

# FACT SHEET



## RURAL CENTER for AIDS/STD PREVENTION

A Joint Project of  
INDIANA UNIVERSITY,  
AND PURDUE UNIVERSITY.

## Qualitative Evaluation of HIV/AIDS Prevention Programs

Imagine describing a butterfly only by its speed or the Grand Canyon by its width and depth. Your facts may be accurate, but there is so much more you can see and feel and describe. Qualitative evaluation methods provide “something more” to HIV/AIDS professionals who want to capture the essence of their prevention programs. These methods can help evaluators tap into the experiences of those they serve and thus provide an insider’s view of HIV/AIDS prevention programs.

The ideas below are not about statistical measurement, but about ways to hear and document the stories of program participants. While statistics have an important place in HIV/AIDS prevention program evaluation, it is also wise to supplement numerical data with a qualitative sense of how programs touch peoples’ lives.

### What is Qualitative Evaluation?

Qualitative methods help the HIV/AIDS evaluator understand participants’ experiences in greater depth than typical paper-and-pencil tests. The qualitative prevention program evaluator usually wants to know about the meaning participants place on their experience in a program.

The qualitative evaluator uses words, observations, pictures, photos, or behavior—rather than numbers—to reflect participant experiences. Participants’ perceptions are important because their perceived reality is reality. A qualitative evaluator attempts to capture these perceptions through such methods as in-depth interviews, case studies, focus groups, or participatory activities in order to understand the impact of the program.

Since qualitative evaluators do not use numbers they do not try to generalize or predict with statistical accuracy. Instead, qualitative evaluators look for useful themes and insights to inform and improve their programs. They are more interested in collecting in-depth, contextually sensitive accounts from a few participants than in collecting less complete numerical data from a large number of participants. Of course, qualitative and quantitative evaluations can go hand in hand. For example, it is often helpful to use qualitative methods to better understand quantitative survey data. Similarly, quantitative and qualitative data can help HIV/AIDS evaluators gain a more complete picture of the prevention programs they are evaluating.

### What Good Qualitative Evaluation Should Be

Albert Einstein once said that we are learning more and more about less and less, until soon we will know everything about nothing. At their worst, both quantitative and qualitative evaluation can be trivial, tedious, and boring. However, at their best good qualitative evaluations should:

- **Capture the spirit of the program.** Evaluators must strive to create a vivid picture of their program through participants’ words, drawings, writings, and perceptions. The program should “come alive” not only as a result of the evaluation but through the process itself.
- **Create a partnership between the evaluator and the program participants.** Qualitative participatory evaluation allows evaluators to give up their “expert” roles and invites the real experts—the program participants—to become co-owners of the research process. Participants can take the roles of group leaders, data collectors, data analyzers, and presenters.
- **Recognize and use the wisdom of program participants.** Because HIV/AIDS prevention programs are set up to meet the needs of those they serve, the program participants themselves are important consultants and experts in efforts to improve a program.
- **Improve services.** One of the main purposes of evaluation is to make services better. Like a thermostat provides feedback to cool or heat a home, good qualitative evaluation provides feedback that allows the program director to continuously improve his or her program. At its best, qualitative evaluation is not an add-on but is built directly into the program.
- **Illustrate the differences the program is making in people’s lives.** The readers of an evaluation report should be able to see, through the eyes of participants, why the prevention program is worthwhile, how it has improved people’s lives, and the difference it is making in the community.
- **Search for meaning behind opinions and numbers.** If someone rated a program “6,” or “8” on a ten-point scale, this information may not, in itself, be particularly enlightening or useful. Good qualitative evaluations help the evaluator dig deeper to find out the meaning behind ratings—what the participant really thinks about aspects of the program, how the program could be improved, and what the program is doing well.

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## Qualitative Evaluation Methods

### *Participatory Methods*

Participatory evaluation is as much a way of thinking as it is a set of techniques. The distinctive feature of participatory methods is the relationship between the evaluator and participants. Participatory evaluators attempt to flatten the expert-subject hierarchy by involving participants as active co-evaluators. Participants are encouraged to generate, own, use, and share their knowledge and expertise. Consequently, they become empowered in the process and more committed to the program.

Evaluators, for example, might train participants to be focus group leaders, interviewers, data analyzers, or presenters of evaluation results.

### *Interviews & Case Studies*

HIV/AIDS evaluators can gather feedback from participants by interviewing them about their program. In individual interviews, evaluators can ask participants what they perceive the strengths and weaknesses of the program to be, how the program has made an impact on their lives, how the program could better serve them, how other potential participants could be recruited for the program, and their opinions of various program components (e.g. safer sex workshops, educational materials, meetings, staff).

Evaluators may also ask participants' permission to use their journal notes, writings, or artwork to illustrate their personal experiences within the program. The evaluator can then compile this information into a story about the impact of the program on the lives of select participants—a case study. In this way the program becomes more human. Others can read, see, and hear the stories of those served, and as a result, vicariously experience the impact of the program.

### *Focus Groups*

A focus group involves a nonthreatening, interactive group discussion on a particular topic. The purpose is to understand the participants' views of whatever aspect of the program is being evaluated. The open-response format and the generative effect of group discussion often results in rich ideas that would not come up through other methods.

HIV/AIDS evaluators can use focus groups to assess needs, to plan and evaluate HIV/AIDS prevention programs, to develop outreach initiatives, and to design HIV/AIDS prevention materials.

### *Action Methods*

Action evaluation methods are structured activities that creatively engage participants in the evaluation process. These methods invite participants to express themselves in ways that may or may not use words. The qualitative evaluator can ask participants to actually "show" their feedback by:

- drawing pictures or symbols that represent how they see the program or its components;
- placing other participants in certain positions to represent some part of the program (e.g., a "sculpture" of program

- staff as the participant experiences them, or in terms of how distant or close the participant feels toward them);
- using metaphors such as colors, fairy tales, musical styles, objects, TV shows or characters, to describe various parts of your program;
- creating horizontal timelines (lines drawn on paper 5 indicating points where changes have occurred in participants' lives since they entered the program, or the events that have occurred in the life of a program);
- creating a mural or collage that depicts the strengths or progressive development of a program (or participant);
- role-playing a standard program event (i.e., meeting, educational class, support group, etc.) as it is currently and as they would ideally like it to be;
- writing stories, poems, or songs about different events or components of a program.

## RESOURCES

Fetro, J. (1990). *Using focus group interviews to design materials*.

In A.C. Matiella (Ed.), *Getting the word out: A practical guide to AIDS materials development* (pp. 37-48). Santa Cruz, CA: ETR Associates.

Krueger, R. A. (1998). *Moderating focus groups*. Newbury Park, CA: Sage.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis*. Thousand Oaks, CA: Sage Publications.

Morgan, D. (Ed.). (1993). *Successful focus groups: Advancing the state of the art*. Newbury Park, CA: Sage.

Patton, M. (1990). *Qualitative evaluation and research methods*. Newbury Park, CA: Sage.

Piercy, F. P. & Deacon, S. A. (1998). *Qualitative evaluation of HIV/AIDS human service programs: A field manual*. West Lafayette, IN: Center for Families/Rural Center for AIDS/STD Prevention, Purdue University.

Pfohl, J. (1986). *Participatory evaluation: A users' guide*. PACT, 777 United Nations Plaza, New York, NY 10017

Stake, R. (1994). *Case study research*. Newbury Park, CA: Sage

UNICEF (1993). *Visualization in participatory programmes: A manual for facilitators and trainers involved in participatory group events*. Programme Communication and Information Section, Dhaka, Bangladesh.

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