VOLUNTARY COUNSELLING AND TESTING (VCT) PROGRAM

IMPLEMENTED BY:

MALAWI AIDS COUNSELLING AND RESOURCE OGRANIZATION (MACRO)

(UMOYO Network GRANT NUMBER: UHN-0011-99-02)

FINAL EVALUATION REPORT

PREPARED BY:

Patricia Ziwa, USAID/Malawi
Mexon Nyirongo, USAID/Malawi
Allan Hackner, USAID/Pretoria

Draft
September, 2004

TABLE OF CONTENTS

ACCRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CDC	Centers for Disease Control and Prevention
CTO	Cognizant Technical Officer
DHO	District Health Officer
GTZ	German Technical Support
HIV	Human Immunodeficiency Virus
MACRO	Malawi AIDS Counseling & Resource Organization
MDHS	Malawi Demographic Health Services
MOHP	Ministry of Health and Population
MSI	Management Systems International
NAC	National AIDS Commission
NAPHAM	National Association of People Living with HIV/AIDS in Malawi
NGO	Non Governmental Organization
PIVA	Partner Institutional Viability Assessment
PTC	Post Test Club
PMTCT	Prevention of Mother to Child Transmission
RH	Reproductive Health
SOW	Scope of Work
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
VCT	Voluntary Counseling & Testing
QECH	Queen Elizabeth Central Hospital

PROJECT IDENTIFICATION DATA SHEET

Activity Name:	Save the Children Federation Inc. - UMOYO Network
Activity Number:	690-A-00-05-00185-00
Implementer:	Malawi AIDS Counseling & Resource Organization (MACRO)
Funding Source (s):	USAID through Umoyo Network
Life of Project:	December 2001 to March 2003
Life of Project Funding:	US$1,043,370.00
Project Location:	Blantyre, Lilongwe, and Mzuzu
Activity Manager:	Elise Jensen

ACKNOWLEDGEMENTS

The evaluation was conducted over the week of September 13 –17, 2004. Key informants and community members made themselves available for meetings and interviews often at very short notice. We would like to thank all who were involved in the evaluation process. It would not have been possible for the evaluation team to gather all the required data and information without the support of these people.

Special thanks go to NAPHAM, MACRO staff and support clubs, UMOYO network staff, Mulanje District Hospital DHO and staff, Mangochi District Hospital Deputy DHO and staff for the generous and important information they rendered to the team. They accepted to change their busy schedules in order to accommodate this evaluation exercise.

We would like to thank USAID/Malawi and USAID/Pretoria for providing funding for travel and other logistic support which made the whole evaluation possible.

Finally, we thank MSI and USAID/Washington for organizing this very important and beneficial course.

1.0 EXECUTIVE SUMMARY

This is a final evaluation report of Voluntary Counseling & Testing (VCT) services implemented by the Malawi AIDS Counseling and Resource Organization (MACRO), which is supported by Umoyo Network (Umoyo) under a grant management and technical assistance cooperative agreement funded by USAID/Malawi. The primary objective of the evaluation was to determine if institutional capacity building and technical support provided by Umoyo Network to MACRO has resulted in a significant increase in the quality and availability of voluntary counseling and testing at MACRO. The evaluation has drawn largely on the knowledge, attitudes and perceptions of management and staff at MACRO and Umoyo, as well as the experiences of clients.

The key conclusion emanating from this evaluation is that the overall institutional capacity and quality of VCT service delivery at MACRO has increased/improved due to Umoyo Network's interventions since 1999.

Despite this improvement/increase, a number of constraints affect the provision of VCT services. These include: fear of testing because of discrimination & stigmatization; communities not adequately sensitized and mobilized to support VCT and to accepting HIV positive members of the community; insufficient counselors and inadequate counseling rooms; concerns about privacy and confidentiality; clients having to travel long distances for VCT services; inadequate and inconsistent flow of funds.

It was found that fewer women than men use MACRO's VCT services largely as a result of gender/cultural based issues - such as women having to seek consent from their husbands before they go for VCT; and women being more prone to divorce if found HIV positive than men. Women are more likely to opt for VCT at integrated health care centers where family planning and anti-natal clinics are available and/or at out reach sites where it is easier to maintain anonymity and it is more convenient.

In-order to address some of the constraints cited above, the evaluation team recommended that MACRO should intensify its search for more accessible land, and construct larger facilities that will accommodate the increasing demand for services, and at the same time address issues of confidentiality and privacy in the facility design (e.g. a separate entrance and exit; appropriate partitioning, fencing, supervised place for children to play, etc).

MACRO should also consider the integration of VCT with other health care services which will make VCT a more attractive option for women. At the same time MACRO needs to interact more with men through civic education to combat the poor attendance of women at its VCT centers.

MACRO should also recruit and train additional counselors and lab technicians in order to meet the increasing demand for services; ensure the workload is more manageable; reduce burnout and staff turnover; and offer services over lunch hours and early evenings.

Finally, USAID should consider 'graduating' MACRO from the Umoyo Network technical assistance program and provide direct support to MACRO.

2.0 INTRODUCTION

This is a final evaluation of Voluntary Counseling & Testing (VCT) services implemented by the Malawi AIDS Counseling and Resource Organization MACRO, which is supported by Umoyo Network (Umoyo) under a grant management and technical assistance cooperative agreement funded by USAID/Malawi. The evaluation has been prepared as part of a USAID/Washington Evaluation Training Course and it focuses on determining whether or not Umoyo interventions to increase the institutional capacity of MACRO, has resulted in an improvement of VCT service delivery. The intended audience of this evaluation includes USAID, Umoyo, MACRO, the Malawi Department of Health, other donors, and scholars and/or any other interested parties within and outside Malawi, and the evaluation is intended to inform the design of a follow-on activity (See Annex 1 for the detailed Scope of Work).

2.1 Evaluation Objectives

The objectives of this evaluation are as follows:

a) to determine if Umoyo Network technical assistance and training has improved the overall institutional capacity of MACRO;
b) to determine if the quality and volume of VCT services have improved and increased as a result of the support from Umoyo;
c) to inform the design of a follow-on activity; and
d) to use the exercise as a learning experience.

2.2 Contextual Background

The overall picture of VCT for HIV in Malawi can best be understood in the context of current knowledge about HIV prevalence, government policy toward HIV prevention, care and treatment of those with HIV infection, government and private efforts to combat HIV transmission, and options for VCT services

2.2.1 Prevalence of HIV in Malawi[1]

The first hospital cases of AIDS in Malawi were diagnosed in 1985 (Cheesbrough, 1986), but they were preceded by an increased incidence of Kaposi's sarcoma. According to John Lloyd Lwanda, the 2 percent prevalence rate of HIV discovered among antenatal patients at Queen Elizabeth Hospital in 1985 suggests that HIV may have arrived in Malawi around 1977 (Lwanda, 2004). Prevalence rates among antenatal patients at that hospital subsequently increased rapidly, reaching 8 percent in 1987 and 19 percent in 1989 (Taha et al., 1998).

HIV spread rapidly among adults (15-49 years old) since the first case of AIDS was officially diagnosed in Malawi in 1985. AIDS has become the leading cause of death among adults 15-49 years old, a group that makes up 44 percent of the total population. In fact, the death rate for adults 15-49 tripled between 1990 and 2003. Mortality from AIDS has reduced life expectancy from an estimated 52 to 42 years.

Malawi now ranks among the countries with the highest national prevalence rates of HIV in the world, but prevalence is not evenly distributed among adults by age or gender. In the age

[1] Voluntary Counseling and Testing for HIV in Malawi: Public Perspectives and Recent VCT Experiences, P S Yoder, P M Matinga, June 2004.

group of 15 to 24, the HIV infection rate of females is twice that of males. Infection with HIV continues to be particularly high among adolescent girls.

In 2003, the National Aids Commission estimated that the national prevalence of HIV among adults was 14.4 percent, with a range from 12 to 17 percent. This range of HIV infection has remained constant for the last seven years. Estimates for the rural population and urban areas were 12.4 and 23.0 percent, respectively. The total number of infected adults was 760,000. There are also approximately 70,000 children under the age of 15 with HIV and 60,000 people over the age of 50 who are infected

2.2.2 HIV Testing in Malawi

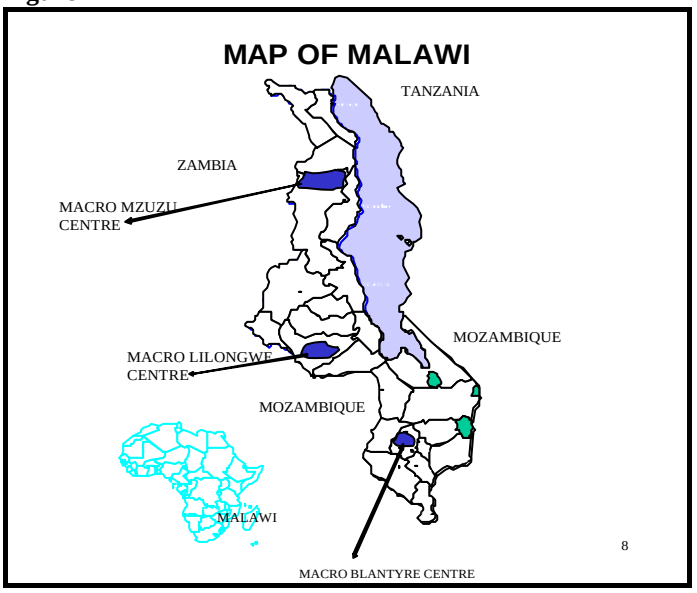
Many organizations, both public and private, have sought ways to prevent the spread of HIV in Malawi. Some groups have advocated the establishment of stand-alone centers or hospital departments that offer HIV testing along with counseling to avoid the risk of HIV, but few such centres exist. The Ministry of Health approved the use of rapid test kits for pilot studies in 2000, but it has been slow to allow the expanded use of rapid test kits. Experiences in a number of African countries have demonstrated that individuals will be far more likely to come for an HIV test if the results are available the same day.

There are currently both public and private centres able to conduct HIV testing and sometimes counseling, in the country. During the 2000 Malawi Demographic Health Surveys (MDHS), men and women were asked whether they had been tested for HIV and, of those who responded, 58% of women and 49% of men said they had been tsted in a public (government) facility. Thirty percent of women and 38% of men reported they had been tested in a private facility. Eight percent of women and 10% of men said they had gone to MACRO at their centers in Blantyre and Lilongwe.

2.2.3 MACRO Project Background

MACRO was established in 1995 to provide quality VCT services to enable people know their sero-status through stand alone facilities. The services are provided to individuals, families and communities to promote behavioral change in order to reduce the transmission of HIV and the impact of HIV/AIDS. Figure 1 below indicates the location of MACRO VCT sites in Malawi.

Figure 1



The core values of MACRO are privacy, confidentiality, clients' consent and human rights. These core values are achieved through the following:

- *Providing anonymous and confidential voluntary HIV counseling and testing.*
- *Providing information on STI/HIV transmission.*
- *Imparting behavioral change skills to prevent and reduce the transmission of STI/HIV.*
- *Counseling individuals to cope and live positively with HIV and AIDS.*
- *Providing treatment for STIs, Opportunistic Infections and family planning services appropriate to clients.*

MACRO initially provided counseling services and referred all clients to Ministry of Health facilities for testing. This used to take a long time and many clients were disappointed with the process. With assistance of USAID and CDC, MACRO established its own Laboratory for testing. The tests were based on a new technology (Rapid Testing) which gave same day results. In order to prepare MACRO adequately for an anticipated increased demand for VCT services, Umoyo Network was engaged by USAID in September 1999 to strengthen and improve MACRO's institutional capacity in order to improve the efficiency and quality of VCT service delivery. The project supports Strategic Objective 8 in the USAID/Malawi Country Plan for 2001-2005: "Behaviors adopted that reduce fertility and HIV/AIDS and improve child health".

MACRO Project Objectives:

- *To strengthen and improve management and governance*
- *To provide and improve quality of VCT services*
- *To provide and improve quality of care to people living with HIV/AIDS*
- *To mobilize communities to increase VCT demand by women*
- *To strengthen and increase networking and linkages with other stakeholders*

MACRO did not attract large numbers of clients until 2000. The MACRO annual report for 2000 reported a major increase in the number of clients served, with each centre seeing serving more than 1000 clients per month. The increase is attributed in part to the introduction of whole-blood rapid HIV test kits to its centers in January 2000, improvement in its management capacity and advertising. October 2002 to October 2003 shows that the number of clients has continued to increase (Malawi AIDS Counseling and Resource Organization 2003). During this reporting period, the three MACRO facilities served 51,178 clients: 18,841 in Blantyre, 17,840 in Lilongwe, and 14,497 in Mzuzu. These figures included 1,060 couples who came for testing and counseling. Clients at these VCT facilities tend to be younger; 62 percent of MACRO clients for this period were 15 to 29 years old. The reports also show that the male/female ratio was closer to 2/1 than 3/1 during 2000. .

3.0 METHODOLOGY

The study was conducted between September 13 and September 17, 2004 by a team consisting of two USAID/Malawi officials and one USAID/South Africa official, with technical direction and advice from USAID/Washington and Management Systems International (MSI). The evaluation sought to answer the following key questions:

a) Has the institutional capacity of MACRO changed?

b) Have services provided by MACRO changed for the better (increased/reached more people (access)/ improved in quality terms)?

c) Was the change in MACRO services a demonstrable result of a change in that MACRO's capacity, i.e. can a link be proven? What unintended events have helped or hindered the delivery of quality VCT services?

d) Are beneficiary lives better off because of the services MACRO provided, i.e., do beneficiaries view the services as being appropriate to/important for meeting their needs?

e) Why do fewer women than men use VCT services?

f) Do clients referred by MACRO to treatment and support centers actually go to these centers for help?

Answering these questions required several steps, including:

- Designing the Questionnaires
- Selecting the field sites
- Identifying key informants (Sampling)
- Administering the questionnaire (Data Collection)
- Processing and Analyzing the data
- Reporting on the findings.

3.1 Questionnaire Design

The study began with a desk top review of documentation on the MACRO project and HIV prevalence and treatment in Malawi, as well as tools and techniques for assessing NGO institutional capacity and evaluating HIV VCT services. The desk review led to the development of a questionnaire comprising an institutional capacity index; an index to evaluate the quality of HIV voluntary counseling and testing; and a series of structured open ended and closed questions (See Annex II).

3.2 Choice of Field Sites

Since it was not possible to visit all three MACRO centers within the timeframe and resources available, the Blantyre MACRO was chosen because of its proximity to Umoyo Network headquarters (also located in Blantyre) and the fact that it is managed by the only MACRO centre manager who was at the inception of MACRO and who has continued with the organization after the Umoyo Network intervention. In addition Mulanje and Mangochi

district hospitals were selected to provide additional information on the HIV treatment referral system in Malawi and the support services available to MACRO clients.

3.3 Identifying Key Informants (Sampling)

Key informants from USAID/ Malawi, MACRO; Umoyo Network; HIV support groups, and Mulanje and Mangochi district hospitals were identified in order to provide different perspectives on MACRO institutional capacity and service delivery. Key informants were selected because of their specific roles in providing technical assistance and training to MACRO, and/or their responsibilities at MACRO. All support group members coming to their usual weekly meetings were included in the discussion groups. (See Annex III for list of key informants)

The previous USAID CTO for the Umoyo Network activity was interviewed to assess the strength of MACRO before and after Umoyo intervention. The regional coordinator and five members of staff from Umoyo were interviewed to assess how they perceived the improvements MACRO had achieved with their assistance. At MACRO, the centre manager and eight staff members that were available at the center in Blantyre were interviewed to assess if they thought Umoyo intervention had made a difference in their operation. Three support groups were interviewed to assess their level of satisfaction with services offered by MACRO. The District Health Officer in Mulanje and the Deputy HIV/AIDS Officer in Mangochi were interviewed and to assess their views on the availability VCT and HIV/AIDS treatment in the region; the impact of MACRO in meeting VCT needs; and to understand the HIV treatment and support referral system.

3.4 Administering the Questionnaire (Data collection)

Once the questionnaire was designed and fine-tuned, appointments were made with various individuals or groups. Where appropriate the interviews were conducted in both English and Chichewa. For the USAID, Umoyo Network and MACRO interviewees, the questionnaires were filled in by respondents. In the case of the support groups structure questions were discussed in a group and the number of respondents agreeing or disagreeing with a specific question s were given by show of hands. The numbers were recorded against relevant questions. In Mulanje and Mangochi, structured interviews were also conducted and notes recorded by each of the team members separately. After each interview/group discussion the team re-grouped and consolidated their findings.

3.5 Data Processing and Analysis

3.5.1 Data Management

At the end of each interview/discussion, the team ensured that all questionnaires were complete; Open-ended responses were post-coded;
All data were entered accurately and carefully.

3.5.2 Cleaning & Verification

The team ensured that all values were in correct rows and columns;
Missing information was kept to an absolute minimum;
For each variable, all values were labeled correctly.

3.5.3 Data Analysis

The team used Descriptive and Causal Analysis, looking at occurrence and contributory factors of the responses given etc. (frequencies and cross-tabs);
Predictive Analysis was avoided as much as possible i.e. projections on the information given etc.

3.5.4 Inference

The team made conclusions based on evidence and first-hand information;
The team also made some statements about a particular sample studied e.g. section on clients' satisfaction which included members of NAPHAM and Support Clubs;
The team was also able to make statements beyond the sample actually studied.

3.6 Institutional Capacity Index

In order to determine if there has been a change in the institutional capacity of MACRO an adaptation of the USAID Regional Partner Institutional Viability Assessment (PIVA) Index was used.[2] The PIVA index is a participatory rapid assessment tool used to evaluate and monitor performance of six organizational systems, namely: governance, operations and management, human resources development, financial management, service delivery and external relations. Each of the six competency area is further divided into subcategories. For the purposes of this evaluation the PIVA index was modified to include financial management as a subcategory under Operations and Management. Key informants from USAID, Umoyo Network and MACRO were requested to score each of the institutional competency subcategories for MACRO, on a scale from one to five, for the period prior to the Umoyo Network grant management and technical assistance award in 1999, and for the period subsequent to the award. A score of (1) indicates a very low level of development; (2) a low level of development (3) a fair level of development (4) an advanced management system and competency and (5) represents a very advanced management system and competency in a particular sub category. (See Annexure A: MACRO Evaluation Questionnaire). The numerical scores for each of the subcategories, by organization, were then averaged for a total score for each of the five competency areas. The total scores for the competency areas were then totaled and averaged for MACROs overall institutional capacity rating for both before and after the Umoyo award. The percentage change for each subcategory, by organization was then calculated as well as the percentage change in the overall level of institutional capacity following the Umoyo grant management and technical assistance award.

[2] User's Guide to the USAID/REDSO/ESO Regional Partner Institutional Viability (PIVA) Index, December 2001 Draft, For Review/Comments.

3.7 Quality of VCT Services Index

In order to determine if services provided by MACRO have improved for the better an index to evaluate the quality of HIV voluntary counseling and testing (VCT) was developed, drawing on guidance outlined in UNAIDS' "Tools for Evaluating HIV Voluntary Counseling and Testing".[3] The quality of VCT services index was designed as a participatory rapid assessment tool to evaluate performance of nine operational aspects of the VCT site and services, namely HIV testing and counseling services (pretest counseling, HIV testing and post test counseling); adherence to HIV testing and counseling procedures; accessibility and convenience (hours of operation and location); privacy; waiting area (ventilation); confidentiality; quality control; medical waste disposal & infection control; training; and supervision. Certain of the nine competency areas were further divided into subcategories. Key informants from USAID, Umoyo Network and MACRO were requested to score each of the VCT operational areas and subcategories for MACRO, on a scale from one to five, for the period prior to the Umoyo Network grant management and technical assistance award in 1999, and for the period subsequent to the award. A score of (1) indicates a very poor level of service provision and competency (2) a poor level of service provision and competency (3) a fair level of service provision and competency (4) a good level of service provision and competency and (5) represents a very good level of service provision and competency in a category or sub category. (See Annexure A: MACRO Evaluation Questionnaire). The numerical scores for each of the subcategories, by organization, were then averaged for a total score for each of the nine competency areas. The total scores for the competency areas were then totaled and averaged for MACRO's overall quality of VCT services rating for both before and after the UMOYO award. The percentage change for each subcategory, by organization was then calculated as well as the percentage change in the overall level of quality of VCT services following the Umoyo grant management and technical assistance award.

In addition to the VCT quality of services index, key informant interviews and desk top reviews were conducted to in order to determine and compare the level of service provision and utilization over a twelve month period prior to the Umoyo Cooperative Agreement award with the level of service and utilization over the last twelve month period of the Cooperative Agreement.

3.8. Data Limitations

The institutional capacity and quality of service indices, referred to above, depend on the respondent's ability to recall events and information from before 1999. As such responses are likely to be influenced by the extent to which respondents can accurately recall events from over five years ago. This limitation is addressed to some extent by using average scores and getting a 'triangulation' of views from different organizations so that a more generalized picture of events is established.

[3] Tools for Evaluating HIV Voluntary Counseling and Testing, UNAIDS Best Practice Collection, Geneva, Switzerland, May 2000.

4.0 KEY FINDINGS

4.1 Has the Institutional Capacity of MACRO Changed?

In order to determine if there has been a change in the institutional capacity of MACRO an adaptation of the USAID Regional Partner Institutional Viability Assessment (PIVA) Index was used. (Refer section 3.6 above).

The overall combined Umoyo, MACRO and USAID institutional capacity rating for MACRO increased by 51% from 2.5 (poor level of capacity) for the period before the Umoyo grant management and technical assistance award, to 3.8 (fair to good level of capacity) for the period since Umoyo has provided assistance to MACRO. Program Delivery has shown the greatest change with the combined rating increasing by 79% from 2.2 to 3.9. External Relations, has shown the smallest change with the combined rating increasing by only 37% from 2.6 to 3.6. External Relations also has the lowest rating for the period after the Umoyo award. A summary of the overall combined MACRO, Umoyo, and USAID institutional capacity ratings is presented in Figure 2 and Table 1 below.

Figure 2

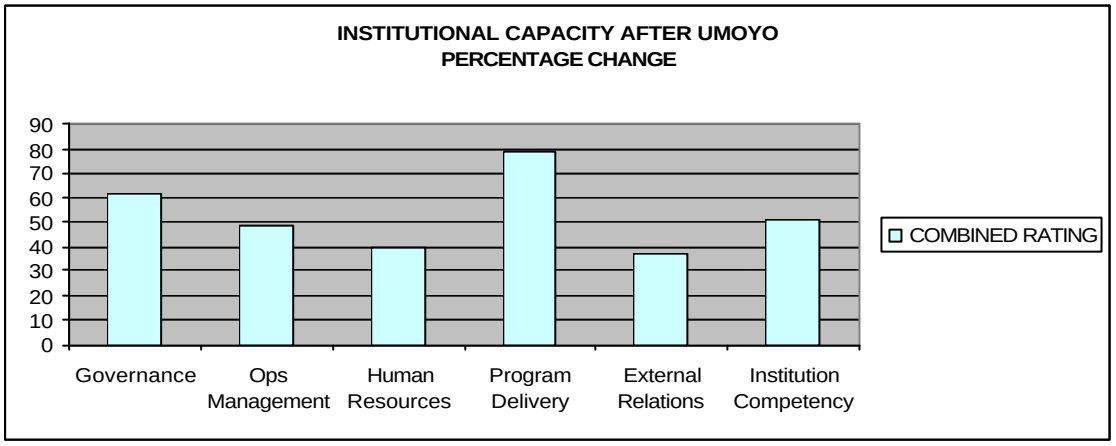


Table 1

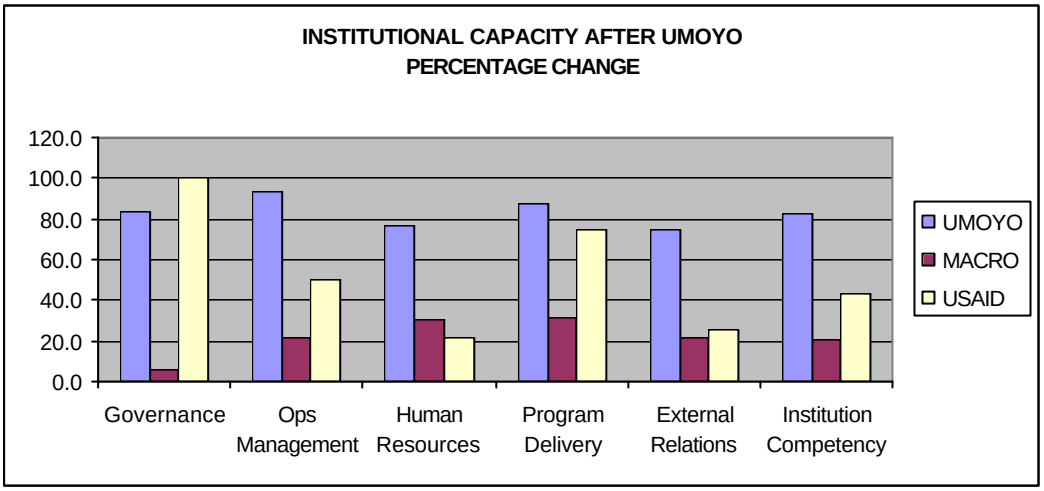
OVERALL INSTITUTIONAL CAPACITY (N=14) (Combined UMOYO MACRO & USAID rating)			
COMPETENCY	**BEFORE UMOYO**	**AFTER UMOYO**	**% CHANGE**
Governance	2.4	3.9	61
Ops Management	2.5	3.7	49
Human Resources	2.7	3.7	40
Program Delivery	2.2	3.9	79
External Relations	2.6	3.6	37
Institutional Competency	2.5	3.8	51

Umoyo's overall rating of MACRO increased by 83% from 2.1 to 3.8, whereas MACRO's overall rating of itself only increased by 21% from 3.1 to 3.8. USAID's overall rating of MACRO increased by 43%, from 2.5 to 3.6. A summary of the percentage change in the rating of institutional capacity before and after the Umoyo grant management and technical assistance award, by organization, is presented in Table 2 and Figure2 below.

Table 2

PERCENTAGE CHANGE IN INSTITUTIONAL CAPACITY BY ORGANIZATION			
	UMOYO (N=4)	MACRO (N=9)	USAID (N=1)
Governance	84%	6%	100%
Ops Management	93%	21%	50%
Human Resources	77%	30%	22%
Program Delivery	88%	31%	75%
External Relations	75%	21%	26%
Institutional Competency	83%	21%	43%

Figure 3



Whereas Umoyo, MACRO and USAID each differ on MACRO's overall level of institutional capacity prior to the Umoyo award, all three organizations have similar ratings of MACRO's current overall level of institutional capacity. Except for human resource capacity, MACRO rated itself highest on all institutional competency areas prior to the Umoyo intervention. As could be expected MACRO has a more positive view of its institutional capacity prior to the Umoyo intervention than does either Umoyo or USAID. (See Annex IV for a summary of the rating of Institutional Capacity before the Umoyo award and after the Umoyo award, by organization).

Although the overall combined rating for each of the five competency areas and related subcategories increased for the period after the Umoyo award, MACRO's rating for some subcategories decreased. MACRO's rating of the Governing Body decreased by 12% from 3.3 to 2.9; Leadership decreased by 17% from 4.0 to 3.3; Team Development and Conflict Resolution decreased by 9% from 3.6 to 3.2; and Private Sector Collaboration decreased by 8% from 3.4 to 3.1. (See Annexure V for a summary of the percentage change by subcategory).

4.2 Have the Services Provided by MACRO Improved for the Better?

In order to determine if services provided by MACRO have improved for the better an index to evaluate the quality of HIV voluntary counseling and testing (VCT) was developed, drawing on guidance outlined in UNAIDS' "Tools for Evaluating HIV Voluntary Counseling and Testing" (Refer section 3.7 above)

4.2.1 Overall Quality of VCT Services

The overall combined Umoyo, MACRO and USAID quality of VCT services rating for MACRO increased by 64% from 2.2 (poor level of service) for the period before the Umoyo award, to 3.6 (fair to good level of service) for the period subsequent to the Umoyo award. A summary of the overall VCT quality of service ratings is presented in Fig 4 & Table 3 below.

Figure 4

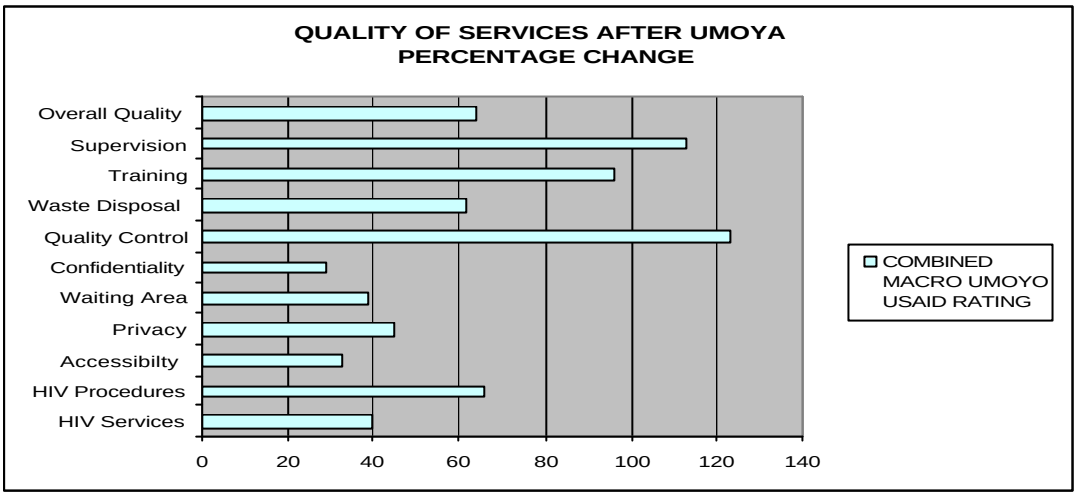


Table 3

OVERALL QUALITY OF VCT SERVICE (N = 14)			
COMPETENCY	**BEFORE UMOYO**	**AFTER UMOYO**	**% CHANGE**
HIV Services	2.8	3.9	40
HIV Procedures	2.6	4.3	66
Accessibility and Convenience	2.6	3.5	33
Privacy	2.9	4.2	45
Waiting Area	2.6	3.7	39
Confidentiality	3.8	4.8	29
Quality Control	1.7	3.9	123
Waste Disposal & Infection Control	2.4	3.9	62
Training	1.8	3.5	96
Supervision	1.9	4.0	113
Overall Quality of Services	2.2	3.6	64

Quality Control and Supervision have shown the greatest changes with the combined rating for each increasing by 123% and 113% respectively. Both these competency areas had very low scores for the period before Umoyo assistance and their scores increased substantially for the period after Umoyo assistance. Confidentiality and Accessibility & Convenience have shown the smallest changes, increasing by only 29% and 33% respectively. Whereas Confidentiality had the highest score of 3.8 for the period before the Umoyo award, Accessibility & Convenience had a score of only 2.6. (See Annex VI for a summary of the rating of VCT Quality of Service before the Umoyo award and after the Umoyo award, by organization).

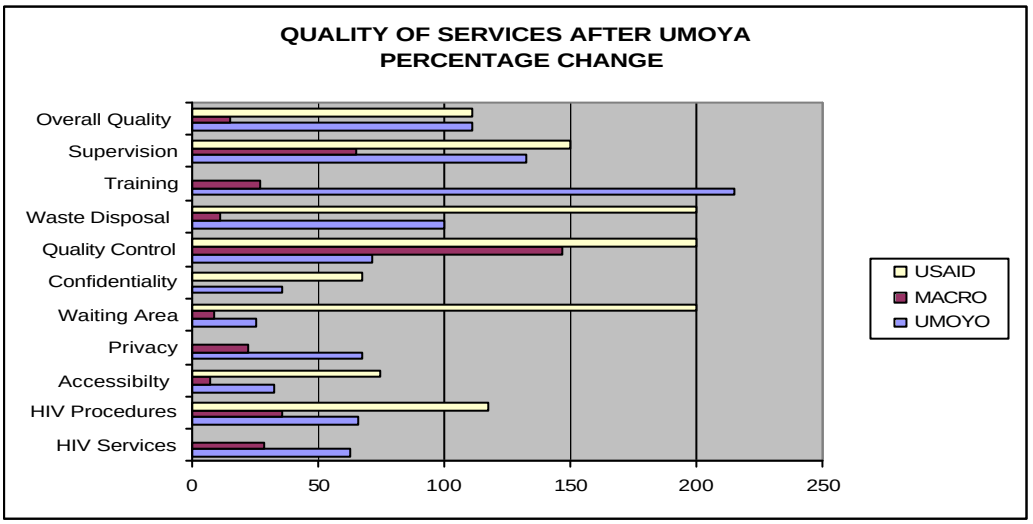
Umoyo and USAID overall ratings of MACRO each increased by 111%, from 1.9 to 4.0 and 1.8 to 3.9 respectively. MACRO's overall rating of itself only increased by 15% percent from 2.8 to 3.2. A summary of the percentage change in the ratings of quality of VCT service

before and after the Umoyo grant management and technical assistance award, by organization, is presented in Table 4 and Figure5 below. (See Annexure VII for a summary of the percentage change by subcategory)

Table 4

PERCENTAGE CHANGE IN QUALITY OF SERVICES			
COMPETENCY	**UMOYO (N=4)**	**MACRO (N=9)**	**USAID (N=1)**
HIV Testing and Counseling Services	62%	28%	
Adherence to HIV Procedures	66%	35%	117%
Accessibility and Convenience	33%	7%	75%
Privacy	67%	22%	
Waiting Area	25%	9%	200%
Confidentiality	36%	0%	67%
Quality Control	71%	147%	200%
Waste Disposal & Infection Control	100%	12%	200%
Training	215%	27%	
Supervision	133%	65%	150%
Overall Quality of Services	111%	15%	111%

Figure 5



4.2.2. HIV Testing and Counseling Services

The overall combined rating for HIV Testing and Counseling Services increased by 40% from 2.8 to 3.9. The rating by Umoyo of MACRO increased by 62% whereas the rating by MACRO of itself increased by 28%.

Respondents indicated that before Umoyo the time interval between taking blood and results being available could take between 7 to 10 days. With assistance from Umoyo, MACRO has been able to introduce rapid testing kits and results are now available within 15 to 30 minutes.

Testing for HIV using rapid test kit

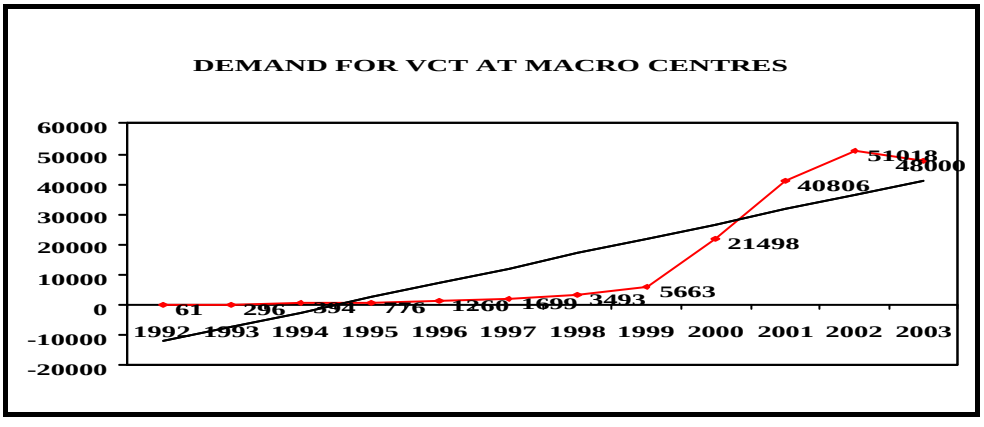
Couple receiving post test counseling

The level of VCT utilization has increased significantly since the Umoyo Network cooperative agreement award. Table 5 below compares the level of service provision and utilization over the twelve month period immediately prior to the Umoyo award, with the level of service provision and utilization for the twelve month period August 2002 to August 2003.[4] In the twelve months prior to the Umoyo award approximately 3,500 people presented at the centre. In the twelve month period August 2002 to August 2003 approximately 51,000 people presented at the centre, a one thousand three hundred and fifty percent increase. Figure 6 indicates the demand for VCT at MACRO centre since 1992.[5] The demand for VCT increases significantly after 1999 when the Umoyo Cooperative Agreement was awarded. There is a slight decrease in demand in 2003 reflecting the advent of other VCT service providers in Malawi.

Table 5

LEVEL OF UTILIZATION	BEFORE UMOYO	AFTER UMOYO
No. of people presenting at the centre	3,493	51,018
No. of people having pretest counseling	3,318	48,467
No. of people tested for HIV	3,318	48,467
No. of people returning for their results	2,323 (70%)	47,982 (99%)
No. of people receiving on going counseling	< 2%	> 4%
No. of people referred to other services	< 100	1,932 (Aug 03 to Aug 04)

Figure 6



[4] MACRO statistics provide by the Centre Manager

[5] Voluntary Counseling and Testing Best Practices, Malawi AIDS Counseling & Resource Organization, by **Katawa Msowoya** MACRO Blantyre, Updated 23/08/ 2004

4.2.3 Adherence to HIV VCT Procedures

The overall combined rating for Adherence to HIV VCT Procedures increased by 66% from 2.6 to 4.3. Umoyo's rating of MACRO increased by 66%, MACRO's rating increased by 35% and USAID's rating increased by 117%.

Respondents noted that although HIV testing and counseling procedures did exist at MACRO prior to the Umoyo award, these were based on a mixture of regional and international practices. Since the Umoyo award the procedures have been refined and are now based on national procedures and national guidelines. There is now an HIV testing algorithm (protocol) in place.

4.2.4 Accessibility and Convenience

The overall combined rating for Accessibility and Convenience increased by 33% from 2.6 to 3.5. Umoyo's rating of MACRO increased by 33%, MACRO's rating increased by 7% and USAID's rating increased by 75%.

Respondent indicated that VCT services are not offered during lunch hours or early evenings and it is therefore difficult for working people to benefit from MACRO services. It was suggested that the number of counselors should be increased so that the centre can be opened over lunch hours and late in the evening. It was also mentioned that there is no supervised place for children to play making it inconvenient for mothers with young children to be tested and counseled.

It was noted that although the centre is on a main road not far from the most densely populated township, it is not easily accessible as people have to change busses to access the facility. The distance that people have to travel to the site was mentioned as a factor contributing to the higher percentage of youth that make use of the facility as youth tend to find it easier to travel longer distances than older people. It was felt that the space at centre is too limited, making it difficult for convenient storage of records and files, and restricting further expansion of VCT services.

It was noted however that the site is well situated for referrals to other HIV service providers such as Queens Hospital and NAPHAM.

4.2.5 Medical Waste Disposal & Infection Control

The overall combined rating for Medical Waste Disposal & Infection Control increased by 62% from 2.4 to 3.9. Umoyo's rating of MACRO increased by 100%, MACRO's rating increased by 12% and USAID's rating increased by 200%.

Respondents noted that before Umoyo basic medical waste disposal procedure were in place, but these were not adequate. In the past insufficient bins were available for disposing of sharps, needles etc and disposal bins were old. Insufficient vehicles meant waste would remain on the site for quite some time before being disposed. Now there are sufficient resources to ensure this is done timely. Furthermore there are guidelines for waste management in place. Waste is typically disposed of through incineration at the nearby hospital and health centers.

Respondents indicated that before Umoyo the procedures for infection prevention were not strictly followed. Now infection prevention procedures are documented and followed, coupled with the quality management system in place. Gloves are used during testing, running water is ensured at all times, essential supplies such as JIK, soap other disinfectants are available, and protocols adhered to. Staff members have received training in infection prevention. One responded noted however that no Hepatitis B Vaccine is available for staff members who handle blood.

4.2.6 HIV Testing Quality Control

The overall combined rating for HIV Testing Quality Control increased by 123% from 1.7 to 3.9. Umoyo's rating of MACRO increased by 71%, MACRO's rating increased by 147% and USAID's rating increased by 200%.

According to respondents, prior to Umoyo, batches of tests were sent to QTEC for confirmation of results, but this was not done very systematically. Quality control now is standardized and there are protocols and guidelines being followed. Confirmation of test results is now done on site, and 5% of blood samples are sent to the central laboratory for quality assurance. Random tests of the test kits themselves are also conducted. There is also a person specifically tasked with performance monitoring and ensuring the quality of each MACRO site.

4.2.7 Privacy

The overall combined rating for Privacy increased by 45% from 2.9 to 4.2 Umoyo's rating of MACRO increased by 67% and MACRO's rating increased by 22%.

Funding from Umoyo has enabled MACRO to expand into a second building. One building is used for administration and the other is used for VCT. In addition UMOYO provided funding for internal partitioning which has improved privacy.

4.2.8 Confidentiality

The overall combined rating for Confidentiality increased by 29% from 3.8 to 4.8. Umoyo's rating of MACRO increased by 36%, MACRO's rating remained unchanged and USAID's rating increased by 67%.

One respondent noted that confidentiality is compromised by clients having to enter and leave the facility through the same door. A separate entrance and more private exit would improve the sense of privacy and confidentiality. It was also pointed out that confidentiality is compromised because of the proximity of the site to the road and the absence of a fence.

4.2.9 Supervision

The overall combined rating for Supervision increased by 113% from 1.9 to 4.0. Umoyo's rating of MACRO increased by 133%, MACRO's rating increased by 65% and USAID's rating increased by 150%.

According to respondents supervision was not very good before Umoyo as there were fewer staff with little training in VCT management. Since Umoyo supervision has improved. Respondents indicated that supervision is usually provide on a quarterly basis and is mainly focused on delivery of services to ensure quality. One respondent stated that supervision is

more focused on ensuring proper documentation rather than finding measures to address weaknesses.

4.2.10 Training

The overall combined rating for Training increased by 96% from 1.8 to 3.5. Umoyo's rating of MACRO increased by 215%, and MACRO's rating increased by only 27%.

Umoyo provides training in the following areas for MACRO management and employees: Post test counseling; HIV testing; VCT site management; VCT supervisor training; STI training; PMCT training; Monitoring & Evaluation; Financial Management; Finance and USAID Regulations; Strategic Planning; Infection Prevention; Stress Management; Proposal Writing; Psycho/Social Positive Living.

Whilst some respondents indicated that they had never received any of the above training most stressed the need for ongoing training in these areas with particular emphasis on a more 'sydromatic approach' to treatment of STI's and a more integrated approach to managing STIs, HIV, PMCT and positive living. The need for training in report/proposal writing and computer skills was also noted.

4.3 Was the change in MACRO services a demonstrable result of a change in MACRO's capacity, i.e. can a link be proven? What unintended events have helped or hindered the delivery of quality VCT services?

4.3.1 The Link Between Umoyo and Improvement in Service Delivery

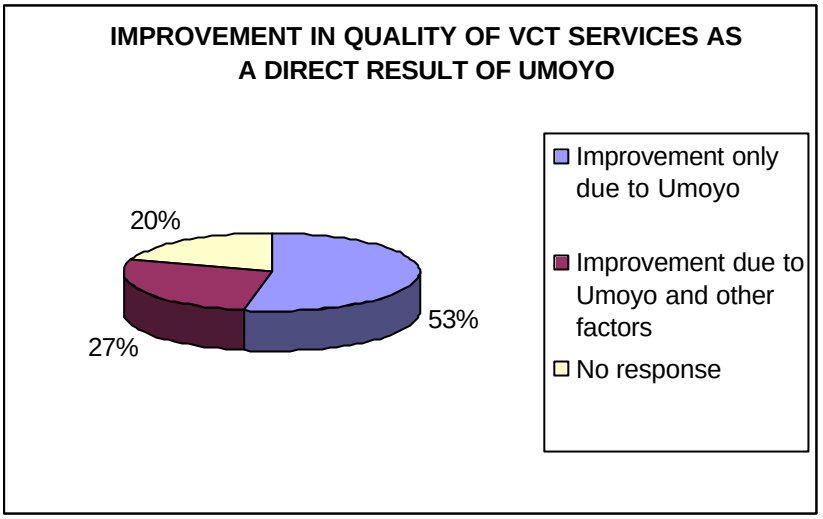
Respondents were asked if they thought the quality of service delivery has improved as a direct result of the technical assistance and training provided by Umoyo Network to MACRO. 80% of respondents indicated that MACRO's VCT services have improved as a result of the technical assistance, funding and training provided by Umoyo Network. These respondents noted that as a result of Umoyo, MACRO now has a clear vision, expansion strategy, and action plans in place. Respondents indicated that Umoyo has time and again assisted MACRO in training its counselors. The knowledge and skills acquired from this training have contributed to improved service delivery. Logistical support like issuance of test kits to provide continuity of services has also resulted in an increase in the numbers of clients seeking VCT services.

4.3.2 Other reasons for the improvement in the quality of VCT service delivery

Whereas 53% of respondents identified improvements in quality of services as being due only to Umoyo interventions, about 27% of the respondents felt that the improvement in quality of services was due to both Umoyo and other factors. Some respondents stated that improvements were also due to staff members upgrading themselves, not necessarily with Umoyo assistance. It was noted that the introduction of rapid testing has resulted in a tremendous improvement in the quality of VCT service delivery. Other reasons included: better management; adherence to national standards; services provided by trained staff; introduction of mechanisms for monitoring and ensuring quality; exposure to in-service training courses; mid-term and annual review meetings; weekly counselor meetings; and counselor exchange meetings. (Many of these reasons could however be attributed to the assistance provided by Umoyo). Another reason given was that a number of VCT centers

supported by other institutions have opened up and this has forced MACRO to improve its services in order to be competitive. Findings are presented in Figure 7 below:

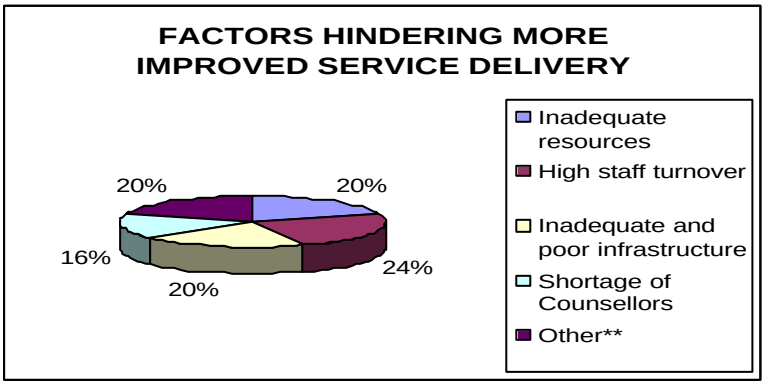
Figure 7



4.3.3 Hindrances to the delivery of more improved service delivery

High staff turn over was noted to be one of the major issues impeding improved quality of service delivery. Poor salary packages and other incentives were identified as the main reason for high staff turnover; and that staff members leave as soon as they acquire the training and experience to upgrade themselves. Another major issue noted is inadequate infrastructure to cater for increasing demand i.e. there are too few counseling rooms and insufficient counselors, as such people have to wait long hours in order to see a counselor. It was noted that MACRO has sourced funds to construct good offices but have not yet managed to acquire land. The lack of availability of essential supplies and equipment was also given as a reason. A few people mentioned that lack of direct funding to MACRO is a hindrance to more improved service delivery. Findings are presented in Figure 8 below:

Figure 8



**

Lack of Civic Education to the rural masses
Lack of incentives (e.g. transportation costs)
Some planned activities are not funded by NAC
Stock-outs of essential supplies/lack of availability of test kits

4.4 Are beneficiary lives better off because of the services MACRO provided, i.e., do beneficiaries view the services as being appropriate to/important for meeting their needs?

MACRO refers Voluntary Counseling and Testing (VCT) clients to three HIV support groups, namely: the Post Test Club; the Young Ambassadors, and the National Association of People Living with HIV-AIDS in Malawi (NAPHAM). These groups have developed their own capacities to counsel others and advocate for VCT, but they are largely dependent on MACRO for referrals and/or resources. The degree of satisfaction with MACRO services tends to vary.

4.4.1 Post Test Club and Youth Ambassadors

The Post Test Club (PTC)) comprises members who have undergone VCT and know their serostatus but have not disclosed it to the general public. They are supported by MACRO to increase awareness on the causes and prevention of HIV/AIDS. They are provided with transport and allowances for outreach activities. The group meets every Wednesday to provide each other with the necessary support to live positively with HIV/AIDS. They discuss many HIV/AIDS related issues including sexuality, family planning, and home based care.

The Youth Ambassadors comprise a group of young people aged between 13 and 29 years who have gone through VCT and know their sero-status to be positive and have come in the open to declare their status. Their membership is currently at 10. Three of them work as VCT councilors at QECH and the other seven provide out reach to advocate for VCT and positive living with HIV/AIDS. They give testimonies about how they have benefited from knowing their status.

Members of the Post Test Club and Youth Ambassadors

The Young Ambassadors work from MACRO offices but do not have as much support from MACRO as do the PTC members. They receive assistance from such organizations as UNICEF, UNFPA, NAC and GTZ. Sometimes funding is difficult to find resulting in activities being curtailed. Due to age differences, this group has not associated itself with the National Association of People Living with HIV/AIDS in Malawi (NAPHAM), whose members tend to be older.

The evaluation team held a joint group discussion with members from both the Post Test Club and Youth Ambassadors. Of the 19 members that were interviewed, 8 (42%) knew about the existence of MACRO through radio, 5 (23%) through friends, 7 (37%) from other Post Test Club members, and 1 (5%) knew through a poster. There was a general comfort level with the MACRO counselors who counseled the members. Out of the 19 members, 11 (58%) were comfortable with their counselor. All the members interviewed were satisfied with the level of privacy although 4 (21%) members preferred same sex counselors. One

member nevertheless felt uneasy when a third party attended the counseling session. When it was later explained that the third party was on training, the client regained confidence with the counseling. Otherwise all members preferred the same counselor for pre and post test.

PTC members noted that the information provided by the MACRO councilors ranged from risk reduction to positive living with HIV/AIDS. All the members found this information useful and desirable. As an indication of their satisfaction with MACRO VCT services, all members expressed willingness to recommend these services to a friend or relative who may have been engaged in risky behavior. All members confirmed they have recommended others to go for VCT.

4.4.2 People Living With HIV/AIDS

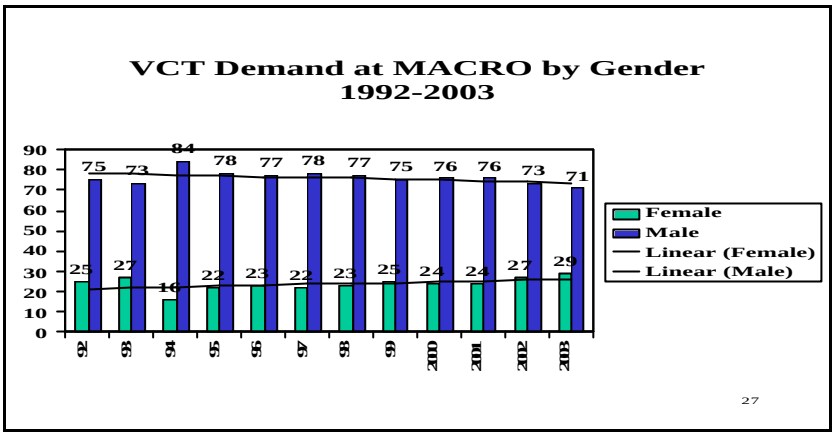
This group comprises members of staff of NAPHAM and the general membership of people who have tested positive for HIV. Some have reached symptomatic AIDS while others are not showing symptoms. Membership has increased from 51 in October 2003 to 260 in August 2004. The increase is attributed to the availability of ARVs. This group provides members with material and spiritual support. Their Friday session begins with gospel praise songs, prayers and preaching then drifts into individual problem recitation. There are lengthy discussions which focus on real life problems which members have experienced. Members attempt to assist each other as much as they can. This group also has a strong link with MACRO with 182 of the 260 members having being referred from MACRO. The group has 1 employed counselor and 10 volunteer counselors who have received a two-week training course. NAPHAM members are strong advocates of VCT and positive living. They also advocate family planning and use of condoms.

Out of 260 members, there are only 10 youths. It was indicated that most youth feel that NAPHAM is for the older folks, and as such the youth tend to be more affiliated to MACRO from where the Post Test Club and Youth Ambassadors operate. While a strong link is maintained between NAPHAM and MACRO, members feel that MACRO has sometimes acted unprofessionally. It was noted that some members of MACRO staff were weak at counseling, and that some counselors have behaved unprofessionally, which in one case had led to divorce. There was a unanimous feeling that if NAPHAM had its own VCT facilities, NAPHAM members would not advocate MACRO. However, despite there being a degree of dissatisfaction with the unprofessional conduct of some staff at MACRO, most respondents felt that overall, the MACRO counselors are good, and indicated that they had recommended friends and relatives to MACRO.

4.5 Why do fewer women than men use VCT services?

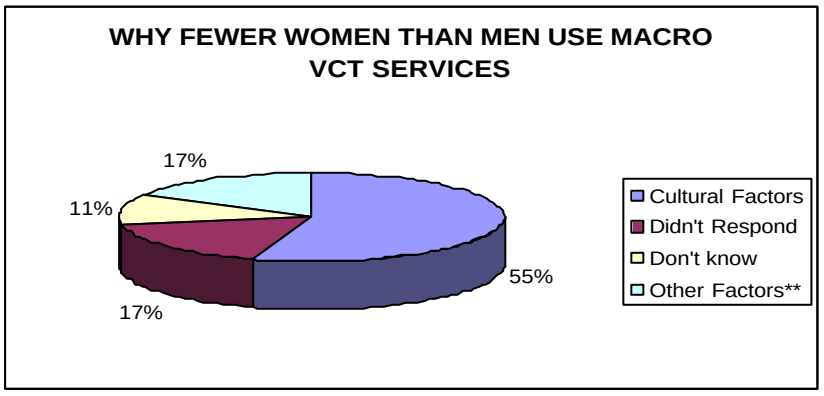
Figure 9 indicates the VCT demand at MACRO by gender from 1992 – 2003.[6] Approximately 70% of MACRO clients are male.

Figure 9



Respondents identified a number of reasons why fewer women than men use MACRO VCT services, including the following: women are very busy in the homes and may not have access to bus fare; men/boys come because they usually have unprotected sex; cultural factors i.e. women have to seek consent from their husbands before they go for VCT; women are more prone to divorce if found HIV positive than men; literacy levels among women are lower than men so they may not understand the whole concept of HIV/AIDS and VCT services; fear of stigma and discrimination if found positive and breakage of marriages; lack of women empowerment to discuss HIV/AIDS openly; women are more likely to undertake VCT at health centers which have integrated VCT with other services such as family planning and anti-natal clinics as it is easier to maintain anonymity and it is more convenient. Findings are presented in figure 10 below:

Figure 10



**

- Low literacy levels , Fear of stigma & discrimination, Fear to know their status

4.5.1 Attempts to increase the number of women receiving MACRO's VCT services

MACRO has launched a number of initiatives to increase the number of women using its services, including radio advertisements using women voices, and focus group discussions to understand the issues surrounding low utilization among women so that messages can be

[6] Voluntary Counseling and Testing Best Practices, Malawi AIDS Counseling & Resource Organization, by **Katawa Msowoya** MACRO Blantyre, Updated 23/08/ 2004

better targeted (Focus groups have been conducted in churches, mosques, and market places among other places). The introduction of outreach VCT services has also proved to be quite successful with more women making use of outreach VTC than men. These initiatives seem to have made some impact with demand by women rising from 25% in 1999 to 30% in 2003.

4.6 Do clients referred by MACRO to treatment and support centers actually go to these centers for help?

According to respondents, MACRO clients are referred to other service providers for appropriate care and support based on specific needs. MACRO also receives referral from other organizations. In the period August 2003 to August 2004 MACRO referred 1,932 clients to other centers, and 519 clients were referred to MACRO from other organizations (See Tables 6 and Table 7 below). Referral letters are used. MACRO keeps a directory of HIV/AIDS service providers for referral purposes and meetings with stakeholders are conducted to understand mutual benefits derived from referrals. Feedback between referral centers is however considered to be weak.

Discussions with senior management at Malanje and Mangochi Hospitals, as well as the Regional Coordinator of the National Association of People Living with HIV/AIDS in Malawi (NAPHAM) indicate that treatment and support centers do keep referral records, however information systems have not been put in place to make this information readily accessible. It is thus difficult to ascertain what number of clients referred by MACRO to treatment and support centers, actually go to these centers for help. Based on information provided by NAPHAM, approximately 70% of NAPHAM's 260 members come from MACRO referrals i.e. 182 members.

Table 6

CLIENTS REFFERED FROM MACRO TO OTHER ORGANIZATIONS AUGUST 2003 TO AUGUST 2004			
	Male	**Female**	**Total**
PLWA (NAPHAM)	219	181	400
Hospital/Clinic	303	266	567
Post Test Club	88	59	147
Home Based Care	3	2	5
FP Clinic (BLM)	2	0	2
TB Clinic	1	2	3
MACRO Clinic	458	327	785
PMTCT Centre	3	22	25
Total	**1075**	**857**	**1932**

Table 7

CLIENTS REFFERED BY OTHER ORGANIZATIONS TO MACRO AUGUST 2003 TO AUGUST 204			
	Male	**Female**	**Total**
Clinic/Hosp	139	133	272
Relative	21	17	38
Friend	16	15	31
Other Client	31	15	46
Religious	10	11	21
CBO	7	9	16
NGO	16	23	39
PMCT	36	17	53
Total	**279**	**240**	**519**

5.0 CONCLUSIONS AND RECOMMENDATIONS

5.1 Institutional Capacity

5.1.1 Conclusions

Based on the responses from management and staff at both Umoyo Network and MACRO, as well as the views expressed by the previous USAID CTO, the overall institutional capacity at MACRO has increased since the Umoyo Network grant management and technical assistance award in 1999. However, despite the overall improvement in institutional capacity staff members at MACRO are less satisfied with the Governing Body, Leadership and Team Development and External Relations than they were prior to the Umoyo award.

5.1.2 Recommendations

- MACRO and Umoyo should investigate the reasons for the apparent dissatisfaction of MACRO staff members with management, with a view to resolving any underlying issues.

- MACRO should review its relationships with external partners and develop a strategy to improve external relations and regional collaboration.

5.2 Quality of VCT Services

5.2.1 Conclusions

Based on the responses from management and staff at both Umoyo Network and MACRO, as well as the views expressed by the previous USAID CTO, the overall quality of VCT service delivery at MACRO has improved since the Umoyo Network grant management and technical assistance award in 1999. However other factors such as the development of rapid testing technology and 'competition' from VCT centers supported by other organizations are also contributing factors. There has also been a significant increase in the demand for VCT at MACRO centers since the Umoyo award. Whilst outreach programs, marketing and awareness campaigns have contributed towards the increase in demand, the introduction of Anti Retroviral Treatment is also seen to be a contributing factor.

Despite the overall improvement in the quality of VCT service, Training; and Accessibility and Convenience were seen to be relatively weak, and a number of constraints to providing VCT services were identified, including the following: fear of testing because of discrimination & stigmatization; communities not adequately sensitized and mobilized to support VCT and to accepting HIV+ members of the community; insufficient counselors and inadequate counseling rooms; concerns about privacy and confidentiality; clients having to travel long distances for VCT services; inadequate and inconsistent flow of funds.

5.2.2 Recommendations

- MACRO should undertake a needs assessment in order to determine training requirements. More regular training and refresher courses, as well as supervision, should be provided in order to ensure that high standards of practice are maintained.

- In the short term, MACRO should fence the site to improve the level of privacy.

- MACRO should intensify its search for more accessible land, and construct larger facilities that will accommodate the increasing demand for services, and at same time address issues of confidentiality and privacy in the facility design (e.g. a separate entrance and exit; appropriate partitioning, fencing, supervised place for children to play, etc).

- MACRO should recruit and train additional counselors and lab technicians in order to meet the increasing demand for services; ensure the workload is more manageable; reduce burnout and staff turnover; and offer services over lunch hours and early evenings.

5.3 Linkage between Capacity Building and Quality and Quantity of Services

5.3.1 Conclusions

Based on the findings, the evaluation team is of the view that there is sufficient evidence to conclude that there is a link between the improvement in MACRO services and the increase in MACRO capacity brought about through the Umoyo intervention. In particular this is demonstrated by the following: (1) the institutional capacity rating for MACRO increased by 51% from poor to good; the quality of VCT services increased by 64%; from poor to fairly good; (3) 80% of respondents indicated that MACRO's VCT services improved as a result of technical assistance, funding and training provided by Umoyo; and (4) the demand for VCT services at MACRO increased significantly after 1999, when the Umoyo Cooperative Agreement was awarded.

5.3.2 Recommendations

- USAID should consider 'graduating' MACRO from the Umoyo Network technical assistance program and provide direct support to MACRO.

5.4 Impact on the Lives of Beneficiaries

5.4.1 Conclusions

Beneficiaries are, in general, satisfied with the VCT services provided by MACRO, despite concerns raised by some beneficiaries regarding unprofessional behavior on the part of some counselors.

There are a number of autonomous but interrelated HIV support organizations that work closely with MACRO. These organizations all compete for limited resources and funding is thinly spread. The consequence is that efficiencies and collaboration between these organizations in HIV support service delivery is undermined.

5.4.2 Recommendations

- Complaints raised by MACRO support groups must be addressed to ensure that clients are given appropriate counseling and treated as humanly as possible by all members of staff from MACRO. Where necessary staff found to abuse clients should

be appropriately disciplined.

- Umoyo together with MACRO should consider how best to address the spread of limited resources across the various HIV support groups, with the idea of consolidating the support groups under a single management entity such as MACRO. This would rationalize the allocation of scarce resources and provision of support and supervision, as well as create a more coherent and integrated VCT and HIV/AIDS support system.

5.5 Gender Issues

5.5.1 Conclusions

Fewer women than men use MACRO VCT services largely as a result of gender/cultural based issues - such as women having to seek consent from their husbands before they go for VCT; and women being more prone to divorce if found HIV positive than men. Women are more likely to opt for VCT at integrated health care centers where family planning and anti-natal clinics are available and/or at out reach sites where it is easier to maintain anonymity and it is more convenient.

5.5.2 Recommendations

- MACRO should consider the integration of VCT with other health care services which will make VCT a more attractive option for women.

- MACRO should engage more with men through civic education to combat the poor attendance of women at its VCT centers.

- MACRO should increase the number of its outreach clinics.

5.6 Referral System

5.6.1 Conclusions

Whilst MACRO and other HIV service providers do maintain referral records, the absence of any electronic information system, makes the analysis of information difficult. However, the fact that 182 of the 270 NAPHAM members were referred by MACRO does indicate that a fair number of clients referred by MACRO to treatment and support centers actually go to these centers for help.

5.6.2 Recommendations

- MACRO should collaborate with partners to develop and implement a more integrated, information based referral system.

6.0 ANNEXES

ANNEX I: SCOPE OF WORK

USAID Project to be Evaluated: Malawi AIDS Counseling and Resource Organization (MACRO)	**Initial and Final Funding Years**: December 2001 to March 2003
Type Evaluation: Final	**Source and Amount of USAID funding**: $1,043,370

Purpose and Intended Uses of the Evaluation:

The purpose of the evaluation is to determine if institutional capacity building and technical support provided by Umoyo Network to MACRO has resulted in a significant increase in the quality and availability of voluntary counseling and testing at MACRO (VCT) centers. The audiences for the evaluation report are USAID, Umoyo Network, National AIDS Council and MACRO. The results will be used to inform the design of a follow-on activity.

Brief Description of Project and it's Intended Results:

MACRO was established as a local Non Governmental Organization (NGO) in 1995 to strengthen and coordinate the VCT initiatives in Malawi. Currently, MACRO operates through three stand-alone centers in the cities of Blantyre, Lilongwe and Mzuzu. MACRO's mission is to provide social and psychological support to individuals and families in order to reduce the transmission of HIV and impact of HIV/AIDS.

The objectives of the project are:

- To improve and strengthen VCT services
- To increases access and demand for effective and ethically sound VCT services
- To improve and strengthen management of the information systems
- To improve and strengthen governing structures
- To enable MACRO to conduct on-site testing services
- To develop and distribute gender sensitive IEC materials
- To strengthen networking/collaboration between MACRO and stake holders
- To strengthen support systems in the community for HIV/AIDS affected people.

Evaluation Questions:

1. Has the institutional capacity of MACRO changed?
2. Have services provided by the MACRO changed for the better (increased/reached more people (access)/improved in quality terms)?
3. Was the change in MACRO services a demonstrable result of a change in MACRO's institutional capacity, i.e., can a link be proven? what unintended events have helped or hindered the delivery of quality VCT services?
4. Are beneficiary lives better off because of the services MACRO provided, i.e., do beneficiaries view the services as being appropriate to/important for meeting their needs?
5. Why do fewer women than men use VCT services?
6. Do clients referred by MACRO to treatment and support centers actually go to these centers for help?

Evaluation Team:

The evaluation team will be composed of at least three individuals including support staff, with experience and expertise in the following areas:

- Project Management;
- Voluntary Counseling and Testing (VCT);
- Systems Strengthening/Institution building

Team Leader/Project Management Specialist: The Team Leader will be responsible for overseeing the team and ultimately responsible for the submission of the final draft report to the Mission. S/he will provide team leadership, plan and coordinate meetings and site visits, and be responsible for payments of local logistical needs and local staff working with the team. S/he will lead the preparation and presentation of the key evaluation findings and recommendations to the USAID/Malawi team and other major partners and will consolidate reports from other evaluation team members and ensure that a draft report has been left with the Mission on departure. The COP will review project management issues including funding , oversight, staffing and network issues.

HIV/AIDS VCT Specialist: The HIV/AIDS VCT Specialist will find out the number of staff trained, assess their technical competence, and review curriculum. The Specialist will assess the referral system for both HIV positive and negative client. S/he will review infection procedures followed at the VCT center. The specialist should assess post training support and supervision provided by Umoyo Network. Based on the information learned during the evaluation, make recommendations for improvements in the ways in which MACRO implements its program. Where appropriate, different options, with their merits and disadvantages, should be presented.

Systems Strengthening Advisor: The Health Systems Specialist will need to evaluate the progress made towards improving the VCT at the center. Key components of systems strengthening for the VCT focus on staff training, planning, and budget processes, data and HMIS systems, referral systems, and supervision. S/he should also evaluate the impact of Umoyo Network supervisory efforts including the introduction of the supervisory checklist and processes. This Specialist should also be able to review and evaluate the progress made towards improving the data collection systems. As part of the management of a facility, the Specialist should review the progress towards implementing a Quality Assurance program, including infection prevention efforts which will have been done in collaboration with the MOH roll out plans. The Specialist should examine MACRO's plans for strengthening and expanding its program, evaluate the proposed approach, and if necessary, make recommendations for improving these plans. S/he should also study different options which will contribute to sustainability of the services offered by MACRO and make recommendations in this regard.

Deliverables:

- Evaluation Plan (methodology for data collection and analysis and GANTT chart showing detailed schedule for all steps in the evaluation) – August 18 (Project questions and field work week) and August 20, 2004 – oral presentations and handouts on approach for answering evaluation questions and GANTT chart.

- Draft Evaluation Report – The team shall provide to USAID/Malawi and MACRO a complete draft of the report for review and comment. Following submission of the draft report, a joint review meeting between the team and MACRO will be held to discuss the draft report. October 6, 2004 send the report by e-mail to mhageboeck@msi-inc.com; gausik@whoafrica.org; jkerley@usaid.gov. Maximum of 20 pages, single spaced, Word Format , Times New Roman12 pt, plus annexes.

- Oral Evaluation Reports (powerpoint or flip charts and handouts– October 18, 2004

- Final Evaluation Report – November 11, 2004 or earlier.

Evaluation Schedule:

Schedule: Fieldwork will take place during week of September 12 to September 19, 2004.

- Sunday Sept 12: Team meeting. Finalize preparations for evaluation.
- Monday Sept 13: Meetings in Blantyre at MACRO and VCT Centre.
- Tuesday Sept 14/Wednesday Sept 15: Meetings in Blantyre at Umoyo Network Headquarters and VCT Centre.
- Thursday Sept 16: Meeting in Mangochi with Network Association of People Living with HIV/AIDS (MANET)
- Friday Sept 17/Saturday Sept 18: Return to Lilongwe. Data Analysis/Task Allocation

Logistics:

The evaluation team will be responsible for all off shore and in country logistical support. This includes arranging and scheduling meetings, international and in country travel (including vehicle requests), hotel bookings, working/office space, computers, country clearance, security briefing, printing, and photocopying. The Team leader shall arrange all field visits, local travel, hotel, and appointments with stakeholders.

Estimated Budget:

A total sum of $7,000.00 is available for this evaluation. An independent government cost estimate totaling $7,000.00 is attached.

Independent Government Cost Estimate

Mid-Term Evaluation of the VCT Program implemented by the Malawi AIDS Counseling and Resource Organization (MACRO)

	Rate	No. of people	No. of Days	Total
I. TRAVEL/PER DIEM				
- Per Diem	162.00	4	7	4,536.00
- Return Airticket for Systems Strengthening Specialist	600	1		600.00
- Fuel for local running				1,000.00
Sub Total Travel/Per Diem				**6,136.00**
II. SUPPLIES				
Printing and Photocopying paper				400.00
Sub Total Supplies				**400.00**
III. COMMUNICATION				
Fax				50.00
Telephone				100.00
Email				300.00
Sub Total Communication				**450.00**
TOTAL COSTS				**6,986.00**
ROUNDED TO				
			US$	**7,000.00**

ANNEX II: MACRO EVALUATION QUESTIONNAIRE

DATE:
NAME OF ORGANISATION:
RESPONDENT NO:

QUESTION 1

HAS THE INSTITUTIONAL CAPACITY OF THE NGO CHANGED?
(MACRO – Board Management and Staff, UMOYO, CTO & Activity Manager, NAC, other donors if possible)

(1) How would you rate MACRO's institutional competency in the following areas:

COMPETENCY	SUB CATEGORY	Before UMOYO T/A	After UMOYO T/A
Governance	• Governing Body	• 1 2 3 4 5	• 1 2 3 4 5
	• Mission Statement	• 1 2 3 4 5	• 1 2 3 4 5
	• Legal Status	• 1 2 3 4 5	• 1 2 3 4 5
	• Constituency	• 1 2 3 4 5	• 1 2 3 4 5
	• Leadership	• 1 2 3 4 5	• 1 2 3 4 5
Operations and Management	• Administration	• 1 2 3 4 5	• 1 2 3 4 5
	• Financial Management	• 1 2 3 4 5	• 1 2 3 4 5
	• Information Technology	• 1 2 3 4 5	• 1 2 3 4 5
	• Facilities, Property and Equipment Management	• 1 2 3 4 5	• 1 2 3 4 5
	• Planning	• 1 2 3 4 5	• 1 2 3 4 5
	• Internal Communications	• 1 2 3 4 5	• 1 2 3 4 5
	• Program Development & Implementation	• 1 2 3 4 5	• 1 2 3 4 5
Human Resources	• Staff roles	• 1 2 3 4 5	• 1 2 3 4 5
	• Task management	• 1 2 3 4 5	• 1 2 3 4 5
	• Performance Management	• 1 2 3 4 5	• 1 2 3 4 5
	• Staff development	• 1 2 3 4 5	• 1 2 3 4 5
	• Salary Administration	• 1 2 3 4 5	• 1 2 3 4 5
	• Team Development & Conflict Resolution	• 1 2 3 4 5	• 1 2 3 4 5
Program & Service Delivery	• Sectoral Expertise	• 1 2 3 4 5	• 1 2 3 4 5
	• Constituency Ownership	• 1 2 3 4 5	• 1 2 3 4 5
	• Performance Monitoring and Impact Assessment	• 1 2 3 4 5	• 1 2 3 4 5
External Relations & Advocacy	• Public Relations	• 1 2 3 4 5	• 1 2 3 4 5
	• Regional Collaboration	• 1 2 3 4 5	• 1 2 3 4 5
	• Government Collaboration	• 1 2 3 4 5	• 1 2 3 4 5
	• Private Sector Collaboration	• 1 2 3 4 5	• 1 2 3 4 5
	• NGO Collaboration	• 1 2 3 4 5	• 1 2 3 4 5
	• Advocacy	• 1 2 3 4 5	• 1 2 3 4 5
	• Mobilization of Resources	• 1 2 3 4 5	• 1 2 3 4 5

(1) indicates a very low level of development (2) a low level of development (3) a fair level of development (4) an advanced management system and competency and (5) represents a very advanced management system and competency in a particular sub category

QUESTION 2

HAVE THE SERVICES PROVIDED BY THE NGO CHANGESDFOR THE BETTER
(MACRO – Board, Management and Staff, UMOYO, CTO & Activity Manager)

(1) In general how would you rate the following services?

SERVICE	BEFORE UMOYO T/A	AFTER UMOYO T/A
Pretest Counseling	1 2 3 4 5	1 2 3 4 5
Post Test Counseling	1 2 3 4 5	1 2 3 4 5
Ongoing Counseling	1 2 3 4 5	1 2 3 4 5
HIV Testing	1 2 3 4 5	1 2 3 4 5

(1) very poor (5) very good

(2) Do pretest, HIV testing, and post test procedures exist. How would you rate the pre test and post test procedures?

PROCEDURE	BEFORE UMOYO T/A	AFTER UMOYO T/A
Pretest Procedure	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5
HIV Testing Procedure	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5
Post Test Procedure	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5

(1) very poor (5) very good

Please describe :

(3) How would you rate the accessibility and convenience of VCT services

ACCESSIBILTY & CONVENIENCE	BEFORE UMOYO T/A	AFTER UMOYO T/A
Hours of operation	1 2 3 4 5	1 2 3 4 5
Service provided early evening	YES/NO	YES/NO
Service provided lunch hours	YES/NO	YES/NO
Service provided weekends	YES/NO	YES/NO
Supervised space for children to play	YES/NO	YES/NO
Location	1 2 3 4 5	1 2 3 4 5

(1) poor accessibility (5) very good accessibility

Please describe:

4) How do you rate the level of privacy for counseling sessions?

PRIVACY	BEFORE UMOYO T/A	AFTER UMOYO T/A
Level of privacy	1 2 3 4 5	1 2 3 4 5

(1) Very little privacy (5) very good privacy

(5) How do you rate the quality of ventilation in the waiting areas?

WAITING AREA	BEFORE UMOYO T/A	AFTER UMOYO T/A
Quality of ventilation	1 2 3 4 5	1 2 3 4 5

(1) poor ventilation (5) very good ventilation

(6) Does the centre have a policy on confidentiality? Is this written. How do you rate the adherence to the principle of confidentiality?

CONFIDENTIALITY	BEFORE UMOYO T/A	AFTER UMOYO T/A
Does the centre have policy on confidentiality	YES/NO	YES/NO
Is this a written policy	YES/NO	YES/NO
Level of Confidentiality	1 2 3 4 5	1 2 3 4 5

(1) low level of confidentiality (5) high level of confidentiality

(7) Have staff received specific guidance about the role of counseling and confidentiality?

CONFIDENTIALITY	BEFORE UMOYO T/A	AFTER UMOYO T/A
Counselors	YES/NO	YES/NO
Laboratory staff	YES/NO	YES/NO
Non counseling medical staff	YES/NO	YES/NO
Ward attendants	YES/NO	YES/NO
Receptionists	YES/NO	YES/NO
Ancillary staff (e.g. cleaners)	YES/NO	YES/NO

(8) Where do you carry out HIV tests?

HIV TESTING	BEFORE UMOYO T/A	AFTER UMOYO T/A
All testing on site	YES/NO	YES/NO
Preliminary testing on site, confirmations sent to other laboratory	YES/NO	YES/NO
All test at carried out in other laboratory	YES/NO	YES/NO

(9) What is the time interval between taking blood and results being available?

HIV RESULTS	BEFORE UMOYO T/A	AFTER UMOYO T/A
Time interval for results		

(10) Do you have a quality control system in place for HIV testing? How would you rate the quality control system in place for HIV testing.

HIV TESTING QUALITY CONTROL	BEFORE UMOYO T/A	AFTER UMOYO T/A
Quality control system in place	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5

(1) very poor (5) very good

Please describe:

(11) Is there a hazardous medical waste management system in place, and are there procedures to protect against infection? How would you rate these?

MEDICAL WASTE	BEFORE UMOYO T/A	AFTER UMOYO T/A
Medical waste management system	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5
Procedures to protect against infection	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5

(1) very poor (5) very good
Please describe:

(12) Are any inducement given to people attending the site e.g. transport cost, refreshments

INDUCEMENTS	BEFORE UMOYO T/A	AFTER UMOYO T/A
Are the inducements	YES/NO	YES/NO
Refreshments	YES/NO	YES/NO
Transport cost covered	YES/NO	YES/NO
Entertainment	YES/NO	YES/NO

Please describe:

(13) What is the level of service provision and utilization over a twelve -month period?

LEVEL OF UTILIZATION	BEFORE UMOYO T/A	AFTER UMOYO T/A
How many people have presented at the centre		
What no. have had pre test counseling		
What no. have been tested for HIV		
What no. have returned for their results		
What no. have received ongoing counseling		
What no. have been referred to other services		

(14) What type of training is provided, or that you have received. How would you rate this training? Why

TYPE OF TRAINING	BEFORE UMOYO T/A	AFTER UMOYO T/A	REASON
Pre test counseling	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
Post test counseling	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
HIV testing	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
VCT site management	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
VCT supervisor training	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
STI training	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
PMCT training	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
Monitoring & Evaluation	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
Financial Management	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
Finance and USAID Regs	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
Strategic Planning	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
Infection Prevention	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
Stress Management	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
Proposal Writing	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	
Psycho/Social Positive Living	YES/NO 1 2 3 4 5	YES/NO 1 2 3 4 5	

(1) poor training (5) very good training

(16) Are there any areas in which you feel you need more training? YES/NO

TYPE OF TRAINING	REASON

(17) What support or supervision have you received /or provided. How would you rate the suport and supervision received or provided?

SUPERVISION	BEFORE UMOYO T/A	AFTER UMOYO T/A
Support and supervision	1 2 3 4 5	1 2 3 4 5
Support and supervision	1 2 3 4 5	1 2 3 4 5

(1) very poor (5) very good

Please describe

QUESTION 3

WAS THE CHANGE IN NGO SERVICE A DEMONSTRABLE RESULT OF A CHANGE IN THAT INSTITUTION'S CAPACITY?

WHAT UNINTENDED EVENTS HAVE HELPED OR HINDERED THE DELIVERY OF VCT SERVICES ?

((MACRO – Board, Management and Staff, UMOYO, CTO & Activity Manager)

(1) Would you say that the quality of service delivery has improved as a direct result of the technical assistance and training provided by UMOYO NETWORK to MACRO? Explain.

(2) Do you think there may be other reasons for the improvement in the quality of VCT service delivery? Explain.

(3) What do you think may be hindering the delivery of more improved service delivery?

QUESTION 4

CLIENT SATISFACTION
RANDOM SURVEY PRE AND POST UMOYO NETWORK INTERVENION

(1) How did know about the VCT centre that you visited?

Referred (specifically by whom)	**YES/NO**
Recommended to come (e.g. partner or friend)	**YES/NO**
Just dropped in	**YES/NO**
	YES/NO
	YES/NO
	YES/NO

(2) Why did you come to the centre?

(3) How much time did you spend:

Getting your first appointment	
Waiting to see your counselor	
In the session with your counselor	
Waiting to get your HIV results	

(4) Did you feel comfortable with your counselor? Describe the good and bad things about him/her.

(5) Was there enough privacy during your counseling?

(6) Do you wish you had a different counselor (different sex, older, younger)?

(7) Were you able to see the same counselor for discussion both before and after the test?

(8) What information did you receive from you counselor?

(9) If a friend or relative were in a similar position to you before you came to the service, would you recommend that he/she came to the service. Why?

(10) Have you recommended the service to any one else? (Specify how many people)

QUESTION 5

WHY DO FEWER WOMEN THAN MEN USE MACRO'S VCT SERVICES

(1)According to your knowledge do fewer women than men use MACRO's VCT services?

(2) What is your understanding as to why fewer women than men use MACRO's VCT Services?

(3) What attempts if any have been made to increase the number of women receiving MACRO's VCT Services?

QUESTION 6

DO CLIENTS REFERRED BY MACRO TO TREATEMENT AND SUPPORT CENTERS ACTUALLY GO TO THESE CENTERS FOR HELP
(MACRO management and staff, referral centers)

(1) Describe how the referral system works and any problems and successes

(2) Are there adequate referral services available, particularly for the needs of the people who test positive?

(3) Do you receive referrals from any of the following:

REFERRAL CENTRE	YES	OCCATIONALLY	NO
Medical service e.g. hospital or clinic			
Social services			
Other counseling services			
NGO's			
Family planning services			
TB/chest clinic			
STI services			
Traditional Healer			
Spiritual religious groups			
Other			

(4) Are clients referred to any of the following?

REFERRAL CENTRE	YES	OCCATIONALLY	NO
Medical service e.g. hospital or clinic			
Social services			
Other counseling services			
NGO's			
Family planning services			
TB/chest clinic			
STI services			
Traditional Healer			
Spiritual religious groups			
Other			

(5) Is there any way of knowing from the referral system in place what number of clients referred by MAC RO to treatment and support centers actually go to these centers for help?

REFERRAL CENTRE	NO. CLIENTS REFERRED	NO. CLIENTS PRESNTING AT REFFERAL CENTRE
Medical service e.g. hospital or clinic		
Social services		
Other counseling services		
NGO's		
Family planning services		
TB/chest clinic		
STI services		
Traditional Healer		
Spiritual religious groups		
Other		

ANNEX III: LIST OF KEY INFORMANTS

1. **UMOYO Network:**

   - Carrie Osborne, Program Manager
   - Isaac Chipofya, Finance and Grants Manager
   - Amanda Manjolo, Capacity-Building Coordinator
   - Jonathan Mbuna, Administration Manager
   - Gibson Manda, Monitoring & Evaluation Specialist
   - Joyce Wachepa, HIV/AIDS Coordinator

2. **MACRO:**

   - Wellington Limbe, Executive Director
   - Katawa Msowoya, Center Manager
   - Angela Absent, Administrative Assistant
   - Dackson Kampira, Acting Senior Counselor
   - Joyce Khomba, Counselor
   - Effie Mtwana, Counselor
   - Emmanuel Zgambo, Counselor
   - Karikurubu Joachim, Lab Technician
   - Ian Gadama, Receptionist

3. **SUPPORT ORGANIZATION:**

   - Anthony Chaima, Acting Regional Coordinator, NAPHAM
   - Sawe Kasambwe, Field supervisor, NAPHAM
   - Ben Mpulula, Youth Coordinator, Post Test Club
   - Chimwemwe Mtawali Youth Ambassador

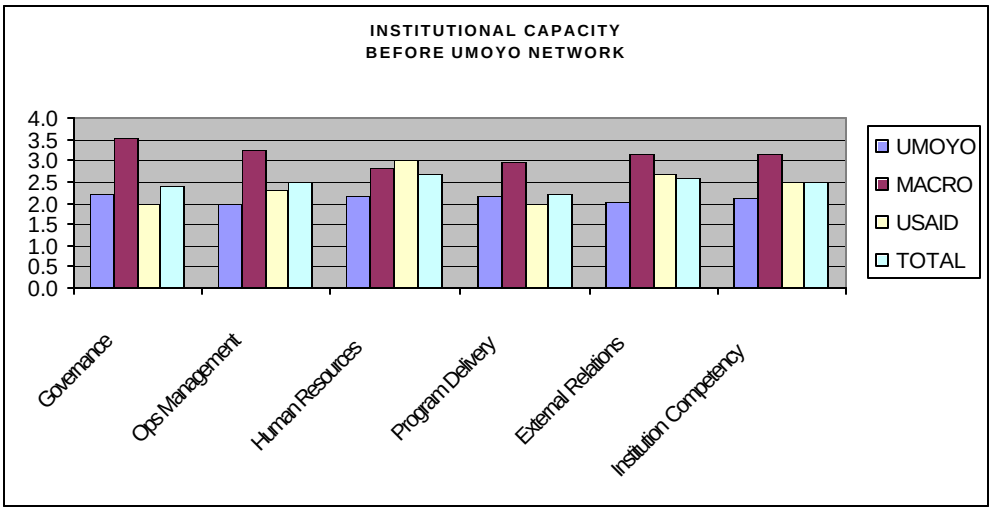
4. **OTHER STAKEHOLDERS**:

   - Alfred Chirwa, Former MACRO CTO
   - Dr. F. Chimbwandira, District Health Officer, Mulanje
   - Linely Chewere, Deputy District Nursing Officer, Mulanje
   - M. Saizi, Acting District Health Officer, Mangochi
   - Andrew Maluwa, Deputy District HIV/AIDS Coordinator Mangochi

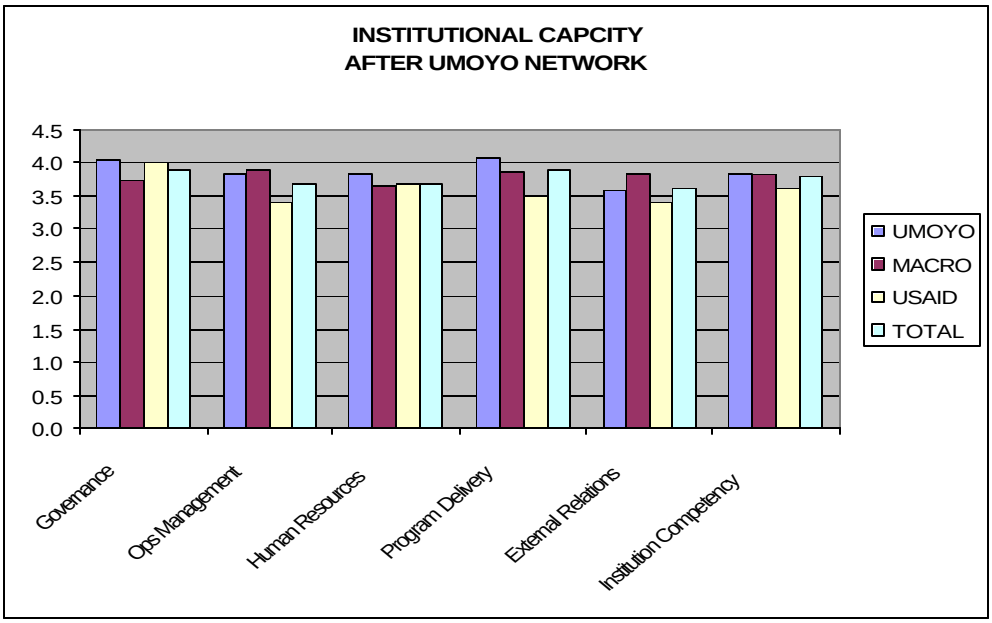
ANNEXES IV – VII: DATA TABLES

ANNEX IV: INSTITUTIONAL CAPACITY OF MACRO BEFORE & AFTER UMOYO

INSTITUTIONAL CAPACITY BEFORE UMOYO NETWORK				
COMPETENCY	**UMOYO**	**MACRO**	**USAID**	**TOTAL**
Governance	2.2	3.5	2.0	2.4
Ops Management	2.0	3.2	2.3	2.5
Human Resources	2.2	2.8	3.0	2.7
Program Delivery	2.2	3.0	2.0	2.2
External Relations	2.0	3.2	2.7	2.6
Overall Institution Competency	2.1	3.1	2.5	2.5



INSTITUTIONAL CAPACITY AFTER UMOYO NETWORK				
COMPETENCY	**UMOYO**	**MACRO**	**USAID**	**TOTAL**
Governance	4.1	3.7	4.0	3.9
Ops Management	3.9	3.9	3.4	3.7
Human Resources	3.8	3.7	3.7	3.7
Program Delivery	4.1	3.9	3.5	3.9
External Relations	3.6	3.9	3.4	3.6
Institution Competency	3.8	3.8	3.6	3.8


INSTITUTIONAL CAPCITY
AFTER UMOYO NETWORK
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
0.5
0.0
Governance
Ops Management
Human Resources
Program Delivery
External Relations
Institution Competency
UMOYO
MACRO
USAID
TOTAL

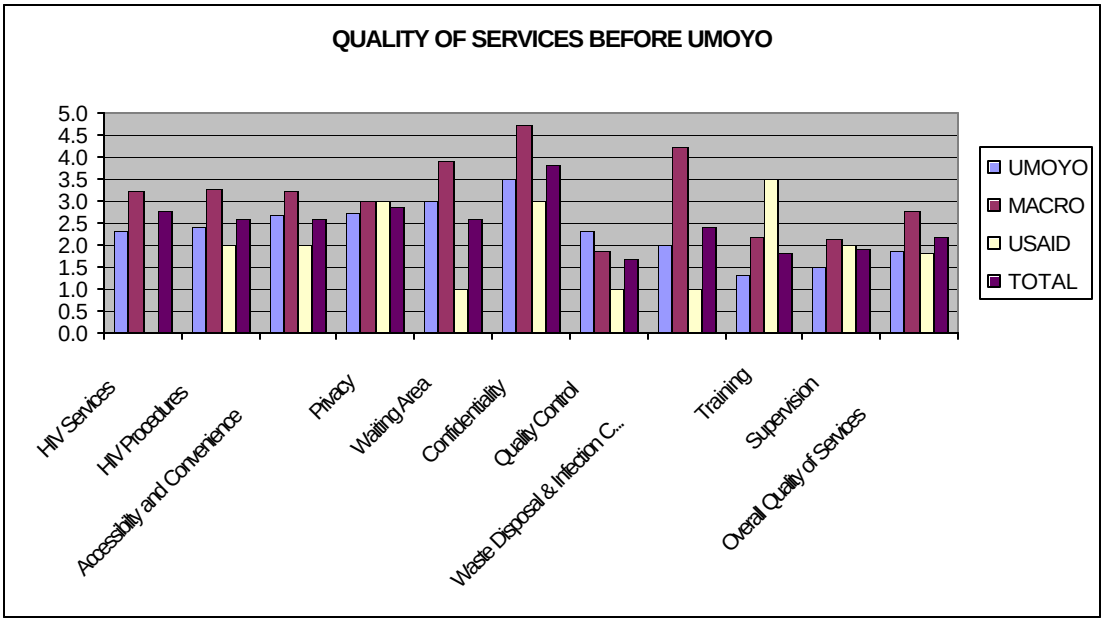
ANNEX V: PERCENTAGE CHANGE OF INSTITUTIONAL CAPACITY

INSTITUTIONAL CAPACITY: PERCENTAGE CHANGE BY ORGANIZATION				
	% CHANGE	% CHANGE	% CHANGE	% CHANGE
	UMOYO	MACRO	USAID	TOTAL
SUBCATEGORY				
Governance				
Governing Body	88	-12	200	54
Mission Statement	78	19	150	69
Legal Status	129	23	100	70
Constituency	70	18	0	109
Leadership	70	-17	33	22
Subtotal	**84**	**6**	**100**	**61**
Average Score	**84**	**6**	**100**	**61**
Operations and Management				
Administration	60	9	50	35
Financial Management	114	6	50	45
Information Technology	100	73	100	90
Facilities, Property and Equipment Management	100	26	50	54
Planning	88	35	50	53
Internal Communications	75	14	33	35
Program Development & Implementation	129	3	33	40
Subtotal	**93**	**21**	**50**	**49**
Subtotal Average Score	**93**	**21**	**50**	**49**
Human Resources				
Staff roles	89	75	33	63
Task management	50	41	0	29
Performance Management	63	44	0	32
Staff development	78	36	67	60
Salary Administration	89	12	33	41
Team Development & Conflict Resolution	100	-9	0	17
Subtotal	**77**	**30**	**22**	**40**
Subtotal Average Score	**77**	**30**	**22**	**40**
Program & Service Delivery				
Sectoral Expertise	80	30	100	66
Constituency Ownership	78	50	0	145
Performance Monitoring and Impact Assessment	114	18	50	50
Subtotal	**88**	**31**	**75**	**79**
Subtotal Average Score	**88**	**31**	**75**	**79**
External Relations & Advocacy				
Public Relations	71	39	0	31
Regional Collaboration	86	9	0	23
Government Collaboration	60	23	0	26

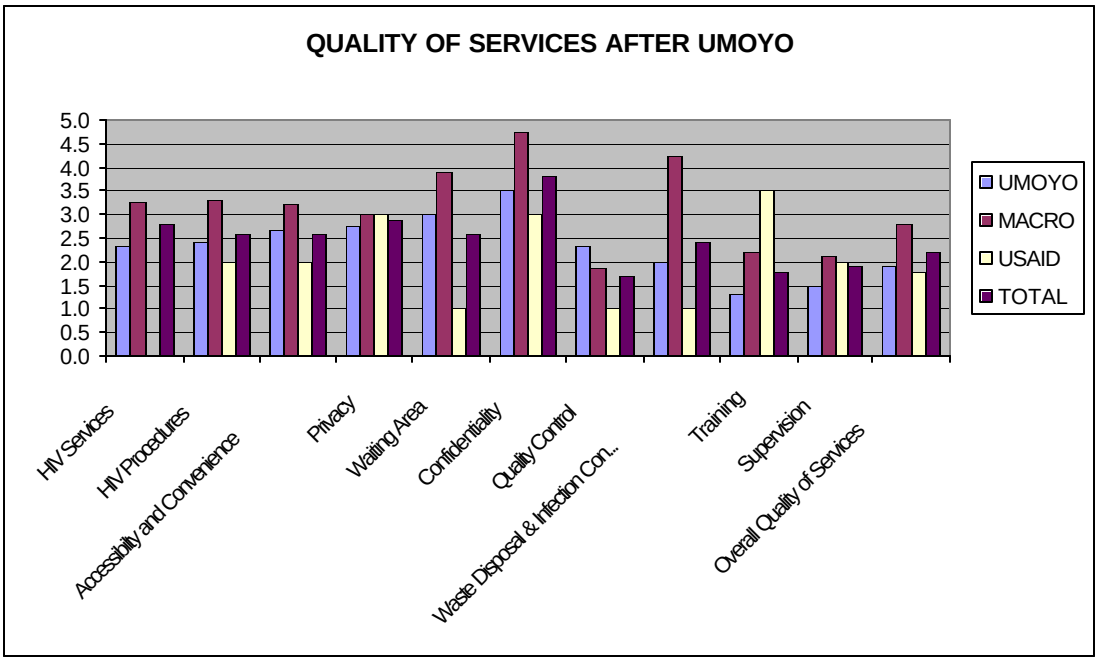
Private Sector Collaboration	75	-8	33	27
NGO Collaboration	78	6	33	33
Advocacy	67	51	0	36
Mobilization of Resources	100	44	300	108
Subtotal	**75**	**21**	**26**	**37**
Subtotal Average Score	**75**	**21**	**26**	**37**
TOTAL SCORE	**83**	**21**	**43**	**747**
TOTAL AVERAGE SCORE	**83**	**21**	**43**	**51**

ANNEX VI: QUALITY OF SERVICES BEFORE AND AFTER UMOYO

QUALITY OF SERVICES BEFORE UMOYO				
COMPETENCY	**UMOYO**	**MACRO**	**USAID**	**TOTAL**
HIV Testing and Counseling Services	2.3	3.2		2.8
Adherence to HIV Procedures	2.4	3.3	2.0	2.6
Accessibility and Convenience	2.7	3.2	2.0	2.6
Privacy	2.8	3.0	3.0	2.9
Waiting Area	3.0	3.9	1.0	2.6
Confidentiality	3.5	4.8	3.0	3.8
Quality Control	2.3	1.9	1.0	1.7
Waste Disposal & Infection Control	2.0	4.3	1.0	2.4
Training	1.3	2.2	3.5	1.8
Supervision	1.5	2.1	2.0	1.9
Overall Quality of Services	1.9	2.8	1.8	2.2



QUALITY OF SERVICES AFTER UMOYO				
COMPETENCY	UMOYO	MACRO	USAID	TOTAL
HIV Testing and Counseling Services	3.8	4.2	3.8	3.9
Adherence to HIV Procedures	4.0	4.5	4.3	4.3
Accessibility and Convenience	3.6	3.4	3.5	3.5
Privacy	4.0	3.7	5.0	4.2
Waiting Area	3.8	3.0	3.0	3.7
Confidentiality	4.8	4.8	5.0	4.8
Quality Control	4.0	4.6	3.0	3.9
Waste Disposal & Infection Control	4.0	4.8	3.0	3.9
Training	4.1	2.8		3.5
Supervision	3.5	3.5	5.0	4.0
Overall Quality of Services	4.0	3.2	3.9	3.6


QUALITY OF SERVICES AFTER UMOYO
5.0
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
0.5
0.0
UMOYO
MACRO
USAID
TOTAL
HIV Services
HIV Procedures
Accessibility and Convenience
Privacy
Waiting Area
Confidentiality
Quality Control
Waste Disposal & Infection Con...
Training
Supervision
Overall Quality of Services

ANNEX VII: QUALITY OF VCT SERVICES

QUALITY OF VCT SERVICES: PERCENTAGE CHANGE BY ORGANIZATION				
	% CHANGE	% CHANGE	% CHANGE	% CHANGE
	UMOYO	MACRO	USAID	TOTAL
TESTING AND COUNSLING				
Pretest Counseling	60	44	NIL	48
Post Test Counseling	75	17	NIL	38
Ongoing Counseling	56	-7	NIL	4
HIV Testing	60	65	NIL	71
Subtotal	**62**	**28**	**NIL**	**40**
Average Score	**62**	**28**	**NIL**	**40**
PROCEDURES				
Pretest Procedure	60	38	100	62
HIV Testing Procedure	60	48	150	79
Post Test Procedure	78	23	100	58
Subtotal	**66**	**35**	**117**	**66**
Average Score	**66**	**35**	**117**	**66**
ACCESSIBILTY & CONVENIENCE				
Hours of operation	40	7	0	14
Location	26	6	300	60
Subtotal	**33**	**7**	**75**	**33**
Average Score	**33**	**7**	**75**	**33**
PRIVACY				
Level of privacy	45	22	67	45
Subtotal	45	22	67	45
Average Score	**45**	**22**	**67**	**45**
WAITING AREA				
Quality of ventilation	25	9	200	39
Subtotal	25	9	200	39
Average Score	**25**	**9**	**200**	**39**
CONFIDENTIALITY				
Level of Confidentiality	36	0	67	29
Subtotal	36	0	67	29
Average Score	**36**	**0**	**67**	**29**
HIV TESTING QUALITY CONTROL				
Quality control system in place	71	147	200	123
Subtotal	71	147	200	123
Average Score	**71**	**147**	**200**	**123**
MEDICAL WASTE				

Medical waste management system	100	15	200	64
Procedures to protect against infection	100	9	200	60
Subtotal	**100**	**12**	**200**	**62**
Average Score	**100**	**12**	**200**	**62**
TYPE OF TRAINING				
Pre test counseling	100	15	NIL	47
Post test counseling	75	20	NIL	41
HIV testing	189	53	NIL	100
VCT site management	189	-10	NIL	52
VCT supervisor training	211	8	NIL	86
STI training	333	50	NIL	159
PMCT training	700	0	NIL	167
Monitoring & Evaluation	133	50	NIL	96
Financial Management	700	10	NIL	132
Finance and USAID Regs	767	25	NIL	164
Strategic Planning	167	7	NIL	70
Infection Prevention	167	42	NIL	95
Stress Management	133	200	NIL	157
Proposal Writing	300	20	NIL	113
Psycho/Social Positive Living	267	55	NIL	129
Subtotal	**215**	**27**	**NIL**	**96**
Average Score	**215**	**27**	**NIL**	**96**
SUPERVISION				
Support and supervision	133	65	150	113
Subtotal	**133**	**65**	**150**	**113**
Average Score	**133**	**65**	**150**	**113**
TOTAL SCORE	**111**	**15**	**182**	**69**
TOTAL AVERAGE SCORE	**111**	**15**	**111**	**64**