



Program Evaluation

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Program Goals

- Encourage adolescents to engage in prevention interventions to adopt and maintain HIV risk reduction behaviors by selecting:
 - **A**-Abstinence
 - **B**- Be Faithful
 - **C**onsistent & Correct Condom use

Logic Model

- Using a logical framework model to evaluate program outcomes. This includes:
 - Program Inputs
 - Program Activities
 - Program Outputs
 - Initial Outcomes
 - Intermediate Outcomes
 - Long-term Outcomes

Program Inputs

- Agency provides Risk Reduction Specialists at clinic sites

Program Activities

- Program provides client-centered Individual Level Intervention focused on assisting adolescents to select an appropriate risk reduction plan.

Initial Outcomes

- Adolescents are knowledgeable about HIV risk and personal risk and develop a risk reduction plan.
- Adolescents acquire more favorable attitudes about abstinence and condoms.
- Adolescents demonstrate an intent to use condoms.
- At-risk adolescents know their HIV status.

Intermediate Outcomes

- Adolescents follow a risk reduction plan as reflected by an increase in abstinence, consistent condom use, and a reduction in the number of sexual partners.

Long Term Outcomes

- A reduction in sexually transmitted infections (STIs) and HIV rates among adolescents attending the Teen Health Clinic.

Quantitative Measures

- Knowledge and Attitude- An ABC pre-post 15-item self-administered instrument is a rapid measurement technique that examines the following:
 - Attitudes about sex during adolescence
 - Knowledge about HIV transmission
 - Intention to use condoms in the future

Examples of Knowledge and Attitude Changes

Question	Pre	Post
Condoms can prevent HIV transmission	85.2% True	92.7% True
Abstinence is the only 100% way to prevent HIV	80.0%	87.3%
The risk of HIV is a reason to avoid sex	45.5% SA	50.9% SA
Sex after long dating is OK	34.5% SD	47.3% SD
Intention to use condoms	80.0%	83.6%

Quantitative Measures

- Behavior Change: The Youth Risk Behavior Survey (YRBS) measures the following:
 - Number of sexual partners
 - Condom use
 - History of STIs
 - Sexual activity (abstinence)
 - Attitudes about condoms

Quantitative Measures

- YRBS collects baseline data on pre-existing trends and examines changes over time (year one, year two, etc.).
- YRBS is administered at baseline and follow-up (three and six months) to examine direct program impact.

Examples of trend surveys

Indicator	Year 1	Year 2
Recent condom use	45%	41.7%
Lifetime sexual partners	4.6	4.1
Sexual partners (3 months)	1.11	1.17
Intention to use condoms	59.1%	70%
History of STIs	44%	31.6%

Examples of Program Impact

Indicator	Baseline	Follow-up
Recent condom use	45%	47.4%
Lifetime sexual partners	4.6	N/A
Sexual partners (3 months)	1.11	1.08
Intention to use condoms	59.1%	75.9%

Program Monitoring

- How many clients (unduplicated) are receiving ABC prevention counseling?
- Are clients receiving the proper amount, type, and quality of services?
- Do participants engage in appropriate ABC follow-up sessions?
- Are participants satisfied with program procedures?

Program Monitoring-Qualitative Assessment

- Qualitative methods can be useful for obtaining knowledge on the specific needs of a population.
- Qualitative data on the structure of beliefs or attitudes of the target population can contribute substantially to the effective design of educational campaigns.

Program Monitoring-Qualitative Assessment

- Focus groups consisting of adolescents who received ABC education were conducted to evaluate the relevance of the ABC approach with adolescents.
- The purpose was to obtain their reaction to the ABC message and to the delivery of that message in a teen family planning clinic setting.

Focus Groups

- Results suggested that overall, teens were positive about continuing to use the ABC message that offers them choices and options for reducing their risk, rather than directives.
- Although teens agreed that abstinence is a good choice, they felt it can be challenging at times.

Focus Groups

- Teens suggested that peer pressure is an important factor in teen decision making about sexual activity.
- Teens felt that parents' role is important and that parents should start discussing issues related to sex with their children at an early age.

Evaluation Challenges

- Social desirability bias on pre-post tests
- Low compliance with follow-up care interferes with collection of post-test data
- A clinic-based study versus a population-based study is limited in documenting abstinence as adolescents who choose abstinence following intervention will not return to the clinic.
- Evaluation is costly and time-consuming.

Actions to Improve Evaluation

- Developing better standardized instruments to measure the effects of the ABC intervention.
- Develop better indicators to measure program impact.
- Strengthening data collection systems and standardized measures to reduce the costs of data collection.