

CHAPTER 3

PROJECT MONITORING AND EVALUATION

3.1 Introduction

This one year pilot project will be evaluated for its process and outcomes on a regular 3- month basis. The following sections outline the purpose of the evaluation, the evaluation questions and design. Evaluation of the first 3 months of the implementation is discussed in detail.

3.2 Purpose

The process evaluation was developed for monitoring purposes. It assesses the overall efficiency and satisfaction of project implementation. The results from this evaluation will be used for planning of activities and an ongoing improvement of the project.

The outcome evaluation focuses on the outcome of the project for the participants. In this evaluation, the HIV positive pregnant women and mothers are evaluated to see whether these women adopt an adaptive way of coping with HIV and HIV related stressors after participation in the project activities.

Indicators used in the evaluation are improved:

- HIV knowledge level
- confidence in self care and baby care
- positive attitude toward living within the community

- self esteem in social functioning
- coping strategies and adjustment
- level of psychosocial well-being

3.3 Monitoring and Evaluation questions

Process evaluation

There are two questions for the process evaluation. These are:

1. *Are participants satisfied with the overall project?*
2. *What improvement can be made to the project, to help increase participants' satisfaction?*

Outcome evaluation

There is one question for the outcome evaluation which is:

1. *Do participants have improved adaptive ways of coping after participation with the project activities.*

3.4 Monitoring and Evaluation Design

Descriptive process evaluation using qualitative and quantitative approaches were used in the project. For the outcome evaluation summative evaluation using quantitative approach was adopted.

3.5 Questionnaires

Two questionnaires were developed; (1) process evaluation questionnaire and (2) outcome evaluation questionnaire (see Appendix C for a copy of the questionnaires).

In the **process evaluation questionnaire**, open-ended questions were used to allow participants to provide feedback in detail. Questions used for the process evaluation can be divided into participant's satisfaction in the following six headings.

1. Clarity of the project objective
2. Role of group leader
3. Role of participants
4. Role of invited speakers
5. Activity approaches
 - Time and frequency of meetings
 - Place & facilities
 - Recruitment of participants
 - Group characteristics (e.g. degree of unity, verbal and non-verbal participation, influence, atmosphere and feelings, productivity).
 - Type of activity and
6. Advantages and disadvantages of participation

The **outcome evaluation questionnaire** is comprised of 3 scales; (1) Demographic questionnaire, (2) General Health Questionnaire-28 (GHQ-28) and (3) the cope inventory (see appendix C for more detail).

1. Demographic questionnaire: The demographic questionnaire was developed by the author to include 9 questions related to general data about the participant (including age, occupation, income, income sufficiency, number of pregnancies, number of children, condom use, family status and relationship with partner) ,and

9 questions related to HIV and social functioning (including duration of HIV infection, participation in HIV support group, access to HIV support services, disclosure of HIV, HIV knowledge, confidence in self-care ability, confidence in baby care ability and attitude toward living in the society).

Most questions in the questionnaire required participants to fill out a short answer in the space provided or choose the provided answers best response determined by the participant. In order to make comparisons, response to questions related to confidence in self care, baby care and attitude toward living with the society are given on a 4 point Likert scale ranging from "confident/strongly agree" to "not confident at all/ strongly disagree" with a scoring method of (1, 2, 3, 4). HIV knowledge test has a total score of 20 for all correct answers.

2. General Health Questionnaire-28 (GHQ-28): General health questionnaire includes questions asking about participant's physical, psychological and social well-being as perceived by the participant. The Coping strategy data, on the other hand, focuses on the type of coping method adopted by the participants.

The project used the general health questionnaire- 28 developed by Goldberg and Hillier (1972). The scale has 28 questions relating to 4 domains of Somatic Symptoms (questions 1-7), Anxiety and Insomnia (questions 8-14), Social Dysfunction (questions 15-21), and Severe Depression (questions 22-28), (see Appendix C:2 section 2). Response to questions are given on a 4 point Likert scale ranging from "Better than usual" to "Much worse than usual" with a scoring

method of (0,0,1,1). Respondents are asked to respond to each question in relation to their experience over the past few weeks. High scores on specific domains indicate greater symptoms. In the current project, this scale was used as it has clear and relevant sub-scales for assessing psychosocial well-being and the participants' perception of social dysfunction is a useful indicator for measuring of their self-esteem in social functioning.

This scale has also been shown to be an effective tool for assessing mental problems. A number of validation studies have been conducted with the GHQ-28 which demonstrated adequate validity and reliability in different clinical populations and in varied ethnic or cultural settings (Aderibigbe and Gureje, 1992; Banks, 1983; Benjamin et al., Seva et al., 1992; Goldberg and Hiller, 1979; Griffiths et al., 1993; Koeter, 1992; Tennant, 1977). In Thailand, GHQ-28 has been translated and tested for validity and reliability in Thai norm by a team of Thai psychiatric nurses who found GHQ -28 had internal consistency (Cronbach's Alpha) extremely as high as 0.90. This translated version was used in the project. Scores in each domain were divided by the author into three groups; (1) sever symptom (score 4-7); (2) mild to moderate symptom (score 1-3) and (3) normal/ no symptoms (score 0)

3. The Cope Inventory: The Cope inventory used in the project is the inventory that Hamcumpai (1996) used in her study of coping strategies in nursing students. The inventory has been developed from the Cope inventory of Carver, Scheier and Weintraub (1989) to provide a measure of coping types people demonstrate when under stress. Hamcumpai (1996) has translated the inventory to Thai and

tested it for reliability and validity. A test-retest correlation of 0.73 for the total score and Cronbach's Alpha reliability coefficients of 0.83 have been demonstrated containing the valid use of this test.

The inventory contains 50 questions relating to 4 domains: (1) problem focused coping, (2) functional emotional focused coping, (3) dysfunctional emotional focused coping and (4) avoidance/disengagement (see Appendix C:2 section 3).

a. Problem focused coping, comprises of 5 subscales

1. Active coping - Questions 4,21,40,48
2. Planning -Questions 16,27,32,46
3. Suppression of competing activities –questions 12,28,35,45
4. Restraint coping – questions 8,18,34,42
5. Seeking social support for instrumental reasons- questions 11,25,38

b. Functional emotional focused coping, comprises of 3 sub-scales

1. Seeking social support for emotional reasons- questions 9,19, 29
2. Positive reinterpretation and growth – questions 1,24,31,49
3. Turning to religion – questions 6,15,41,50

c. Dysfunctional emotional focused coping comprises of 2 sub-scales

1. Acceptance – questions 10,17,37,44
2. Denial – questions 5,22,33,47

d. Avoidance/disengagement. comprises of 3 sub-scales

1. Focusing on and venting of emotion – questions 3,14,23,39
2. Behavioral disengagement questions 7,20,30,43
3. Mental disengagement – questions 2,13,26,36

As in the GHQ-28 scales, participants are asked to respond to questions on a 4 point Likert scale ranging from “Never or Rarely” to “always or almost always” with a scoring method of (1, 2, 3, 4). Score more than 10 on sub-scales or more than the cutting point score (the middle score of the possible score) indicate high tendency to use a coping resource in a specific area. The cutting points of the problem focused coping, the functional emotional focused coping, the dysfunctional functional emotional focused coping and the avoidance/disengagement are 47.5, 27.5, 20 and 30. People with good coping strategies should have high scores in problem focused coping and functional emotional focused coping, and low scores in dysfunctional emotional focused coping and avoidance/disengagement.

This cope inventory has never been used for assessment of coping strategies in pregnant women. However, the comprised sub-scales are relevant for applying to the above population.

3.6 Data collection methods

The process or monitoring evaluation, was conducted after three months of participation. Participants who attended an activity more than two times were interviewed to assess their perception and satisfaction with the six main headings

relating to the project implementation (discussed earlier). A semi-structured interview method was adopted. Project staff meetings were held on a regular one month basis to discuss and provide feedback on the project. An open group discussion was adopted in the meeting to assess staff perception and satisfaction with the project implementation. Results of the satisfaction of the project implementation are discussed in Chapter 4.

During the first 3 month of the implementation, an outcome evaluation was conducted at two intervals; pre-intervention and post-intervention. All participants who consented to participate in the project were asked to complete the outcome questionnaire prior to participation in project activities. Then the questionnaires were re-administered after 3 months of participation. Participants who attended activities less than three times were not included in the post intervention evaluation.

3.7 Data analysis and results

This section presents results of the outcome evaluation conducted after 3 months of the project implementation. As the sample size is small, descriptive statistics using percentage and frequency are used to present data. Discussion of the results are provided in Chapter 4.

The number of participants in the pre-intervention (prior to participation in the project) is 11. Of these participants, only 6 participants completed post evaluation questionnaires. The other 5 participants did not get to complete the post

evaluation questionnaire as 3 participants joined activities for less than 3 sessions and 2 participants went back home after delivery and could not be followed up.

Comparison of data prior to and after participation with the project activities during the first 3 months is illustrated in Tables 4, 5 and 6. Table 7 shows comparisons of overall scores of participants in specific areas by group. In the table, participants who completed pre evaluation are divided into 2 groups. Group 1 refers to the 5 participants who joined the project during the implementation and those who could not be followed up. Group 2 refers to the 6 participants who completed both pre and post evaluation questionnaires. The division is to see whether there are differences in the two groups. It also allows for a clearer comparison of the 6 participants (group 2) prior to and after participation with the project activities. Table 8 compares individual data prior to and after participation with the project activities in each specific area to see changes in the individual.

Table 4: Confidence in self care ability, baby care ability, attitude toward living with the society, and HIV knowledge of participants prior and after participation in the project

Variables	Average Score	Number of participant with			
		High Score (> 60%)	Moderate Score (40-60%)	Low Score (<40%)	
Confidence in self-care	(Total score=12)				
• Pre-Intervention	9.4	9 (81.8%)	2 (28.2%)	0	N=11
• Post- Intervention	10.7	6 (100%)	0	0	N=6
Confidence in Baby-care	(Total score=20)				
• Pre- Intervention	12	6 (60%)	2 (20%)	2 (20%)	N=10*
• Post- Intervention	16.3	5 (83.3%)	0	1 (16.7%)	N=6
Attitude toward living with society	(Total score=20)				
• Pre- Intervention	9.4	10 (90.9%)	1 (9.1%)	0	N=11
• Post- Intervention	16	6 (100%)	0	0	N=6
Level of HIV knowledge	(Total score=20)				
• Pre- Intervention	9.6	4 (40%)	6 (60%)	0	N=10*
• Post- Intervention	14.7	4 (66.7%)	2 (33.3%)	0	N=6

* missing data = 1

**Table 5: General Health of participants prior and after participation
in the project**

Variables	Number of participant with			
	Severe symptoms (score 4 -7)	Mild-Moderate symptoms (score 1-3)	No symptom (score=0)	
Somatic Symptoms				
• Pre-Intervention	1(9.1%)	3(27.3%)	7(63.6%)	N=11
• Post- Intervention	0	1(16.7%)	5(83.3%)	N=6
Anxiety and Insomnia				
• Pre- Intervention	2(18.2%)	3(27.3%)	6(54.5%)	N=11
• Post- Intervention	0	2(33.3%)	4(66.7%)	N=6
Social Dysfunction				
• Pre- Intervention	3(27.3%)	4(36.4%)	4(36.4%)	N=11
• Post- Intervention	0	1(16.7%)	5(83.3%)	N=6
Severe Depression				
• Pre- Intervention	2(18.2%)	4(36.4%)	5(45.5%)	N=11
• Post- Intervention	0	1(16.7%)	5(83.3%)	N=6

Table 6: Coping strategies adopted by participants prior and after participation in the project

Variables	Tendency of participants to adopt the coping strategies		
	High tendency	Low tendency	
Problem Focused Coping <ul style="list-style-type: none"> • Pre-Intervention • Post- Intervention 	 7(63.6%) 5(83.3%)	 5(36.4%) 1(16.7%)	(Cutting point = 47.5) N=11 N=6
Functional Emotional Focused Coping <ul style="list-style-type: none"> • Pre- Intervention • Post- Intervention 	 7(63.6%) 5(83.3%)	 4(36.4%) 1(16.7%)	(Cutting point = 27.5) N=11 N=6
Dysfunctional Emotional Focused Coping <ul style="list-style-type: none"> • Pre- Intervention • Post- Intervention 	 8(72.7%) 1(16.7%)	 3(27.3%) 5(83.3%)	(Cutting point = 20) N=11 N=6
Avoidance/ Disengagement <ul style="list-style-type: none"> • Pre- Intervention • Post- Intervention 	 5(45.5%) 3(50%)	 6(54.5%) 3(50%)	(Cutting point = 30) N=10* N=6

Table 7: Overall characteristics of participant by group prior and after participation in the project

Variables	Overall scores prior to intervention		OverallScores after intervention	Possible score
	Group 1	Group 2	Group 2	
Confidence in self care ability	8.8	9.8	10.7	0-12
Confidence in baby care ability	13	13.6	16.3	0-20
Attitude toward living with society	13.4	15.8	16	0-20
Level of HIV knowledge	11.4	11.2	14.7	0-20
General Health	11	3.3	1.2	0-28
Functioning coping	76.4	87	83.8	30-120
Dysfunctioning coping	49.6	49.6	48	20-80

Table 8: Overall characteristics of participant by individual prior and after participation in the project

Variables	Participant						Possible score
	1	2	3	4	5	6	
Confidence in self care ability • Pre intervention • Post intervention	12 12	12 11	12 12	8 10	7 10	8 9	0-12
Confidence in baby care ability • Pre intervention • Post intervention	18 20	* 20	20 20	10 13	5 5	15 20	0-20
Attitude toward living with society • Pre intervention • Post intervention	16 18	15 15	15 17	15 14	19 16	15 16	0-20
Level of HIV knowledge • Pre intervention • Post intervention	17 17	13 14	* 19	8 12	8 14	10 12	0-20
General Health • Pre intervention • Post intervention	3 3	4 0	2 1	1 1	6 1	4 1	0-28
Functioning coping • Pre intervention • Post intervention	96 97	75 87	98 88	101 97	90 80	62 54	30-120
Dysfunctioning coping • Pre intervention • Post intervention	41 42	56 63	54 50	52 50	55 47	40 36	20-80

* = Missing data