

**EVALUATION PLAN FOR THE AKSI STOP AIDS (ASA)-SUPPORTED  
MSM IMPLEMENTING AGENCIES:**

**PERSATUAN WARIA KOTAMADYA SURABAYA (PERWAKOS)  
YAYASAN GAYA NUSANTARA (GN)  
YAYASAN PELANGI KASIH NUSANTARA (YPKN)  
YAYASAN SRIKANDI SEJATI (YSS)**

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## 1. Background

In the Asia and Pacific region, males who have sex with males (MSM) are often neglected in efforts to prevent the spread of HIV and in the treatment of those with AIDS. And yet, MSM have been identified at high risk for HIV infection. Several studies show within MSM communities in Asia high-risk behaviors with low levels of condom use and high turnover of both male and female partners.<sup>1</sup>

Family Health International (FHI) works with local partner organizations or implementing agencies (IAs) in several Asian and Pacific countries to implement interventions aimed to reduce the vulnerability of MSM by increasing knowledge, access to condoms, lubricants and services, and fostering positive environments that enable behavior change. FHI is supporting such programs in Bangladesh, Cambodia, Indonesia, Nepal, and Vietnam.

To determine the effectiveness of the MSM “program model,” or some of the common elements of the various MSM programs, FHI/Asia and Pacific Division and FHI Country Offices are conducting comprehensive evaluations of the MSM programs in Bangladesh, Nepal and Indonesia. The third of these evaluations is of the Aksi Stop AIDS (ASA) Program in Indonesia and particularly its support to the implementing agencies of Persatuan Waria Kotamadya Surabaya (PERWAKOS), Yayasan Gaya Nusantara (GN), Yayasan Pelangi Kasih Nusantara (YPKN), and Yayasan Srikandi Sejati (YSS).

The overall goal of ASA’s MSM intervention is to decrease HIV prevalence among MSM populations in Indonesia. It does so by supporting nine Indonesian NGOs that work directly with MSM, including self-identified gays, male sex workers, and Waria (transgenders) and their clients. Although the specific strategies vary for each IA, ASA supports these organizations to implement the following general strategies:

1. Increase and sustain safer sex behavior and appropriate health seeking behavior through behavior change communication (BCC). The program promotes a balance of safer sex behaviors including abstinence, being faithful (partner reduction) and condom use (or the “ABC approach”), but because of the high risk nature of MSM, there is a particular focus on increasing the use of condoms.
2. Increase access to commodities such as condoms and lubricant by establishing distribution linkages with condom producers and access to services by implementing a referral system for sexually transmitted infection (STI) services, voluntary counseling and testing (VCT) services, and HIV care, support and treatment (CST) services.
3. Create a favorable environment to support program implementation and behavior change through advocacy with government agencies and networking with similar organizations.
4. Strengthen the capacity of the IA’s staff to manage and implement the interventions.

These common strategies form the overall framework and structure for this evaluation.

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<sup>1</sup> Family Health International/Asia Pacific Division (2004). Fhibriefs: Interventions with high-risk men. Bangkok: FHI/APD, July.

This evaluation plan is to serve as a communication tool between the four implementing agencies, ASA and FHI Indonesia, FHI APD, the research agency, Atma Jaya, that will conduct the evaluation, and the international evaluation consultant who is coordinating the various MSM evaluations, for agreeing on the evaluations' overall purpose, evaluation questions, data collection methods and procedures. This document also is to serve as a flexible and adjustable guide to collecting and analyzing the data and writing the final report.

In order to make this evaluation as relevant and useful as possible, the evaluation team is using a participatory approach, particularly by involving program stakeholders in the design and dissemination of the evaluation. Thus, much of the content in this document comes from discussions with ASA staff and from IA staff and beneficiaries participating in an evaluation design workshop conducted on May 26-27, 2005.

## **2. Focus of the Evaluation**

### **2.1. Purpose**

As decided in discussions with FHI APD, ASA, and the implementing agencies, and with multiple stakeholders in an evaluation design workshop, the purposes of the evaluation for FHI, ASA and the implementing agencies are to obtain information to:

- Determine the overall effectiveness of the MSM model and its various components in achieving expected outcomes
- Improve current program design, management, and implementation
- Determine ways to expand program coverage
- Gain support from MSM and Waria communities, local and international NGOs, and government agencies.

### **2.2 Objectives of the Evaluation**

The objectives of this evaluation are to:

- Conduct a process assessment, including determining activities conducted, outputs reached, program reach and coverage, quality of and satisfaction with services, and strengths, weaknesses and suggestions for improvement. The process evaluation will assess ASA-supported activities conducted by the implementing agencies beginning in 2002 to December 31, 2004.
- Conduct an outcome assessment, determining the extent to which and why expected and other outcomes have been achieved.
- To the extent possible, enhance communication and a shared understanding of the program among stakeholders, increase engagement and ownership of the program by multiple stakeholders, nurture an evaluation culture within the organizations, and develop internal evaluation capacity.

For a list of the specific evaluation questions, see Appendix I, ASA – Implementing Agencies Evaluation Planning Worksheets.

### **3. Evaluation Design**

#### **3.1 Overall Approach**

To fulfill the above evaluation objectives, the following evaluation approaches will be used:

- *Utilization-focused*, whereby the design of the evaluation is driven by the information needs and intended use of the results by primary stakeholders.
- *Multiple and mixed method*: to triangulate, complement and expand the findings of the evaluation, the evaluation team will use a mix of quantitative and qualitative data from multiple sources employing several different data collection methods.
- *Collaborative and Participatory*: The evaluation team will use a modified participatory evaluation approach, in order to design a more relevant and feasible evaluation, obtain better quality data, have evaluation results actually used, foster greater ownership of the program, and, where possible, develop internal evaluation capacities.

#### **3.2 Data Types, Sources, and Collection Methods**

To conduct the process and outcome assessments, the following data sources and collection methods will be used:

##### **3.2.1 Secondary and Quantitative Data**

- Existing program monitoring data from ASA's and the IAs' routine monitoring reports, by compiling and analyzing the following data by quarter:
  - a) Number of active outreach workers
  - b) Number of active peer educators
  - c) Number and type of new people reached by outreach workers (one-on-one contact (MSW, Waria sex worker, gay, clients, other, total)
  - d) Number and type of repeated people reached by outreach workers (one-on-one contact (MSW, Waria sex worker, gay, clients, other, total)
  - e) Number of STI service referrals to type of people (MSW, Waria sex worker, gay, clients, other, total)
  - f) Number of VCT referrals to type of people (MSW, Waria sex worker, gay, clients, other, total)
  - g) Number of other referrals to type of people (MSW, Waria sex worker, gay, clients, other, total)
  - h) Number and type of people (MSW, Waria sex worker, gay, clients, other, total) educated by number and type of group activities (community events/awareness activities such as video shows, eductainment, sports, group discussions, etc.)
  - i) Number of people trained by number and type of trainings

- j) Number and type (poster, leaflet, brochures, comic book, etc.) of IEC materials distributed to number and type of people (MSW, Waria, other, non-target group)
  - k) Number and type of monitoring/evaluation, coordination, advocacy and collaboration activities, dates, and number of participants
  - l) Number and type of supporting activities (i.e. promotional activities to market condoms, TV/radio spots, PE meetings, staff meetings, etc), dates, and number of participants
  - m) Number of active condom retail outlets facilitated by the project
  - n) Number of condoms distributed to number and type of beneficiaries (ASA and other MSW, ASA and other Waria, and ASA and other Other, total)
  - o) Number of safer sex packages distributed to number and type of beneficiaries (ASA and other MSW, ASA and other Waria, and ASA and other Other, total)
- Existing geographical mapping and size estimations of Waria and MSWs populations in Indonesia, to help determine the IAs' coverage.
  - Existing data from the MSM behavioral surveillance survey (BSS) conducted in 2002 and 2004, on the following key variables or indicators, stratified by year, region, sub-population and exposure to intervention.<sup>2</sup>

#### Abstinence and Partner Reduction

- a) Knowledge that abstinence can reduce risk of HIV transmission
- b) Knowledge that reducing the number of sexual partners can reduce the risk of HIV transmission
- c) Number of different types of sexual partners (for gay population only)

#### Condom Use

- a) Knowledge that using condoms can reduce risk of HIV
- b) Ability to obtain a condom when needed
- c) Possession of a condom
- d) Propose to partners/clients to use condoms
- e) Use of condoms last time with different types of partners
- f) Use of condoms consistently with different types of partners

#### Lubricant Use

- a) Knowledge to use water-based lubricant
- b) Ability to obtain lubricant when needed
- c) Use of lubricant last time with different types of partners
- d) Use of lubricant consistently with different types of partners

#### STI Services

- a) Knowledge of STIs
- b) Referred by an outreach worker for STI treatment
- c) Went to an STI clinic

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<sup>2</sup> The wording and selection of variables may change, depending on the particular population and questionnaire, and the various results of the BSS.

- d) Received STI treatment
- e) Underwent an anal examination

#### VCT

- a) Knowledge that blood test can determine HIV status
- b) Referred by an outreach worker to be tested for HIV
- c) Tested for HIV
- d) Tested voluntarily for HIV
- e) Receiving HIV test results

- Existing reports, such trip reports, workshop reports, event reports, etc.

### 3.2.2 Primary and Qualitative Data

- New key informant interview (KII) data by interviewing:

a) *ASA-related Personnel*: USAID Indonesia ASA Program Manager, FHI Indonesia Acting Country Director, Chief of Program Development, two Finance Officers (Jakarta and Surabaya), Head of BCC Unit, two BCC Officers (Jakarta and Surabaya), two STI Specialists (Jakarta and Surabaya), VCT Specialist, GIPA Specialist, HIV Clinical Management Specialist, Monitoring and Evaluation Officer, and two sets of Provincial Office staff (Jakarta and Surabaya) (for a total of 14 interviews).

b) *Government, International NGO and Partner Organization Staff*: National level – Ministry of Health, AIDS Prevention Commission (KPA), UNAIDS and IHPCP; at two district levels (Jakarta and Surabaya) – Ministry of Health, Department of Social Welfare, and police department (for a total of 6 interviews (district interviews are to be done in groups)).

c) *Referral Staff*: Hospital heads, doctors and counselors for Jakarta and Surabaya STI clinics and VCT facilities (for a total of 6 interviews).

d) *Condom Supplier Staff*: Staff from head office and two district offices of DKT (for a total of 3 interviews).

e) *Gay and Waria Community Leaders and Others*: (Dede, Richard, Philippe?) (for 5 interviews)

f) *Implementing Agency Staff*:

- *PERWAKOS*: Director, Project Manager, Finance Manager, Field Coordinator, Case Manager, Counseling Officer (for a total of 6 interviews)

- *YSS*: Program Director/Program Manager, Finance Manager, Administration Officer assigned to PKBI Jakarta clinic, two counselors, two case managers and Buddies (for a total of 6 interviews)
  - *GN*: Director, Program Manager, Finance Manager, Outreach Coordinator, Counseling Coordinator, Edutainment Coordinator (for a total of 6 interviews)
  - *YPKN*: Program Director, Program Manager, Finance Officer, and Edutainment Coordinator, Bulletin Manager and Website Operator (for a total of 4 interviews)
- New focus group discussion (FGD) data from conducting FGDs with:
    - *PERWAKOS*: 1 with Outreach Workers, two with beneficiaries (for a total of 3 FGDs)
    - *YSS*: 1 with Field Coordinators; 1 with Field Workers; and 2 with beneficiaries (for a total of 4 FGDs)
    - *GN*: 1 with Field Workers; 1 with volunteers; two with beneficiaries (for a total of 4 FGDs).
    - *YPKN*: 1 with Field Coordinators; 1 with Field Workers; 2 with beneficiaries (for a total of 4 FGDs)
  - New observation data by observing:
    - 4 offices/drop-in centers (one for each IA)
    - 2 stationary STI clinics and 2 mobile STI clinics (Jakarta and Surabaya)
    - Field sites such as massage parlors, discos, malls, houses, and street areas. Specific field sites will be determined with each IA.

### 3.3 Data Sites and Sampling Methods

The following sampling procedures will be used in conducting the process and outcome qualitative component.

1. The staff to be interviewed from the various organizations will be selected purposively, based on staff members' positions and responsibilities.
2. All of the IAs' field coordinators, field workers, and volunteers will be asked to participate in focus group discussions.
3. Beneficiaries to participate in focus group discussions will be purposively selected, based on their involvement in the program, openness and comfort in participating, and availability.

4. Field sites to be observed will be selected from a stratified sampling strategy, based on such factors as type of site, size, and distance from DIC.

#### **4. Data Collection, Management and Analysis Procedures**

##### **4.1 BSS Data**

The behavioral data from the BSS are already collected for the years 2002 and 2004 and will be further analyzed and tabulated by the Chief of ASA's Monitoring and Evaluation Unit, using STATA software to run frequencies and percentages on the key outcome indicators identified in Section 3.2.1, and cross-tabulations with:

- Locations: Jakarta and Surabaya
- Years: 2002 and 2004
- Sub-populations: Waria, MSW, and gay
- Exposure levels: none, medium, high

The BSS data will be analyzed and presented in two ways:

- 1) In "triangulated data" graphs, depicting core process indicators with core outcome indicators for a) safer sex behaviors and b) health seeking behaviors.
- 2) In tables and graphs, depicting the differences between the proportions of MSM who have and have not been exposed to an HIV/AIDS intervention on the core outcome indicators.

The tables and graphs will be prepared by the Chief of ASA's Monitoring and Evaluation Unit and then discussed and interpreted together with the Head of the BCC Unit and the Atma Jaya evaluation team. The Atma Jaya evaluation team will then write up the results and interpretation for the individual and summary evaluation reports.

##### **4.2 Program Monitoring and Process Data**

Program monitoring data have already been collected and compiled through routine monitoring procedures and will be reviewed and summarized by the Atma Jaya evaluation team, with the assistance of ASA M&E and BCC unit staff. In addition, to verify the monitoring data, Atma Jaya will also examine the IAs' monitoring reports.

##### **4.3 Qualitative Data**

The interview, focus group discussion and observation data will be collected, analyzed and interpreted by two Atma Jaya evaluation teams of two people each, with one team responsible for the two Waria IAs and the other team for the MSW and gay IAs. All interviews and focus group discussions will be tape recorded, which will be used to complete the hand written notes as needed. Team members will conduct regular oral debriefings in which the findings will be



summarized by evaluation question, by identifying thematic areas of convergence and divergence among the data for multiple sources. Team members will then write up their discussions notes and supplement them with the tape recordings for specific details and quotations.

## **5. Evaluation “Products” or Deliverables**

This evaluation effort will result in the following key products or deliverables:

- Copies of all data collection instruments in English, due June 13
- Draft version of first evaluation report for feedback, due August 1
- 4 individual evaluation reports in Bahasa Indonesian, one for each IA, due August 12.
- 1 presentation with PowerPoint in Bahasa Indonesian of findings and recommendations, to be presented at an evaluation dissemination and action planning workshop with ASA and the IAs, due August 18.
- 1 summary and synthesis report in English, due September 16.

A tentative outline for the individual IA evaluation reports is included below. This outline will be adapted as necessary to fit the actual data collected. These reports should not be long narrative text but rather major points in bullets, and with the BSS results presented in tables and charts.

### Executive Summary

1. Background
2. Description of the program
3. Design and methodology of the evaluation
4. Process Assessment
  - 4.1. Increase and Sustain Safer Sex and Health Seeking Behaviors
    - 4.1.1 Outreach
    - 4.1.2 Edutainment
    - 4.1.3 IEC materials
    - 4.1.4 Bi-monthly bulletin
    - 4.1.5 Telephone hotline
    - 4.1.6 Website
  - 4.2. Increase Access to Services and Commodities
    - 4.2.1. Access to condoms and lubricant
    - 4.2.2. Access to STI services
    - 4.2.3. Access to VCT services
    - 4.2.4. Access to HIV care, support and treatment services
  - 4.3. Create a Favorable Environment to Support the Program and Behavior Change
    - 4.3.1. Advocacy
    - 4.3.2. Networking
  - 4.4. Strengthen the Capacity of IAs
  - 4.5. Management and Quality of Program Data
    - 4.5.1. IA program data
    - 4.5.2. STI clinic data

5. Outcome Assessment
    - 5.1 Abstinence and Partner Reduction
    - 5.2 Condom and Lubricant Use
    - 5.3 Use of STI Services
    - 5.4 Use of VCT Services
    - 5.5 Use and Provision of HIV Care, Support and Treatment Services
    - 5.6 Other Outcomes
  6. Overall Conclusions and Recommendations
- References  
Appendices

## 6. Implementation Schedule

This evaluation will be conducted in the following four phases:

- Phase 1: Evaluation Design and Planning
- Phase 2: Data Collection
- Phase 3: Data Analysis and Report Preparation
- Phase 4: Dissemination of Results and Final Report Writing

These phases will follow the approximate schedule:

Tasks	Schedule	People Responsible
<b>Phase 1: Evaluation Design and Planning</b>		
Meet with ASA staff to discern interests in the evaluation	May 20	Evaluation Consultant (EC) & ASA
Meet with IA staff to discern interests in the evaluation	May 20	EC, ASA & Implementing Agencies (IAs)
Meet with contracted research firm, Atma Jaya	May 20	EC, ASA & Atma Jaya (UAJ)
Review program documents, monitoring reports, and BSS data	May 21, 22	EC and UAJ
Observe program activities to gain an overview of the program	May 23	EC, UAJ, IAs
Prepare and conduct participatory evaluation design workshop	May 24 - 27	EC & UAJ
Devise the evaluation plan, based on discussions and the participatory evaluation workshop	May 28 – June 2	EC & UAJ with input from ASA, IAs
Develop data collection instruments	May 31 - June 10	UAJ with input from EC & ASA
Submit data collection instruments in English	June 13	UAJ
Discuss and draft BSS results	June 13	UAJ, BCC and M&E

Revise and translate data collection instruments	June 14-15	UAJ, with input from BCC unit
Pilot and revise IA data collection instruments in Surabaya	June 20	UAJ
<b>Phase 2: Data Collection</b>		
Review and summarize program documents and monitoring reports	June 13-17	UAJ
Conduct interviews with ASA staff	June 13-17	UAJ
Conduct interviews, FGDs and observations with PREWAKOS	June 20-24	UAJ
Conduct interviews, FGDs and observations with GN	June 27-July 1	UAJ
Conduct interviews with government, partner organizations and referral agency staff in Surabaya	June 27-July 1	UAJ
Conduct interviews, FGDs and observations with YPKN	July 4-8	UAJ
Conduct interviews, FGDs and observations with YSS	June 11-15	UAJ
Conduct interviews with government, partner organizations and referral agency staff in Jakarta	July 4-15	UAJ
<b>Phase 3: Analysis and Preparation of Reports</b>		
Analyze and summarize data, prepare individual evaluation reports	July 18 – August 12	UAJ
Submit draft version of first evaluation report to ASA for feedback	August 1	UAJ
<b>Phase 4: Dissemination of Results and Final Report Writing</b>		
Submit the four individual evaluation reports	August 12	
Submit PowerPoint for use in Evaluation Dissemination and Action Planning Workshop	August 18	UAJ
Present results and recommendations at Evaluation Dissemination and Action Planning Workshop	August 22-26	UAJ with input from EC & ASA
Finalize individual evaluation reports (if revisions needed from dissemination workshop)	Sept. 5	UAJ
Submit evaluation summary and synthesis report	Sept. 16	UAJ with input from EC

## **Appendix 1**

### **Evaluation Planning Worksheets**

## ASA AND IMPLEMENTING AGENCIES' EVALUATION PLANNING WORKSHEET

### PROCESS ASSESSMENT:

#### Strategy 1: Increase and Sustain Safer Sex and Health Seeking Behaviors through BCC

What Information is Needed?		How to Collect the Needed Information?
Evaluation Questions	Indicators or Factors to Investigate <sup>3</sup>	Data Sources/ <i>Collection Methods</i> <sup>4</sup>
<b>A. Outreach</b> (for GN, PERWKOS, YPKN, YSS)		
<p>1. What is the outreach component of the IA's program and how does it operate?</p> <p>2. What outreach activities have been implemented and were they implemented as planned? Why or why not?</p>	<ul style="list-style-type: none"> <li>• Who does what?</li> <li>• How?</li> <li>• Where?</li> <li>• When?</li>   <li>• Description of activities</li> <li>Target and actual of:               <ul style="list-style-type: none"> <li>• # of active outreach workers</li> <li>• # of active peer educators</li> <li>• # of active volunteers</li> <li>• Turnover rate of outreach workers and peer educators</li> <li>• # and type of new people reached by outreach workers</li> <li>• # and type of repeated people reached by outreach workers</li> <li>• # of STI service referrals to type of people</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Program documents -<i>DR</i></li> <li>• ASA: BCC Head and Specialists, provincial office staff – <i>KIIs</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li>   <li>• ASA monitoring reports – <i>DR and compilation</i></li> <li>• ASA: BCC Head and Specialists, provincial office staff – <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> </ul>

<sup>3</sup> For the specific indicators and targets for each IA, use Outlines of IA Subagreements and Amendments.

<sup>4</sup> CD=Country Director, **CHP=Chief of Program Development**, PD=Program Director, PM=Program Manager, FC= Field Coordinator, OW= Outreach Workers (terms vary by IA), PE = Peer Educator; *DR* = document review, *KII* = key informant interview, *FGD* = focus group discussion

3. What is the nature and quality of outreach “contacts”?

- # of VCT referrals to type of people
- # of other referrals to type of people
- # and type of IEC materials distributed to # and type of people
- # of condoms distributed to # and type of beneficiaries
- # of safer sex packages distributed to # and type of beneficiaries
- # and types of group discussions and # and type of participants

Opinions about Outreach Workers’:

- Approach
- Content presented
- Materials used

4a. What is the reach and coverage of the outreach component?

- # of Waria reached
- # of MSWs reached
- # of gays reached
- # of Waria reached/ est. # of Waria in program area
- # of MSWs reached/ est. # of MSWs in program area
- # of gays reached/ est. # of gays in program area

4b. What types of Waria/MSWs/gays has the IA reached? What types of Waria/MSWs/gays has the IA not reached? (Refer to size estimation findings)

- # and type of Waria/ MSWs/gays reached
- Types of MSM/MSW not reached or rarely reached

- OW & PE – *FGDs*
- Beneficiaries – *FGDs*
- Interaction between OW and beneficiaries -- *observation*

- ASA monitoring reports – *DR and compilation*
- Size estimation reports – *DR*

- ASA monitoring reports – *DR and compilation*
- Size estimation report – *DR*
- ASA: BCC Head and Specialists, provincial office staff – *KIIs*
- IA: PD, PM, FC – *KIIs*
- OWs & PEs – *FGDs*
- Beneficiaries – *FGDs*
- Non-beneficiaries -- ??
- Gay and Waria leaders -- *KIIs*

<p>4c. How can the IA reach more Waria/MSWs/gays?</p>	<ul style="list-style-type: none"> <li>• Opinions, suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, CPD, provincial office staff – <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• Non-beneficiaries -- ??</li> <li>• Gay and Waria leaders -- <i>KIIs</i></li> </ul>
<p>5. Is drug use prevalent among Waria/MSWs/gays? If yes, how can the IA best work with drug users?</p>	<ul style="list-style-type: none"> <li>• % of Waria/MSWs/gays who use drugs</li> <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• BSS</li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• Gay and Waria leaders -- <i>KIIs</i></li> </ul>
<p>6. What are Waria/MSWs/gays' opinions of the outreach component and suggestions?</p>	<ul style="list-style-type: none"> <li>• Opinions</li> <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• OWs &amp; PEs – <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• At program sites – short interviews (?)</li> </ul>
<p>7. What challenges do the Outreach and Peer Educators face?</p>	<ul style="list-style-type: none"> <li>• Opinions</li> <li>• Reasons, explanations</li> </ul>	<ul style="list-style-type: none"> <li>• AI: PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> </ul>
<p>8. What are the strengths, weaknesses and lessons learned of the outreach component?</p>	<ul style="list-style-type: none"> <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, provincial office staff – <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>
<p>9. What are the suggestions for improving the outreach component?</p>	<ul style="list-style-type: none"> <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, provincial office staff – <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>

**B. Edutainment** (for GN, PERWKOS, YPKN, YSS)

<p>1. What is the purpose of the edutainment component of the IA's program and how does it operate?</p> <p>2. What edutainment activities have taken place and have they occurred as planned? Why or why not?</p> <p>3. What are staff members' opinions of the edutainment activities?</p> <p>4. What are Waria/MSWs/gays' opinions of the edutainment activities?</p> <p>5. What are the strengths, weaknesses and lessons learned regarding edutainment?</p> <p>6. What are the suggestions for improving edutainment or other large-scale activities?</p>	<p>Description of:</p> <ul style="list-style-type: none"> <li>• Perceived purpose</li> <li>• Who does what?</li> <li>• How?</li> <li>• Where?</li> <li>• When?</li> </ul> <p>Description of activities</p> <p>Target and actual:</p> <ul style="list-style-type: none"> <li>• # and type of people educated by # and type of group activities</li> </ul> <ul style="list-style-type: none"> <li>• Opinions</li> </ul> <ul style="list-style-type: none"> <li>• Opinions</li> <li>• Reasons, explanations</li> <li>• Suggestions</li> </ul> <ul style="list-style-type: none"> <li>• Opinions</li> </ul> <ul style="list-style-type: none"> <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• Program documents -<i>DR</i></li> <li>• ASA: BCC Head and Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA program documents &amp; monitoring reports – <i>DR and compilation</i></li> <li>• AI: PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• AI: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• Beneficiaries – <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, provincial office staff – <i>KIIs</i></li> <li>• IA: PD, PM, FC</li> <li>• OWs, PEs – <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, provincial office staff – <i>KIIs</i></li> <li>• IA: PD, PM, FC</li> <li>• OWs &amp; PEs – <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>
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<b>C. IEC Materials</b>		
1. What IEC materials do the different outreach workers use? How do they actually use and discuss them?	<ul style="list-style-type: none"> <li>• Titles and description of materials used</li> <li>• # and type distributed thru outreach</li> <li>• # and type distributed thru edutainment</li> <li>• # and type distributed thru other means</li> <li>• Description of use</li> <li>• Content: relevance, appropriateness, easy to understand</li> </ul>	<ul style="list-style-type: none"> <li>• IEC materials – <i>DR</i></li> <li>• ASA: BCC Head and Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>
2. What is the perceived quality of the IEC materials?	<p>Opinions about:</p> <ul style="list-style-type: none"> <li>• Relevance</li> <li>• Appropriateness</li> <li>• Easy to understand</li> </ul>	<ul style="list-style-type: none"> <li>• IEC materials – <i>DR</i></li> <li>• ASA: BCC Head and Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>
3. What are suggestions for improving the IEC materials?	<ul style="list-style-type: none"> <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• IEC materials – <i>DR</i></li> <li>• ASA: BCC Head and Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>
<b>D. Bi-monthly Bulletin (for GN and YPKN)</b>		
1. What is the purpose of the bulletin and how is it managed?	<p>Description of:</p> <ul style="list-style-type: none"> <li>• Perceived purpose</li> <li>• Who does what?</li> </ul>	<ul style="list-style-type: none"> <li>• Program documents -<i>DR</i></li> <li>• ASA: BCC Head and Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> </ul>
2. How many issues have been printed, with what topics, and where and how are they distributed?	<ul style="list-style-type: none"> <li>• # of issues</li> <li>• # printed</li> <li>• Type of topics</li> <li>• Ways it is distributed</li> </ul>	<ul style="list-style-type: none"> <li>• ASA monitoring reports – <i>DR</i></li> <li>• IA records – <i>DR</i></li> <li>• Copies of bulletins – <i>DR</i></li> </ul>

<p>3. What are readers' opinions of the bulletin?</p> <p>4. What are suggestions for improving the bulletins?</p>	<ul style="list-style-type: none"> <li>• Opinions</li> <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• OWs &amp; PEs – <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> <li>• ASA: BCC Head and Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC</li> <li>• OWs &amp; PEs – <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>
<p><b>E. Telephone Hotline</b> (for GN only?)</p>		
<p>1. What is the purpose of the hotline and how does it operate?</p> <p>2. What activities have been implemented and have they been implemented as planned? Why or why not?</p> <p>3. What is the quality of the hotline counseling?</p> <p>4. What are users' opinions of the hotline?</p> <p>5. What are suggestions for improving the hotline?</p>	<p>Description of:</p> <ul style="list-style-type: none"> <li>• Perceived purpose</li> <li>• Who does what?</li> <li>• Operating hours</li> <li>• # and type of calls received</li> <li>• Connection</li> <li>• Approach/attitude</li> <li>• Content</li> <li>• Opinions</li> <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• Program documents -<i>DR</i></li> <li>• ASA: BCC Head and Specialists – <i>KIIs</i></li> <li>IA: PD, PM, FC – <i>KIIs</i></li> <li>• ASA monitoring reports – <i>DR</i></li> <li>IA log book</li> <li>• Phone call – participant observation</li> <li>• IA: Counselor -- <i>KII</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> <li>• IA: Counselor -- <i>KII</i></li> <li>Beneficiaries -- <i>FGDs</i></li> </ul>

**F. Website** (Question 1 for all IAs and Questions 2-6 for YPKN only?)

<p>1. <u>For all IAs</u>: How does the IA use the Internet (i.e. Website, emails, chat rooms) for providing HIV/AIDS information and/or counseling?</p> <p>2. What is the purpose of the Website and how is it managed?</p> <p>3. What activities have been implemented and have they been implemented as planned? Why or why not?</p> <p>4. What is the quality of the Website?</p> <p>5. What are users' opinions of the hotline?</p> <p>6. What are suggestions for improving the hotline?</p>	<ul style="list-style-type: none"> <li>• Description</li> </ul> <p>Description of:</p> <ul style="list-style-type: none"> <li>• Perceived purpose</li> <li>• Who does what?</li> </ul> <ul style="list-style-type: none"> <li>• Website design</li> <li>• Website operating</li> <li>• # of hits</li> <li>• # and type of email messages</li> </ul> <ul style="list-style-type: none"> <li>• Connectivity</li> <li>• Relevant and appropriate content</li> <li>• User-friendliness</li> </ul> <ul style="list-style-type: none"> <li>• Opinions</li> </ul> <ul style="list-style-type: none"> <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• IA: PD, PM, FC – <i>KIIs</i></li> </ul> <ul style="list-style-type: none"> <li>• Program documents -<i>DR</i></li> <li>• ASA: BCC Head and Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA monitoring reports – <i>DR</i></li> <li>• IA log book</li> </ul> <ul style="list-style-type: none"> <li>• Website – document review</li> <li>• IA: Counselor -- <i>KII</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• Beneficiaries -- <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC</li> <li>• OWs &amp; PEs – <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>
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## Strategy 2: Increase Access to Services and Commodities

What Information is Needed?		How to Collect the Needed Information?
Evaluation Questions	Indicators or Factors to Investigate	Data Sources/ <i>Collection Methods</i>
<b>A. Access to Condoms and Lubricant</b> (for GN, PERWKOS, YPKN, YSS)		
<p>1a. What is the IA's strategy for increasing beneficiaries' access to:</p> <ul style="list-style-type: none"> <li>• Condoms</li> <li>• Lubricant</li> </ul> <p>1b. How are condoms and lubricant actually distributed? What are the processes?</p> <p>2a. What activities have been implemented regarding:</p> <ul style="list-style-type: none"> <li>• Condoms</li> <li>• Lubricant</li> </ul> <p>b. Have they been implemented as planned? Why or why not?</p> <p>3. What is beneficiaries' satisfaction with:</p> <ul style="list-style-type: none"> <li>• Access to condoms</li> <li>• Quality of condoms</li> <li>• Access to lubricant</li> <li>• Quality of lubricant?</li> </ul>	<ul style="list-style-type: none"> <li>• Description</li> <li>• Activities with condom producers</li> <li>• Activities establishing condom distribution outlets</li> </ul> <ul style="list-style-type: none"> <li>• Activities by outreach workers</li> <li>• Other ways, i.e., edutainment, DIC, IA distributes condoms and lubricant</li> </ul> <ul style="list-style-type: none"> <li>• # and type of meetings with condom/lubricant producers</li> <li>• # of MOUs with condom/ lubricant producers</li> <li>• # of functioning condom distribution outlets</li> <li>• # of condoms/lubricant distributed through condom distribution outlets</li> <li>• # of condoms/lubricant distributed by outreach workers</li> <li>• # of condoms/lubricant distributed through # of other ways</li> </ul> <p>Opinions about:</p> <ul style="list-style-type: none"> <li>• Location</li> <li>• Timing</li> <li>• Price</li> <li>• Qualities of product, i.e. thickness, size, stickiness</li> </ul>	<ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Distribution outlets – <i>observation</i></li> </ul> <ul style="list-style-type: none"> <li>• Outreach: <i>observation</i></li> <li>• Other events: <i>observation</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA monitoring records – <i>DR</i></li> <li>• IA's records -- <i>DR</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>

<p>4. What kind of lubricant packaging do beneficiaries prefer? Sachet or small tube?</p> <p>5. What are the suggestions for improving beneficiaries' access to:</p> <ul style="list-style-type: none"> <li>• Condoms</li> <li>• Lubricant?</li> </ul> <p>6. What are the producers' marketing MSM strategies for:</p> <ul style="list-style-type: none"> <li>• Condoms</li> <li>• Lubricant?</li> </ul> <p>7. What arrangements does the producer have with the IA?</p> <p>8. What is the condom producer's experience with and opinions about the arrangements with IA?</p> <p>9. What are the suggestions for improving the arrangements between the condom producer and IA?</p>	<ul style="list-style-type: none"> <li>• Opinions</li>   <li>• Suggestions</li>   <li>• Description</li> <li>• Opinions</li>   <li>• Description</li>   <li>• Description</li> <li>• Opinions</li>   <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li>   <li>• ASA: BCC Head and Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li>   <li>• DKT staff -- <i>KIIs</i></li>   <li>• DKT staff -- <i>KIIs</i></li>   <li>• DKT staff -- <i>KIIs</i></li>   <li>• ASA: BCC Head and Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• DKT staff – <i>KIIs</i></li> </ul>
<p><b>B. Access to STI Services<sup>5</sup></b> (for GN, PERWKOS, YPKN, YSS)</p>		
<p>1. What is the IA's strategy and activities for increasing beneficiaries' access to STI services? How are referrals actually made?</p>	<p>Description of:</p> <ul style="list-style-type: none"> <li>• Outreach STI referral activities</li> <li>• Edutainment STI referral activities</li> <li>• Other STI activities</li> </ul>	<ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, STI Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> </ul>

<sup>5</sup> Because of the technical staff and time required to conduct a full STI services evaluation, this will be a partial review focusing on description and perceived quality of services.

<p>2. What activities have been implemented regarding STI services? Have they been implemented as planned? Why or why not?</p> <p>3. What STI-related activities are conducted and what is their level of perceived quality for the:</p> <ul style="list-style-type: none"> <li>• Stationary clinics</li> <li>• Mobile clinics</li> </ul> <p>4. What is the beneficiaries' level of satisfaction with the STI services?</p> <p>5. What are the strengths, weaknesses and lessons learned regarding the referral system for STI services?</p> <p>6. What are the suggestions for improving access to STI services?</p>	<ul style="list-style-type: none"> <li>• # of STI referrals</li> <li>• # of referred patients (with referral cards?)</li> <li>• # of patients screened</li> <li>• # of patients given anal examinations</li> <li>• # of patients receiving type of treatment</li> </ul> <p>Opinions about:</p> <ul style="list-style-type: none"> <li>• Dr. and counselor's approach</li> <li>• Examination procedures</li> <li>• Medical treatment</li> <li>• Advice given</li> <li>• Follow up procedures</li> </ul> <ul style="list-style-type: none"> <li>• Opinions about:</li> <li>• Location</li> <li>• Operating hours</li> <li>• Cost</li> <li>• Quality of service(seeabove)</li> </ul> <ul style="list-style-type: none"> <li>• Opinions</li> </ul> <ul style="list-style-type: none"> <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• ASA monitoring records – <i>DR</i></li> <li>• Clinic records -- <i>DR</i></li> <li>• IA's records -- <i>DR</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA: STI Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC, buddies -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• Clinic doctor, counselor – <i>KIIs</i></li> <li>• Clinics: <i>observation</i></li> </ul> <ul style="list-style-type: none"> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• Clinic doctor, counselor -- <i>KIIs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialist, STI Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC, buddies -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• Clinic doctor, counselor – <i>KIIs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialist, STI Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC, buddies -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• Clinic doctor, counselor -- <i>KIIs</i></li> </ul>
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**C. Access to VCT Services** (for GN, PERWKOS, YPKN, YSS)

<p>1. What is the IA's strategy and activities for increasing beneficiaries' access to VCT services?</p>	<p>Description of:</p> <ul style="list-style-type: none"> <li>• Outreach VCT activities</li> <li>• Edutainment VCT activities</li> <li>• Other VCT activities</li> </ul>	<ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, VTC Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> </ul>
<p>2. What activities have been implemented regarding VCT? Have they been implemented as planned? Why or why not?</p>	<ul style="list-style-type: none"> <li>• # of VCT referrals</li> <li>• # of referred patients (with referral cards?)</li> <li>• # of patients counseled (pre and post-test)</li> <li>• # of patients tested</li> </ul>	<ul style="list-style-type: none"> <li>• ASA monitoring records – <i>DR</i></li> <li>• Clinic records -- <i>DR</i></li> <li>• IA's records -- <i>DR</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> </ul>
<p>3. What is beneficiaries' understanding of VCT?</p>	<p>Perceptions of:</p> <ul style="list-style-type: none"> <li>• Purpose</li> <li>• Procedures</li> <li>• Outcomes</li> <li>• Follow up</li> </ul>	<ul style="list-style-type: none"> <li>• IA: PD, PM, FC, buddies -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> </ul>
<p>4. What is the perceived quality of VCT services?</p>	<p>Opinions about:</p> <ul style="list-style-type: none"> <li>• Dr. and counselor's approach</li> <li>• Testing procedures</li> <li>• Content of counseling</li> <li>• Follow up procedures</li> </ul>	<ul style="list-style-type: none"> <li>• ASA: VCT Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC, buddies -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• Clinic doctor, counselor – <i>KIIs</i></li> </ul>
<p>5. What is the beneficiaries' level of satisfaction with the VCT services?</p>	<p>Opinions about:</p> <ul style="list-style-type: none"> <li>• Location</li> <li>• Operating hours</li> <li>• Cost</li> <li>• Quality of service (see above)</li> </ul>	<ul style="list-style-type: none"> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• Clinic doctor, counselor -- <i>KIIs</i></li> </ul>
<p>6. What are the suggestions for improving VCT services?</p>	<ul style="list-style-type: none"> <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, VCT Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC, buddies -- <i>KIIs</i></li> </ul>

		<ul style="list-style-type: none"> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• Clinic doctor, counselor -- <i>KIIs</i></li> </ul>
<b>D. Access to HIV Care, Support and Treatment Services</b> (For YSS and PERWAKOS only?)		
<p>1. What is the IA's strategy and activities for increasing beneficiaries' access to care and support services?</p> <p>2. What activities have been implemented regarding:</p> <ul style="list-style-type: none"> <li>• Support</li> <li>• Treatment</li> </ul> <p>Have they been implemented as planned? Why or why not?</p> <p>3a. What is the role, function, and performance of:</p> <ul style="list-style-type: none"> <li>• Case Managers</li> <li>• Buddies</li> <li>• Support Group</li> </ul> <p>3b. What are the suggestions for improving:</p> <ul style="list-style-type: none"> <li>• Case Managers</li> </ul>	<ul style="list-style-type: none"> <li>• Description of C&amp;S activities</li> <li>• # of meetings with type of organization</li> <li>• # of MOUs</li> <li>• # of visits by counselors to # of people and areas</li> <li>• # of active buddies</li> <li>• # and content of buddy meetings</li> <li>• # of cases handled</li> <li>• # of PLWAs receiving what type of support and how</li> <li>• # of PLWAs referred to treatment and where</li> <li>• # of PLWAs receiving what kind of treatment (incl. ARVs) and from whom</li> <li>• Status of shelter</li> <li>• Description</li> <li>• Opinion</li> <li>• Description</li> <li>• Opinion</li> </ul>	<ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, C&amp;S Specialist (?) – <i>KIIs</i></li> <li>• IA: PD, PM, FC, Case Managers, buddies -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• ASA monitoring records – <i>DR</i></li> <li>• IA's records -- <i>DR</i></li> <li>• IA: PD, PM, FC, Counselors, Case Managers, buddies -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• IA: PD, PM, FC, Case Managers, buddies -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• IA: PD, PM, FC, Case Managers, buddies -- <i>KIIs</i></li> </ul>



<ul style="list-style-type: none"> <li>• Buddies</li> <li>• Support Group</li> </ul> <p>4. What are the expected minimum requirements for providing adequate:</p> <ul style="list-style-type: none"> <li>• Support services</li> <li>• Treatment services?</li> </ul> <p>5. What is the beneficiaries' level of satisfaction with:</p> <ul style="list-style-type: none"> <li>• Support services</li> <li>• Treatment services?</li> </ul> <p>6. What are the suggestions for improving:</p> <ul style="list-style-type: none"> <li>• Support services</li> <li>• Treatment services?</li> </ul>	<ul style="list-style-type: none"> <li>• Opinions</li> </ul> <ul style="list-style-type: none"> <li>• Opinions about:</li> <li>• Location</li> <li>• Operating hours</li> <li>• Cost</li> <li>• Quality of service (see above)</li> </ul> <ul style="list-style-type: none"> <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, C&amp;S Specialist (?) – <i>KIIs</i></li> <li>• IA: PD, PM, FC, Case Managers, buddies -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• IA: PM, FC, Case Managers, buddies</li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, VCT Specialists – <i>KIIs</i></li> <li>• IA: PD, PM, FC, buddies -- <i>KIIs</i></li> <li>• OW &amp;PE -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• Clinic doctor, counselor -- <i>KIIs</i></li> </ul>
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**Strategy 3: Create a Favorable Environment to Support the Program and Behavior Change**

What Information is Needed?		How to Collect the Needed Information?
Evaluation Questions	Indicators or Factors to Investigate	Data Sources/ <i>Collection Methods</i>
<b>A. Advocacy and Networking</b> (for GN, PERWKOS, YPKN, YSS)		
<p>1. What is the IA’s strategies and how are they implemented regarding:</p> <ul style="list-style-type: none"> <li>• Advocacy (with government agencies)</li> <li>• Networking (for collaboration with similar organizations)?</li> </ul> <p>2. What activities have taken place and did they occur as planned regarding:</p> <ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Networking ?</li> </ul> <p>Why or why not?</p> <p>3. What are participants’ opinions regarding:</p> <ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Networking?</li> </ul> <p>4. What are the perceived results regarding:</p> <ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Networking ?</li> </ul>	<ul style="list-style-type: none"> <li>• Description</li> <li>• Opinion</li> </ul> <ul style="list-style-type: none"> <li>• Description of activities</li> <li>• # and type of monitoring/evaluation, coordination, advocacy and collaboration activities, dates, and # and type of participants</li> <li>• # and type of supporting activities (i.e. promotional activities to market condoms, TV/radio spots, PE meetings, staff meetings, etc), dates, and # of participants</li> <li>• Content of advocacy and networking activities</li> <li>• # of follow-up activities conducted</li> </ul> <ul style="list-style-type: none"> <li>• Opinions</li> </ul> <ul style="list-style-type: none"> <li>• Changes in awareness on legal and human rights issues</li> <li>• Changes in levels of stigma and</li> </ul>	<ul style="list-style-type: none"> <li>• ASA &amp; IA program documents -- <i>DR</i></li> <li>• ASA: BCC Head and Specialists, CPD – <i>KIIs</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OWs &amp; PEs -- <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA and AI monitoring reports – <i>DR</i></li> <li>• ASA &amp; IA program documents -- <i>DR</i></li> <li>• ASA: BCC Head and Specialists, CPD – <i>KIIs</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OWs &amp; PEs -- <i>FGDs</i></li> <li>• Attendance/registration records – <i>DR</i></li> </ul> <ul style="list-style-type: none"> <li>• Participants in advocacy and networking events (may be district staff) -- <i>KIIs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, CPD – <i>KIIs</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OWs, PEs – <i>FGDs</i></li> </ul>

<p>5. What are the strengths, weaknesses and lessons learned regarding the IA's advocacy and networking efforts?</p> <p>6. What are suggestions for improving the IA's advocacy and networking strategy and activities?</p>	<p>discrimination</p> <ul style="list-style-type: none"> <li>• Changes in levels harassment and violence</li> <li>• Changes in collaboration with other organizations</li> </ul> <p>• Opinion</p> <p>• Opinion</p>	<ul style="list-style-type: none"> <li>• Participants in advocacy and networking events – <i>KIIs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, CPD – <i>KIIs</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OWs, PEs – <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, CPD – <i>KIIs</i></li> <li>• IA: PD, PM, FC -- <i>KIIs</i></li> <li>• OWs, PEs – <i>FGDs</i></li> <li>• Participants in advocacy and networking events – <i>KIIs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> </ul>
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**Strategy 4: Strengthen the Capacity of IAs’ Staff to Manage and Implement Program** (for GN, PERWKOS, YPKN, YSS)

What Information is Needed?		How to Collect the Needed Information?
Evaluation Questions	Indicators or Factors to Investigate	Data Sources/ <i>Collection Method</i>
<p>1. What is ASA’s approach to developing the capacities of the IA?</p> <p>2. What capacity building activities has the IA participated in or conducted as part of capacity building? For example,</p> <ul style="list-style-type: none"> <li>• Different types of trainings</li> <li>• Program/proposal development</li> <li>• Exchange visits</li> <li>• Finance &amp; Admin assistance</li> <li>• Capacity building exercises and tools, i.e. mapping, capability assessment</li> <li>• Strategic planning</li> <li>• Monitoring and evaluation assistance, exercises</li> <li>• National, regional and international conferences</li> <li>• Other</li> </ul> <p>3. Specifically, how are the different outreach workers trained and what is the quality of the training?</p>	<ul style="list-style-type: none"> <li>• Description, explanation</li> <li>• Description of activities Target and Actual: <ul style="list-style-type: none"> <li>• # and type of people trained by number and type of trainings</li> <li>• # and topics of monthly staff meetings</li> <li>• # and type of exchange visits and # and type of attendees</li> <li>• # and type of exercise and # and type of participants</li> </ul> </li> <li>• Organizational policies, guidelines, manuals</li> <li>• # and type of conference and # and type of participants</li> <li>• # and type of outreach trainings</li> <li>• # of type of outreach training participants</li> <li>• Content: relevance, appropriateness, easy to understand</li> <li>• # and nature of follow-up training &amp;/or support</li> <li>• Suggestions for improvement/additional training</li> </ul>	<ul style="list-style-type: none"> <li>• ASA CD, BCC Head and Specialists, CPD, Finance, M&amp;E unit</li> <li>• ASA and IA training and monitoring reports - <i>DR</i></li> <li>• ASA CD, BCC Head and Specialists, CPD, Finance, M&amp;E unit -- <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> <li>• Training and monitoring reports – <i>DR</i></li> <li>• Training curriculum – <i>DR</i> (if available)</li> <li>• ASA BCC Head and Specialists, CPD -- <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> </ul>

<p>4. What are the perceived results of the various capacity building efforts? What does the organization do differently now as a result of certain capacity building efforts?</p>	<ul style="list-style-type: none"> <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• ASA training and monitoring reports - <i>DR</i></li> <li>• ASA CD, BCC Head and Specialists, CPD, Finance, M&amp;E unit, Provincial office staff -- <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> </ul>
<p>5. What are the strengths, weaknesses and lessons learned of the previous capacity building efforts?</p>	<ul style="list-style-type: none"> <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• ASA CD, BCC Head and Specialists, CPD, Finance, M&amp;E unit, Provincial office staff -- <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> </ul>
<p>6. In what areas does the IA need to further develop its capacity?</p>	<ul style="list-style-type: none"> <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• ASA CD, BCC Head and Specialists, CPD, Finance, M&amp;E unit, Provincial office staff -- <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> </ul>
<p>7. How can future capacity building efforts be improved?</p>	<ul style="list-style-type: none"> <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• ASA CD, BCC Head and Specialists, CPD, Finance, M&amp;E unit, Provincial office staff -- <i>KIIs</i></li> <li>• IA: PD, PM, FC – <i>KIIs</i></li> <li>• OWs &amp; PEs – <i>FGDs</i></li> </ul>

**Management and Quality of Program Data** (for GN, PERWKOS, YPKN, YSS)

What Information is Needed?		How to Collect the Needed Information?
Evaluation Questions	Indicators or Factors to Investigat	Data Sources/ <i>Collection Methods</i>
<b>A. Implementing Agency Program Data</b>		
•		
<p>1. How does the IA collect, record, and report data on program activities, including:</p> <ul style="list-style-type: none"> <li>• Outreach contacts</li> <li>• Group activities (edutainment) participants</li> <li>• People trained</li> <li>• Collaborative activities</li> <li>• Supportive activities</li> <li>• STI referrals</li> <li>• VCT referrals</li> <li>• IEC materials distribution</li> <li>• Condom distribution</li> <li>• Lubricant distribution</li> <li>• Safe sex packet distribution</li> <li>• Case management</li> </ul> <p>2. What are the IA’s experience with and opinions about its and ASA’s data management system?</p> <p>3. How does the IA use the program data?</p> <p>4. What are the suggestions for improving ASA’s and the IA’s data management system?</p>	<ul style="list-style-type: none"> <li>• Process and format of the reporting forms</li> <li>• Who collects the data?</li> <li>• How are data recorded?</li> <li>• How are data reported?</li> </ul> <ul style="list-style-type: none"> <li>• Description</li> <li>• Opinions</li> </ul> <ul style="list-style-type: none"> <li>• Description</li> </ul> <ul style="list-style-type: none"> <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, M&amp;E unit - <i>KIIs</i></li> <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• OW, PEs – <i>FGDs</i></li> <li>• Report forms -- <i>DR</i></li> </ul> <ul style="list-style-type: none"> <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• OW, PEs -- <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• OW, PEs -- <i>FGDs</i></li> </ul> <ul style="list-style-type: none"> <li>• ASA: BCC Head and Specialists, M&amp;E unit - <i>KIIs</i></li> <li>• IA: PD, PM, FC—<i>KIIs</i></li> </ul>

		<ul style="list-style-type: none"> <li>• OW, PEs – <i>FGDs</i></li> <li>• Reporting forms -- <i>DR</i></li> </ul>
<b>B. STI Clinic Program Data</b>		
<p>1. How does the STI clinic monitor, record and report its ASA-related activities, specifically,</p> <ul style="list-style-type: none"> <li>• <b><u>[fill in from form]</u></b>.</li> </ul> <p>2. What are the clinic’s experience with and opinions about its and ASA’s data management system?</p> <p>3. How does the clinic use the program data?</p> <p>4. What are the suggestions for improving ASA’s and the clinic’s data management system?</p>	<ul style="list-style-type: none"> <li>•</li> <li>• Description</li> <li>• Opinions</li> <li>• Description</li> <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• ASA: STI Specialists, M&amp;E unit -- <i>KIIs</i></li> <li>• Clinic staff: -<i>KIIs</i></li> <li>• Clinic staff —<i>KIIs</i></li> <li>• Clinic staff —<i>KIIs</i></li> <li>• Clinic records – <i>DR</i></li> <li>• ASA: STI Specialists, M&amp;E unit --<i>KIIs</i></li> <li>• Clinic staff —<i>KIIs</i></li> <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>

**OUTCOME ASSESSMENT:<sup>6</sup>**

What Information is Needed?		How to Collect the Needed Information?
Evaluation Questions	Indicators or Factors to Investigate	Data Sources/ <i>Collection Methods</i>
<b>A. Abstinence and Being Faithful (Partner Reduction)</b>		
<p>1. What are the differences in proportions of Waria/MSWs/gays who have been exposed to the program vs. those who have not in:</p> <p>a. Knowing that abstinence can reduce risk of HIV transmission</p> <p>b. Knowing that reducing number of sexual partners can reduce risk of HIV transmission</p> <p>c. How can the IA increase beneficiaries' knowledge of abstinence and being faithful?</p>	<ul style="list-style-type: none"> <li>• % of those exposed vs. % of those not exposed to the program in:</li> <li>• Knowing that abstinence can reduce risk of HIV transmission</li> <li>• Knowing that reducing number of sexual partners can reduce risk of HIV transmission</li> <li>• Opinions</li> <li>• Suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• BBS, frequency calculation</li> <li>•</li> <li>• BBS, cross-tabulation</li> <li>•</li> <li>• BBS, cross-tabulation</li> <li>•</li> <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• OW, PEs -- <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>
<b>B. Condom Use</b>		
<p>1. What are the differences in proportions of Waria/MSWs/gays who have been exposed to the program vs. those who have not in:</p> <p>a. Knowing that using condoms can reduce risk of HIV</p>	<ul style="list-style-type: none"> <li>• % of those exposed and vs. % of those not exposed in:</li> <li>• knowing that condoms can reduce risk</li> </ul>	<ul style="list-style-type: none"> <li>• BBS, cross-tabulation</li> </ul>

<sup>6</sup> The selection of variables may change, depending on the analysis of the IBBS survey.



<p>b. Being able to obtain condoms when needed</p> <p>c. Possessing a condom</p> <p>d. Proposing to partners/clients to use a condom</p> <p>e. Using condoms last time with different types of partners</p> <p>f. Using condoms consistently with different types of partners</p> <p>2. Why do not more Waria/MSWs/gays use condoms consistently?</p> <p>3. How could the IA get more Waria/MSWs/gays to use condoms consistently?</p>	<ul style="list-style-type: none"> <li>• Being able to obtain condoms when needed</li> <li>• Possessing a condom</li> <li>• Proposing to partners/clients to use a condom</li> <li>• Using condoms last time with different types of partners</li> <li>• Using condoms consistently with different types of partners</li> <li>• Opinions</li> <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• OW, PEs -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• OW, PEs -- <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>
<p><b>C. Lubricant Use</b></p>		
<p>1. What are the differences in proportions of Waria/MSWs/gays who have been exposed to the program vs. those who have not in:</p> <p>a. Knowing to use water-based lubricant</p> <p>b. Being able to obtain water-based lubricant when needed</p> <p>c. Using lubricant last time with different types of partners</p>	<ul style="list-style-type: none"> <li>• % of those exposed and vs. % of those not exposed:</li> <li>• knowing that using water based lubricant can reduce risk</li> <li>• Being able to obtain water-based lubricant when needed</li> <li>• Using lubricant last time with different types</li> </ul>	<ul style="list-style-type: none"> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> </ul>

<p>d. Using lubricant consistently with different types of partners</p> <p>2. Why do not more Waria/MSWs/gays use lubricant consistently?</p> <p>3. How could the IA get more Waria/MSWs/gays to use lubricant consistently?</p>	<p>of partners</p> <ul style="list-style-type: none"> <li>• Using lubricant consistently with different types of partners</li> <li>• Opinions</li> <li>• Is using condoms becoming an accepted behavior by clients and others?</li> </ul>	<ul style="list-style-type: none"> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• OW, PEs -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• OW, PEs -- <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>
<p><b>D Use of STI Services</b></p>		
<p>1. What are the differences in proportions of Waria/MSWs/gays who have been exposed to the program vs. those who have not in:</p> <p>a. Knowing STIs</p> <p>b. Being referred by an outreach worker for STI treatment</p> <p>c. Going to an STI clinic for treatment</p> <p>d. Receiving STI treatment</p> <p>e. Undergoing an anal examination</p> <p>2. Why do not more Waria/MSWs/gays come to the clinic for STI services?</p>	<ul style="list-style-type: none"> <li>• % of those exposed vs. % of those not exposed in:</li> <li>• Knowing STIs</li> <li>• Being referred by an OW for STI treatment</li> <li>• Going to an STI clinic for treatment</li> <li>• Receiving STI treatment</li> <li>• Undergoing an anal examination</li> <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• OW, PEs -- <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>

<p>3. Where else do Waria/MSWs/ gays go for STI services?</p> <p>4. How could the IA get more Waria/MSWs/ gays to go for STI services?</p>	<ul style="list-style-type: none"> <li>• Opinions</li>   <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• OW, PEs -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li>   <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• OW, PEs -- <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>
<p><b>D Use of VCT Services</b></p>		
<p>1. What are the differences in proportions of Waria/MSWs/gays who have been exposed to the program vs. those who have not in:</p> <p>a. Knowing that a blood test can determine HIV status</p> <p>b. Being referred by an outreach worker for VCT services</p> <p>c. Going to for VCT services</p> <p>d. Receiving VCT services</p> <p>e. Receiving VCT services voluntarily</p> <p>f. Receiving HIV test results</p> <p>2. What do people do after they receive their results?</p> <p>3. Why do not more Waria/MSWs/gays go for VCT services?</p>	<ul style="list-style-type: none"> <li>• % of those exposed and vs. % of those not exposed:</li>   <li>• Knowing that a blood test can determine HIV status</li> <li>• Being referred by an outreach worker for VCT services</li> <li>• Going to for VCT services</li> <li>• Receiving VCT services</li> <li>• Receiving VCT services voluntarily</li> <li>• Receiving HIV test results</li> <li>• Opinions</li>   <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• BBS, cross-tabulation</li>   <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li> <li>• BBS, cross-tabulation</li>   <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• OW, PEs -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li>   <li>• IA: PD, PM, FC—<i>KIIs</i></li> </ul>

<p>4. How could the IA get more Waria/MSWs/gays to go for VCT services</p>	<ul style="list-style-type: none"> <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• OW, PEs -- <i>FGDs</i></li> <li>• Beneficiaries – <i>FGDs</i></li> <li>• IA: PD, PM, FC—<i>KIIs</i></li> <li>• OW, PEs -- <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>
<p><b>F. Overall Outcomes</b></p>		
<p>1. How have the IA activities affected program beneficiaries?</p>	<p>Opinions on changes in:</p> <ul style="list-style-type: none"> <li>• Awareness &amp; knowledge</li> <li>• Risk perception</li> <li>• Using condoms (when, with whom, why)</li> <li>• # and types of partners</li> <li>• Seeking STI services</li> <li>• Seeking VTC services</li> <li>• Social support</li> <li>• Stigma &amp; discrimination</li> <li>• Other, unintended ways</li> </ul>	<ul style="list-style-type: none"> <li>• OWs and PEs – <i>FGDs</i></li> <li>• Beneficiaries -- <i>FGDs</i></li> </ul>

## VIEWS ON ASA'S APPROACH

What Information is Needed?		How to Collect the Needed Information?
Evaluation Questions	Indicators or Factors to Investigate	Data Sources/ <i>Collection Methods</i>
1. What are the overall strengths of ASA's approach to MSM HIV/AIDS prevention, treatment and support?	<ul style="list-style-type: none"> <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• FHI CD, FHI/APD MSM Specialist -- <i>KIIs</i></li> <li>• Gay and Waria community leaders -- <i>KIIs</i></li> <li>• Others?</li> </ul>
2. What are the overall weaknesses of ASA's approach to MSM HIV/AIDS prevention, treatment and support?	<ul style="list-style-type: none"> <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• FHI CD, FHI/APD MSM Specialist -- <i>KIIs</i></li> <li>• Gay and Waria community and leaders -- <i>KIIs</i></li> <li>• Others?</li> </ul>
3. What are the overall lessons learned of ASA's approach to MSM HIV/AIDS prevention, treatment and support?	<ul style="list-style-type: none"> <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• FHI CD, FHI/APD MSM Specialist -- <i>KIIs</i></li> <li>• Gay and Waria community leaders -- <i>KIIs</i></li> <li>• Others?</li> </ul>
4. Based on the current status of the HIV epidemic in Indonesia, what are the suggestions for ASA's approach for working with MSM in the future?	<ul style="list-style-type: none"> <li>• Opinions</li> </ul>	<ul style="list-style-type: none"> <li>• FHI CD, FHI/APD MSM Specialist -- <i>KIIs</i></li> <li>• Gay and Waria community leaders -- <i>KIIs</i></li> <li>• MOH -- <i>KIIs</i></li> <li>• UNAIDS -- <i>KIIs</i></li> <li>• IHPCP -- <i>KIIs</i></li> <li>• USAID -- <i>KIIs</i></li> </ul>