CHAPTER 3

PROJECT EVALUATION

3.1 Introduction

This project aimed to improve care for PLWAs at home by enhancing capacities of the PLWH volunteers in providing Home Based Care to the PLWA. The activities consisting of two phases were planned for 18 months. The first phase focused on formal, resource-intensive training to build capacity among PLWH volunteers to provide home care. During the second phase, PLWH volunteers will integrate Home Based Care activities into the work-plan of their PLWA groups and focus to pass on their skills to build ability of family members to provide care to PLWAs.

An evaluation was planned to be done both in phase I and phase II. In phase I, evaluations had been done from both perspectives, project organizers and clients. An evaluation of the training was conducted to assess volunteers' competencies, while client satisfaction on care provided by volunteers was assessed. Phase II evaluation will be conducted at the completion of the program.

3.2. Purpose

The purpose of this phase I evaluation was to assess the PLWH volunteer training process and outcome.

3.3. Evaluation questions

The main evaluation question was "Did PLWH volunteers gain the basic competencies to take up their role in home care?" This led to five sub-evaluation questions: -

- Do PLWH volunteers have basic knowledge on HIV/AIDS care?

-Do PLWH volunteers have a positive attitude towards their role as home care
provider?

-Do PLWH volunteers have the required skills to perform home care activities?

-Are PLWA satisfied with the care provided by the volunteers?

-What could be improved in terms of the training process?

Evaluation objectives: The main objective was to identify if the volunteers gain the basic competencies to take up their role in home care. This led to following evaluation objectives: -

a) To identify the knowledge level of PLWH volunteers on HIV/AIDS care
b) To identify level of attitude of PLWH volunteers towards their role as home care provider.
c) To identify skill level of PLWH volunteers in performing home care activities.
d) To measure satisfaction levels of the PLWAs who received care provided by the PLWH volunteers.
e) To identify scope for improvement of the training workshops

3.4. Evaluation design

The evaluation design included summative and formative aspects of the volunteer training using four data collection tools to assess both process and outcomes of the volunteers training including the initial implementation of the Home Based Care program. Quantitative and qualitative approaches were applied for data collection and analyses.

The evaluation was done by two professional staffs in terms of (1) knowledge, (2) attitude, (3) skills and (4) client satisfaction (5) the training process using following tools: -

1) HIV/AIDS Care Knowledge Test
2) HIV/AIDS Home Care Provider Attitude Scale
3) HIV/AIDS Home Based Care Skills Checklists
4) Client Satisfaction Scale
5) Focus Group Discussions

Furthermore, the volunteers provided feedback using a questionnaire to indicate sufficiency on what they have learned and topics they wish to learn further in order to improve their performance in providing Home Based Care. Two Focus Group Discussion (FGD) has been arranged at the end of the training for the volunteers to (1) provide feedback on the training in general and (2) to assess coping ability of the volunteers.

3.5. Data collection methods

3.5.1 Population and Sample Size

Purposive sampling has been used for 2 groups, volunteers and clients. There are 12 PLWH volunteers and 30 clients.

Selection criteria:

a) PLWH Volunteers:

1. An active member of the PLWH self help groups in the four target districts
2. Volunteers that participated and complete the training

b) Clients: All clients receiving care provided by volunteers with a minimum of 8 visits.

Mortality Rate:

During the first month of the program, seven PLWAs died. Thus, the client satisfaction could not be obtained at the end of the eighth week. As a result, the criteria for the number of care were revised and client satisfaction was assessed at the end of the sixth week. There were six cases that received all required visits but died before obtaining the client satisfaction. In these cases, the primary caregivers were used as proxy to reflect the satisfaction of the clients.

3.5.2 Data collection tools

In order to answer the five evaluation questions, objectives and indicators have been identified. The indicators and tools for data collection are shown as in table 2.

The content validity was assured by consulting three experts. Modifications were made according to experts' comments and after testing with other group of volunteers and clients.

Table 2.: Evaluation questions, indicators and tools for data collection

Evaluation Question	Evaluation Objectives	Indicators	Tool	Reliability
1.Do volunteers have basic knowledge on HIV/AIDS care?	1.To identify the knowledge level of volunteers on HIV/AIDS care.	1. Comparison of pre test and post test scores on knowledge (K) 2. Comparison of post test scores against predefined standards on knowledge (K)	HIV/AIDS Care Knowledge Pre-post test	KR 20 .70
2.Do volunteers have a positive attitude towards their role as home care provider?	2.To identify level of attitude of volunteers towards their role as home care provider.	3. Active participation during training, and attitude aspects in HIV/AIDS care during practice (A) 4. Comparison of attitude assessment Outcomes against predefined standards on attitude (A)	Attendance sheet Observation sheet HIV/AIDS Home Care Provider Attitude Scale Pre-post test	 Cronbach .79
3.Are PLWA satisfied with the care provided by the volunteers?	3. To identify satisfaction level of the PLWA clients with the care provided by the volunteers.	5. Satisfaction of PLWA with home care provided by volunteers (SAT)	Client Satisfaction Scale	Cronbach .88
4.Do volunteers have the required skills to perform home care activities?	4. To identify skill level of volunteers in performing home care activities.	6. Comparison of grading on skill performance between first and last applications in HIV/AIDS care (S) 7. Comparison of grading on skills performance of last applications with predefined standards (S)	HIV/AIDS Home based care Skill Checklists	-

Evaluation Question	Evaluation Objectives	Indicators	Tool	Reliability
5.What could be improved in the training process?	5.To identify scope for improvement of the training workshops	8. Feedback on the most sufficient knowledge and the least sufficient that require further training 9. Feedback on training process: teaching sessions, home visit, home care, case presentation and monthly meeting 10. Feedback on Volunteers' coping ability	Focus Group Discussion	-

3.5.3 Development of the data collection tools

1. The HIV/AIDS Care Knowledge Test

This test was developed to measure knowledge of the volunteers before and after training. Steps on development of the HIV/AIDS related Knowledge Test were as follow:

(1) Review from the literature.

(2) Focus Group Discussion with eight PLWAs

(3) Nominal group discussion with 12 PLWH volunteers

(4) Developed test questions,

The pre-posttests consisted of 35 true-false questions, because most of the volunteers have primary school education and were not able to explain well in writing. Pretest was done prior to the starting of the first training session and the posttest was done at the end of Phase I. The content of the test includes

- Knowledge on General information about HIV/AIDS	6 questions
- Knowledge on transmission of HIV	5 questions
- Knowledge on prevention	2 questions
- Knowledge on treatment	6 questions
- Knowledge on care	16 questions

Each question valued 1 point. The range of possible score is 0-35. The predefined standard was 80%, therefore volunteers must have 28 scores to be able to pass the HIV/AIDS Care Knowledge Test.

2.The HIV/AIDS Home Care Provider Attitude Scale

There are 3 measurement indicators for the attitude of the PLWH volunteers as follow:

a) The HIV/AIDS Home Care Provider Attitude Scale was used to measure attitude of the PLWH volunteers toward HIV/AIDS before and after training. The same set of questions was used for pre and posttests. Steps on development of the attitude test were as follow:

(1) Review the literature.

(2) Develop the attitude test:

The HIV/AIDS Home Care Provider Attitude Scale consists of 30 questions from 5 sub-scales as follow.

-Attitude on image of HIV, PLWA	3 questions
-Attitude on transmission of HIV	4 questions
-Attitude on living with HIV	9 questions
-Attitude on AIDS care	6 questions
-Attitude on role as care provider	8 questions

The HIV/AIDS Home Care Provider Attitude Scale used a Likert scale. Each question has five levels from 1 as strongly disagree to 5 as strongly agree. The score of negative questions were reversed prior to entering data for analyses. The range of possible score is 30-150. The score is converted to range of means as follow:

1.00-1.79	(30-53 scores)	very poor
1.80-2.59	(54-77 scores)	poor
2.60-3.39	(78-101 scores)	fair
3.40-4.19	(102-125 scores)	good
4.20-5.00	(126-150 scores)	very good

b) Attendance sheet: An attendance sheet was used for the volunteers to sign for attending each training sessions and from the home care report if the volunteers visited and provided care to the clients as scheduled.

c) Observation: Observation during practice has been done by two professional staffs to all volunteers. The PLWH volunteers' friendliness, politeness and understanding/sympathy were observed during four supervisions. Scoring ranged from 1 as require improvement to 4 as very good.

3.The HIV/AIDS Home Based Care Skill Checklists

This checklist is a tool to measure skills of the PLWH volunteers. Steps on development of Skill Checklist are as follow.

(1) Review the literature

(2) Developed checklist:

The skill checklist consists of 32 skills divided in 5 parts:

Part 1: Skills on assessing patient's condition, needs assessment and plan	3 skills
Part 2: Skills on communication and building interpersonal relationship	3 skills
Part 3: Skills on provision of care	19 skills
Part 4: Skills on providing information, counseling and mental support	4 skills
Part 5: Social skills	3 skills

The checklists were completed by two professional staffs according to the PLWH volunteers' performance at each visit. The PLWH volunteers were not required to complete all skills listed as the care provided was based on the needs of each client. Scoring ranged from 1 as require improvement to 4 as very good were rated:

1	require improvement
2	fair
3	good
4	very good

In order to deal with possible inter-rater bias, following steps have been taken.

- A clear guideline was developed.
- A discussion among the two raters was arranged to ensure clarity of meaning of the guideline.
- Each PLWH volunteers received a total of four supervisions from both professional staffs (each staff twicely).
- Inter-rater comparison was applied.

4. Client Satisfaction Scale

A client satisfaction scale was used for measuring the PLWAs' satisfaction with home care provided by PLWH volunteers. After the completion of six visits,

each client was interviewed by using an author developed satisfaction scale. Steps in the development of the client satisfaction scale were as follow.

(1) Review the literature.

(2) Develop scale:

The scale consists of 2 parts: -

a) Satisfaction on provision of care by volunteers:

The clients were asked to give satisfaction score to the care they received from volunteers on the four scoring scales as follow:

1	very unsatisfied
2	unsatisfied
3	satisfied
4	very satisfied

There are 18 items of provision of care satisfaction divided in 6 parts as follow: -

Satisfaction on cleaning and safety of environment	1 item
Satisfaction on personal hygiene	3 items
Satisfaction on food and fluid	1 item
Satisfaction on physical care includes ambulation, dressing, medication	6 items
Satisfaction on information and advice	4 items
Satisfaction on psychosocial support	3 items

The range of possible score is from 18-72 scores. The score is converted to range of means as follow:

1.00-1.74	(18-30 scores)	very poor
1.75-2.49	(31-44 scores)	poor
2.50-3.24	(45-58 scores)	good
3.50-4.00	(59-72 scores)	very good

<u>b) Satisfaction on relationship with volunteers</u>

In this part, there are 18 items for assessing satisfaction with the individual volunteer by the clients. The scoring in each item ranges from 1 to 5.

1	strongly disagree
2	disagree
3	undecided
4	agree
5	strongly agree

The negative items were reversed prior to entering the data. The possible range of score ranged from 18 to 90. The score is converted to a range of means as follow:

1.00-1.79	(18-31 scores)	very poor
1.80-2.59	(32-46 scores)	poor
2.60-3.39	(47-61 scores)	moderate
3.40-4.19	(62-76 scores)	good
4.20-5.00	(77-90 scores)	very good

5. Focus groups discussion guidelines

Guidelines were developed for both FGDs (a) general feedback on the training and (b) coping with providing care for terminal ill patients. Guidelines are presented in Appendix.

3.6. Data analysis and Results

3.6.1 Data Management and Data Analysis

For this study, data management and results of all quantitative analyses were processed with the Statistical Package for Social Science (SPSS) version 10.0 for Windows. Raw data, were coded and entered into the SPSS with a sample double entry. Descriptive analysis was done based on frequencies, means, and standard deviations.

Reliability was tested as follow:

Cronbach's alpha was used for HIV/AIDS Home Care Provider Attitude Scale (alpha =. 79) and Client Satisfaction Scale (alpha=. 88)

Kuder-Richardson KR20 alpha was performed for the HIV/AIDS Care Knowledge Test (alpha =. 70)

Knowledge, Attitude and Skills scores were analyzed using paired *t*-test (t= -5.22 for Knowledge, t=-5.51 for Attitude and t=-2.78 for skill), and McNemar chi-square (p =. 008 for Knowledge and .031 for Attitude).

For all significance testing, alpha was set at .05 level.

Protection of Human Rights

The protection of human subjects was ensured as follow: (a) raw data did not include any information that would allow for the identification of any participant, both volunteers and clients; (b) the participants were referred to by ID number; (c) the original raw data were kept in a locked file cabinet and (d) the data were installed in a password-protected drive not connected to any external network.

3.6.2 Results

a) Description of the Sample

1). Volunteers: There were 12 volunteers involved in the evaluation. The volunteer characteristics are presented in Table 3. The age of volunteers ranged from 25 to 40, with a mean of 33.42 years old. Eleven out of twelve volunteers are female. The majority of the volunteer was HIV infected (91.7%), completed primary school (66.7%), had been working in the Counseling program for less than 1 year (58.3%), had no experiences in home care (66.7%), had other jobs as source of main income (75.0%), and had monthly income less than 5,000 Baht (91.7%). Half of the volunteers lived with their spouse while the rest were widow, single, and separate.

Table 3: Volunteers Characteristics

Characteristics	n	Percentage	Mean (SD)	Range
Age	12	-	33.4 (5.20)	25-40
Gender				
- Male	1	8.3	-	-
- Female	11	91.7	-	-
Education background				
- Primary school	8	66.7	-	-
- Secondary school	4	33.3	-	-
Marital status				
- Married	6	50.0	-	-
- Single	6	50.0	-	-
Family income				
- Less than ฿ 3,000	6	50.0	-	-
- ฿ 3,000-5,000	5	41.7	-	-
- More than ฿ 5,000	1	8.3	-	-
HIV status				
- Positive	11	91.7	-	-
- Negative	1	8.3	-	-
Years worked as volunteer				
- Less than 1 year	7	58.3	-	-
- 1-3 years	3	25.0	-	-
- More than 3 years	2	16.7	-	-
Experience in home care				
- Yes	4	33.3	-	-
- No	8	66.7	-	-

(2) Clients: The sample for this evaluation comprised of 30 PLWAs, who received voluntarily Home care by PLHA volunteers for a minimum of 6 times prior to the measurement. The sample characteristics are presented in Table 4. Among the 30 clients whom participated in this evaluation, the average age was 30 years old. More than 80% of the sample were in reproductive age. Fifty-six percents of the clients were male. Majority of the clients had only primary education (66.7%) and reported their family income less than 5,000 Baht monthly (73.3%). Most of the clients only knew their HIV status during the past 1-5 years with an average of 3.7 years. More than 90% of the clients were severely ill during the past 8 months.

83.3% of the caregivers knew the clients' HIV status. Almost 47% of the caregivers were spouse while the rest were parents and other relatives. 76.7% of the clients perceived very good relationship with their caregivers. During the study implementation, thirteen clients died, thus, the mortality rate of the sample during the evaluation period was 43.3%.

Table 4: Clients Characteristic

Characteristics	n	Percentage	Mean (SD)
Client's age Range (year) 5-50	30	-	30.5
Gender			
- Male	17	56.7	-
- Female	13	43.3	-
Education			
-Primary school	20	66.7	-
-Secondary school	7	23.3	-
-Higher than SC	3	10.0	-
Family income/month			
- Less than ฿3,000	10	33.3	-
- ฿3,000-5,000	12	40.0	-
- ฿5,000-10,000	7	23.3	-
- More than ฿10,000	1	3.3	-
Status at the end of study			
- Dead	13	43.3	-
- Alive	17	56.7	-
Marital status			
- Married	19	63.3	-
- Widowed & single	11	36.7	-
Length of known HIV status (years)		-	3.7 (2.35)
Length of severe illness (months)		-	6.0 (6.23)
Primary caregiver			
- Spouse	14	46.7	
- Parents	8	26.7	-
- Other relatives	8	26.7	-
Caregiver known of client's HIV status			
-Known	25	83.3	-
-Unknown	5	16.7	-
Perceived relationship with caregivers			
-Very good	23	76.7	-
-Good	5	16.7	-
-Poor	1	3.3	-
-Very poor	1	3.3	-

b) Knowledge

The predefined score was set at 80% or 28 from the total of 35 scores. The average score of pretest was 22.25. When examining closely, it was found that only 2 volunteers had sufficient knowledge. For the posttest, the average score was 29.33. All but two volunteers passed a predefined standard score of 80%. The difference between pretest and posttest score was 7.08 (Table 5).

Table 5: Compare Mean and passing rate of pretest with posttest

	Mean (SD)	t	*p*-value	Passing rate (%)	*p*-value
Pretest	22.3 (4.45)	-5.22	< .001*	16.7	.008**
Posttest	29.3 (2.10)			83.3	

* Paired T-test
** McNemar Chi-Square Tests

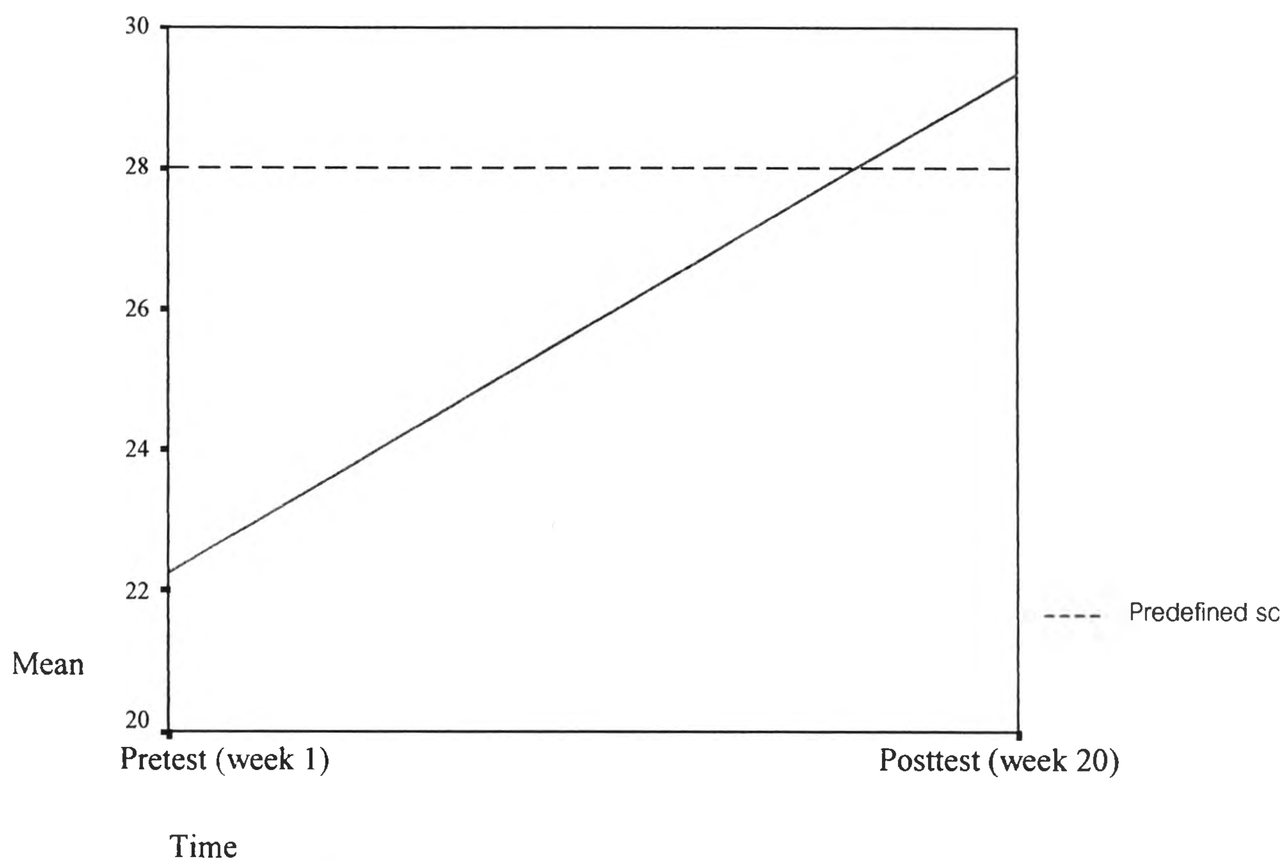
When looking at each part of knowledge (Table 6), it was found that the volunteers had high score of pretest in general information but low score in treatment and care. After completion of the training, the knowledge on transmission, treatment, and care had significantly gained. The score of posttest on prevention was slightly lower than the pretest; however, statistical significant was not found. The scores on general information regarding HIV knowledge remained unchanged.

Table 6: Compare parts of knowledge at pre and posttest

Knowledge	Maximum score	Pretest Mean (SD)	Posttest Mean (SD)	*t*	*p*-value*
▪ General information	6	4.8 (0.62)	5.0 (0.60)	-1.92	.08
▪ Transmission	5	3.5 (1.24)	4.4 (1.00)	-4.75	< .01
▪ Prevention	2	1.9 (0.29)	1.8 (0.39)	1.00	.34
▪ Treatment	6	2.8 (1.86)	4.9 (0.67)	-3.77	< .01
▪ Care	16	9.3 (2.80)	13.2 (1.80	-4.17	< .01

* Paired t-test

Figure 5: Compare knowledge gained before and after training



c) Attitude

For the attitude test (Table 7), the predefined score was set at 80%. Therefore, the predefined standard means of score is 120 from the total of 150 scores. The means of pretest was 116.33 while the means of posttest was 130.17. Prior to the training, only five volunteers had attitude score above 80%. After training, 11 of 12 volunteers passed 80% predefined standard. The mean of score gained was 13.84, demonstrated the significant gaining in attitude toward providing home care to PLWAs after training.

Table 7: Compare Mean and passing rate of attitude pretest with posttest

	Mean (SD)	t	*p*-value	Passing rate (%)	*p*-value
Pretest	116.3 (9.97)	-5.51*	< .001*	41.7	.031**
Posttest	130.2 (8.48)			91.7	

* Paired T-test
** McNemar chi-square Tests

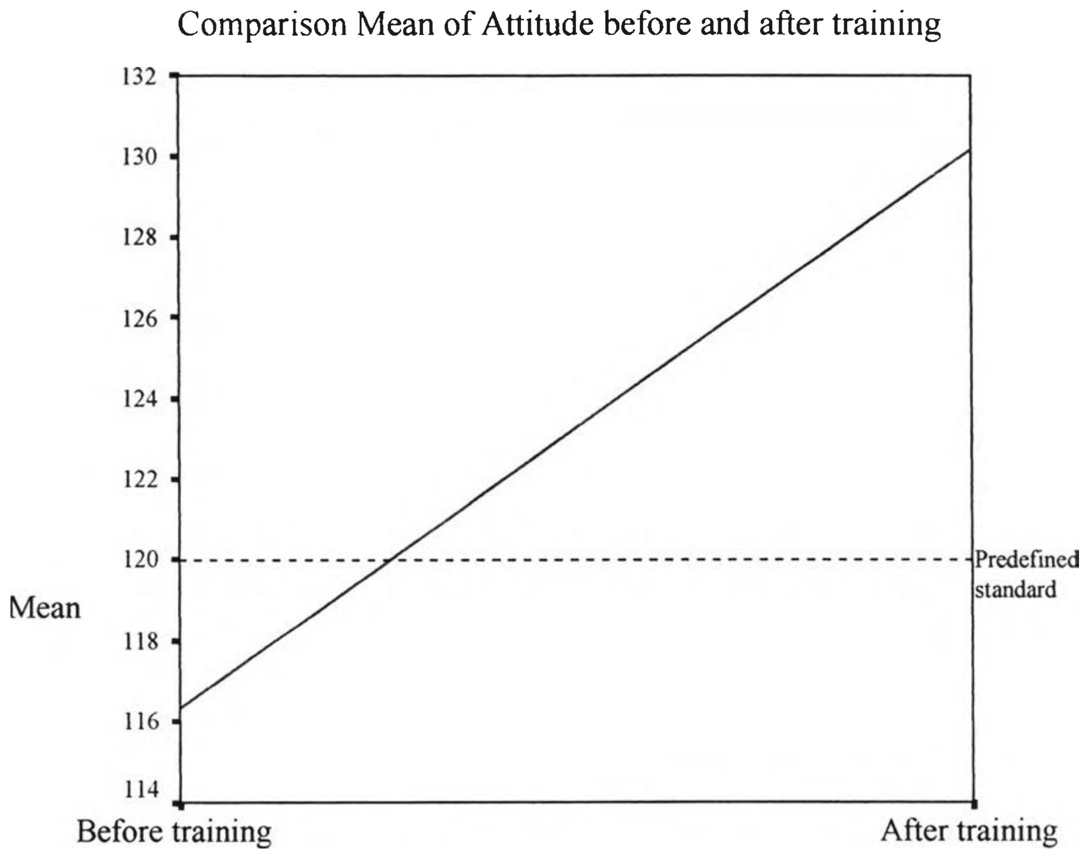
When examining each part of attitude, it revealed that the volunteers' attitudes after training in five attitude categories were significantly increased (Table 8).

Table 8: Compare parts of attitude at pre and posttest

Attitude	Maximum score	Pretest Mean (SD)	Posttest Mean (SD)	*t**	*p*-value*
▪ Image of HIV, PLWA	15	10.1 (2.11)	10.9 (2.15)	-4.02	.002
▪ Transmission	20	16.3 (2.53)	17.8 (2.05)	-3.59	.004
▪ Living with HIV	45	37.3 (3.87)	41.1 (2.84)	-3.59	.004
▪ AIDS care	30	23.3 (1.96)	25.3 (2.27)	-4.17	.002
▪ Role as care provider	40	29.4 (4.74)	35.1 (4.76)	-4.79	.001

* paired t-test

Figure 6: Compare Attitude gained before and after training



Considering the attendance of the volunteers, all volunteers participated in every in-class training sessions. In this intervention, the practical training requirement was set at 2 days weekly for 13 weeks, total 26 days. Of all volunteers, only four had one to three days missing. The reasons for each absence were related to coping with the loss of their regular clients. Later, the problems were resolved.

Table 9: Mean and percentage of PLWH Volunteers' attendance during theoretical and practical training

N=12	Total (days)	Mean	SD	Percentage
▪ Attended training sessions	8	8	0	100
▪ Attended practical sessions	26	25.25	1.22	97.12

During practical training, the attitude of volunteers towards provision of care to the clients was observed by two PSBI professional staffs. Table 10 demonstrated the changes in attitude from the first practice to the last practice.

Table 10 Attitude of volunteers observed by supervisors

	Mean (SD)	Range	*t**	*p*-value*
▪ Attitude first practice	3.7 (0.55)	2.33-4.00	-2.10	.06
▪ Attitude last practice	4.0 (0.00)	4.00-4.00		

* Paired t-test

d) Skills

The predefined mean for skill performance was set at level 3.The first skill performance during the fourth week of practical training ranged from 2.25 to 3.75 with a mean of 3.11. It was found that only 66.7% of the volunteers passed skill performance during the first observation. The last skill performance during the twelfth week ranged from 2.91 to 3.92 with a mean of 3.50. At this point, all of the volunteers passed skill performance. The skill performances were significantly improved (Table 11).

Table 11: Compare Mean and Passing rate of Skill between the First and the Last Observations

Skills observations	Mean (SD)	T*	*p*-value*	Passing rate (%)	*p*-value**
First observation	3.1 (0.50)	-2.78	.02	66.7	.***
Last observation	3.5 (0.29)			100	

* Paired T-test

** McNemar chi-square Tests

*** Result of skill posttest (last observation) is a constant

The skill performance consisted of five parts and all parts had the same weight. Table 12 displayed a picture of the first and the last skill performances. When look into each part of skill performance at the first observation, the assessment skill and the care skill, which are the essence for this home care training were low (2.75 and 2.92) and more than 50% of the volunteers failed to reach the predefined standard skills. Since this group of volunteers was familiar with communication, counseling, and social activities, their communication skill, counseling and social skill were found to be high. At the last observation, all skill means including the assessment skill and care skill had increased. Skill Performance in the first and the last application is shown in Figure 7.

Table 12: Compare Five Skill Parts at the First and the Last Observations

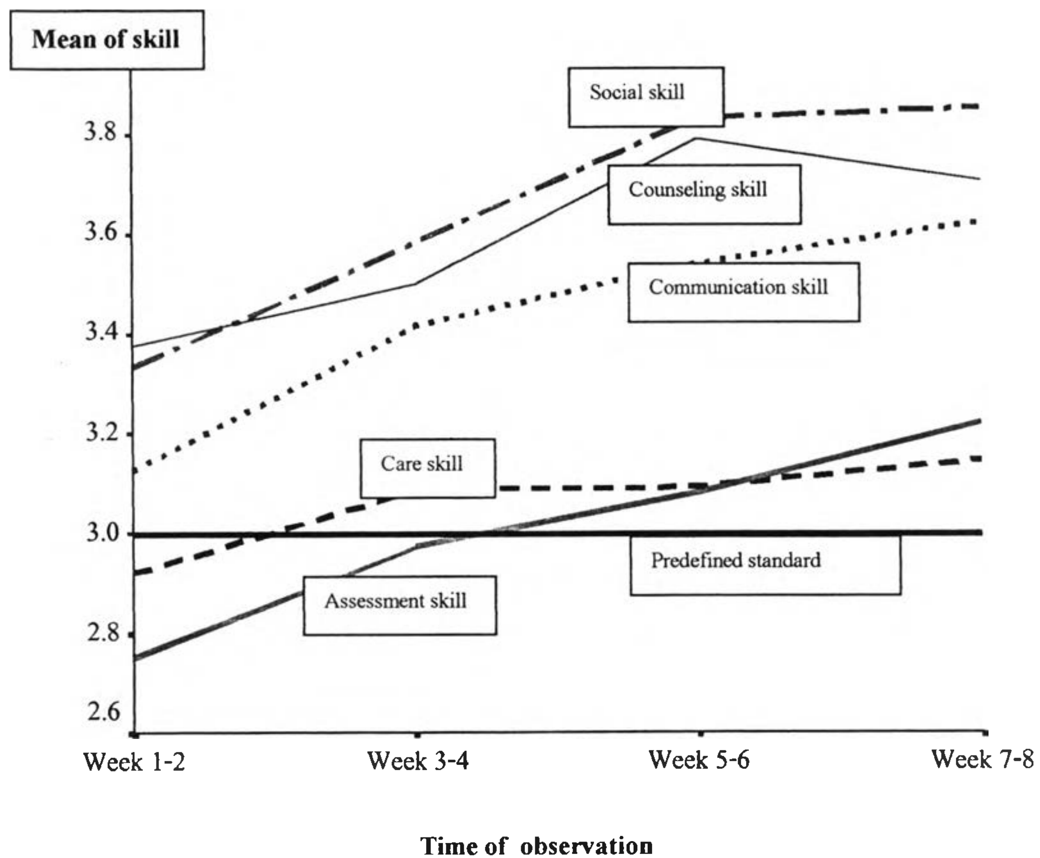
Skill performance	First skill performance		Last observation		T*	p-value *	p-value **
	Mean (SD)	passing rate (%)	Mean (SD)	passing rate (%)			
▪ Assessment	2.8 (0.49)	50.0	3.2 (0.38)	91.7	-3.56	.004	.06
▪ Communication	3.3 (0.66	66.7	3.6 (0.45)	91.7	-1.91	.08	.25
▪ Care	2.9 (0.43)	41.7	3.2 (0.35)	83.3	-2.02	.07	.12
▪ Counseling	3.4 (0.60)	75.0	3.7 (0.51)	91.7	-2.00	.07	.50
▪ Social	3.4 (0.56)	83.3	3.8 (0.30)	100	-2.61	.02	-***

*Paired t-test

** Mc Nemar Chi Square

***Result of skill posttest (last observation) is a constant

Figure 7: Comparison of Mean of 5 Skills with Predefined Standard



e). Volunteers competencies

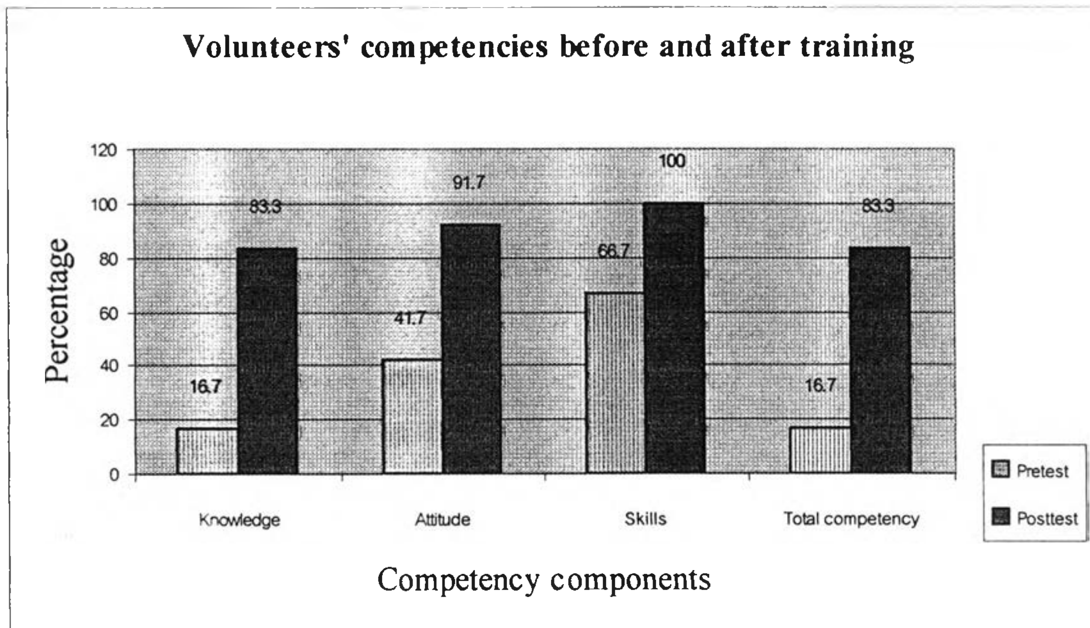
In this study, the volunteers' competencies in providing home care to PLWAs were determined by the combination of knowledge, attitude and skill. In the pretest, only two volunteers passed competency test (all knowledge, attitude and skills). However, after the completion of the training, ten volunteers had sufficient competencies. All passing rates for each and total competencies are shown in Table 13.

Table 13: Knowledge, Attitude, Skills, and Volunteers' Competency Passing Rate (n=12)

Competency	Pretest passing rate (%)	Posttest passing rate (%)	*p*-value**
• Knowledge	16.7	83.3	.008
• Attitude	41.7	91.7	.031
• Skills	66.7	100.0	-*
• Total competency	16.7	83.3	.008

*Result of skill posttest is a constant
**Mc Nemar Chi Square

Figure 8: Compare Volunteers' Competencies before and after training



f) Client satisfaction: Two parts of client satisfaction including clients' satisfaction on provision of care and satisfaction on relationship with volunteers were examined in this study.

- For clients' satisfaction on provision of care (Table 14), the mean satisfaction on provision of care was 3.4, ranging from 3.0-3.7. The highest satisfaction scores were on stress/anxiety reduction, bed-bath and shampooing while the lowest satisfaction scores were on helping to make future plan, information on alternative treatment, and on helping for ambulation.

Table 14: Clients Satisfaction on Provision of Care

Type of satisfaction	n	Mean	SD
Satisfaction on cleaning and safety of environment			
• Satisfaction on Bed making	14	3.4	0.50
Satisfaction on personal hygiene			
• Satisfaction on Bedbath, shampooing	16	3.6	0.51
• Satisfaction on toilet assistance	10	3.3	0.48
• Satisfaction on cloth cleaning, disinfection of cloths	20	3.5	0.51
Satisfaction on food and fluid			
• Satisfaction on food preparation	15	3.5	0.52
Satisfaction on physical care and medication			
• Satisfaction on help on ambulation	17	3.2	0.44
• Satisfaction on massage / passive exercise	29	3.5	0.51
• Satisfaction on giving medication	29	3.5	0.51
• Satisfaction on wound dressing	18	3.6	0.62
• Satisfaction on tepid sponge, cool down fever	16	3.5	0.52
• Satisfaction on changing position	16	3.5	0.52
Satisfaction on information and advise			
• Satisfaction on giving general information and advise	30	3.4	0.63
• Satisfaction on advise on self care	30	3.4	0.56
• Satisfaction on advise on abnormal signs	30	3.4	0.57
• Satisfaction on information of alternative care and referral	28	3.1	0.63
Satisfaction on psychosocial support			
• Satisfaction on help to decrease stress / anxiety	30	3.7	0.45
• Satisfaction on help making future plan	29	3.0	0.42
• Satisfaction on help to adapt to live with families	30	3.3	0.60
Average	23	3.4	0.53

- Satisfaction on relationship with volunteers (Table 15)

The scores on satisfaction on relationship with volunteers ranged from 3.6-4.9 with an overall mean of 4.4. The mean as well as the highest score was in a very good level. Interestingly, the lowest score on satisfaction on relationship with volunteers was in a good level. The stable temper of the volunteers received the highest satisfaction score while the lowest satisfaction score was on volunteers' knowing what clients want volunteers to help with (need assessment).

Table 15: Satisfaction on Relationship with Volunteers (n=30)

Items	Mean	SD
Communication 1. Volunteers are nice and friendly	4.6	0.67
2.Volunteers understand, care and concern about your illness	4.6	0.63
3.Volunteers are polite and respect your right	4.50	0.57
4.You can tell all problems to volunteers	3.8	1.02
5.You have confident that the volunteers will keep your HIV status confidential	4.5	0.73
Care 6.You feel bored with the frequent visit of the volunteers*	4.8	0.41
7.Volunteers know what are your needs, what you want her to help	3.6	0.94
8.Volunteers are sincere to you and have sincere willingness to provide care to you	4.5	0.51
9.Volunteers listen to your problems, understand you and help you when you require	4.2	0.73
10.Volunteers give a lot of time to provide care to you	4.6	0.77
11.Volunteers tried to involve your family participation	3.8	1.16
12.Volunteers can answer to your questions and give enough information according to your needs	4.0	0.76
13.Volunteers make you feel delight and hopeful	4.5	0.63
14.The care provided by volunteers does not help you at all*	4.6	0.77
15.The volunteers always command you to do the way she wants*	4.8	0.41
16.The volunteers are always moody, have bad tempered*	4.9	0.25
17. You feel you are waiting for the volunteers to come to visit and provide care to you	4.1	1.11
18.Overall you are satisfied with the care provided by the volunteers	4.6	0.61

* required reverse of meaning

g) Feedback questionnaire: An evaluation questionnaire was given to volunteers at the end of the training. The PLWH volunteers gave their opinions on their learning and on the training program. The questionnaire consisted of 2 parts of opened- end and closed-end questions. The purpose of using this questionnaire was to ask whether they had sufficient knowledge to function as a home care provider. The PLWH volunteers' reports of their knowledge were rated in three levels from least sufficient (1) to the most sufficient (3). From Table 16, it was found that the most sufficient topics covered in the training were a) mental and mental support, b) transmission, prevention, universal precaution, and waste disposal, c) immunity and

practice to maintain level of immunity, d) our body, common problems and physical care, e) communication and building relationships, and f) signs and symptoms to be referred to the hospital. For those topics that the PLWH reported to be least sufficient were confirmed in the FGD that they would like to be included in the next phase of the project. It included a) opportunistic infections and treatments, b) symptomatic treatments and medications, c) care of children with HIV/AIDS, d) alternative treatments, and e) how to teach family to provide care.

Table 16: Sufficiency of knowledge for performing home care provider identified by PLWH volunteers

No	Topics	Most sufficient	Moderate sufficient	Least sufficient
1	Our body / Problems that may happen to our bodies / How to take care of our body	√		
2	Immunity / CD 4 level / Practice to maintain level of immunity	√		
3	Opportunistic Infection / TB / CMV / PCP / Cryptococosis / Herpes / Fungal infection / etc.			√
4	Transmission / Prevention / Universal precaution / Waste disposal	√		
5	Anti-retroviral treatment and OI treatment			√
6	Physical need and physical care		√	
7	Discomforts and relief of discomforts		√	
8	Symptomatic medication, care and treatment			√
9	Danger signs and symptoms for referral	√		
10	Alternative treatment			√
11	Care of children with HIV/AIDS			√
12	Terminal care		√	
13	Mental problems and mental support	√		
14	Communication, building relationship and involvement of family participation	√		
15	Right of PLWHAs		√	
16	Teaching			√
17	Future plan		√	

The findings from opened-end questions revealed that the most satisfaction with the training were the chances of exchanging knowledge and opinions among the staffs and other PLWH volunteers, the ability to gain theoretical knowledge, and the appropriateness of methods used to conduct the training. Several PLWH volunteers stated in the opened-end question that the trainee centered approach was most satisfying point because they felt free to ask questions.

> Verbatim (F1)"Able to ask anything I wanted to. It was not like the other training I had attended before. In that one, I could only sit there and write down what the instructor had said."

For the least satisfying aspects of the training were the limitation of number of hours/sessions, the inadequacy of the setting to conduct small group discussions and the insufficient take home documents for future references.

> Verbatim (F2)" The training is too short, if it could be continued longer I am sure I can be a good volunteer for home care",
>
> Verbatim (F3)"I understand well in the class but I might forget when I need to use it with my patients, if I have a handbook with me that I can open anytime I need would be great"

However, when asked about the overall level of satisfaction with the training, most of the responses were "very satisfied".

h) Focus Group Discussion feedback on training

At the end of the training, two focus group discussions (FGD) had been arranged with all volunteers. The first FGD was conducted in order to get feedback regarding the teaching session, home visit, home care, case presentation and monthly meeting. The result of the FGD presented in table 17.

Table 17: Findings from Volunteers Feedback on Training during Focus Group Discussion

Teaching sessions	Home visit	Home care	Case study / presentation	Monthly meeting
-Using Problem based learning was appropriate for the group, no need to write but easy to understand, gets most of what had been taught. -Should have manual so volunteers can open when they were at clients' houses -Some topics were too difficult such as opportunistic infection and anti-retroviral treatment, need revision a few more times, small content in several sessions -Experienced volunteers could understand better, therefore, they were more actively participating,	-Started in the same time as theoretical session was not good as volunteers had a lot of questions and frustration, do not know what to do, shock to severe cases: unconscious, skin problem -Professional staffs should be	-More confidence with knowledge and skills , more ready to provide care -During theoretical, feel no confidence and frustrate, afraid cannot do but in actual practice, easier -Good with supervision, can ask questions and teach in actual case -Good support after clients passed away - Good home care bag, enough necessary drugs and supplies, easy to use but should have more stock in districts. -Face some difficulties in certain clients who do not want to follow the advise (eating, taking medicines.)	(This was arranged at the end of each month. This was helpful for the volunteers to analyze together about the condition of the clients and assess what should be done to the clients.) -Good in giving opportunities for volunteers to	-Appropriate for the volunteers because they wanted to tell friends what had happened and what they have done to their clients -Friends can offer peer support to each other. In case of feeling sorrow and coping with their clients who passed away. -Good with small

stimulation required for inexperienced volunteers -Good atmosphere -Many questions led to other topics far from the original plan, need good moderation -Good with lots of pictures and demonstration and practice, wants to watch video more on provision of care -Inexperienced volunteers feel shy to answer and ask questions, the five coupon system was good for encouraging participation -Theoretical training should be continued regularly 1-2 times monthly, review what have learned	with volunteers more often, needs more professional staff supervisions -team of two is good -Difficult in finding the clients' houses in the first visits and had to refer to PSBI' staffs name to start the relationship, mostly OK	-Amazing that within two months they can provide care to clients, happy to be in this training -So glad to see the improvement of the clients and feel good to be well accepted by clients and clients were waiting for volunteers to come -The only male volunteer in the program expressed difficulties being a home care provider. Certain kinds of care that female volunteers could do such as bed-bath, shampoo, massage etc. would not be possible for him to do. In addition, he felt it was difficult to go to client's house alone. -This program should be continued actively, can response to actual needs of the clients	discuss, express, and present what they think and they have done to the group. Groups learned a lot from this. -Inexperienced volunteers did not want to talk and felt panic of their turn to present but after done first time, felt OK to talk after that.	competition so everybody tried to do their best -Get good motivation and being so proud to tell about good things that had been done. -Good that friends can help to think and plan what should be done to the clients, sometimes the team could not cover everything which need to be done yet

i) Focus Group Discussion on Volunteers' coping

The second FGD was done with 12 PLWH volunteers for 1.54 hours. The objective of this FGD was to assess the stress and coping abilities of volunteers regarding home care practice. Three PLWH volunteers, who had no experiences with PLWAs and never faced any serious illness or death of family members, expressed their sorrow seeing their clients getting worse each time they visited. One of the three inexperienced volunteers referred one of her clients to the hospital and was with him at the time he passed away. The statement she made was that she felt like her own family member was passing away. At the time, she cried a lot and blamed herself as the cause of her client's death. She had to seek support by calling the PSBI staff immediately. After debriefing was done, she felt better but was not able to continue her assignment in the following days. Her home care schedule had to be postponed with one week after she gradually improved. Another inexperienced volunteer also cried when her client became unconscious.

> Verbatim (F4) "The patient is attached to me because I understand him, he told his mother at night that he would be waiting for me to come in the next morning. But when I arrived, he couldn't talk to me anymore".

She felt so badly and had dreamed about this client for a few days. During that time, her team leader had provided a peer support to her regularly, which was very supportive for her to cope with emotions. One inexperienced volunteer team stated in the FGD that they were in shock when they made a visit to a client who had severe skin problem all over the body. Both of them were frightened to the condition of the client and worried that the skin disease might be contagious to them. In that situation, both of them determined to leave the client's house immediately.

Fortunately, the professional staff arrived shortly after that to demonstrate the way in providing care to the client as well as to provide debriefing for the volunteers. The two were prepared and ready to go back to this client in a week later. In providing home care to the PLWA, not only the inexperienced volunteers had difficulty in coping with stress; the experienced ones also had hard times in some situations. One volunteer who had three years experiences shared to the group that it was a painful experience to see the clients being terminally ill because it directly reflected her future condition. Even though the feelings of fear for her future existed, a proud feeling that she could lend a hand to the needs and the society was stronger. Her proud feeling along with the support from her peers were the motivation for her to continue working as a home care provider.

Several volunteers expressed their sympathy to the clients when the clients were very ill. They tried their best to help and comfort the clients both physical and emotional. Two experienced volunteers encouraged the other volunteers in the group by sharing their feelings when they took care of their husbands for a few months and finally they passed away.

> Verbatim (F5) "there is no loss bigger than that loss, thus from now on, whatever would happen, I could handle it, I am sure."

And an experienced volunteer also told to the group that

> Verbatim (F6) "after certain period we would be familiar with the situation and coping would not be as difficult as long as we knew that all our clients would not stay long. The most important thing is if we have done the best for them, then they would leave us happily."

The only male volunteer expressed that even though he was not quite attached to any clients but when one of his clients could not eat and continue to lose weight each time he visited, he felt useless that he cannot make his client gain weight. The client asked him to visit more often than once a week, which he decided to do extra to his assigned schedule. Although he could not be of much help, he felt good of being there for the clients.

Finally the discussion ended with the conclusion that the volunteers were able to cope well at the moment, however, they were not sure that their feelings would be the same in the future. They suggested that volunteers should help each other in coping with stress and frustration and the PSBI professional staff should also continue to give more time to help the volunteers coping effectively.