NIMH PROJECT ACCEPT
Community Mobilization
CBOV Outreach – Support Session
Quality Control Evaluation Form

Site: ____________________________ Community: __________________
Date of Evaluation: _______________
Evaluator (CM Coordinator): ___________________________
Session Length: ______________________

Instructions:
CM Coordinator: Please fill out following monthly CBOV Support Meetings. Respond to each question with 3-4 sentences.

 NAMES OF CBOVs ATTENDING:

1) Describe the typical outreach activities that the CBOVs engaged in since the last support session meeting. For each activity list the types of groups, organizations, individuals, etc. involved.

2) What were the most frequent topic matters discussed by CBOVs with members of their social networks?

3) What common questions did members of their social networks have?

4) How did CBOVs tailor messages to specific social networks?

5) What problems or challenges did CBOVs experience when discussing topics with community members? How were these challenges resolved?

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<tr>
<th>Challenge</th>
<th>How Resolved?</th>
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6) What goals were set by CBOVs and how will progress towards these goals be assessed?

7) Based on your discussion with the CBOVs approximately how many hours of CBOV outreach/mobilization were performed this past month?