

CHAPTER 5

RECOMMENDATIONS

The project implementation and evaluation provided information about the training program and the results of the training in terms of knowledge, attitude and skills as well as the satisfaction level of the clients who received care provided by volunteers. However, the overall program performance could be further improved. Based on the findings from this evaluation, following recommendations for improvement of program performance can be made:

a). Inclusion of the non-HIV-infected volunteers should be considered. Further exploration on the possibility of integration of HIV and non-HIV infected volunteers in the same training and teamwork is also suggested.

b). Replication of assessments on client's satisfaction with a larger sample sizes and periodically would validate findings and be valuable for monitoring purposes.

c). A psychological support mechanism to develop coping strategies among the volunteers should be in place as well as a tool to measure the level of coping. This would help to support future volunteer work in providing care for PLWAs and this may contribute to project sustainability as well

d). Home visits prior to theoretical training should be with accompaniment of professional staffs to explain situations and answer questions. Increased frequency of

d). Home visits prior to theoretical training should be with accompaniment of professional staffs to explain situations and answer questions. Increased frequency of close supervision during home care practice is suggested. The number of training sessions should not be limited to 8 sessions but should be actively planned according to the needs of the volunteers.

e). A home care manual for volunteers that provides detailed descriptions of an approach comparable with “Where there is no doctor” should be prepared and provided after training for the volunteers to support their work as needed.

f). On going training to strengthen the capacities of the volunteers should be continued at least once a month.