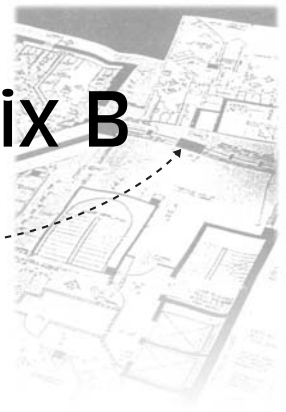


appendix B

Blank *Worksheets*



<i>Purpose Statement</i>



<i>CAT Worksheet</i>		
Components What are the main sets of activities?	Activities What things are done? What services are delivered?	Target Groups At whom are activities directed?

SOLO Worksheet

What is the *direction* of change (↑ or ↓)?

What is the program intending to change?

Is it short-term or long-term?

Which components contribute to this outcome?



Stakeholder Checklist

Internal

- program manager
- program staff
- planners
- Medical Officer of Health
- other senior managers in the health unit
- other

External

- partners in planning or delivering the program
- Board of Health
- Ministry of Health
- other funding agencies
- accreditation body
- program participants
- community members or groups
- program volunteers
- organizations offering similar programs
- other

Evaluation Questions Checklist

Who needs to know?

H = High Priority L = Low Priority

Activities

Think about which activities contribute towards the program's outcomes. Are there any activities you are particularly concerned about?

	Manager of Program	Other Stakeholders	
		Internal	External
Were activities implemented as planned? (how often, when, where, duration)			
How did the activities vary from one site to another?			
Were required resources in place and sufficient?			
Did staff think they were well prepared to implement the activities?			
Did staff think they were able to implement the activities as planned? If not, what factors limited their implementation?			
Did staff and community partners think the partnership was positive?			
Did community partners think the activities were implemented as planned?			
What activities worked well? What activities did not work so well?			
What was the cost of delivering the activities?			

Target Groups

Think about who the program is designed for. What do you need to know about who you are reaching and who you are not?

How many people were reached?			
Did the program reach the intended target group?			
To what extent did activities reach people outside the target group?			
What proportion of people in need were reached?			
Were potential participants (non-participants) aware of the program?			
Were participants satisfied with the program?			
Does the program have a good reputation?			
How did participants find out about the program?			
How many people participated in the program?			

Outcomes

Think about which outcomes are most crucial. Which outcomes are the most difficult to achieve?

Have the short-term outcomes been achieved? (List the short-term outcomes of the program from the logic model.)			
Have the long-term outcomes been achieved? (List the long-term outcomes of the program from the logic model.)			



Expectations Worksheet

Evaluation Question <small>(Copy from Evaluation Questions Checklist)</small>	"I expect to have"	
	How Many?	What?

Methods Worksheet

Evaluation Questions	2a Expectations of the Program (based on <i>Expectations Worksheet</i>)	2b Data Collection Plan						2c Logistics (based on <i>Logistics Worksheet</i>)	
	"I expect to have..."	Does Data Exist?	Type of Tool	Who could Provide the Data (Source)	Who Can Get the Data? (Collector)	Design	How Many?	Timeframe	Is This Feasible?
		<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No



Open

Methods Worksheet



← **Open**
Logistics Worksheet

<i>Tool Worksheet</i>			
Type of Tool:			
Expectations of the Program <i>(copy from Methods Worksheet)</i>	Individual Question on Tool	Type of Response <i>(open or closed)</i>	Pre-Set Response Categories <i>(for closed-ended questions only)</i>

appendix B

