

# THE EFFI BARRY TRAINING INSTITUTE

## Monitoring & Evaluating Your Hi-V Early Intervention Services

Tamara A. Henry Ed.D.  
Assistant Teaching Professor  
Milken Institute School of Public Health  
George Washington University

*This program is funded wholly, or in part, by the Government of the District of Columbia, DC Health, HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA).*

# Effi Barry Training Institute

## WHAT IS IT?

- Regional trainings
- Individualized technical assistance
- Current & prospective HAHSTA grantees
- Community-based organizations

## HOW?

- Group-level trainings
- Boot camps
- Community forums
- Individual consultation
- Fee-for-Service business process
- Basic HIV service competencies
- Advanced skills in health care systems
- Data and health informatics
- High-impact prevention programs

## AUDIENCE

## TOPICS

# Effi Barry Training Institute

[EffiBarryInstitute.org](http://EffiBarryInstitute.org)

- Provider Modules & Webinars
- Ryan White HIV/AIDS Program Policies
- Tools & Resources
- Training Calendar

THE EFFI BARRY TRAINING INSTITUTE

Attend regional trainings through the Institute to advance your organizational sustainability.

CALENDAR TOOLS & RESOURCES TRENDS & POLICIES FOCUS & IMPACT

**HIGHLIGHTED RESOURCE**  
**HAHSTA: Annual Epidemiology & Surveillance Report**

**COMING SOON: CONTINUOUS LEARNING SERIES**

**Modules for HIV/AIDS Providers**

These self-paced training modules will provide knowledge and skills competence for District of Columbia DOH HAHSTA subrecipients, and community members. Sign up for updates, and visit our [Resources Directory](#) for access.

Stay up to date on capacity building trainings and technical assistance opportunities with The Effi Barry Training Institute. Sign up for notifications here.

Sign Up Now

STAY INFORMED

THE EFFI BARRY  
TRAINING INSTITUTE

A project of DC | HEALTH | HealthHIV

HealthHIV DC | HEALTH

# Pulse-Point TA Needs Survey

## Technical Assistance Request Form

- Organizational Infrastructure
- Fiscal Administration
- Data Collection, Management, and Reporting
- Service Provision

About | Contact Us | Stay Informed | Search...

PROVIDER LOGIN

THE EFFI BARRY  
TRAINING  
INSTITUTE

CALENDAR

TOOLS & RESOURCES

TRENDS & POLICIES

FOCUS & IMPACT

The Effi Barry Training Institute > Tools & Resources > Technical Assistance Request Form

### Technical Assistance Request Form

Thank you for your interest in receiving technical assistance (TA) from HealthHIV through the Effi Barry Training Institute. Please submit this brief online TA request form.

If you have any questions or concerns related to submitting a TA request, please contact Michael Shankle ([michael@HealthHIV.org](mailto:michael@HealthHIV.org), 202-507-4730).

Once your information is submitted, a HealthHIV staff member will contact you within five (5) business days to conduct an initial assessment of your training or TA needs.

**7. Please select the training and technical assistance areas that your organization currently needs related to FISCAL ADMINISTRATION. (Select all that apply)**

- Diversifying and/or Managing Funding Streams
- Developing and/or Implementing a Budget
- Fundraising
- Developing Financial Staffing Infrastructure
- Developing and/or implementing a Finance Process
- Applying for/Managing Grants
- Developing a Unit Cost/Moving to Fee-for-Service Model
- Managing Billing/Implementing Third Party Billing
- Other (please specify)

The Effi Barry Training Institute supports innovative, collaborative, programmatic approaches that promote integrated HIV services.

**HIGHLIGHTED RESOURCE**  
**Coming Soon: Continuous Learning Series**

The Continuous Learning Series curriculum will be a repository of online, self-paced training modules that provides knowledge and skills competence for current and prospective District of Columbia Department of Health (DOH), HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) sub-recipients, and community members. Module topics include: HIV Basics HIV Epidemiology Social Determinants of Health HIV Care ...

Continue reading "Coming Soon: Continuous Learning Series"

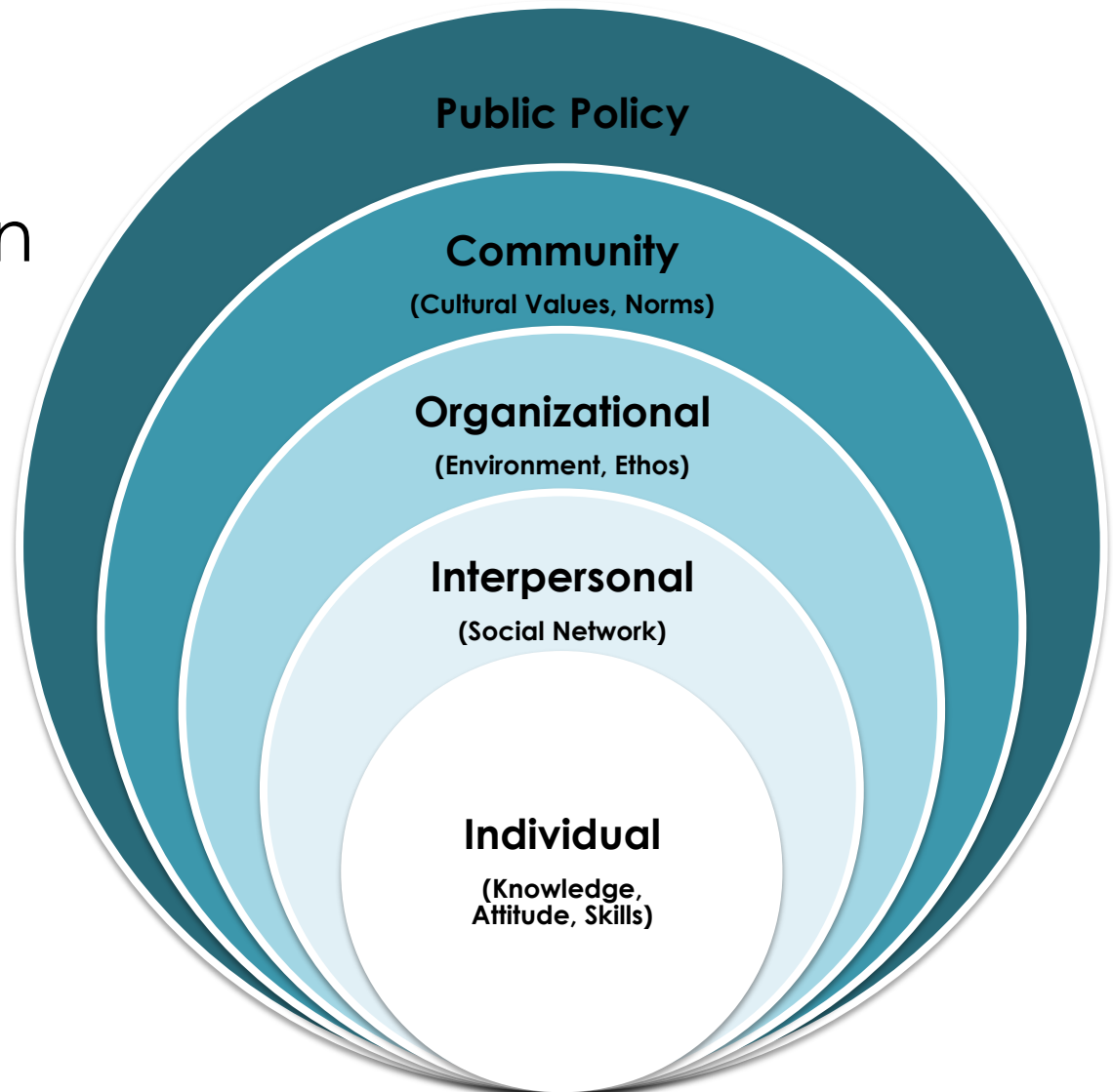
**COMING SOON: CONTINUOUS LEARNING SERIES**  
**Modules for HIV/AIDS Providers**

# Learning Objectives

- Distinguish the difference between goals and objectives
- Write SMART goals/objectives for their HI-V program
- Identify key tools and techniques in monitoring and evaluation
- Discuss evaluation strategies for HI-V programs
- Apply a logic model to a funded program

# What is an Intervention?

- An action taken to improve a given situation or context
- Considers the social ecological framework



# Well Planned Interventions...

- Address significant public health problems
- Target a specific population
- Are based on scientific evidence and theory
- Have clearly defined and linked behavioral and health objectives
- Can be measured and evaluated



# The Setting and Ecological Context

- Where the intervention takes place
- Must be relevant to the people who are involved and the places where they live, work and play
- Includes social and environmental factors that influence health behaviors, attitudes, etc.
- May facilitate or hinder progress in achieving our goals/objectives

# SWOT Analysis Activity



- **What are your organizational strengths?**
  - Think about your strengths in relation to the orgs around you. For instance, if your organization provides counseling and testing to teenagers along with three other nearby orgs, then this may not necessarily be a strength.
- **What are your weaknesses?**
  - Consider this from an internal perspective and an external perspective. Do other people see weaknesses that you don't see? Do colleagues/organizations consistently outperform you in key areas? Be realistic – it's best to face any unpleasant truths as soon as possible.
- **What are the opportunities?**
  - Also, importantly, look at your organizational strengths, and ask yourself whether these open up any opportunities – and look at your weaknesses, and ask yourself whether you could open up opportunities by eliminating those weaknesses.
- **What are the threats?**
  - Is your organization solvent and sustainable? Do you have a 5 year plan?

# Goals and Objectives

- **Goals** are aspiring and far reaching; not limited in terms of time or other measurement
- **Objectives** should be Specific, Measurable, Attainable, Realistic and Timely (SMART)
- The Goal should be in line with the organization's mission and the objectives lead to accomplishing that goal

## Goals vs. Objectives

Although the terms 'goals' and 'objectives' are often used interchangeably, there is a difference between them:

### Goals

- General
- Intangible
- Broad
- Abstract
- Strategic

### Objectives

- Specific
- Measurable
- Narrow
- Concrete
- Tactical

# Objectives Can Be...

- Educational
- Behavioral
- Health related

\*Objectives should align with outcomes and impacts of logic model, but are more specific

# Educational Objectives

- Change in specific *attitudes, knowledge, beliefs*, expected to result from the intervention
- Increases likelihood of achieving the *Behavioral* objectives
- For example:
  - 75% of participants in the Peer program will identify 3 barrier contraceptives by the 4<sup>th</sup> week of the program

# Behavioral Objectives

- Change in specific *practices* or *actions* (*behaviors*) expected to result from the intervention
  - Adopting a new behavior
  - Changing an existing behavior
  - Cessation of an unhealthy behavior
- Increases likelihood of achieving the *Health* objectives
- For Example:
  - 30% of participants in the Peer program will use a condom at least once the next time he/she has sexual intercourse within 3 months of the program

# Health Objectives

- The change in health---related *status* or *outcome* expected to result from the intervention
- Should be big picture and of public health significance
- Decrease morbidity or mortality, reduce incidence or prevalence, improve health status, etc.
- For Example:
  - 30% of participants in the Peer program will reduce STI infection rates to less than 25% after two years of program implementation

# Which of these behavioral health objectives is correct?

- A. Increase the self-reported levels of healthy diet and regular exercise by 20% within 9 months.
- B. Decrease the amount of saturated fat consumption over the first six months of program implementation
- C. Increase interest in attending a yoga classes by 30% by December 2012.
- D. Increase the amount of fruit consumed by program participants from 1 per week to 5 per week within 6 months of initiating the intervention.



## Which of these sets of behavioral/health objectives are aligned?

### **A. Set A:**

**BO:** Increase the percentage of protected sex acts by 50% by end of the first year of program in the target population

**HO:** Decrease the number of new cases of gonorrhea by 20% in 5 years in the target population

### **B. Set B:**

**BO:** Increase the percentage of protected sex acts by 5% by the end of the first year of program in the target population

**HO:** Decrease the number of new cases of gonorrhea by 20% in 5 years in the target population

# ACTIVITY

# Monitoring

- A continuous function that uses systematic collection of data on specified indicators to advise stakeholders, management and funding sources on the progress of the interventions objectives.

(OECD, Glossary of Key Terms in Evaluation and Results Based Management 2002)

# Evaluation

- The systematic and objective assessment of a project/ programs design, implementation and results.
- The aim is to determine the relevance and fulfillment of objectives, effectiveness, impact and sustainability.

(OECD, Glossary of Key Terms in Evaluation and Results Based Management 2002)

# What is the Difference Between Monitoring & Evaluation?

## Monitoring

- ✓ Ongoing
- ✓ Regular Data Collection
- ✓ Used to Track Results

## Evaluation

- ✓ Periodical
- ✓ Annual, Midterm, & Final Evaluations
- ✓ Used to Make Judgments

**Reliable monitoring data helps better evaluate a project's impact or success.**

# The Purpose of M&E

- When you monitor and evaluate program activities, you ensure:
  - Learning from past experience
  - Improve service delivery
  - Planning and allocate resources
  - Demonstrate accountability to stakeholders

(World Bank)

# What is Program Evaluation?

What have we  
done?

How well have  
we done it?

Whom have we  
done it to?

How much  
have we done?

How effective  
has our  
program been?

What could we  
do better or  
differently?

Evaluations: Process, Intermediate, Long-term

# What is Process Evaluation?

Is the program being implemented as planned?

How is the program achieving its objectives?

What activities were conducted?

What materials or services did participants receive?

What did people experience?

How is our coalition working?

Do we have the “right” stakeholders?





# What is an Intermediate Evaluation?

What effects did the program have?

Can the effects be attributed to the program?

Did program change participants' knowledge, attitudes, beliefs, or behaviors?



Did the training program achieve its objectives?

What happened as a result of the coalition's efforts?

# What is a Long Term Evaluation?

What change in injury or death occurred because of the program?

What is the current prevalence (how many cases of “x” exist)?



What is the current incidence of “x” (how many new cases of “x” occurred this year)?

# What is a Logic Model?

*“A systematic and visual way to present and share your understanding of the relationships among your resources to operate your program, the activities you plan, and the changes or results you hope to achieve.”*

# Why is it Important?

- Defines the program rationale
- Articulates program rationale
- Clarifies stakeholders
- Helps identify specific interventions
- Helps identify unintended effects
- Focuses the evaluation on critical areas
- Supports the rationale and planning for scale up
- Required by most funders as it relates to public health/social science

# Process of Constructing a Logic Model

- Review relevant documentation
- Meet with program managers
- Meet with stakeholders
- Draft a logic model
- Discuss with program managers/ stakeholders
- Revise to create workable model
- Affirm logic model is adequate for evaluation that you are undertaking

# Developing a Logic Model

- Identify the problem or issue that the program will address
- Identify the ultimate goal of the program in addressing the problem
- The objectives lead to the conduct of a variety of activities (intervention, training, service delivery)
- Each activity is assumed to result in short-term outcomes
- The short-term outcomes lead to intermediate outcomes
- The intermediate outcomes lead to long-term outcomes
- Long-term outcomes should have an impact on the ultimate program goal

# Features of Logic Models

- Succinct visual images
- Complexity of program will determine number of components
- Each component will have an implementation objective and at least one output
- Logic models will have outcomes
- Short term outcomes need to be connected to longer term outcomes
- One way arrows will help in developing causal pathways and aid in evaluation

# Program Components





# Inputs

- Human resources
- Financial resources
- Infrastructure – including equipment
- Supplies
- Stakeholder inputs
- Community participation
- Technical assistance

# Activities

- This includes what the program does with inputs to fulfill its mission
- Actions that are intentional on the part of the program to bring about intended change or results
- Examples: provide training, education, counseling

# Outputs

- The direct (quantifiable) products of the program activities that may include types, levels, and targets of services to be delivered by the program
- **Examples:** Number of sessions, hours of service delivered, number of participants served, number of materials distributed

# Outcomes: Short to Intermediate

- Benefits for participants during or after program activities
- Specific changes in participants' behavior, knowledge, skills, status and level of functioning

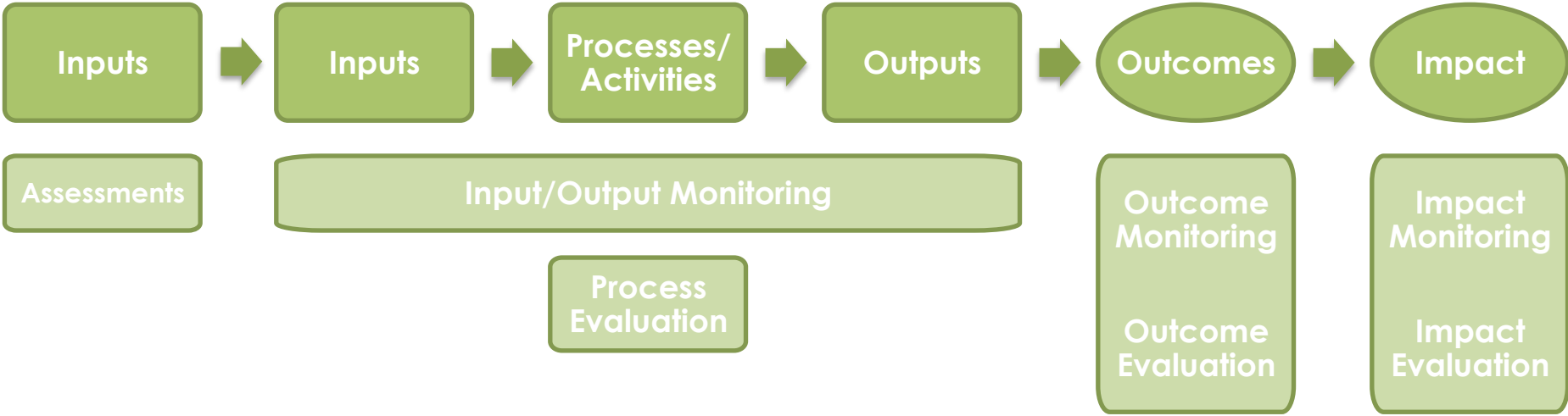
# Outcomes: Intermediate to Long

- Intended or unintended change occurring in organizations communities or systems as a result of program activities
- Longer term outcomes

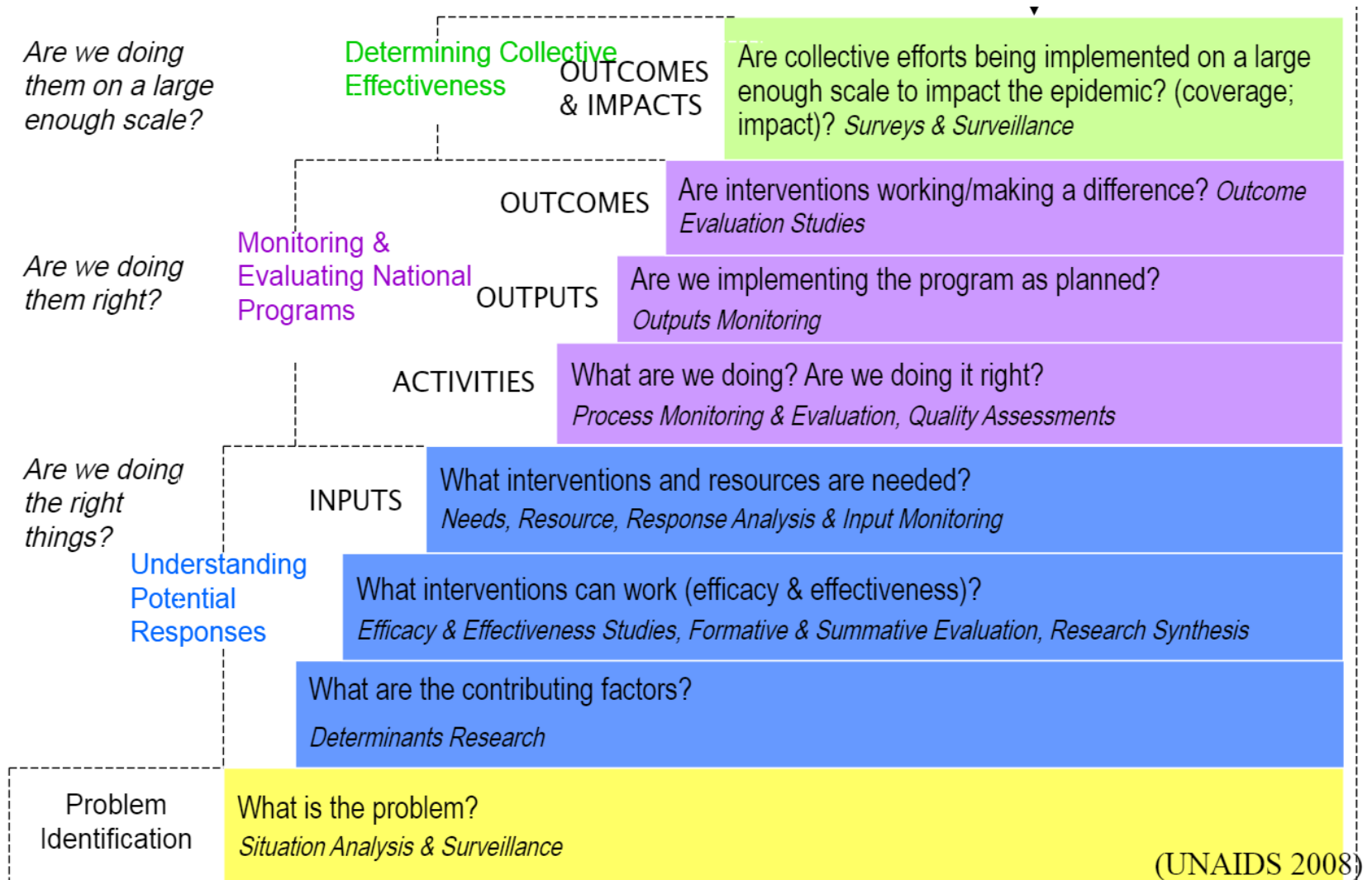
# Assumptions at Each Stage of Project

- A logic model also helps identify critical assumptions being made at each stage (i.e. capacity, staff)
- It can then list what needs to be tested which may become part of the evaluation design

# Program Components as They Relate to Types of M&E



# A Public Health Questions Approach to HIV M&E



(UNAIDS 2008)



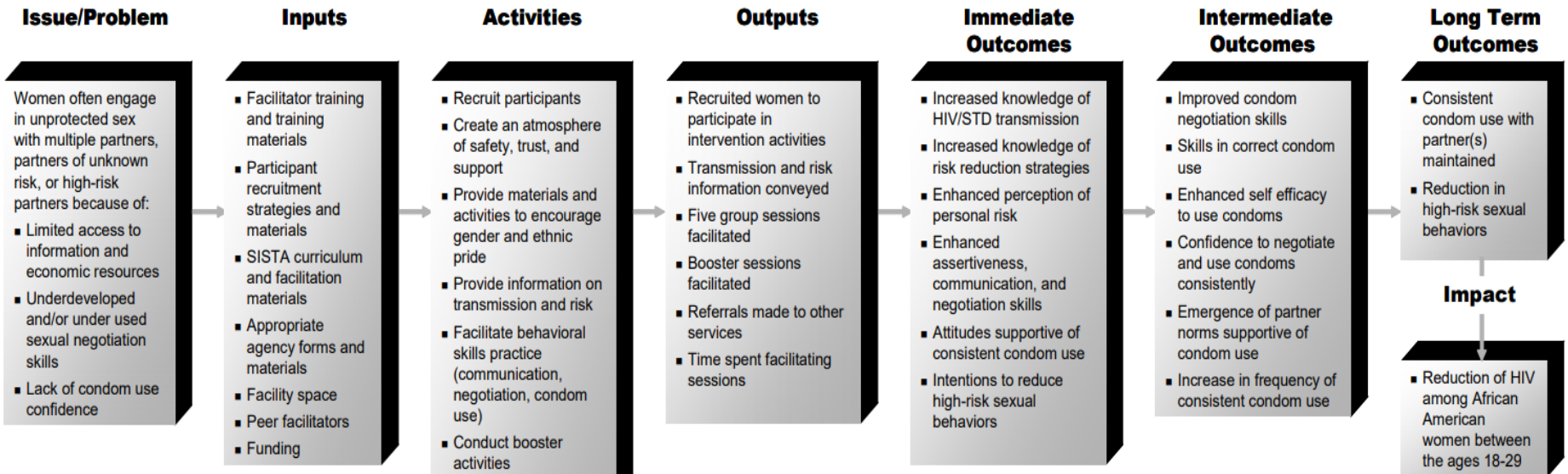
# Sample Logic Model- Many Men, Many Voices (3MV)

Statement of Problem: What is needed to implement the *Many Men, Many Voices (3MV)* HIV & STD prevention intervention program? How does this intervention work?

Planned Work*		Intended Results	
Resources/Inputs →	Activities →	Outputs →	Immediate, Intermediate & Long-term Outcomes
<p><i>Resources needed to operate your program and conduct activities</i></p> <ul style="list-style-type: none"> <li>• Knowledge of and skills related to the intervention, group facilitation, program planning, prevention theory &amp; science, sexually transmitted infections, and the target population, etc.</li> <li>• Existing data</li> <li>• Funding</li> <li>• Staff</li> <li>• Trainings</li> <li>• Intervention Box with materials like the intervention manual, the implementation planning tool, posters and flyers for recruitment, budget worksheet.</li> <li>• Technical assistance (planning, tailoring/adaptation, evaluation)</li> <li>• Space to run group sessions</li> <li>• Agency commitment</li> <li>• Community partners like the population at risk and population in need of intervention services, support from agency, health department and community leaders.</li> </ul>	<p><i>To address problem or asset, activities conducted</i></p> <ul style="list-style-type: none"> <li>• Schedule 3MV group intervention consisting of 6 - 7 sessions</li> </ul> <p>See <u>core elements</u> and tasks and activities listed on the <u>agency planning tool</u> for conducting the 3MV intervention</p> <ul style="list-style-type: none"> <li>• Educate clients about risks and sensitize clients to risk</li> <li>• Develop risk reduction strategies in group</li> <li>• Coach participants regarding capacity for change</li> <li>• Train participants in partner selection, communication and negotiation</li> <li>• Provide support and relapse prevention</li> </ul>	<p><i>As a result of activities conducted, evidence of service delivery, examples:</i></p> <ul style="list-style-type: none"> <li>• Six or seven (3) hour group sessions conducted</li> <li>• STD and HIV knowledge increased, risk information conveyed, perception of risk enhanced, options for risk reduction selected, risk reduction skills built.</li> <li>• Written Implementation plan, tailored to target population, including measureable program objectives</li> <li>• Written process/procedures to integrate 3MV into flow of agency services and programs</li> <li>• Written 3MV recruitment process</li> <li>• Evaluation plan including tools, evaluation data, data analyses, and summary reports with interpretation</li> <li>• Documentation of regular program monitoring and program improvement in accordance with monitoring plan</li> <li>• <u>Example program monitoring (program objectives met) and process evaluation indicators, examples</u> :</li> <li>• % of planned # of clients recruited/approached for 3MV in [timeframe]</li> <li>• % of planned # 3MV sessions held in [timeframe]</li> <li>• % of planned # of participants in each 3MV sessions in [timeframe]</li> <li>• % of planned # of participants in [timeframe]</li> <li>• % of planned # of 3MV participants who satisfy target population characteristics [risk group or demographics] in [timeframe]</li> </ul>	<p><i>As a result of outputs (service delivery), expected changes in target population in specified period(s) of time</i></p> <p><u>Immediate Outcomes</u> (e.g., immediately after intervention, within 1-2 weeks of intervention)</p> <p><u>Knowledge, skills and attitudes, examples:</u></p> <ul style="list-style-type: none"> <li>• Increase in # participants' about transmission of HIV and STDs by % in [timeframe]</li> <li>• Increase in # participants' knowledge about risk reduction for HIV and STDs by % in [timeframe]</li> <li>• Increase % participants able to realistically assess their personal risk for HIV/STDs in [timeframe]</li> <li>• Increase % of participants' intention to obtain condoms in [timeframe]</li> <li>• Increase % of participants' intention to use condoms regularly in [timeframe]</li> </ul> <p>• [insert site or program specific outcomes]</p> <p><u>Intermediate Outcomes</u> (e.g., 1, 3, or 6 months after intervention)</p> <p><u>Behavior impacted, examples:</u></p> <ul style="list-style-type: none"> <li>• Decrease in % of participants' repeat STD infections in [timeframe]</li> <li>• Increase in % of participants' requesting/ obtaining HIV/STD testing services in [timeframe] (optional)</li> </ul> <p>• [insert site or program specific outcomes]</p> <p><u>Long-term Outcomes</u> (e.g., 6, 9, or 12 months after intervention)</p> <p><u>Long term changes in knowledge, skills and behaviors, examples:</u></p> <ul style="list-style-type: none"> <li>• Increase % of participants' regular use condoms in [timeframe]</li> <li>• Decrease in % of participants' repeat STD infections in [timeframe]</li> <li>• Increase in % of participants' requesting/ obtaining HIV/STD testing services in [timeframe] (optional)</li> </ul> <p>• [insert site or program specific impact]</p>

Source: Many Men, Many Voices Evaluation Field Guide. [http://www.effectiveinterventions.org/Files/3MV\\_Evaluation\\_Field\\_Guide.pdf](http://www.effectiveinterventions.org/Files/3MV_Evaluation_Field_Guide.pdf)

# SISTA (SISTERS INFORMING SISTERS ON TOPICS OF AIDS) LOGIC MODEL



## Assumptions

Women may decide to not use condoms because they may not:

- Respond to messages that are not culturally and gender specific
- Believe they have the power to negotiate or insist on condom use
- Have the communication skills to negotiate desire to practice safer behaviors
- Feel worthy of protecting themselves or place value on their health
- Perceive themselves to be at risk

## Assumptions

- People are influenced by the behavior of peers
- People are more likely to adopt a behavior if given the opportunity to learn about the behavior
- Supportive, non-threatening environments that validate culture and gender influence self perceptions of worth and power
- Validated perceptions of power and worth can influence adoption of safer behaviors
- Combining instruction with opportunities to practice enhances acquisition of skills
- Presentation of information tailored to cultural and gender nuances is more likely to be understood and applied to personal perceptions of risk

# Strengths and Limitations of a Logic Model

- **Strengths**
  - Communication of program to others
  - A picture is worth a 1,000 words
  - Categorize organizational work
  - Outline cause and effect linkages
  - Distinguish what is in program vs environment
- **Limitations**
  - Snapshot in time
  - Does not take into account change
  - May not represent reality

# Summary

- Goals and S.M.A.R.T Objectives should be used as a framework to guide your program plans
- Monitoring and evaluation (M&E) are important components of program planning and grant management
- A logic model is a useful tool to articulate program plans

**Any Questions?**





**KEEP  
CALM  
IT'S  
ACTIVITY  
TIME!!!**

# Contact

Lisa Frederick

Capacity Building Manager

202.232.4733

[Lisa@HealthHIV.org](mailto:Lisa@HealthHIV.org)

Elena Sanchez Thorpe

Research & Evaluation Coordinator

202.232.4724

[Elena@HealthHIV.org](mailto:Elena@HealthHIV.org)