and sheeben, their FGDs were composed of these audience members. Whereas, EFB implements in-schools and churches, they had FGDs consisting of in-school youth and church youth only.

The two-day rapid assessment was led by grantees with support from FHI 360 team. Grantees were tasked with the responsibility of collecting data, including leading focus group discussion and taking notes, etc. FHI 360 provided coaching such as providing feedback after each session to ensure credibility of the evaluation process.

A process evaluation checklist was developed to assist the FHI 360 to document and standardise questions for feedback. Refer to Annex 9 for a sample of the process evaluation checklist. Further, there was a debriefing meeting at the end of each day where FHI 360 provided feedback on the process. Daily debriefings with the evaluation team included some of the common observations and recommendations for improvement for the following day or next site. Furthermore, note takers and facilitators met each day after the FGD sessions to compare and compile notes while responses were still fresh in their memories.

5.2 Administer KAP Survey

The KAP survey was conducted prior to the two-day rapid process evaluation activities. The aim of the survey was to gather information on what beneficiaries and implementers knew about HIV and AIDS, and to identify knowledge gaps, cultural beliefs or behavioral patterns that may facilitate or hinder understanding of HIV and AIDS. The questionnaire was handed out to beneficiaries to be completed by them. The survey was colour coded to assist with potential literacy issues among beneficiaries. Red indicated responses where the beneficiary 'did not agree' with a statement, yellow indicated 'not sure' and green indicated 'agree'. Implementers were trained on the questionnaire to be able to respond to questions from beneficiaries or to assist individuals who were not literate. The eligibility criteria for responding to the questionnaire was having received services from the programme and implementers within the past year. Since, the questionnaire was anonymous the role of implementers was to clarify if there were any questions. The same KAP questionnaire was completed by implementers and beneficiaries. The questionnaire was written in both English and Setswana to cater for different respondents. The questionnaire comprised of 34 items pertaining to current knowledge, attitudes and practices regarding condoms, multiple and concurrent partners, parent child communication, male circumcision, and abstinence among others.

5.3 Ethical Issues to consider during implementation

All those who participated in the process evaluations were asked to provide verbal consent to participate. Further, the information collected was treated as confidential and there was anonymity in the reporting of the findings. For instance, participants' names or addresses were not recorded and only minimal identification was taken in order to preserve their anonymity. Informed consent of participants was the only condition for taking part in the process evaluation. All participants were informed of their right to refuse to answer questions or opt out of the evaluation process.

5.4 Data Transcription

For the FGDs, note takers used the questionnaire to take notes and organised their notes according to the questions that were asked and themes. The focus group discussions were conducted in both Setswana and English, and transcribed verbatim in Setswana, and translated in English. The transcriptions were reviewed for accuracy by the facilitators, evaluation teams and consultant who were all fluent in Setswana and English. Tape recorders were also used to ensure accuracy, especially regarding quotes. The notes were transcribed for content rather than word-for-word. After completion of the KAP surveys, questionnaires were checked for completeness by the evaluation teams.

5.5 Data analysis and Report Writing

FHI 360 hired a consultant to work with grantees to provide guidance in the analysis of all the data collected and in writing evaluation reports. The main role of the consultant was to provide support, advice and feedback while ensuring that each grantee delivers the evaluation deliverables. The coaching provided by the consultant was individualised and varied across grantee. The coaching was particularly offered after data collection, during data analysis and report writing. The consultant worked with grantees to analyse the raw data with an emphasis on transferring knowledge and skills to grantees. KAP survey data was coded and entered into an excel spreadsheet for basic analysis. Average trends of behaviours and attitudes and levels of knowledge were measured for people of different age groups and sexes.

Further, grantees were tasked with the responsibility of working on the draft evaluation report with one-on-one coaching provided by the consultant. This model proved successful as grantees were no longer played a passive role in the evaluation process but had ownership of the process. In addition, grantees had an opportunity to apply what they learned from the Year 1 process evaluation. This arrangement was essential, as FHI 360 wanted the grantees to play a leading role while ensuring that the process evaluation was reliable.

5.6 Disseminating Results

CAP partners prepared presentations as part of their quarterly stakeholder meetings to provide feedback about the process and findings from the process evaluation. Additionally, partners presented implications for their programmes and what support they needed from stakeholders to make sure recommendations are implemented for the betterment of the community as a whole. In preparing presentations CAP partners conscious to:

- *Target information presented to the needs of stakeholders*-for stakeholders to understand the information presented it is important to tailor the information provided to them. For example, if a programme works with teachers help them to understand how the programme complements or enhances their existing school-based HIV and AIDS programmes, present information that helps them to understand what school structures/process limit or enhance the organisation's ability to implement the project and especially the benefits of the programme to students/parents.
- *Develop key messages*-be clear about the main message or findings to be shared with the target audience. Be sure to have a good balance of positive and negative feedback, to not bias results in the presentation.
- *Use simple language*-remember to use simple language and makes points concise and not too technical to ensure all individuals can comprehend the information in the presentation.



6.0

Results and Findings from the Year 2 Process Evaluations

6.1 Findings

6.1i. Organisation and Programme integration into communities

Findings from focus group discussions indicated that programmes had various degrees of integration into communities they served. Three of the partner organisations and programmes were clearly more integrated into their communities than others. These organisations enjoyed functional networks with other service providers and had visible brands that resonated with various programme stakeholders. However, the other three organisations were strong in some implementation areas and not in others. Nevertheless, all organisations need to more intensively market their programmes using various social structures existing in their implementation areas.

6.1ii. Program Structure and Content

The general conclusion was that messages promoted by partners were important and relevant to their communities because they addressed key problems prevalent in those communities and relevant to the spread of HIV. However, a few sessions from two partner organisations concluded that some of the messages were ideal for youth and not for adults, finding that the accent, tone and content of communication guides (cross generational sex) were not appropriate for adult audiences. These groups called for revisions to materials to increase content and better tailor them for other age groups/audiences.

Target audiences for all programmes were seen as appropriate because they were all identified (by community stakeholders) as high-risk groups. Notwithstanding, groups of stakeholders and beneficiaries all called for partners to offer comprehensive services to children, their parents and teachers.

Generally, the primary HIV prevention intervention for most CAP partners, interpersonal communication sessions were also found to be well structured and of sufficient duration. However, the designs of grantee's programmes, where beneficiaries received only a single contact was said to be insufficient to influence behavior change.

6.2 Lessons Learned

The following are lessons learned during the course of evaluation capacity building and implementing process evaluation and/or providing TA. They also include lessons learned from the consultant and are specific to the 2010 grantee led process evaluations.

6.2i Evaluation Capacity Building

The pre-evaluation training and TA provided by FHI 360, and coaching by the consultant established that capacity needs varied across grantees. Some of the organisations did not have resources/skills to perform some of the evaluation tasks, especially during the latter stage of the process – data analysis and report writing.

Lesson: Conduct a needs assessment to determine needs and ensure that training and TA provided is more focused is essential.

Lesson: There is a need for resource guides to be used by grantees when they conduct evaluations.

Lesson: Grantees still have difficulties in data analysis, indicating the need for more TA and training.

Lesson: Involvement of grantees in an evaluation process i.e. design and implementation of the process evaluation not only ensures that grantees apply what they have learned but creates a culture of evaluation, ensuring sustained practice.

Lesson: In building capacity, it is important to ensure involvement of leadership in order to create a shared evaluation belief, thus ensuring that evaluation is part of the organisation's structure and culture.

Lesson: Evaluation capacity building is also a process, pointing to the need for continuous learning opportunities and exchanging of ideas by and among grantees.

Lesson: In order to ensure evaluation becomes a part of any organisational culture, there is need for evaluation procedures or policies.

6.2ii Process Evaluation Lesson Learned

6.2iia. Greater Community involvement and Ownership

The evaluation revealed that community ownership and involvement varied by organisation/site. However, in organisations where there was involvement, stakeholders had better understanding and were willing to support the programme. Evaluation was seen as a tool for building community involvement and ownership. Furthermore, organisations that were more integrated in their communities enjoyed functional

networks with other service providers and had visible brands that resonated in various structures of their communities. Most of the grantees had good partnerships with key stakeholders. For instance grantees were reporting to DMSAC and DAC and involved in district HIV prevention efforts.

Lesson: Community involvement and ownership will ensure sustainability of the programme when funding ends.

Lesson: Partnership with key players in the area such as DMSAC or DAC is vital and can assist organisations to access resources.

Lesson: Quarterly meetings with stakeholders to inform them on the progress of the programme are well received and provide better chances of programme sustainability.

Lesson: Marketing and public relations strategies are needed in order for grantees to market their programmes and services and be visible in their respective communities.

6.2iib. Improved Behaviour Change and Programming

The evaluation results concluded that grantees are making significant contribution in their communities by expanding awareness and understanding of HIV and AIDS and providing quality prevention services. For instance, beneficiary and stakeholder FGDs across grantees revealed that messages by partners were important and relevant to communities as they addressed key problems prevalent in those communities. Additionally, stakeholders and beneficiaries lamented that target audiences for all programmes were appropriate as all were identified as high-risk groups. Some of these positive responses were a result of the findings from the first year evaluation that led to the massive re-haul of BCC programming. Key strategies identified were: designing programmes based on evidence; understanding target groups; and development of communication guides for one clear message per session.

The evaluation also concluded that the design of grantee programmes where beneficiaries received only a single contact was not sufficient in influencing and changing behaviours.

Lesson: Introduction of communication guides has led to structured sessions, therefore clear and quality messages were disseminated. However, limited activities in these guides meant that one activity was used across all age groups. Therefore, it is important to develop more activities for each communication guide in order to ensure that there are appropriate activities for different age groups.

Lesson: Provision of information alone is not enough and single contact is not sufficient for sustained behaviour change, thus the need for repeat sessions and combined intervention e.g. one-on-one sessions, group and community interventions.

Lesson: It is important to provide grantees with skills, understand the importance of tailoring messages and continuously revising messages according to target audience and specific characteristics of their diverse communities.

6.2iic. Stronger Program Implementation and Supervision Systems

The evaluation disclosed that across all programmes, implementers were aware of their roles and responsibilities. Most implementers had sufficient knowledge and skills to conduct sessions but a common issue across grantees continued to be implementers' limited facilitation skills. Although implementers were conversant with their programmes communication guides, there is still need for supplemental information such as resource guides for implementers to better conduct their sessions.

The evaluation also revealed that supervision continued to be a common problem across grantees. For instance, field visits occurred irregularly, and the times when they were conducted, feedback was not given to implementers at all or it was delayed.

Lesson: Initial training and follow-up refresher trainings should be provided for all implementers to ensure that all receive comprehensive training needed to conduct sessions. However, these trainings are not enough thus the need for developmental sessions to address gaps identified in the field, such as limited facilitation skills, which requires continuous support and hands-on experience.

Lesson: It is imperative for all grantees to have supervision plans in place to ensure that all field visits are planned in advance. Furthermore, after field visits, programme officers/managers should ensure that gaps identified during the field visits are addressed either one-on-one or during the monthly developmental sessions.

6.3 Strategies to address identified gaps

Based on some of the lessons learned and recommendations from the Year 2 process evaluation, FHI 360 responded to the partners' need for development of marketing and public relations strategies by focusing technical assistance to develop organisational brochures, websites, and communication strategies. Communication guides were also revised to include more activities to ensure that there were appropriate activities for different age groups and included a resource guide. Finally, risk reduction was integrated into CAP partner programmes to increase individuals' exposure to HIV prevention messages through repeat contacts. Through the risk reduction process individuals assess their personal risk for HIV transmission based on their current behaviour, better understand how these behaviours put them at risk and to then develop a risk reduction plan with relevant strategies to encourage healthier behaviours.

ANNEX 1: Process Evaluation Agenda

Process Evaluations Agenda

DAY 1	
TIME	SESSION
8:00 – 8:30	Introduction and Overview
8:30 – 13:00	Data Quality Audit
13:00 – 14:00	LUNCH
14:00 – 15:30	Stakeholders FGD
15:40 – 17:10	Staff Management FGD

DAY 2	
TIME	SESSION
8:30 – 10:30	Peer Educators FGD
10:45 – 13:00	Beneficiaries (3 groups)
13:00 – 14:00	LUNCH
14:00 – 15:00	Intervention Observation
15:00 – 16:00	Wrap Up/Feedback Session

ANNEX 2: Process Evaluation Training Agenda

Process Evaluations Training CAPABLE PARTNERS PROJECT DAY 1-4

DAY 1			
TIME	SESSION	TIME	SESSION
0815-0820	Welcome Remarks	1115-1145	Monitoring and Evaluation Basic Concepts
08:20-0830	Expectations and Objectives		
0830- 0930	Grantees Presentations		
	TLW- 10 min	SESSION I	<ul style="list-style-type: none"> What is monitoring What is Evaluation Difference between Monitoring and Evaluation
	HPP-10 min		
	YWFC-10 min		
	EFB-10 min		
	AMEST-10 min		
	BOCAIP-10 min	1145- 1245	Core Aspects of Evaluation
1000- 1030	TEA	SESSION 2	<ul style="list-style-type: none"> What is Program Evaluation? Levels of Evaluation <ul style="list-style-type: none"> Evaluation at Population level Evaluation at Program level
1030-10:50	Shift in process evaluation: From AED lead to partner lead? Why?		
1050-11:15	Overview of 2009 Process Evaluations		
	<ul style="list-style-type: none"> What happened? How did it happen? 		

DAY 1			
TIME	SESSION	TIME	SESSION
SESSION 2	<ul style="list-style-type: none"> Types of Evaluation <ul style="list-style-type: none"> Formative Evaluation Process Evaluation Impact Evaluation Importance of Evaluation Common Concerns about Program Evaluation 	1345-1500	Designing an Evaluation <ul style="list-style-type: none"> How to design an Evaluation <ul style="list-style-type: none"> Essential steps to evaluation Managing and Planning the Evaluation Process
1245-1345	Lunch Break		Methodologies for Collecting Data
		1600 – 1645	Methodologies for collecting data <ul style="list-style-type: none"> Quantitative Evaluation Methods
		SESSION 5	<ul style="list-style-type: none"> Qualitative Evaluation methods
			Difference between quantitative and qualitative evaluation method
		1645-17:00	Daily Evaluations

DAY 2			
TIME	SESSION	TIME	SESSION
0800-0815	Prayer & Recap		<ul style="list-style-type: none"> Monitoring the data collecting process
0815-845	Overview of Process Evaluation Tools: Purpose and Users		<ul style="list-style-type: none"> Data Analysis Data Storage
0854-10:30	Focus Group Discussions (FGD)		
SESSION 7	<ul style="list-style-type: none"> What is FG? Who attends FG? Tips for organizing FG Tips for Facilitating FG 	1300-1400	Lunch Break
	Four primary stages of FGD	1400-1500	Role of Field Officer/Managers in Process Evaluations
1030-1100	Tea Break	SESSION 9	<ul style="list-style-type: none"> Bias in facilitating Bias in reporting
1100-1300	Interpreting FGD Data	15:00-16:45	Understanding Assessment Instruments
SESSION 8	<ul style="list-style-type: none"> Procedure for collecting data Quality Assurance procedure for data collection Data recording Using field notes 	SESSION 10	<ul style="list-style-type: none"> Stakeholders -FGD
		16:45-17:00	Daily Evaluations

DAY 3	
TIME	SESSION
0800-0815	Prayer and Recap
0815-1015 SESSION 11	Peer Educators- FGD
1015-1045	Tea Break
1045-1245 SESSION 12	Beneficiaries-FGD
1245-1400	LUNCH
1400-1530 SESSION 13	Understanding KAP Survey tools:
	Overview
	Data Collection Process
	Quality Assurance
	Data Analysis and Storage
1530-1645 SESSION 14	Introducing KAP tools
16:45-17:00	Daily Evaluations

DAY 4	
TIME	SESSION
08:00-08:15	Prayer & Recap
0815-0915 SESSION 16	Reporting Format
	<ul style="list-style-type: none"> Importance of reporting Good elements of a good report
0915-1030 SESSION 17	Communicating and Using Evaluation Results
	<ul style="list-style-type: none"> Why the need to disseminate to stakeholders Understanding the different dissemination channels Why and how to tailor dissemination to specific audiences What to do with stakeholder comments?
10:30-11:00	TEA BREAK
1100-12:00 SESSION 18	Using the results and learning from the Evaluation
	<ul style="list-style-type: none"> Making Evaluation Useful Uses of Evaluation findings Moving from findings to recommendations
12:00-13:00 SESSION 19	Developing Evaluation Plan
	<ul style="list-style-type: none"> Why the need for an evaluation plan When you should develop an evaluation plan How do you develop an evaluation plan
	How to set timeline for the evaluation
1300-1400	LUNCH BREAK
1400-16:45 SESSION 20	Developing Evaluation plan
16:45-1700	Daily Evaluations

ANNEX 3: Beneficiary Focus Group Discussion Guide

BENEFICIARIES FOCUS GROUP DISCUSSION GUIDE

Introduction of moderators

Hello, my name is (insert your name) from organisation X. We are speaking with various people in our communities where we operate to get their feedback about our programme and activities and learn how we can improve them to best their needs. We believe that your opinions and experiences will make a valuable contribution to this process, and help in the fight against HIV/AIDS in Botswana. Please feel free to tell us anything that you like or do not like about the programme.

Please be aware that participating in the discussion is voluntary and your choice. You may not answer any question that you feel uncomfortable with. We really appreciate your help.

Confidentiality

This interview is completely anonymous and confidential, which means that we will not record your name, your age, your address, or any other information that could be used to link you with your responses. We also do not want to know anything about your sexual behavior, whether you have been tested for HIV, or the result. Please do not tell us anything about yourself of a personal or private nature. When discussing topics including sexual behavior, we are interested in your opinions regarding common attitudes or practices of your friends and others in your age group. Again, please do not mention any names.

Format of the discussion

After introduction of both facilitators and members, a series of questions will be asked. We encourage discussion between all of you and the full participation of everyone. Each person's opinion or view is important and should be respected and please note that there are no right or wrong answers. We ask that whatever is discussed here today remains within the group and is not discussed outside of the group.

The discussion will last between 45 minutes to 1 hour. We will use a tape recorder during this process and this is only documenting purposes to ensure we get accurate information.

Do you have any questions? Is it okay if we ask you some questions? Is it okay if we turn on the tape recorder for documentation purposes?

QUESTIONNAIRE IDENTIFICATION

Date of Interview: _____

Name of Facilitator(s): _____

Name of the Organisation: _____

Village: _____

Group Composition (Youth, men, women-indicate #): _____

Group Age Range (# of individuals per major groups): _____

INTRODUCTIONS

1. Do you know peer educators from (organisation x)?
PROBE 1: How do you know them?
PROBE 2: What happened in the session?
2. How many times have you seen them since Independence last year?
PROBE 1: Within the last month?
3. Have you participated in any events run by organisation X
PROBE 1: Which event did you participate in?
PROBE 2: What were the benefits of this event or event for you?

PROGRAM STRUCTURE AND CONTENT

1. What type of messages did you learn from peer educators from organisation X?
PROBE 1: What information specific to HIV did you receive?
PROBE 2: Did you receive a leaflet or see a poster or flipchart?
If yes, could you explain what material you received (content)?
2. Was the information provided to you by the peer educators new to you?
PROBE 1: Give examples of new information that was provided?
PROBE 2: Did the information make you think about something differently? Please explain.
PROBE 3: Did you have any questions they weren't able to answer, or they gave an answer that was not satisfactory? Please explain.
3. Do you think the information organisation X provides is important and relevant to your community?
Why and Why not?
PROBE 1: Please provide example (key drivers)
PROBE 2: Was the information provided to you important? Do you believe it was relevant for your life and to prevent from getting HIV?
4. Which segment of the population is at most at risk in your community in getting HIV/AIDS?
Please explain?
PROBE 1: Do you think the peer educators are reaching these people?

5. Who do you see as role models for good behaviour in your community? Please explain why?
 PROBE 1: Is it possible to act as they do?
 PROBE 2: What support would you need to be a role model for good behaviour?
6. Do you think peer educators from organisation X are role models in your community?
 Please explain your answer.
7. Did any peer educator ever give you a referral for another type of service?
 If yes, what type of service were you referred?
 PROBE 1: Were you given a referral slip?
 PROBE 2: Did the peer educator ever follow up to see if you received the service? Quality of service?
8. Where would you go if you wanted to obtain a condom?
 PROBE 1: Please state places you can get condoms.
 PROBE 2: Have you ever received any condoms from peer educators?
9. Did the peer educators make a follow-up appointment with any of you ?

PERCEPTION OF PROGRAM IMPACT

10. Do you know anyone who has participated in organisation X activities and had contact with peer educators?
 PROBE 1: Do you think their behaviour and or attitudes have changed? If yes how?
 PROBE 2: If no, why not and how can they be helped?

RECOMMENDATIONS

1. What do you think are some of the HIV prevention issues in your community but are not being addressed?
2. Are there any issues occurring in your community regarding HIV prevention that is currently not being addressed?
3. How could (insert name of org) change their current activities to help others in the community change their behaviour in order to protect themselves from HIV?
4. What suggestions do you have to make this programme better and more effective?

ANNEX 4: Implementers Focus Group Discussion Guide

IMPLEMENTERS FOCUS GROUP DISCUSSION GUIDE

Introduction of moderators

Hello, my name is (insert your name) from organisation X. We are interested in learning more about the implementation of (name) programme.

Thank you for taking the time to speak with us about your work with organisation X. We know that you are very busy and have little time to spare. The information you give us will be important for improving the entire programme and perhaps in the expansion of organisation X into other communities. Please feel free to tell us anything that you like or do not like about the programme.

Confidentiality

This interview is completely anonymous and confidential, which means that we will not record your name, your age, your address, or any other information that could be used to link you with your responses. We also do not want to know anything about your sexual behaviour, whether you have been tested for HIV, or the result. Please do not tell us anything about yourself of a personal or private nature. When discussing topics including sexual behaviour, we are interested in your opinions regarding common attitudes or practices of your friends and others in your age group. Again, please do not mention any names.

We will use a tape recorder and this is only for documenting purposes.

Please be aware that participating in the discussion is voluntary and your choice. You can refuse to answer any question and withdraw at any time from the discussion.

Format of the discussion

After introduction of both facilitators and members, a series of questions will be asked. We encourage discussion between all of you and the full participation of everyone. Each person's opinion or view should be respected and there is no right or wrong answer. A condition of participation is that what is discussed here today is not talked about again outside of this group.

The discussion will last between 45 minutes to 1 hour. Is this clear to everyone? Do you have any questions? Is it okay if we turn on the tape recorder for documentation purposes?

QUESTIONNAIRE IDENTIFICATION

Date of Interview: _____

Name of Facilitator(s): _____

Name of the Organisation: _____

Village: _____

Group Composition: _____

Group Age Range: _____

INTRODUCTIONS

1. How long have you been a implementer?
 PROBE 1: How did you become a implementer?
 PROBE 2: Why did you decide to become a implementer?
 PROBE 3: How were you recruited?
2. Do you think the programme is achieving its goals?
 PROBE 1: Do you think the programme is being accepted in your community?
 PROBE 2: How do community members such as parents, community leaders, church, parents' etc view your programme?
3. Have you encountered any resistance in your work? If so who is the most resistant?

TRAININGS

1. Have you received any training in the past year?
 PROBE 1: What were those training?
 PROBE 2: Do you think the trainings are necessary, why or why not?
 PROBE 3: Are implementers' roles and responsibilities discussed in your trainings?
 PROBE 4: What would you like to see included in the trainings, (skills learned or relevant information)?
2. Do you have suggestions for how future implementer's trainings can be improved?

IMPLEMENTATION

1. What has been your experience as a implementer for organisation X?
PROBE 1: How well are the sessions conducted? How long is each?
PROBE 2: What kind of support do you receive from other implementers?
PROBE 3: What support do you receive from programme officers or supervisors?
PROBE 4: How do you select the place to implement?
PROBE 5: Are you always prepared to conduct a session?
2. What are some of the challenges you face in implementing the programme?
PROBE 1: What communication guides do you currently use? Do you have enough knowledge to conduct the sessions?
PROBE 2: Do you get many questions where you don't know the answers? If yes please give examples
3. Do you make referrals?
PROBE 1: In the past year what type of referrals have you made? (Allow respondents to answer, if no immediate response, then give them examples, VCT, etc)
PROBE 2: Do you use referral forms?
4. Please describe your work in the last week/month.
PROBE 1: How many people do you talk to in a typical day?
PROBE 2: Is it only males or females or both?
PROBE 3: Do you follow the same format (eg. Communication guide or risk reduction tool) each time? Please explain
5. Is the programme reaching its target audience?
PROBE 1: Who is your primary target audience? Who are the people you actually reach? How old are the people you majority of the people you contact? Note: If majority of the people reached are not within their target group, probe. What makes it difficult to reach them? What support/ assistance do you need to better reach your intended target audience?
PROBE 2: Do you know most people that you reach?
PROBE 3: Do you talk to people you don't know? If yes how do you approach them?
PROBE 4: Do you encounter difficult people? Where do you encounter them? How did you initially approach them/introduce yourself? How do you deal with them during a session?
6. Please describe the place(s) where you have done your activities.
PROBE 1: Do you normally conduct sessions in the same place each time?
PROBE2: Have you had problems accessing some places? If yes state those places
7. What are the challenges that you have when reporting?
PROBE 1: Do you use monitoring tools all the time?
PROBE 2: Is there any part of the tools you don't understand? If yes, please explain.
PROBE 3: Have you ever not reported a session because you did not have tools?
PROBE 4: How do you distinguish NEW people reached from REPEATS?

CONTENT

1. Do you think behaviours addressed by the communication guides are important to your community?
Why or why not?
2. Do you follow the communication guides when conducting a session? Why or Why not?
3. Is the content appropriate for your target audience? Why or Why not?
4. What additional information do you think should be included in the programme content?
Please be specific
5. Are you comfortable in facilitating sessions? If NO, Why not? And Yes what strategies do you use?
PROBE 1: Are you doing role-plays in your sessions? Do you think the role-plays are useful?
PROBE 2: What can help you to have more confidence?
PROBE 3: Do you enjoy doing group sessions?
6. What request do you get for programme materials? State what kind of materials do beneficiaries ask you for.

SUPERVISION

1. Who do you go to if you face a problem in your work?
PROBE 1: In the past 6 months, how often have you met this person?
PROBE 2: How often does this person accompany you to assist with your work? Have you ever had a site visit? What was the nature of the site visit?
2. Do you think site visits by the supervisor are helpful? Why or why not?
3. Have you ever been reviewed by your supervisor using the supervisory checklist?
PROBE 1: Do you find the feedback and process helpful?
4. Do you receive feedback on your reports?
PROBE 1: how often?
PROBE 2: is the feedback helpful? What can be done to make the feedback more helpful?

PERCEPTION OF PROGRAM IMPACT

1. Do you think the programme has an impact on the beneficiaries? Please explain why?
PROBE 1: Do you think the programme has increased knowledge of HIV/AIDS to beneficiaries?
PROBE 2: Do you think beneficiaries understand the behaviours addressed in your sessions?
(NOTE: make sure that they state the behaviours addressed in your programme)
PROBE 3: Do you think the programme is changing beneficiaries' perceptions about the risk of getting HIV and AIDS? Give examples.
PROBE 4: Do you think beneficiaries are becoming more comfortable discussing issues of sexuality and HIV/AIDS? How?
2. Do you think the programme has an impact on you? Please explain.
PROBE 1: Has your knowledge regarding HIV and AIDS increased? Please state examples.
PROBE 2: Do you think the programme is changing your perceptions about the risk of getting HIV?
PROBE 3: Have you changed your behaviour as a result of the programme?

RECOMMENDATIONS

1. What changes would you recommend for your organisation programme?
2. What suggestions do you have to make the peer education program better and more effective?

ANNEX 5: Stakeholder Focus Group Discussion Guide

STAKEHOLDER FOCUS GROUP DISCUSSION GUIDE

Introduction of moderators

Hello, my name is (insert your name) from organisation X. Thank you for taking the time to speak with us. We are current undergoing a process evaluation to reflect on the past year to improve the design and implementation of our project next year. We are speaking with various people in our community including community leaders and beneficiaries to better understand how we can best meet the needs of the people in our community to prevent HIV transmission. As stakeholders/community leaders, we believe that your unique experiences and knowledge that will help us to better understand how to improve the design and implementation of our HIV prevention projects.

We know that you are very busy and have little time to spare. Please feel free to tell us anything that you like or do not like about the programme.

Please be aware that participating in the discussion is voluntary and your choice.

Confidentiality

This interview is completely anonymous and confidential, which means that we will not record your name, your age, your address, or any other information that could be used to link you with your responses. We will use a tape recorder and this is only for documenting purposes.

Please be aware that participating in the discussion is voluntary and your choice. You can refuse to answer any question and withdraw at any time from the discussion.

Format of the discussion

After introduction of both facilitators and members, a series of questions will be asked. We encourage discussion between all of you and the full participation of everyone. Each person's opinion or view should be respected and there is no right or wrong answer. A condition of participation is that what is discussed here today is not talked about again outside of this group.

The discussion will last between 45 minutes to 1 hour. Is this clear to everyone? Do you have any questions? Can we please introduce ourselves and which organisation/department we represent? (Introduce the team) Is it okay if we turn on the tape recorder for documentation purposes?

QUESTIONNAIRE IDENTIFICATION

Date of Interview: _____

Name of Facilitator(s): _____

Name of the Organisation: _____

Village: _____

Group Composition (youth, women, men, random): _____

INTRODUCTIONS

1. Do you know anything about (organisation x)?
PROBE 1: What do you know about them? What types of activities do they implement? What types of messages do they disseminate?
2. Which problems do organisation X address through their project?
PROBE 1: What behaviors, attitudes do they address?
PROBE 2: Who are they trying to reach through their programmes?
3. Have you participated or attended activities or events run by organisation X?
PROBE 1: Which activity /event did you participate in?
PROBE 2: What were the benefits of this activity/event to you?
4. Has organisation X participated in district and other community meetings related to HIV and AIDS?
PROBE 1: Do you know what their role was?

PROGRAM STRUCTURE AND CONTENT

1. What is your opinion of organisation X HIV prevention programme?
PROBE 1: Do you believe that services provided by organisation X are important in your community?
PROBE 2: Are the services relevant?
PROBE 2: What do you think is the programme strength?
2. Who do you think is most at risk in your community in getting HIV/AIDS? Explain why?
PROBE 1: Do you think organisation X addresses this most at risk group in their content?
3. Do you think peer educators from organisation X are role models in your community?
If yes, why so and if no why not?

STAKEHOLDERS INVOLVEMENT IN PROGRAMMING

1. Were you ever a part of any stakeholder meetings? (Facilitator, please write the numbers down)
2. Were you ever briefed or introduced about the programme and their activities in the past year?
 PROBE 1: Have you ever provided feedback/input to Org X about how they can improve their programming?
 PROBE 2: Do you know if they ever integrated your feedback to improve their programme?
3. How do you think the community members view the services provided by organisation X?
 PROBE 1: Have you received any feedback? If so, please elaborate
 PROBE 2: In your opinion, is there a need to involve the community? How so?
 PROBE 2: What kind of things do you think should be done to encourage the community in participating in the programme? (Ask if participants state that the community is not involved)
4. How do religious leaders in your organisation, view the services provided by organisation X?
 (For faith based partners)

PERCEPTION OF PROGRAM IMPACT ON BENEFICIARIES

1. Do you know anyone who have participated in organisation X activities and had contact with peer educators?
 PROBE 1: Do you think their behaviour and attitudes have changed? If yes how?
 PROBE 2: If no, why not?
 PROBE 1: Do you think the programme has increased their knowledge of HIV/AIDS?
 PROBE 3: Do you think the programme is changing their perceptions about the risk of getting HIV

RECOMMENDATIONS

1. Do you think you as a stakeholder support the programme?
 PROBE1: If yes, ask how?
 PROBE 2: If no ask how they can support the programme more
2. What suggestions do you have to make this programme better and more effective?

ANNEX 6: Staff Focus Group Discussion Guide

STAFF FOCUS GROUP DISCUSSION GUIDE

Introduction of moderators

Thank you for taking the time to talk to us. I have been asked by your organisation and AED to talk with you as staff about your programme. I know it may be difficult, but I encourage you to be open with me during this process. Again, this process is to help you to improve your programme for next year. We recognize that you all work together, we encourage that whatever is discussed is not taken personally, nor are people personally attacked. All of the questions and conversations are intended to help us as staff work together to improve our programme.

Format of the discussion

After introduction of both facilitators and members, a series of questions will be asked. We encourage discussion between all of you and the full participation of everyone. Each person's opinion or view should be respected and there is no right or wrong answer. A condition of participation is that what is discussed here today is not talked about again outside of this group.

The discussion will last between 45 minutes to 1 hour. Is this clear to everyone? Do you have any questions? Is it okay if we ask you some questions? Is it okay if we turn on the tape recorder for documentation purposes?

QUESTIONNAIRE IDENTIFICATION

Date of Interview: _____

Name of Facilitator(s): _____

Name of the Organisation: _____

Type of Stakeholders: _____

INTRODUCTIONS

1. What are your thoughts about the HIV prevention programme you are involved in?
 PROBE 1: What is the purpose of this project?
 PROBE 2: what are the goals and objective of your project?
 PROBE 3: Do you think the project is being accepted your community?
 PROBE 4: How do think community members such as parents, community leaders, church, parents etc view of your programme? Are they fully informed about your programme? Have they verbally supported, acknowledged the benefits of your programme publically? Please explain. Have all of your stakeholders, gatekeepers been informed about your programme before implementation?
 PROBE 5: Do you think the programme is reaching your target audience? Who are most of you reported beneficiaries? Who was your originally intended beneficiaries? If there is a difference, what resulted in the difference?

IMPLEMENTATION

1. What are some of your programme achievements?
 PROBE 1: Please state programme specific achievements
 PROBE 2: Did you reach your targets? If you have exceeded targets, what do you think lead to this result?
2. What are some of the challenges your face in implementation?
 PROBE 1: Do you have access to all the places/areas you want to implement in?
 PROBE 2: If not, state the places you don't have access
 PROBE 3: Explain why you are not able to access these places/areas

PROGRAM STRUCTURE AND CONTENT

1. What do you think about the design of your programme?
 PROBE 1: What do you think about the length of the session?
 PROBE 2: What do you think about the behaviours, attitude and knowledge addressed by the programme? How did you decide which behaviours to target? Was there any formative assessment conducted?
 PROBE 3: What would you change about your current the programme? Which components would you add? Take away?
2. Do you ever get feedback from beneficiaries about your session/interventions? What methods do you use?
 PROBE 1: What do your participants think about the length of the sessions?
 PROBE 2: What do your participants think of the type of session/activities?
3. Do you think the programme content is appropriate to your target audience?
 Why or why not?

Human Resources

1. What are the roles of implementers in your organisation?
PROBE 1: Do you think implementers understand their roles and responsibilities?
2. What is your current recruitment strategy?
PROBE 1: How are your peer educators selected?
PROBE 2: Are implementers from the area selected?
PROBE 3: What is their qualification?
PROBE 4: Do you think they are good communicators and role models for the target group? Have you changed your strategy from last year? IF so, how? Would you change it again? Are you happy with their current performance?
3. Do you think your implementers have adequate knowledge and skills to implement?
PROBE 1: Do you think implementers have enough knowledge about HIV/AIDS to answer beneficiary's questions?
PROBE 2: Do peer educators get many questions where you don't know the answers? If yes please give examples
4. Are implementers provided with information/techniques about how to best do their job?
Please state what is provided.
5. How are implementers supervised?
PROBE 1: How often do you use these methods? Do you do site visits?
PROBE 2: How often are the site visits conducted?
PROBE 3: What is observed in these visits?
6. DO you provide implementers with feedback to improve performance?
PROBE 1: If so, how often. Have you used the supervisory checklist? Have you seen an improvement in performance, confidence, etc? Explain.
7. Do you have challenges retaining your staff especially implementers?
PROBE 1: If yes, why is so?
PROBE 2: If not, what is your organisation doing to retain its staff? Have you noticed an improvement in retention from this year compared to last year? What do you think has lead to this improvement?

Perceptions about HIV and AIDS

1. What do your target audience (young people, youth) think about the HIV and AIDS epidemic?
2. Who do you think is at risk for getting HIV and AIDS? Why?
3. Do you think the issue of HIV and AIDS is important to youth in your community?
PROBE 1: Do you think youth are at the risk of getting HIV/AIDS
PROBE 2: Do you think youth care about contracting HIV/AIDS

PERCEPTION OF PROGRAM IMPACT

1. Do you think the programme has an impact on the beneficiaries? If so how?
 PROBE 1: Do you think the programme has increased knowledge of HIV/AIDS to beneficiaries?
 PROBE 2: Do you think the programme is changing beneficiaries' perceptions about the risk of getting HIV and AIDS? Give examples
 PROBE 3: Do you think beneficiaries are becoming more comfortable discussing sexuality and HIV/AIDS?
2. Do you think the programme has an impact on you? If so how?
 PROBE 1: Have your knowledge increased?
 PROBE 2: Do you think the programme is changing your perceptions about the risk of getting HIV?
 PROBE 3: Have you changed your behaviour as a result of the programme?

RECOMMENDATIONS

1. What changes would you recommend for your organisation programme?
2. Is there a need to involve the community further in the programme?
 PROBE 1: If yes, WHY and HOW?
 PROBE 2: Are there plans in place to involve the community further?
3. Do you think your programme should be expanded to other part of the country?
 PROBE 1: Do you think more people will be interested in the programme?
4. What part of the programme (content, structure, methods) do you think should be change?
 PROBE 1: What should stay the same?
5. How can the implementation of the programme continue to improve?
 PROBE 1: What kind of additional support do you need to improve the programme?
 PROBE 2: What kind of additional support do the youth participants and clubs need
6. What suggestions do you have to make this programme better and stronger?

ANNEX 7: KAP survey

Organisation Name: Survey Type:

B PE Survey #: Date:

Gender: MaleFemale

Age: 10-14 15-20 21-24 25-29 30-35 36-40 41-45 46-50 50+

Level of Education: No School Primary Junior Secondary Secondary University Higher

No.	QUESTION	AGREE	DISAGREE	NOT SURE
1	Nowadays it is too risky to have sex without a condom.			
2	I would be too embarrassed to suggest using a condom with a new partner/a boyfriend/a girlfriend.			
3	There is no need to use condoms, even with casual partners.			
4	There is no need to use condoms if you have a boyfriend/girlfriend			
5	Condoms are offensive to regular partners/spouses.			
6	Condoms promote promiscuity.			
7	Correct, consistent condom use can protect a person from HIV.			
8	It is alright for boys/men to have many girlfriends.			
9	It is alright for girls/women to have many boyfriends.			
10	I have more than one boyfriend/girlfriend right now.			
11	I would tell my sexual partner(s) if I found out I was infected with HIV.			
12	If you love someone you should have sex with that person			
13	Most people my age have enough information about HIV/AIDS.			
14	Most people my age know how to protect themselves against AIDS			
15	Most of my friends are sexually active			
16	People of my age at my school/in my neighbourhood would not respect me if they thought/knew I was sexually active.			
17	People of my age at my school/in my neighbourhood would not respect me if they knew/thought I had sexual intercourse without using condoms.			
18	I can talk with an adult in my family about love affairs.			
19	Elders in my family have advised me on protecting myself from HIV			
20	I'm fed up with hearing about AIDS.			
21	I can get condoms anytime I need them			
22	You only need to use condoms with people you don't know very well			
23	I've been for HIV counseling and testing before			
24	I understand what multiple concurrent partnerships mean			
25	Men who are circumcised can more easily get HIV			
26	Men who are circumcised have a lower chance of contracting HIV than non-circumcised men.			
27	If I don't want to have sex, it's easy to refuse			
28	If I was sexually active, my friends would support my decision to use condoms			
29	My behavior puts me at risk of HIV			
30	I have seen a demonstration on how to correctly put on a condom by a health worker or peer educator			
31	Young people can abstain from sex until marriage			
32	More people are being faithful to their partners now than before			
33	I believe peer educators are good role models and follow what they teach			
34	Peer educators have been helpful to me			

ANNEX 8: BCC Observation Checklist

Name of Peer Educator/Volunteer:						
Venue of Observation						
I. Observation						
Questions	0	1	2	3	N/A	Observations
Did the peer educator explain the purpose of the activity/exercise?						
Did the peer educator build rapport and connect with the audience, eye contact?						
Did the peer educator demonstrate good listening skills?						
Did the peer educator ensure that everyone could hear him/her?						
Did the peer educator retain the audience's attention/interest?						
Did the peer educator use communication aides according to standards, e.g. flip charts, picture codes, discussion guides?						
Was correct factual information disseminated?						
Did the peer educator assess the audience's utilization of any key referral services, e.g. CT, STI, SMC, FP?						
Did the peer educator refer the person(s) to other services as needed, and were referral tools used for this purpose?						
Did the peer educator create an environment safe for learning/sharing? (minimal outside interference disturbance)						
Was the peer educator able to deal with troublemakers, talkers, bored participants?						
Did the peer educator avoid lecturing the participants?						
Did the peer educator thank participants?						
Did the peer educator make a plan for follow up?						
II. Feedback Plan						
Strengths	Areas for Improvement				Recommendations	

ANNEX 9: Process Evaluation Checklist (Beneficiary FGD 1)

CAP PARTNER PROCESS EVALUATION FEEDBACK TOOL: Beneficiary 1 FGD

FGD Guide: Introduction						
Questions	N/A	Yes	Partial	No	Comments	Recommendations
Did the facilitator introduce the purpose of the group, ground rules, etc clearly?						
Did the facilitator cover:						
<i>Confidentiality</i>						
<i>Format of Discussion</i>						
<i>Questionnaire Identification (Demographics of Group)</i>						
Other FGD Guide Content Coverage						
Questions	N/A	Yes	Partial	No	Comments	Recommendations
Did the facilitator cover all areas as outlined in the FGD guide? Including						
<i>Program Structure and Content</i>						
<i>Perception of Program Impact</i>						
<i>Recommendations</i>						
Facilitation						
Questions	N/A	Yes	Partial	No	Comments	Recommendations
Did the facilitator ask open ended questions?						
Did the facilitator avoid asking leading questions?						
Did the facilitator ensure that the majority of individuals fully participated in the group discussion, not just one or two individuals dominating the group questions?						
Did the facilitator effectively clarify questions that were unclear to participants?						
Was the facilitator able to transition smoothly from one section of the tool to the next?						

[illegible]

