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EVALUATING THE COLLABORATION BETWEEN THE NATIONAL
AIDS PROGRAM AND THE NON- GOVERNMENTAL
ORGANIZATIONS IN LEBANON

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Executive Summary:

The collaborative relationship between the National AIDS Program (NAP) and a host of Lebanese non-governmental organizations (NGOs) was assessed. The evaluation focused on the following components: the NGOs' programmatic activities that were funded by NAP; the obstacles to implementation; and the prerequisites and/or criteria of a successful partnership between NAP and the NGOs. Problems were identified regarding the training so far provided to the NGOs.

Some of the obstacles to the implementation process include among others: financial constraints, lack of extensive training, lack of fit between the instructional techniques and the traditional milieu where they are being implemented, the existing stigmas and taboos against AIDS, NAP's sole focus on HIV/AIDS, and systemic obstacles that are integral to the work and structure of the Lebanese NGOs.

Introduction:

The National AIDS Program (NAP) in Lebanon has requested an evaluation of their collaboration to date with Lebanese non-governmental organizations (NGO's). NAP was founded in 1989. The first diagnosed AIDS case in Lebanon was identified in 1984. Since then, the number of cases has been slowly but steadily increasing. It is estimated that by December 1997, the number of HIV/AIDS cases will reach a total of 510.

The objectives of the program are, to:

- * Promote prevention measures and safer sexual behavior to limit the spread of the HIV epidemic;
- * Reduce the health and social impact of the HIV epidemic; and
- * Identify and mobilize local and external resources to be used in the fight against the HIV epidemic.

(Source: "The National AIDS Control Program: Background Information",
Beirut, February 1998)

One approach adopted by NAP to reach its objectives is to establish and reinforce ongoing activities with the existing NGOs thus ensuring a wide range of country-based activities and grass-roots involvement in the fight against the epidemic. The objective of these activities has been to promote awareness and increase knowledge on HIV/AIDS and the means to prevent it.

The purpose of this evaluation effort is threefold:

- 1) Assess NGOs' attitudes concerning the activities they have organized to date in collaboration with NAP;
- 2) Assess the extent of institutionalization of these activities in the NGOs, hence their sustainability in the long-term without NAP's financial backing; and
- 3) Map NGOs' opinions about the terms of reference for a new partnership between NAP and the NGOs.

Methodology:

Seventeen interviews were conducted during the period of August 19-27, 1998. NAP selected the interviewees based on a list of NGOs with which they have been working. The meetings were held on the NGOs' physical premises, and involved either the CEO and/or program staff who are directly in charge of the activities involving the HIV/AIDS program (an interviewee list is included in Appendix A). An interview guide was prepared in collaboration with NAP staff (a copy is included in Appendix B). Most of the questions focused on the different activities concluded to date including among others KABP studies, training programs, brochures, and hotlines. Other questions focused on the lessons learned, and the preconditions and terms of reference for a successful partnership between NAP and the NGOs. Each interview lasted close to one hour and a

half, and the interviewee's comments were recorded in writing. All interviewees were assured in the beginning that any statement made during the interview would not be personally attributed in the report.

No quantitative techniques are employed in analyzing the findings. The interviewees' answers are summarized and whenever appropriate, some of the answers were quoted verbatim and without any attribution.

Findings:

The findings of this evaluation effort include the following components: an evaluation of the NGOs' activities, an assessment of the obstacles to implementation, and a brief discussion of the terms of reference for a new successful partnership between the NAP and the NGOs. It is important to stress that these findings are based on the NGOs representatives' answers to the interview guide questions --- their attitudes and opinions about the issues mentioned above. I sometimes found that their recollections of certain events such as training sessions do not necessarily reflect the reality. For example, one particular NGO executive stressed that his/her staff did not attend any of NAP's training sessions. However, NAP' log of workshop participants revealed that at least on one occasion, two members of that particular organization attended one of their workshops.

1) Activities:

The activities that were identified in the course of the interviews are: training for staff about the disease, ways of transmission, preventive techniques, the social and psychological aspects of the disease, and how to communicate this information to lay audiences; brochures and posters that were designed to communicate the above information in a simplified and "catchy" way to a variety of audiences in different regions of the country; hotlines to answer questions about HIV/AIDS and other sexually transmitted diseases; awareness campaigns including conferences and seminars open to

the public about HIV/AIDS; studies to assess target audiences' knowledge, attitudes, behaviors, and perceptions concerning HIV/AIDS; and media campaigns including TV spots, appearances in television shows, newspaper articles, and public advertising about the hotlines; and a host of other public activities that include among others organizing educational AIDS booths at public festivals, health fairs, and an AIDS van that tours different villages in a region and organizes impromptu discussions with the villagers about the disease. The following presentation will highlight the interviewee's comments vis-a-vis four of these activities: training programs, brochures, WAD campaigns, and research studies. It will also comment on the extent of institutionalization of the HIV/AIDS prevention programs in these NGOs.

a) Training programs: Regarding the training programs, most of the respondents felt that they were very helpful in increasing the knowledge of their staff about the different aspects of the disease, its ways of transmission, and prevention. They also complimented the NAP team on the quality and consistent support that they have provided and continue to provide them regarding training. However, they all gave the following remarks about the deficiencies in the training component of the work:

* *Not enough training:* By not enough training, they meant not enough staff from their organizations have been trained, and more importantly, those who were trained by NAP did not feel that the training they have received enabled them to become trainers of others, and/or to hold basic informational sessions for their target audiences. For example, one of the interviewees indicated that their staff which were trained by NAP trainees had difficulty answering questions asked by their colleagues during informational sessions held in their own institutions as rehearsal for sessions to be done in the field. This problem is compounded by two factors: First, many of the staff trainees don't have a strong background in scientific issues, thus compounding their inability to grasp in one or two training workshops, the basic scientific information that is needed to

inform lay others about the disease. Second, NGOs experience a high turnover rate among their staff, further minimizing the institutional capacities to hold such informational sessions on a continuous basis due to the lack of trained staff.

A three-track training approach by NAP would help in alleviating these problems. First, hold as many basic training workshops as humanely and financially possible in one year. Six basic workshops per year are a good number to shoot for. These basic workshops' objective is to deliver the basic scientific information in as simple a manner as possible. Make sure that during the course of one year, each NGO sends a good proportion of its staff to such workshops. NAP should prepare a workshop calendar with the first one starting in January, share the calendar with all concerned NGOs during the WAD campaign, follow it with telephone calls to make sure that all NGOs understand well the objectives of the workshop in order to know which of their staff should attend, and share the workshop agenda with the NGOs ahead of time. Second, a series of graduate workshops should be held simultaneously for those NGO staff who are interested in more training, and in becoming trainers of others. These workshops should cover the basics again, and focus on different techniques to transmit the information to the lay public. These workshops should involve less lecturing and more hands-on practice and role-play exercises. Each participant in the graduate workshop should get the opportunity to lecture on this topic in front of NAP trainers in order to gauge his/her ability to deliver such information in the field. Thirdly, NAP should map from the NGOs the most frequently asked questions that they have encountered in the field so far, scientific and others, and prepare a moderator's guide in which these questions are presented along with the correct answers to be given when asked. Such a guide will boost the trainee's confidence in being able to answer any question that they might get during the public sessions. The exercise of mapping the questions from the NGOs could also serve the purpose of sending them a message that NAP is addressing their concerns and

working to help them do their fieldwork more efficiently.

* *They need other kinds of training:* Most of the interviewees indicated the need for training in counseling HIV patients and their families. This is a training that they are finding to be extremely needed in their daily interactions with patients and their families, and is currently lacking from their repertoire of skills. They also need training in the area of prevention marketing and advertising. Also, two NGOs noted that they need training in the design and implementation of community-based activities. For example, awareness and prevention programs with youth are encountering a major obstacle represented in the lack of parental involvement in these activities. Wide, inclusive community-based activities could provide the venue to bring in the parents in such efforts.

* *The quality of training of trainers is questionable:* This point focuses on the training of trainers more than on the NAP training workshops. One particular NGO stressed the importance of monitoring the quality of training that NGOs, especially the ones that lack the scientific track record, are delivering in the field to their own staff and interested others. NAP could organize their own training of trainers' workshops thus providing a model that NGOs could emulate in their own training programs.

This point also applies to the information relayed to the public through the hotlines. One NGO raised the issue of assessing the quality of information that the general public is receiving from the NGO staff that man the hotlines. If the hotlines were to remain operational, it is suggested that NAP conduct a quick assessment of the quality of counseling that is being provided. This should be done by taping randomly samples of the conversations from the different hotlines that are now in effect, and evaluating them.

b) Brochures: A variety of brochures have been produced targeting different audiences including among others youth at risk, drug addicts, scouts, women, employees at blood dispensaries, nurses, and the Armenian population in Lebanon. Most of these brochures follow a basic pattern including a brief explanation of the disease, its ways of

transmission, preventive methods, and current misconceptions about the disease. The NGOs representatives credited these brochures with a major positive role in the awareness campaign mounted by NAP. They noted that the brochures were instrumental in shifting people's attitudes about AIDS, increasing their understanding of the ways of transmission, and increasing their knowledge about the means of prevention. It is important to note that these are personal observations, and not founded on any scientific analysis of the causal effects of the brochures on attitudinal change vis-a-vis the epidemic in Lebanon.

However, all interviewees pointed out that there is no more a need in investing any money in new brochures. There is a feeling that the Lebanese public is saturated with brochures about AIDS, and any new brochure will only replicate work that has already been completed. The current brochures are sufficient to cover all possible target audiences.

Two NGOs complained about the use of some statements in the brochures especially the ones mentioning condoms, the multiplicity of sexual partners and premarital sex. These two NGOs discussed the importance of modifying any such information to fit the unique circumstances of the audiences they are targeting --- an audience that is conservative, religious, and doesn't allow an open discussion of sexual topics. One NGO noted that because of these statements, they have so far refused to distribute the brochures in the communities and restricted them to their medical dispensaries, along with other medical pamphlets.

c) WAD campaigns: All interviewees noted that the bulk of their community activities take place during the period of November-December. NAP convenes a meeting involving the NGOs during which the latter are asked to describe the activities they will be holding in conjunction with WAD on the 1st of December. The interviewees were very appreciative of NAP's convening efforts, and credited their success to date with this

yearly gathering during which they are engaged in the planning process. They also pointed out that they benefited tremendously during these meetings from other participants' experiences and some even indicated that some of these ideas were helpful for other programs in their institutions.

However, the momentum generated around the WAD campaign loses its steam shortly thereafter. The interviewees noted that their programmatic activities around the HIV/AIDS issue are only part of their larger mission, hence the financial and human resources they could devote to it year-long are very limited. One suggestion made by a good number of the interviewees is that the focus on HIV/AIDS is too limiting for them. They pointed out that it is time to widen the scope of the NAP's activities to include STD's in general and not just AIDS. This wider focus will enable some of them to make their ongoing activities with NAP span the whole year, and not just the two months around the 1st of December. Another part of the problem lies in one systematic weakness that is common to most NGOs that were interviewed. Many of their programs are activity- and fund-driven, and not an integral part of a long-term vision of the organization. This is due to a lack of an institutionalized strategic planning process within these NGOs. Most NGOs interviewed will benefit tremendously from intensive training in strategic planning processes including developing an organizational mission, setting clear objectives, conducting a comprehensive needs assessment of the regions/communities where they work and accordingly, designing an action plan along with an objective evaluation strategy including pre-defined and clear benchmarks.

It was also noted that the momentum that is generated by the WAD campaign is lost partly due to lack of a systematic follow-up by NAP. Following the pre-campaign convening meeting during which activities are proposed and coordinated with NAP, the latter does not hold another post-campaign meeting to evaluate the work done during the campaign, and review with the NGOs the lessons learned from that initiative. A post-

campaign meeting with the NGOs could have various benefits:

- 1- Keep the momentum beyond the two months surrounding WAD: During the post-campaign meeting, new and/or follow-up activities could be discussed and an action plan set for the 6-8 months following December 1;
- 2- Introduce public accountability to the NGOs work: Knowing of the post-campaign meeting ahead of time, the NGOs will feel responsible to deliver the activities they have pledged to during the pre-campaign meeting;
- 3- Promote evaluation of activities: With NAP facilitating a reflective discussion of the WAD activities after their completion, it will present a model of an evaluation activity that NGOs could emulate in their own organizations with respect to all their activities and not just the ones focusing on the AIDS/HIV epidemic; and
- 4- Increase NAP's transparency: NGOs seemed to be somehow obsessed with the issue of transparency. Different interviewees meant different things when they mentioned the importance of transparency in NAP's activities. In short, they meant transparency in NAP's long-term objectives and funding priorities. For example, there was a lot of confusion about NAP's new AIDS clinic. Most interviewees except the Lebanese AIDS society did not know much about the clinic, its purposes, and its location though they have heard about it through the grapevine. Some NGOs saw the clinic as a means by NAP to limit their funding to some NGOs and exclude others. Other NGOs interpreted it as an attempt by the Lebanese government to reassert its control of the work on AIDS, thus denying them in the short-term from the recognition they deserve for the work they have done so far, and excluding them in the long-term from activities in this domain.

It is important to note here that these suspicions that NGOs harbor toward governmental intervention are found around the world and are not unique to Lebanon. With NAP lying at the nexus of both sectors, governmental and non-official, it will always have to deal with the antagonisms and suspicions that these two sectors hold

toward each other. Hence, the clearer NAP is about its long- and short-term objectives through frequent communication with the NGOs, the easier that will be its job in sustaining the non-profit sector's involvement in this program. Part of NAP's success to date is credited to NAP's staff constant efforts at involving the NGOs and keeping them informed of their work. In fact, many of the interviewees did not see NAP as an official body. Rather, they viewed it as an NGO. They kept saying that NAP thinks and behaves like an NGO. This perception on part of the NGOs has played a major part in keeping them involved in NAP's activities. For this perception to continue, especially as NAP moves along with institutionalizing an AIDS clinic, further communication with NGOs is now needed to clarify some of their misperceptions and confusion.

d) Research studies: Regarding the different KABP and other studies done to date on different target audiences, the evaluator did not see an infiltration of the information from the studies in these NGOs' work. Most interviewees did not know about the studies or did not perceive them as having played a major role in the design of their activities. NAP staff pointed out that they have shared summaries of these studies with the NGOs on a regular basis. However, the interviews showed a lack of understanding of the studies' findings and a lack of integration of the findings into the design of their activities. This could be due partly to lack of interest on part of the NGOs in learning about these studies, and/or it could be due to weaknesses in the communication channels between NAP and the NGOs.

One obstacle lies in the fact that the summaries of the studies, which NAP regularly shared with the NGOs, were in English--- a language with which most of the interviewees were not familiar. Hence, it behooves NAP in the future to limit all written communication with the NGOs to the Arabic language. It is also advisable that NAP hold periodic meetings with the NGOs during which such studies are presented, and discussed in detail with them. These discussions increase their institutional capacities and help in

keeping them connected to NAP's research base.

2- Level of institutionalization: Integral to NAP's success is the long-term sustainability of the NGOs' programs/activities that they have helped design, implement, and fund. It is clear from the interviews that some NGOs will sustain these programs in the long-term. Others might abandon them due to lack of financial and human resources to devote to this problem. The NGOs, which will sustain these efforts on their own in the long-term, seem to share certain common criteria:

- a) An integral part of their organizational raison d'être is health education and they now view HIV/AIDS awareness campaigns as one component of their ongoing educational activities. However, these organizations do not seem willing to invest their own resources in the future to update these activities e.g., publish new brochures, send more staff to training workshops, and/or mount new community-based activities to involve more people in their work. The latter won't be attempted without NAP's financial support;
- b) They had established HIV/AIDS-related projects prior to the relationship with NAP: These NGOs have outside funding and will continue to organize these awareness campaigns due to the interest in the international funding community in HIV/AIDS prevention; and
- c) They work in areas such as the south where there are a large number of HIV-positive and AIDS patients. These NGOs know that they will have to deal with this disease for the long-term and are now integrating HIV/AIDS awareness campaigns in their educational and community-based projects.

It was also interesting to find out that for some NGOs, the skills and expertise gained from working with NAP have been generalized to other projects that are not necessarily focused on HIV/AIDS prevention. Among these skills, they cited:

- * Communication skills in the delivery of scientific information to a lay audience;
- * Planning and organization skills in the design and implementation of educational

activities;

- * Writing skills in the drafting of educational brochures; and
- * Networking skills in the how to do's of working with international organizations such as WHO.

However, despite a strong level of institutionalization of these activities in some NGOs, their long-term involvement and interest will remain subject to existence of funds both from internal and external sources. Some of the NGOs that were interviewed are starting to entertain ideas about economic self-sufficiency. However, none of them have yet developed any actionable plans to make that happen. Furthermore, most of these NGOs lack the basic skills in fundraising --- the basic how to do's of identifying funders, sending request for funds, writing proposals, and developing the transparent accounting and financial infrastructure which is a must for all international funders. All NGOs that were interviewed will benefit tremendously from training in this field.

3 - Obstacles to implementation: Many obstacles were cited during the interviews.

Foremost, are the financial constraints facing both NAP and the NGOs. With the end of the civil war, NGOs' work in Lebanon has moved from relief into development.

Consequently, external funding have decreased a lot. Coupled with this problem are some systemic problems that are characteristic of the Lebanese context, mainly the lack of a tradition of public philanthropy and the near absence of fundraising skills within the NGO sector.

Not enough training in basic information about the HIV/AIDS epidemic and in educational methods to deliver such scientific information to the lay public was cited as another major obstacle to implementation. This obstacle played a major role in limiting the reach of awareness campaigns due to the lack of trained personnel who can hold awareness sessions in different regions of the country.

Some of the techniques used did not work well in some projects. For example,

using the focus group approach proved to be time-consuming and inapplicable for certain target audiences like factory employees. Hence, the need in the future to assess for every target audience the best and most efficient way for reaching them. A small pilot study conducted prior to the launching of a major project could be helpful in assessing whether the proposed methodology or approach works well in that context.

The stigmas and taboos against AIDS in general, and AIDS patients in particular were cited as another obstacle to implementation. The 1996 KABP study clearly shows that although the awareness campaigns mounted by the NGOs in collaboration with NAP have made a major dent in the misconceptions that the Lebanese public has about AIDS, there is still a lot of misinformation about ways of transmission. The 1996 study also shows that although people are now more informed about the disease, its ways of transmission, and ways of prevention, this has not yet translated into behavioral change, especially regarding the use of condoms as a preventive method. According to the interviewees, popular beliefs advocating the negative effect of condoms on sexual pleasure will prove to be a major obstacle in the next phase of NAP's work as it focuses more on behavioral change.

Along the same line, religious obstacles play a major role in the lack of involvement of parents in HIV/AIDS programs targeting the youth. Hence, it is suggested that in these particular programs, NAP and the NGOs shift strategy, avoid public seminars and meetings, and adopt the small group approach. In the same vein, some NGOs complained that due to religious obstacles, the terminology used to communicate the information about the disease is unacceptable to some sectors of the Lebanese population. Some words and sentences can trigger defensive reactions, hence the importance of being very careful in the choice of the terminology. For example, instead of referring to sexual education, it is suggested that the information be presented under the rubric of health education.

NAP's focus on HIV/AIDS solely was a limiting factor for some NGOs. They suggest that in the future, NAP's focus shift to Stud's in general and within that general domain, discuss HIV/AIDS.

Limiting the media campaign to the two months around WAD contributes to the decrease in the momentum of the NGO efforts in the following months. It was suggested that NAP staggers the media spots and advertising throughout the whole year and not focus on the months of November and December only.

Finally, systemic obstacles in the NGO sector and its relationships with NAP were cited as a limiting factor to implementation. Under the rubric of systemic obstacles, various factors were mentioned:

- * Lack of collaboration among NGOs, thus reducing the efficiency of the overall effort, i.e. leading to repetition in some activities;
- * Infrequent communication between NAP and the NGOs --- Some NGOs complained that NAP does not include all participating NGOs in its committee meetings. On this point, the evaluator found in the NGO sector a lot of confusion about NAP' structure. Members of technical committees thought they were members of the national committee, and non-invited NGOs to committees did not understand the difference between the national and the technical committees. It behooves NAP to devote some of its attention in the near future to clarifying this confusion because in my opinion, it is starting to erode the basis of trust between the NGOs and NAP which the latter has spent a lot of effort in building; and
- * Lack of NGO participation in the design of KABP studies and in data collection: Two NGOs were questioning the validity of the research studies' findings on the basis that they did not agree with the sampling methodology used in the study. They also challenged some of NAP statistics that have to do with the infection rate in Lebanon. The data problem is a common source of dispute in this domain. People usually disagree

about the sampling approach, and/or the methods used in data collection and analysis. One suggestion is to form a data/research task force including NGO representatives and experts, and have the group along with NAP design future studies. That would further the NGOs sense of ownership of the problem and improve their research skills.

Notwithstanding these obstacles, all NGOs interviewed agreed that their collaboration with NAP has been very rewarding personally and institutionally. They also pointed out that NAP has been one of the few, if not only, successful national programs. They contributed this success to the fact that NAP staff has always understood the dynamics present in the NGO sector better than any other national program. Working under the international aegis of WHO has also made NAP, in their opinion, less subject to the political considerations that constantly shape any collaboration between the government and the non-profit sector.

4 - Partnership between NAP and the NGO sector: The interviewees were asked about the terms of reference for a successful partnership between NAP and the NGOs. Specifically, they were asked to comment on the following:

- a) Terms of reference;
- b) The partnership's programmatic priorities;
- c) The partnership's training focus; and
- d) NAP's role in this partnership.

a - Terms of reference: Most NGOs insisted on the need to adopt a professional approach in establishing this partnership. A planning group must be formed including NAP, and a representative sample of the NGOs that are most active in this field. This group could then set clear objectives for this partnership, identify the priorities, conduct a needs assessment, and design a clear actionable workplan within a limited time frame. It is also very important to set clear benchmarks against which this partnership will be periodically evaluated. All interviewees agree that it is time to divide tasks among the

NGOs in order to avoid future repetition of efforts. Those NGOs with the longest fi
experience in one region and/or with one target audience will then assume responsi
for all activities in that region and/or with that particular audience. A necessary
prerequisite for this allocation of tasks among NGOs, is an objective mapping of the
resources, strengths and weaknesses.

It was also suggested that in addition to a standing planning group, task force
set up to work on short-term projects. This would ensure that those NGOs that are n
represented in the planning group, become part of the process through participation
task forces.

To ensure that this partnership will succeed, the interviewees stressed the
importance of involving the NGOs in all stages of the process: design, implementati
and evaluation.

b - Programmatic Priorities: The following priorities were mentioned during the co
of the interviews:

- * Reframe NAP's focus from HIV/AIDS to STDs in general;
- * Revisit NAP's objectives and institutional structure;
- * Focus on community-based activities, especially in youth programs---- It is now
essential that parents be the target group for these activities (See Appendix C for a
discussion of workshop modules focusing on community-based activities);
- * Identify and involve new target audiences such as the parents and teachers since the
people are in constant contact with the youth;
- * Develop new communication and educational methodologies to reach the
"conservative" sectors of the population;
- * Develop media programs that are based on real-life case studies; and
- * Do spot advertising by focusing on night clubs, discos, and other places where you
are likely to hang out.

c - Training Focus: In general, there was a need to move the training focus toward patient care including counseling for AIDS patients and their families, developing support networks for patients, and increasing people's awareness about the social and psychological implications of the disease.

There is still a need to continuously hold basic training workshops to provide information about the disease, means of transmission and prevention. These workshops should pay special attention to the misconceptions that were identified by the 1996 KABP study. There should be training of trainers' workshops focusing on new techniques and methodologies to use in relaying this information to the lay public. The NGOs also noted the need for training workshops for nurses and health workers in dispensaries since they are usually the providers of information to parents who visit these centers. Finally, they all agreed that in order to move their efforts in this campaign to another level, they need training in prevention marketing and advertising.

d - NAP's Role: When asked about their perspectives on NAP's role in this partnership, the interviewees listed the following functions:

- * Convenor of the partnership, under the aegis of WHO--- They all agreed on the importance of avoiding a Lebanese governmental umbrella for the new partnership;
- * Creator of the national political will advocacy efforts with the Ministry of Health, and with the help of the international agencies;
- * Coordinator/facilitator of the activities with and among NGOs
- * Financial supporter for field activities;
- * Trainer of NGO staff;and
- * Political legitimizer of NGOs' activities on the ground.

Conclusion and Summary of Recommendations:

It was suggested that a three-tack training approach by NAP would help in

alleviating the training problems uncovered during the evaluation interviews. This approach would include a mixture of basic and graduate workshops. Furthermore, it is recommended that NAP start venturing into other realms of training. Such realms would include: the how-to-do's of community-based activities, the principles of prevention marketing and advertising, and the principles of counseling for HIV patients and their families. A detailed framework for a training workshop focusing on community-based activities is attached to this report.

APPENDIX A

Interviewee list

Organization	Name
* Soins Infirmiers et Developpement Communautaire	Elie Aaraj & Nadia Badran
* Dar El Amal	Houda Kara
* Lebanese Family Planning Association	Toufic Osseiran & Najla Bizri
* Islamic Health Care Bureau	Abbas Houballah
* Armenian Relief Cross	Sosy Sagharian & Virginie Khorchadian
* Lebanese Health Society	Abdo Jurjus
* Lebanese AIDS Society	Zuhair Tabbarah, Jack Mokhbat, & Abdel-Rahman Bizri
* Amel Association	Kamel Mhenna
* Um El Nour	Adib Saad
* Jeunesse Contre La Drogue	Elie Lahoud
* Makassed Scouts Union	Wafik Hatab
* Imam Sadr Foundation	Ahmad Farhat
* NGO Forum	Tania Helou
* Moawwad Foundation	Fadi Yarak
* Caritas	Aline Afif
* Lebanese Red Cross	Reine Helou
* Makassed Health Care Bureau	Reem Rabah

APPENDIX B

Interview Guide

- * In your opinion, what is the purpose of the project?
- * What were your expectations going into the project?
- * How did you hear of NAP? How long have you been working with NAP?
- * What motivated you to participate in this project?
- * Early on, did you feel that there was a common understanding between your organization and NAP concerning the purpose of this project?
- * What kinds of activities did you engage in? How were they designed?
- * Did you receive training prior to the start up phase? Did you find the training useful? What else should have been included in the training?
- * Did you train others in your organization and within your target audience? What kind of training? How do you evaluate it?
- * What in your opinion, were the major outcomes of the project?
- * Did they meet your expectations? If not, what were the obstacles?
- * What major obstacles/difficulties did you encounter in the course of the project?
- * Looking back on your experience, how do you evaluate the work you have done with NAP?
- * In general, did this project influence the work of your organization? Did you gain new skills that are being applied on other similar or totally different projects?
- * What important lessons were learned? Would you do things differently now? How?
- * Could you describe your current involvement with NAP?
- * Do you see your organization involved with NAP for the L-T?
If Yes, how?
If No, why?
- * If there were to be a new partnership between NAP and the NGOs, are the necessary preconditions for making it succeed?

- * What should be the ground rules? the essential parameters?
- * What specific activities should the partnership focus on?
- * What kinds of resources will it need to ensure its success?
- * What could you bring to the table resource-wise?
- * What obstacles would such a partnership encounter from the beginning?
- * What could be done early on to prevent the emergence of such obstacles?

APPENDIX C

Community-based activities workshop for NGOs: A discussion of objectives, and training modules

During the evaluation interviews with the Lebanese non-governmental organizations working with the National AIDS program, the NGOs requested training in the design, implementation, and evaluation of community-based activities. They perceive that these activities will be instrumental in expanding the program outreach to include new target groups such as parents, teachers, and other community members.

In general, seeking community participation in the planning and implementation of HIV prevention programs has numerous benefits. First, more expertise will be available in designing such programs that will be more sensitive to the special characteristics and needs of the target groups they are trying to reach. Second, designing comprehensive HIV prevention programs requires the input of all communities affected by HIV including those experiencing disproportionate rates of infection as well as those that are at higher risk than others. Finally, long-term change is more likely to be successful and sustainable if all concerned parties are involved in its initiation and implementation. Since local values, norms, and behavior patterns have a significant impact on individual attitudes and behaviors, large scale behavioral change requires that the people heavily affected by a problem become involved in defining the problem, plan and implement steps to help resolve the problem, and be responsible for the operation of intervention programs.

The purpose of the community-based workshop: A three-day workshop that is designed to provide HIV prevention program planners with a theoretical model for developing effective community-based programs and with skills and processes that they can apply to their own programs.

The workshop is participatory. It will include a series of short “teaching time-outs” during which participants will learn the basic premises of the community planning process, listen to other programs’ experiences with this process, and engage with the trainers in interactive discussions on the advantages and disadvantages of the process. Following each teaching session, the participants will engage in participatory exercises including case studies, simulations, and role plays.

By the end of the workshop, it is hoped that the participants will be able to:

1. Describe the basic premises of the community planning process.
2. Discuss the pros and cons of this process for the Lebanese context.
3. Start articulating in some detail how this process can be applied in their own programs.
4. Identify an immediate first step and longer-term ideas to apply the community planning process in programs.

It is important to note that the length of the training day in this workshop will be approximately 8 hours.

Training participants: It is suggested that workshop participants include program planners, program directors, and executive directors from non-governmental organizations that work to prevent HIV. For the most part, the participants have so far worked closely with the National AIDS Program and have been engaged in the design and implementation of the HIV/AIDS prevention programs in their organizations.

Past training experiences suggest that at least, two participants should be invited from each organization. The paired approach provides strength and resources to the program planners and/or executives who want to institutionalize a new program in their home organizations. It also creates a “learning community” that can continue when the participants return to their own organizations.

The trainers: The trainers should be experienced with community-based activities in HIV prevention programs. It is preferable that you include a team of 2-3 trainers, each of whom brings a different perspective and skills to the training. The trainers should have extensive experience with the design and implementation of community-based activities in numerous cultural settings. It is preferable that the training team also includes at least one program planner/officer from a non-governmental organization that has applied the community planning process in their own HIV prevention programs. Participatory training stimulates numerous questions that could only be answered by people who have had to deal with the challenges of implementing community-based activities. The trainers should also be familiar with participatory training for the latter needs different skills than the ones required in a typical academic setting where the prevalent mode of relaying information to others is through public and small group lecturing.

Training modules: There are six training modules, each two to be covered during one training day. Following is a listing of the modules along with a detailed description of each module.

Module # 1. *Topic: Community participation in HIV prevention programs.*

Training focus: * Define the participatory planning process.

- * Discuss the three key principles of participatory planning --- inclusiveness, representation, and parity.
- * What are the benefits of participatory planning to HIV prevention programs?
- * What are the barriers to participatory planning? e.g., time limitations, lack of certain skills such as group decision making, ...
- * The how to do's of organizing a planning body including deciding on whether to modify an existing group or create a new one, developing criteria for membership, and identify skills areas which require training.

Small group exercise:

Present two examples of a community planning process --- one a success and the other a failure. These two examples are based on real life case studies. Each example should not exceed a two-page description of the program along with the process used to start the community planning process. Provide the participants with specific questions asking them to evaluate the process used in each community, and to identify the specific steps that have contributed to success in one case and to failure in the other.

Module # 2. *Topic: Managing the community planning process.*

Training Focus: * Get started: The use of advisory groups for planning purposes;

establish a community planning group structure and agree on advisory group functions; establish criteria for selecting individuals for the community planning structure.

* Establish group goals for the community-based activities.

* Develop roles and responsibilities: Some of the main roles and responsibilities that are related to developing a community plan for HIV prevention include among others empowering special target groups, educating the community at large, sharing information on HIV and planning group activities with the community, setting standards for prevention messages and methods, establishing linkages among different community groups and NGOs, and developing advocacy groups for the community.

* Manage the community planning process including: the development of a mission statement, group goals, and a workplan; identify the community activities; develop ground rules for the team work; develop and operationalize an effective communication policy and structure; and

finally agree on decision-making procedure.

* Discuss the potential pitfalls for community activities along with tips for regaining momentum.

Small group exercise:

Divide the participants in their organizational groups. Ask each organization to submit a workplan along a timeline, of how a community planning process could be operationalized in their HIV prevention programs.

Module # 3. *Topic: Basic steps in a public consensus-building process.*

Training focus: * Analyze the different sources of group disputes in a community

planning process and possible mechanisms for handling them in a constructive manner. Different sources of disputes are: data, interests, values, structures, and relationships.

* Review the spectrum of consensus-building approaches: information sharing, advisory groups, and consensus decision making.

Discuss the four steps in a community-based consensus building process: Getting started, joint analysis, making the decision, and implementing the decision.

* Develop facilitation skills including planning for effective meetings, meeting management tasks, and meeting facilitation tools.

* Develop communication and listening skills: Communication skills are essential for creating an effective work environment. Focus on four communication skills: listening, questioning, asserting, and timing

Small group exercise:

Two role play exercises will follow the “teaching time-out” in this module. The first exercise will consist of a fictitious case study involving a non-profit organization in an unidentified community that is trying to start a community planning

process. Involved in this case study are different stakeholders. Each stakeholder is supposed to represent a community group/sector whose involvement in this process is essential. Each player will have instructions to follow in playing his/her role. With the help of a facilitator, the different stakeholders are to decide how to implement a community planning process, who to involve, how to structure it, and what goals to set for its activities.

The second exercise will focus on communication and facilitation skills. Participants will engage in a simulation during which they will be given the opportunity to practice some of the communication and facilitation skills presented by the trainer(s).

Module #4. *Topic: How to assess and set priorities for community needs.*

Training focus: *Assess existing community resources for HIV prevention;

- * Identify unmet HIV prevention needs within specified target populations; and
- * Prioritize HIV prevention needs by defined high-risk populations.

The objective in this module is to review basic needs assessment principles for HIV prevention planning and the steps involved in conducting a thorough needs assessment. By involving the community in needs assessment means that all parties will feel that the resources are allocated and policy decisions are made based on a systematic and objective process that documented accurately the community needs.

Small group exercise:

A typical needs assessment process follows five basic steps:

- ◆ formulating questions
- ◆ selecting a basic approach
- ◆ collecting data

- ◆ analyzing data
- ◆ identifying needs and service delivery gaps

Workshop participants will be divided into small groups and given the task of designing the research questions that should be asked in focus groups around their community needs assessment process.

Module # 5. *Topic: Community planning and decision analytic steps.*

Training Focus: * Discuss the basic steps in most decision making models

and how they could be applied to HIV prevention priority setting.

These core steps are:

- 1 - Identify the key decision-making problem at hand;
- 2 - Identify the major stakeholders to be involved in the process;
- 3 - Define the time horizon to be considered in the decision-making process;
- 4 - Outline the different choices facing the participants;
- 5- Agree on the objective criteria to be used in evaluating among the different choices; and
- 6 - Identify the decision rule to be used for reaching a solution.

Module # 6. *Topic: Evaluating the community planning process.*

Training focus: * Three steps are followed in evaluating the community planning process:

- 1 - Define the goals of the evaluation. Basically, the participants must answer the question: What will be gained by conducting the evaluation?
- 2 - Complete a logic model of the planning process;
- 3 - Design an evaluation plan by defining program objectives and ways to measure them. Program objectives could be subdivided into: Process and

outcome objectives. Process objectives are the specific activities that are involved in the implementation of a program in order to produce the desired results. Outcome objectives are specific desired outcomes of the intervention. To document each requires different approaches.

* Review the basic components of an evaluation report. After reading the grantees' project reports that were submitted over the years to NAP, it became clear to me that they need basic training in how to write an evaluation report for a grantor. Such a skill is essential if these programs were to raise funds from outside funding agencies, especially governmental ones which require extensive reporting.

The basic evaluation report format includes the following components:

- 1 - Executive Summary: A brief synopsis of the study, focusing on key findings and recommendations.
- 2 - Introduction: A description of the evaluation objectives, how they fit with program objectives and when the study took place.
- 3 - Methodology: A discussion of the evaluation techniques that were used, how many participants were involved, and the priority population(s) and/or programs studied.
- 4 - Findings: A discussion of the results of the evaluation, including specific data to support the findings. Depending on the method used, quantitative or qualitative, the supporting data will vary from frequency tabulations to verbatim statements made by participants.
- 5 - Conclusions and Recommendations: An analysis of what the findings mean in the context of program objectives and what changes and/or mid-course corrections must be made to the implementation process.