Evaluation of programs in the field of HIV care and prevention with especially vulnerable groups

1. Introduction

Currently, HIV (Human Immunodeficiency Virus) or AIDS(Acquired Immuno Deficiency Syndrome) is one of the most hot infections and disease, and one with the highest index of infected people, which is the reason why it is still one of the biggest problems for the worldwide health.

If we take a look at the numbers, last worldwide statistics about the state of the epidemic of AIDS show that 36.9 millions of people lived with HIV in 2017, of which 1.8 millions caught the infection by HIV and 940.000 died because AIDS-related diseases and 21,7 millions of people had access to anti-retroviral drugs in 2017, June.
In Spain, the number of affected people is about 140.000, of which 3.381 new cases were diagnosed in 2018, according to UNAIDS-AIDISINFO.

This is the reason why NGOs (Non-Governmental Organization) and associations have such an important role when they are dedicated to help those people, since their programs are basic in order to prevent, assist, raise awareness and get a job for those people.

In this research, we will evaluate the Shelter Housing Program by CASDA Association, which is the only one dedicated to this people at the region of Castellón de la Plana. It program is called La Llar Vivienda Tutelada de Acogida, Atención e Inserción Social y Laboral para personas con VIH o SIDA. (Shelter Housing, Care and Social and Labor Insertion for people with HIV or AIDS)

After having defined, its prevalence indexes and the program we are going to evaluate, we must know concepts such as evaluation, evaluation of programs and evaluation of evaluability to fully understand what this study is about.

We can define the evaluation as a comparison of something with itself in two different moments, this is to say, the evaluation implies a reflection: "take distance from the action to take this as an 'object' of analysis, to review what is being proposed or is being done or has been done, analyse the characteristics of the intervention methodologies proposed or deployed, and determine if the orientation is effective towards the desired directionality, clarifying which pitfalls and which facilities are presented and which achievements are expect and/or have been obtained. " Ninberg (2008).

"The purpose of an evaluation is a program or project that is proposed in order to improve and modify some factors which turn an operation into unsatisfactory. A program is constituted by a set of projects that pursue the same objectives. It establishes the priorities of the intervention, identifying and ordering the projects, defining the institutional framework and assigning the resources that will be used. " UN (1984)

Program evaluation is understood as the set of principles, strategies and processes that underlie the evaluation of any action or set of actions developed in a systematic way in a specific context in order to make the pertinent decisions that contribute to improving social intervention strategies . If the goal of a program is to improve social conditions, the purpose of the evaluation is to improve the programs themselves. (Rossi, Freeman and Lipsey, 1999).

Thus, entering into matter, the evaluation of evaluability, according to Wholey, 1979, consists of a previous analysis of the convenience of carrying out the subsequent evaluation of a public

intervention, assessing the existence of the optimal conditions to carry it out and proposing the necessary improvements that prepare said intervention to be evaluated.

The study of evaluability, according to Wholey, et al (1994, 2004), clarifies the design of a program, explores the reality of the program, evaluates the probability that program activities can contribute to the achievement of objectives, and evaluates the probability of the extent to which evaluation information will be used by program administrators.

In general terms we could say that evaluability is defined as the possibilities that an intervention has to be evaluated.

The main objective pursued by the evaluability analysis is to reduce uncertainties about the decision to start the evaluation, being advisable, above all, when it is thought that the evaluation to be carried out will require a significant investment of resources, thereby avoiding expenses and efforts unnecessary (Wholey, 1979).

Based on the fact that it is a final research of bibliographic review and not a real demanded evaluation, there have been certain restrictions when evaluating some elements of the program and it has not been possible to evaluate the clarity of the purposes of the evaluation, the resources destined to the evaluation, nor the implication of the personnel related to the intervention.

2. Method

In order to measure the program in a qualitative way a systematic revision of the UJI database documents such as: Psyarticles, Psynet, PubPsych, WorldCat and CSIC database has been developed, as well as an exhaustive Google Scholar research in scientific societies dedicated to this disease has been done: Organization Mundial de la Salud (OMS), ONUSIDA, AIDSINFO and UNAIDS.

The key words that have been used in order to do this research have been the following ones: -evaluation, - programs evaluation, - evaluability evaluation, - affected actual data VIH or AIDS. After the exhaustive research in the different database, using the previously mentioned key words, different articles and books related to the topic worked on this project were found. Given the fact that not all the found documents have had importance enough to be used, I've seen myself in the necessity of excluding 30 out of 50 of them in order to develop this project.

The questionnaire for valuation of the programs' evaluability has been applied in order to measure the deficiencies that the program used could have in a quantitave way so as to develop this project: "La Llar".

3. Results:

As for the revision of the validity determination of the product, the program doesn't mention information about other programs, and the revision of scientific projects that show cause-effect relation in the expected results. However, the explanations are based on concepts with deeply verified basis, as we can observe in the program section "reality analysis".
Regarding the intern validity, the program doesn't specify what action for what problem and how long for each action, the intervention plan calendar is too general, the supervision development foresight only specifies when that task will be developed and the in order to supervise it only the measurement instruments are established but it doesn't indicate who will intervene, nevertheless the development of the intervention plan is described with a quantitative estimation of the available means (human resources and materials) and each action costs indicating the personnel expenses

(payslips and social security), renting and maintenance expenses (materials, supplies, displacements, promotions, subsistence allowances and administration and management expenses), investments (housing equipment) and the inclusion criteria describe the personal and social conditions that must be present (being a person affected by AIDS, having insufficient economic resources and lacking sociofamiliar coverage) and absent (having neither a drug dependency nor a severe psychiatric pathology) and in the candidates. Concerning the extern validity, the program has been planned as an applied investigation but it is not mentioned if it is planned that the results can be applied to similar problems in the same or other contexts.

Lastly, in the validity of statistics conclusion, the program doesn't describe what statistics will be used, the aims and objectives planned are not measured with statistics instruments, it analyzes the results mentioning in what moment the measures will be taken (daily, fortnightly, quarterly and annually) and about who (the users) but not who will be developing them and the objectives are measured by means of subjective valuations (monitoring file, diary and participation in activities). In the estimation of the a priori quality of the program, a results reports is not developed, neither organisations recommendations are mentioned, there is no information about the experience or the specific formation of the responsible agents, but the needs have been measured through specific society data, as it is explained in the "justificación" section.

4. Conclusions and improvement proposals:

We can conclude that the project's design would be adequate, if and when some modifications were taken into account so that it would be totally effective.

It is necessary to develop a series of improvement proposals about the determination of the validity (18 points out of 36). That's the reason why in the construct validity other similar programs need to be revised with the same aims, methodology and targeted society's characteristics, to revise scientific projects that show the cause-effect relation among the expected results and the revision of the projects of the ASIMA, ACASGI and BASIDA associations.

Regarding the intern validity, the intervention plan calendar needs to be detailed (Annex 1).

As for the extern validity, it will be determined whether the program's results can be applied to similar problems in the same or different context, in this case whether it can be applied to the users of the "programa de reducción de daños con UDI". As for the statistics conclusion, the Rosenberg test needs to be provided in order to measure the users' self-steem, the CMT test in order to measure their motivation and the E.P.P.S. so as to measure their personal preferences, specifying the psychologist will take the actions and the moments of administration (welcoming moment, every month during their stay and at the end of this).

Concerning the quality estimation (4 out of 20 points) a report needs to be developed with all its sections: introduction, summary, description of the program, description of the evaluative program, results presentation, discussion/valoration, conclusions/recommendations, and mentioning national organizations in relation to the need of intervention such as CESIDA.

It will also be mentioned whether the responsible people for intervening with the program have received specific formation, of how many hours, and if they have contrasted experience in this type of programs and in how many of them have they intervened.

Finally, we should indicate that in order to measure and compare the results once the changes in the program have been settled, it will be developed a post-test evaluation of the CVE-P.

Anexo 1-

Objetivos específicos	Indicadores	Actividades	Horas semanales	Número de participantes	Evaluador	Resultados	Evaluación
Fomentar la autoestima de la persona favoreciendo la interiorización de normas referentes a su cuidado personal y del entorno, así como normas y habilidades sociales en relación.	**-Número de sesiones individuales -Número de participantes en las sesiones -Número de personas con modificación de conducta -Ficha de seguimiento -Resultados Test Rosenberg.**	**-Atención psicológica individual. -Talleres de emociones semanales -Realización de talleres sobre habilidades sociales -Actividades de educación para la salud y hábitos saludables. -Actividades encaminadas a la obtención de hábitos sociales**	**5**	**6**	**-Psicólogo -Trabajador social -Educador social -Integrador social**	**Recuperación de la autoestima, adaptación y favorecimiento de las habilidades sociales**	**Diaria (Resultados Test Rosenberg evaluación quincenal)**
Potenciar, siempre y cuando sea conveniente , la relación con la familia.	**-Número de visitas de familiares -Número de llamadas de familiares. -Número de sesiones grupales -Número de bajas por reinserción familiar -Ficha de seguimiento**	**-Atención psicológica individual. -Counselling -Terapias grupales -Entrenamiento en habilidades sociales de comunicación y actitudes**	**3**	**6**	**-Psicólogo -Trabajador social -Educador social -Integrador social**	**Mejora de las relaciones familiares**	**-Trimestral**
Promover el interés por la educación y la cultura como vehículo de desarrollo personal y socialización favoreciendo los objetivos vitales de cada persona.	**-Número de participantes en los talleres y actividades -Libro de diario -Resultados Test E.P.P.S**	**-Talleres de Lectura -Taller de teatro -Visitas a museos, exposiciones... -Actividades de carácter artístico y cultural -Cursos técnicos -Actividades de asesoramiento y acompañamiento a la inserción**	**8**	**6**	**-Pscológo -Trabajador social -Educador social -Integrador social**	**Desarrolarse mediante la educación y la cultura**	**Quincenal**

Organizar y favorecer la participación en actividades de ocio y tiempo libre saludables que posibiliten unas relaciones normalizadas tanto en la comunidad como en el piso	**-Número de participantes en las actividades** **-Número de sesiones** **-Número de cambios de conducta** **-Libro de diario**	-Excursiones a la montaña -Salidas a la playa -Paseos por la ciudad -Juegos de mesa -Actividades deportivas -Talleres de relajación	**10**	**6**	**-Psicológo** **-Trabajador social** **-Educador social** **-Integrador social**	**Mejora de las relaciones en el piso y el bienestar personal**	**Quincenal**
Educar mediante las labores cotidianas del piso en hábitos de higiene y cuidado personal, así como en habilidades y tareas domésticas	**-Número de participantes en sesiones** **-Número de habitos adquiridos** **-Número de personas con modoficación de conducta**	Supervisión del cumplimiento de actividades y horarios establecidos.	**7**	**6**	**-Psicológo** **-Trabajador social** **-Educador social** **-Integrador social**	**Cumplir con las obligaciones, la responsabilidad y el compromiso**	**Diaria**
Orientar mediante una información actualizada sobre los recursos y posibilidades formativo-laborales	**-Número de participantes en sesiones** **-Número de sesiones prácticas** **-Resultados Test CMT**	-Información sobre recursos laborales y orientación. -Talleres sobre el manejo de información de recursos sociales. -Actividades de capacitación laboral	**8**	**6**	**-Psicológo** **-Trabajador social** **-Educador social** **-Integrador social**	**Conocer y integrarse en los programas formativo-laborales**	**Quincenal**
Potenciar su inserción laboral mediante la realización de acciones de orientación, clasificación y diagnóstico socio-laboral	**-Número talleres inserción laboral** **-Número participantes-Resultados Test CMT**	-Talleres de inserción laboral. -Búsqueda activa de empleo	**8**	**6**	**-Psicológo** **-Trabajador social** **-Educador social** **-Integrador social**	**Incorporación laboral**	**Trimestral**
Favorecer la participación en otros proyectos y programas complementarios para posibilitar la actuación integral y la implicación de todos los agentes que intervienen	**-Número de programas** **-Número de participantes** **-Porcentaje de implicación**	-Coordinación con otros organismos públicos para realización de cursos formativos.	**8**	**6**	**-Psicológo** **-Trabajador social** **-Educador social** **-Integrador social**	**Participar en programas complementarios**	**Trimestral**

Proporcionar un marco de referencia afectivo que propicie un clima familiar y de acogida capaz de cubrir las necesidades psíquicas y psicológicas de seguridad , referencia, contacto humano, comprensión aceptación y confianza que le ayuden a afrontar y vivir con su realidad	**-Número de talleres** **-Número de bajas por integración familiar**	**-Terapia psicológica** **-Terapia grupal** **-Orientación y gestión de la colocación**	**5**	**6**	**-Psicológo Trabajador social** **-Educador social** **-Integrador social**	**Vida social y familiarmente integrada**	**Trimestral**
Favorecer la aceptación social	**-Número talleres** **-Número de participantes en los talleres** **-Número actividades** **-Resultados Ronsberg**	**-Charlas sobre autoaceptación** **-Actividades de autoestima** **-Actividades** **-Terapia grupal**	**7**	**6**	**-Psicólogo** **-Trabajador social** **-Educador social** **-Integrador social**	**Buena calidad y expectativas de vida**	**Timestral**
Ofrecer los servicios de la asociación CASDA: atención psicológica, asesoría social, asesoría sexológica, asesoría médica y nutricional. grupos de autoapoyo, actividades lúdico ocupacionales, facilitando el cambio de actitudes y comportamientos.	**-Número de servicios que se ofrecen** **-Número de servicios ofrecidos** **-Número de participantes**	**-Terapia psiclógica** **-Información social,, sexológica, médica y nutricional** **-Terapia de grupos** **-Actividades lúdico ocupacionales**	**-**	**6**	**-Psicólogo** **-Trabajador social** **-Educador social** **-Integrador social**	**Utilizar los servicios ofrecidos por CASDA**	**Diaria**

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