DEFINING GOALS & METRICS FOR
MONITORING & EVALUATION

RYAN WHITE REGIONAL EIS HI-V PROGRAM

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

HealthHIV

ACRONYMS

AWPLI	Access to Wholistic and Productive Living Institute, Inc.
ART	HIV Antiretroviral Therapy
BAA	Business Associate Agreement
COHAH	Commission on Health and HIV
CoP	Community of Practice
DC-EMA	District of Columbia Eligible Metropolitan Area
HRSA	U.S. Health Resources and Services Administration
HAHSTA	DC Department of Health – HIV/AIDS, Hepatitis, STD, Tuberculosis Administration: Care and Treatment Division
HIPAA	Health Information Portability and Accountability Act
Hi-V	High Five Model ("Find 'em, Teach 'em, Test 'em, Link 'em, Keep 'em")
IP	Implementing Partners
LF	Logical Framework
M&E	Monitoring & Evaluation
MOU	Memorandum of Understanding
NHAS	National HIV/AIDS Strategy
NRT	Narrative Report Template
PrEP	Pre-Exposure Prophylaxis
PEP	Post-Exposure Prophylaxis
PLWH	Persons Living with HIV
PIRS	Performance Indicator Reference Sheet
PWP	Programmatic Work Plan
QI	Quality Improvement
Q1,2...	Quarter 1, Quarter 2...
RWHAP	Ryan White HIV/AIDS Program
RSR	Ryan White Services Report
RF	Results Framework
SOW	Statement of Work
U=U	Undetectable = Untransmittable

TABLE OF CONTENTS

OVERVIEW OF THE HI-V PROGRAM

Purpose

The purpose of this Monitoring & Evaluation Plan (MEP) Toolkit is to describe how your organization will monitor and evaluate its participation in Ryan White Regional EIS Hi-V Program. Your MEP will propose indicators against each of the expected results of the activity. It will also describe the processes that you will use to perform M&E throughout the duration of the activity.

This toolkit will walk you through the steps involved in designing an MEP to create clear and measurable activity objectives; design appropriate indicators and measurements at different stages of the activity to those goals; setting performance measure targets and baselines, and performance evaluations; defining roles and responsibilities; developing quality control mechanisms and data collection processes; establishing reporting schedules; and, identifying and managing risks. The MEP is a dynamic and flexible document that will be updated throughout the activity's implementation. New targets will be incorporated based on activity performance and results, and changes in the organizational priorities.

Why Should We Evaluate?

- Find out "what works" and "what does not work"
- Conduct self-assessment and inform decision-making
- Improve capacity to identify and implement effective public health practices
- Demonstrate effectiveness of a CoP stakeholders

Please refer to Annex A at the end of this document for a video link to more information on crafting your organization's Monitoring & Evaluation Plan.

READY TO WRITE YOUR MEP PROGRAM PURPOSE? ENTER BELOW:

Example: The goal of these activities is to strengthen our organizational infrastructure and programmatic capacity to deliver all five pillars of the Ryan White Regional Early Intervention Services (EIS) Hi-V Program.

OVERVIEW OF THE HI-V PROGRAM

Evaluation Stakeholders & Primary Intended Results Framework

As your MEP plan is developed, it is important to establish the context of the project. We can start by Identifying Stakeholders involved in the monitoring and evaluation.

First, list key individuals or groups considering: (1) those whom have a stake in the evaluation; (2) who will use evaluation results; (3) decision makers who may influence this initiative; and, (4) partners who actively support the initiative(s). Next, identify and document each stakeholder's evaluation interests (what stakeholders want to know).

Figure 1A. Evaluation Stakeholders

Evaluation Stakeholders	What Stakeholders Want to Know
Example: Health department leadership	Document the resources that have been leveraged to support CCC program efforts
Example: Intervention participants	Determine the extent to which interventions are yielding intended awareness, behavioral and/or health outcomes for participants

OVERVIEW OF THE HI-V PROGRAM

Evaluation Stakeholders & Primary Intended Results Framework

It is important to retain Stakeholders throughout your work.

3 Quick Tips to Consider when Working with your Stakeholders:

1. **Plan** meetings with stakeholders with plenty of lead time
2. **Express** thanks and gratitude for participation
3. **Establish** MOU's and follow through with your arrangements (SEE APPENDIX A for examples)

Not all stakeholders are for evaluation purposes only, some support data collection efforts by providing access to populations you could not otherwise reach. See an example below of a tracking tool to begin planning out how and when to engage with prospective partners.

Figure 1B. Example Stakeholders

Stakeholder Name	Stakeholder Category	Interest or Perspective	Role in the Evaluation	How and When to Engage
Catholic Charities of DC	Primary		Providing clients	**MOU/education**
Oxford House	Primary		Providing clients	**MOU/education**
Alliance for Concerned Black Men	Primary		Providing clients	**MOU/recruitment**
PG City Council	Secondary		Providing clients	

OVERVIEW OF THE HI-V PROGRAM

Community Advisory Board (CAB)

Guidance: Some stakeholders must be facilitated through additional means, especially those for whom the program will be directly affecting. Participation in this process from your intended population is critical in gathering early feedback in the creation of your activities and indicators.

Responsibilities of CAB Members can include activities such as:

- Attending local CAB meetings and provide feedback on issues under discussion.

- Voicing concerns from the communities and study participants.

- Assisting in the development and implementation of community education activities (health fairs, community forums, community sensitization/mobilization activities, etc.) and materials.

- Advising the site research team and HPTN protocol team in the development of informed consent forms and other study related documents.

- Suggesting strategies to address ethical and operational aspects of study conduct.

- Advising in the development and implementation of study participant recruitment and retention strategies.

- Providing real-life experiences.

- Serving as a resource to community liaison officer/community educator and research team, etc.

Please refer to Annex A at the end of this document for links to resources on Community Advisory Board tools and engagement.

OVERVIEW OF THE HI-V PROGRAM

Results Framework

Guidance: Next, we will focus on a Results Framework. This is both a planning and management tool that provides the basis for monitoring and evaluation. A Results Framework is often a graphic display, matrix, or summary of the different levels, or chains, of results expected from a particular intervention—project, program, or development strategy. It provides a program-level framework for managers to monitor the achievement of results and to adjust relevant programs and activities when necessary. It gives the reader an idea of what a program is trying to achieve.

A Results Framework focuses specifically on impact and the outcomes of the work done through the program. A simple but clear Results Framework helps you think through the theoretical principles underpinning an intervention. You will now walk through the steps to plan the content for your Results Framework.

Please refer to Annex A at the end of this document for links to examples of a Results Framework and resources on developing your organization's Results Framework.

Step 1 - Program Goals (Impact):

Program goals and objectives establish criteria and standards against which you can determine your program performance. You will need to identify the Goals and Objectives of the program component or intervention you plan to evaluate. Logic Models are a useful tool that can help you do this.

Documents Needed: In thinking about your program goals, consider your Project Work Plan, Scope of Work, Funding Proposal, and other related documents.

Step 2 - Intermediate Results (Outcomes):

Intermediate Outcomes are those interim results that provide a sense of progress toward reaching the long-term objectives (e.g., changes in behavior, norms, and policy).

Step 3 - Outputs:

Consider your outputs to be the expected milestones and/or changes that you will achieve from your program activities. Example in the table on page 9 (figure 2).

Step 4 - Critical Assumptions:

The development of interventions inevitably relies on some assumptions about factors that are beyond the control of the planners and implementers. Results Frameworks should not be based on critical assumptions that are perceived to have a low probability of holding true over the implementation period. If the risks are high, the intervention needs to be reconsidered. For example, the passage of a key policy reform may be required to sustain the delivery of certain programs, however, this passage of this legislation is not within the direct manageable interest of the project.

Please refer to Annex A at the end of this document for helpful links in developing your Program Goals and Objectives.

8

OVERVIEW OF THE HI-V PROGRAM

Results Framework

READY TO WRITE YOUR RESULTS FRAMEWORK MATRIX? ENTER BELOW:

Figure 2. Results Framework – Matrix - Fillable Example

Program Goals (Impact)	What Stakeholders Want to Know	Intermediate Results (IR)	Outputs (Milestones Expected)	Source of Data for Indicators and (use for monitoring)
Example: 0. Improve perinatal outcomes among high risk populations < Number of women participating in Healthy Start > Baseline: 100 participants (Q1 2019) Target: 250 Participants (Q1 2020)	**Example:** A. Program funding may be late is disbursement B. Participant will be available for post-partum data collection	**Example:** 0.1 Increase Healthy Start program participation 0.2 Provide a better on-boarding process	**Example:** 0.1.1 (50) new participants in Q1 2019 0.1.2 (100) new participants Q3 0.2.1 Launch new signup page Q2 2019	**Example:** Healthy Start Data (This indicator would show the overall effectiveness of recruitment)
1.<Statement of first Program goal> <Indicator> Baseline: xxxx (2019) Target: xxxx (2021)	A.	1.1 1.2	1.1.1 1.1.2	
2. <Statement of second Program goal> <Indicator> Baseline: xxxx (2019) Target: xxxx (2021)	A.	2.1	2.1.1 2.1.2	
2. <Statement of second Program goal> <Indicator> Baseline: xxxx (2019) Target: xxxx (2021)	A.	3.1	3.1.1 3.1.2	

OVERVIEW OF THE HI-V PROGRAM

Results Framework

**READY TO WRITE YOUR RESULTS FRAMEWORK GRAPHIC?
FILL IN THE BOXES AND ENTER BELOW:**

Figure 3A. Results Framework – Simple Graphic – Fillable Example
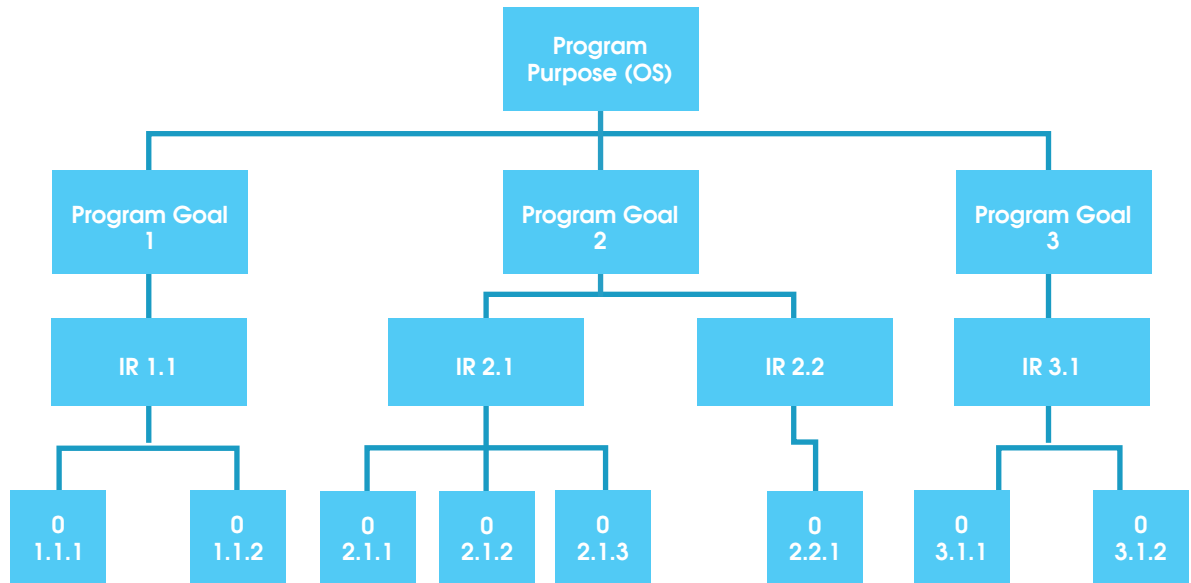
Guidance: When formatting a Results Framework (RF) as a graphic, you can use a numbering system like in Figure 3A that corresponds to a matrix as detailed in Figure 2. You can also type the information directly into the graphic, as shown in the next example in Figure 3B. The team should step back and review the Results Framework as a whole (See figure 3B). The RF should be straightforward and understandable. Check that the results contained in the RF are measurable. You can color code the boxes so that various programs or projects are clearly distinct from each other.

Note that Program Purpose, sometimes called the strategic objective (SO), is the center of any results framework. This is one of the most critical and difficult tasks a team will face. The strategic objective forms the standard by which the organization is willing to be judged in terms of its performance.
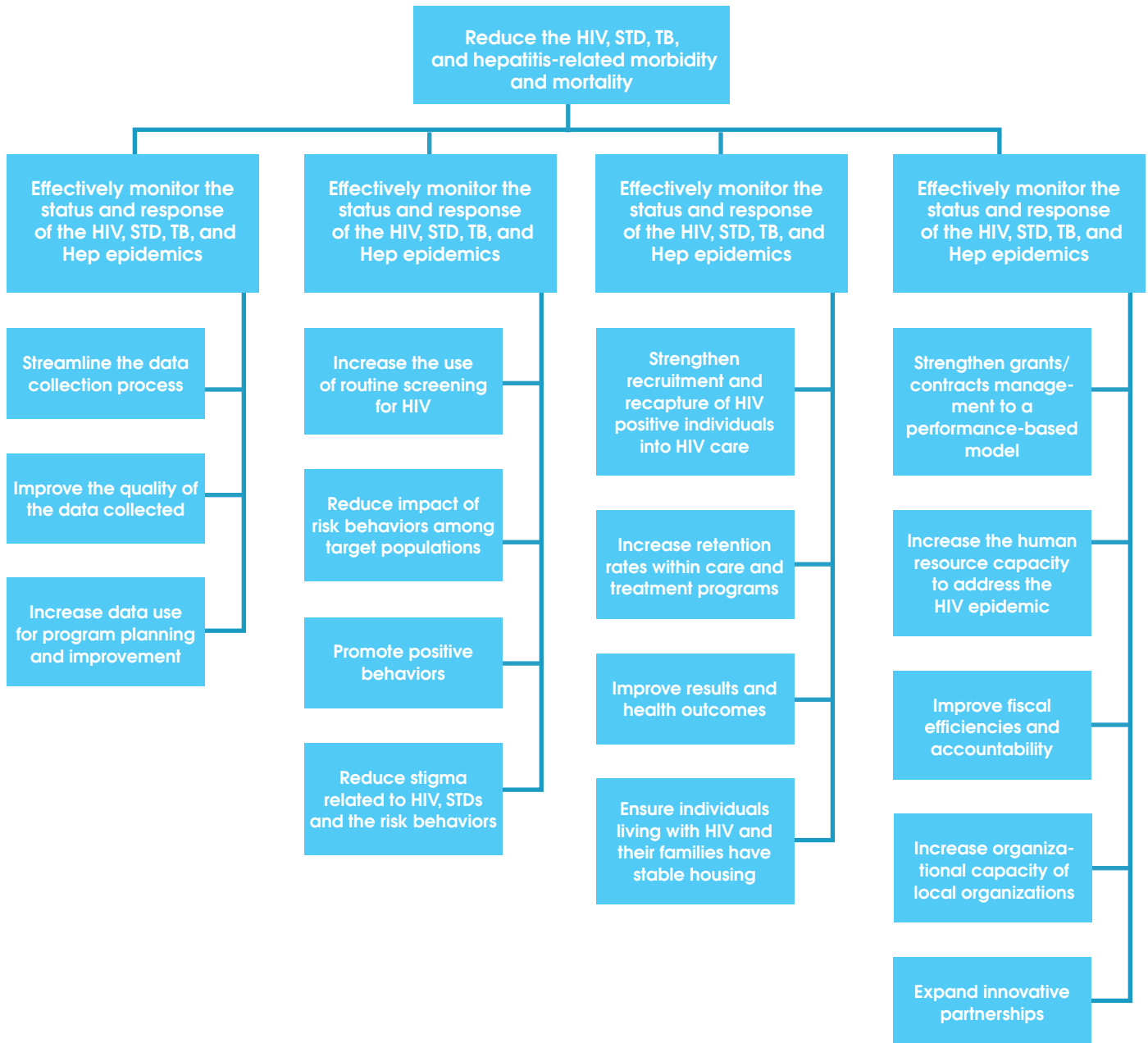

Intermediate Results and Program Goals are the main focus of a Results Framework; project Inputs (Activities) and Implementation Processes are generally not emphasized in the Results Framework, although Outputs are often noted. Activities will be discussed later in this Monitoring and Evaluation Plan (MEP).

OVERVIEW OF THE HI-V PROGRAM

Results Framework

**READY TO WRITE YOUR RESULTS FRAMEWORK GRAPHIC?
FILL IN THE BOXES AND ENTER BELOW:**

Figure 3B. Results Framework – Simple Graphic – Completed Example 2

Reduce the HIV, STD, TB, and hepatitis-related morbidity and mortality

Effectively monitor the status and response of the HIV, STD, TB, and Hep epidemics

- Streamline the data collection process
- Improve the quality of the data collected
- Increase data use for program planning and improvement

Effectively monitor the status and response of the HIV, STD, TB, and Hep epidemics

- Increase the use of routine screening for HIV
- Reduce impact of risk behaviors among target populations
- Promote positive behaviors
- Reduce stigma related to HIV, STDs and the risk behaviors

Effectively monitor the status and response of the HIV, STD, TB, and Hep epidemics

- Strengthen recruitment and recapture of HIV positive individuals into HIV care
- Increase retention rates within care and treatment programs
- Improve results and health outcomes
- Ensure individuals living with HIV and their families have stable housing

Effectively monitor the status and response of the HIV, STD, TB, and Hep epidemics

- Strengthen grants/contracts management to a performance-based model
- Increase the human resource capacity to address the HIV epidemic
- Improve fiscal efficiencies and accountability
- Increase organizational capacity of local organizations
- Expand innovative partnerships

OVERVIEW OF THE HI-V PROGRAM

Activities and Context

Guidance: Describe the Activity that will lead to the Outputs described in your Results Framework. Share information such as the location of the Activity, who will be involved, overall Program Goal that is linked to the Activity, and the context of the work that is involved. This tool will allow the team to build consensus on how the Activity is being approached. Look back at your **Figure 2. "Results Framework – Matrix - Fillable Example"** to recall project Outputs and ensure that as many Outputs as possible are linked to Activities. If you think of any new Outputs during this exercise, be sure to add them to your first figure 2.

Fig. 4A. Activity Description and Output Alignment

Activity	Description of Activity	Linked Outputs (Milestones Expected)
Example: Recruitment Activity	**Example:** <Recruitment Activity> is expected to contribute to Program Goal 0: "Improve perinatal outcomes among high risk populations". This activity consists of deploying recruiters into the community and gathering signups into the new registration system. Our recruiters will be calling, texting, and emailing as follow-up in the following settings: 1. Telephone Hotline on Maternal Health 2. School-based Education on STIs Program 3. Peer Education	**Example:** 0.1.1 (50) new participants in Q1 2019 0.1.2 (100) new participants Q3 0.2.1 Launch new signup page Q2 2019
Find 'em:		
Teach 'em:		
Test 'em:		
Link 'em:		
Keep 'em:		

OVERVIEW OF THE HI-V PROGRAM

Activity Theory of Change

Guidance: Provide a clear and precise description of the Activity's theory of change, including how the Activities are expected to contribute to the project's higher-level purpose, or goal. This description should outline the rationale for the project, i.e., explain its main development hypotheses. Look back at your **Figure 2. "Results Framework – Matrix - Fillable Example"** to recall your project Goals, ensuring that as many Goals as possible are linked to Activities.

Fig. 4B. Activity Theory of Change and Goal Alignment

Activity	Activity Theory of Change	Linked Program Goal
Example: Recruitment Activity	**Example:** <Recruitment Activity> is expected to contribute to Program Goal 0: "Improve perinatal outcomes among high risk populations." This activity will improve outcomes because our data shows that most high-risk moms do not sufficiently self-signup for perinatal care and must be reach out to consistently to improve participation.	**Example:** **Program Goal 0: "Improve perinatal outcomes among high risk populations**
Find 'em:		
Teach 'em:		
Test 'em:		
Link 'em:		
Keep 'em:		

OVERVIEW OF THE HI-V PROGRAM

Use and Dissemination

Guidance: Provide clear and concise descriptions of how data will be used to assess progress, document achievements, and provide critical information to stakeholders for management decisions.

When developing your dissemination strategy, carefully consider the following:

- With which target audiences or groups of stakeholders will you share findings?
- What formats, platforms and channels will you use to share findings?
- When and how often do you plan to share findings?
- Who is responsible for carrying out dissemination strategies?

Template for Dissemination

In this section, we provide a Data Use and Dissemination Template that you can use to identify target audiences, determine what platforms you will use to share findings, establish a timeline, and designate responsibility.

Fig. 5. Data Use and Dissemination Template

Audience	Format and Channel for Sharing Findings	Timeline	Responsible Person
Example: HealthHIV Program Officer	Example: Monthly Narrative Report Template	Example: 1/15/2020 2/15/2020 3/15/2020 Etc.	Example: Person X Additionally: Person Y

GOALS AND OBJECTIVES ALIGNMENT

Contribution to Regional EIS and PWP

Guidance: This section should include a brief description of how results contribute to the RW Regional EIS Hi-V Program Goals and should indicate how the M&E plan contributes to Program Work Plan (PWP).

Let's begin by referencing our Program Purpose we wrote in the beginning as a reminder of context, input in space below:

Example: The goal of these activities is to strengthen our organizational infrastructure and programmatic capacity to deliver all five pillars of the Ryan White Regional Early Intervention Services (EIS) Hi-V Program

Next, in the field below, provide complete details of the program work plan (PWP) and how it links to the Goals.

Fig. 6. PWP and Goal Alignment

Program Work Plan	Linked Program Goal(s)
Example: <Describe Work Plan Task>	Example: 2.<Statement of Program goal> <Indicator> Baseline: xxxx (2019) Target: xxxx (2021) 3.<Statement of Program goal> <Indicator> Baseline: xxxx (2019) Target: xxxx (2021)

PROGRAM LOGIC MODEL

Identifying the Components of a Logic Model

Guidance: Logic Models are an essential tool needed in an evaluation, and often a visual representation of the entire program. Logic Models are used to determine what to measure and what areas of your program might be most in need of evaluation. You can develop a Logic Model that depicts how an entire program operates (e.g. global) or focuses more closely on a component or specific activity (e.g. local).

What is a Logic Model?

Logic Models can assist you in program evaluation by providing a picture of how your program is intended to work. Logic Models identify your programs main components and how each component should relate to one another. Components of a Logic Model include process, impact, and outcome.

Process Components of Model (Planning Elements)	Examples
Inputs (resources)	Funding, staff, materials
Activities (program events or strategies)	Patient testing and treatment, staff trainings
Outputs (products of activities)	Number of patients treated, quality of trainings

Outcome Components of Model (Intended Effects)	Examples
Short-Term Outcomes (immediate effects: weeks-months)	Increased proportion of patients treated; changes in knowledge, skills, or beliefs
Intermediate Outcomes (intended effects that occur over the mid-term: months-years)	Increased proportion of partners treated; increased condom use; change in policies or behaviors
Long-Term Outcomes (long-term intended effects: years-decades)	Reduced STD prevalence; changes in morbidity and/or mortality

Logic Models are useful:

- To build understanding and clarity around your program
- To identify resources needed for your program
- To identify the sequencing of activities that should be implemented
- To serve as a basis for program evaluation

Please refer to Annex A at the end of this document for helpful links to key considerations for developing your Logic Model and Logic Model toolbox.

On the next page, we will consider all previous work so far and develop our own **Logic Model.**

PROGRAM LOGIC MODEL

Figure 7. Logic Model

Inputs	Activities	Outputs	Short-Term Outcome	Intermediate Outcome	Long–Term Outcome
Example: Funding staff time Screening guidelines Evidence based curriculum Meeting space	**Example:** Conduct workshop on STD guidelines for clinical providers caring for MSM	**Example:** Workshop on STD guidelines for clinical providers caring for MSM conducted	**Example:** Increased knowl-edge of STD guidelines among clinical providers attending the workshop	**Example:** Increased routine screening for STDs in MSM by clinical providers attending the workshop	**Example:** Decreased prevalence of STDS among MSM

THE HI-V PILLARS KEY MEASURES

Key Activities Performance Indicators

Guidance: Indicators are required for each of the project's Objectives/Activities. USAID guidance suggests there should be no more than three Indicators per Activity – but the number of Indicators should be sufficient to determine the achievement of the Activity. The specific Indicator language is critical to ensure that the Indicators – as currently worded – actually measure the results with which they are associated.

Each Indicator should directly link to its result. An Indicator should NOT measure multiple things (school buildings AND students), should NOT measure directions ("Increase" is a Result, "Number of" is an indicator), and must have a number ("good test results" or "better economic context" is not an indicator). Indicators should also be worded as specifically as possible using unambiguous terms ("achieved" is better than "addressed").

Look back at your **Figure 2. "Results Framework – Matrix - Fillable Example"** to recall your project Intermediate Results (IR) and the <Indicators> you listed under each, ensuring that as many IRs as possible are linked to Performance Indicators. Be sure to add any new Indicators to your first figure 2 Results Framework that you may think of during this exercise.

Figure 8. Performance Indicators Table

IR (Intermediate Result)	Performance Indicators	Definition & Unit of Measure	Data Source	Method or Tool	Frequency of Collection/ Reporting	Use of Information
Example: 0.1 Increase Healthy Start program participation	**Example:** Number of participants registered in Healthy Start Data	**Example:** Count	**Example:** Healthy Start Data	**Example:** Project form	**Example:** Monthly/ quarterly	**Example:** For communication and decision-making

THE HI-V PILLARS KEY MEASURES

Key Activities Performance Indicators

Fig. 9. Example of Reporting Tool (Excerpted from NRT)

Activity	Type	Number of Clients Served
Find 'em: (Include a schedule of outreach activities and outreach contacts)	**Calls** **Texts** **Face to Face** **DM** **Other _____**	
Teach 'em:		
Test 'em:	**HIV** **STI** **Hep C** **Other _____**	
Link 'em:	**ART** **PrEP** **PEP** **Other _____**	
Keep 'em:	**Client retention activities**	

(See Annex C for complete Data Reporting Tools)

What is an Indicator?

An Indicator is a specific, observable, and measurable accomplishment or change that shows the progress made toward achieving a specific Output or outcome in your Logic Model or Work Plan. Common examples of Indicators include participation rates, attitudes, individual behaviors, incidence, and prevalence. The Indicators you select should answer your evaluation questions and help you determine whether your program Objectives have been achieved.

THE HI-V PILLARS KEY MEASURES

Regional EIS Performance Indicators

Guidance: While monitoring and evaluating the program goals is very important, it is also essential to monitor the performance of the implementing partner (organization) as a whole. Ryan White Regional EIS Hi-V Program has established a list of the performance priorities that they consider:

- Organizational Infrastructure
- Organizational History of Service Provision
- Program Management
- Data Collection and Reporting
- Quality Management/ Improvement Program

- Organizational Access to Population of Focus
- Cultural Competence
- Fiscal Systems
- Billing Systems
- Organizational Sustainability

Please refer to Annex A at the end of this document for links to criteria for selection of high-performing Indicators and developing Evaluation Indicators.

Using referenced links in Annex A and priorities above, discuss four-to-five examples of how your performance indicators link to successful implementation of the Regional EIS priorities. Also consider looking back at your **Figure 1. "Evaluation Stakeholders"** to recall who you might consider in developing this section and add any stakeholders that you may think of in this exercise.

Figure 10. EIS Priorities and Performance Indicator Alignment

REGIONAL EIS Priority	Performance Indicator	Justification of Linkage

THE HI-V PILLARS KEY MEASURES

Indicator Baselines and Targets

Use the table below to describe the baseline of where the measurement begins at the start of the program and show your projected targets over time. Look back at your **Figure. 7 "Performance Indicators Table"** to recall your Indicators.

Figure 11. Performance Reporting Table

IR	Performance Indicators	Baseline	Target Year 1	Target Q1	Target Q2	Target Q3	Target Q4	Target Justification
Example: 0.1 Increase Healthy Start program participation	Example: Number of participants registered in Healthy Start Data	Example: 100 participants (Q1 2019)	Example: 150 additional	Example: 25	Example: 25	Example: 100	Example: 100	Example: Recruitment shows consistent registration at about 20 a quarter without major marketing efforts
1.1								
1.2								
2.1								
2.2								
3.1								

MANAGEMENT OF THE PERFORMANCE MONITORING SYSTEM

Roles and Responsibilities

Guidance: Provide clear and concise descriptions of the Activity's M&E structures, functions, and capabilities, such as which staff/position(s) has what type/level of responsibilities for M&E at different implementation levels and their competencies. Ways to address issues identified should be provided (e.g. plan for staff M&E capacity strengthening, partnership with M&E organization(s) to strengthen the M&E system, etc.)

SAMPLE TEXT:

Implementing the M&E Plan
At the beginning of the project, the M&E Specialist will be the primary person responsible for implementing the M&E plan reported here. They will also be responsible for building the capacity of all program staff; reporting; and supervising general monitoring and evaluation approaches, practices, and tools. The M&E Specialist will also cooperate with the program officer on a technical level, ensuring that indicators and information are reported as needed by the funding source.

Information Management
With reference to Ryan White CAREWare (Name of Activity) supports the organizations' efforts to maintain a performance monitoring information system that holds performance indicators including data collected by this Activity M&E plan.

Reporting
The M&E Specialist is in charge of producing the M&E reports on time, and in a technically valid, high-quality, and policy-relevant manner, with the purpose of providing firm grounds for management decisions. He/she is responsible for developing the protocols and standard procedures to ensure that data is gathered in a technically sound manner, is consistent, and can be compared throughout the years. He/she must make judgments with respect to whether data meets quality standards.

M&E Oversight
The Executive Director or the COO will be responsible for overseeing M&E, assuring that the work of the M&E Specialist meets overall project needs and responds to funding requests for information.

PERFORMANCE REPORTING SCHEDULE

Roles and Responsibilities

Guidance: Input a description of the types of reporting documents that will be submitted and provide a timeline, referring back to your Template for Dissemination, to ensure all reporting requirements are included and assigned to the appropriate responsible party.

See Annex C for Data Reporting Tools

SAMPLE TEXT:

Activity will produce **Monthly Narrative Reports** – Activity will collate and update the performance data and review this with the program officer. This will provide significant input to the quarterly update of the work plan schedule as activities planned for the following quarter in a general are able to be scheduled more exactly.

Activity will provide quarterly Performance Summaries for the organization. At the end of the fiscal year, the organization will submit an annual performance report including a compilation of the year's actual achievement versus targeted for each indicator, as well as an explanatory narrative. All reports are presented in draft to HealthHIV before final submission.

EVALUATION PLAN SUMMARY

Guidance: Indicate planned evaluations and proposed schedule. To the extent possible, the purpose of proposed evaluations should be articulated, as well as the relationship of required data to the proposed performance monitoring indicators.

    A. Planned Evaluations and Schedule.

    B. Purpose of Proposed Evaluations.

Ryan White Regional EIS Hi-V Program has provided a list of the evaluation parameters that they will consider:

    1. Program Infrastructure – How the program is designed and whether it is fully staffed and operational

    2. Program Implementation – How the Hi-V initiative is being implemented; how funds are leveraged and how the partnerships are working

    3. Program Outcomes – Program progress based on work plan goals and objectives and program impact on desired target population

    4. Grant Administration- How the organization is managing the grant and the grant funds; adherence to grant reporting (narrative and CAREWare) and invoicing requirements, allocable and allowable expenses, and adequate budgeting of funds

    C. Confirm that **Appendix C** provides an appropriate Link between Evaluations and Performance Monitoring Indicators/Data Collection. Speak with your relevant stakeholders to ensure you are collecting all the data you need based on this exercise and the indicators created.
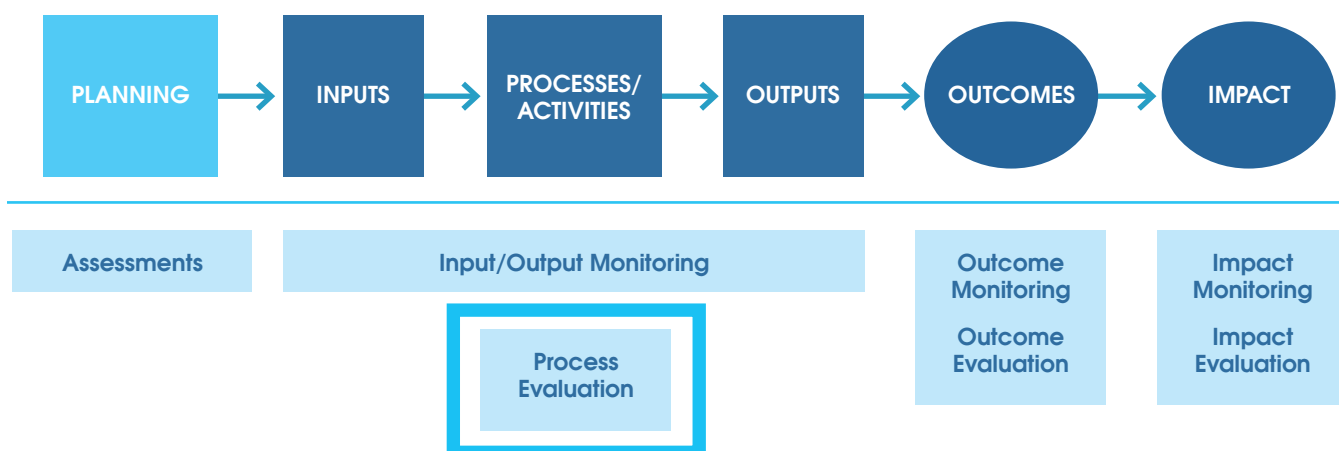
PROCESS EVALUATION

Guidance: According to Centers for Disease Control and Prevention, a Process Evaluation is a type of evaluation that determines whether your program and its activities are implemented as intended and why/why not. Information gathered is used for refining or modifying these activities and related procedures.

Practical Use of Program Evaluation among Sexually Transmitted Disease Programs.2014. Available at: https://bit.ly/3kS9jQf

Figure 12. Logic Model Overview

The Inputs, Activities, and Outputs of a Logic Model are used to plan a Process Evaluation. Your Process Evaluation fits provides a framework to review and justify the many of the choices that you would have made so far in this toolkit: i.e. indicators, data collections tools, etc.

Look back at your **Figure 7. "Logic Model"** to recall your project Inputs, Activities, and Outputs, then review some of your tools for evaluating Inputs and Outputs that you created, e.g. **Figure 2, 4A, 4B, 8, etc.,** and walk through the 5 Major Steps to Conducting an Evaluation to determine whether you have successfully achieved a Process Evaluation.

PROCESS EVALUATION

Five Major Steps to Conducting an Evaluation

	Key Points	Potential Pitfalls
Engage Stakeholders Figures 1A.-1B.	• Purpose is to lay groundwork to ensure that evaluation is useful (i.e., understood, supported, and positioned to make a difference) • Stakeholders may vary by evaluation focus, various means of engagement possible • Engagement should occur throughout the evaluation	• Token engagement • Wrong/Same people at the table
Describe the Program Figures 2A-7	• Purpose is to clarify a program or project's goals and to use that as a roadmap for what to evaluate • A Logic Model is one of various tools for doing this effectively (other tools may suit situation better) • Process of describing a program this way can reveal program strengths/weaknesses or key assumptions	• Having unrealistic outcomes for a given program effort/setting oneself up for failure • Rushing this process, assuming everyone has same understanding of a program • Getting caught up in the format of the program description (e.g., what is an output vs. outcome)
Focus the Evaluation Figures 2A-7 Figure 13	• Purpose is to focus evaluation effort on what the program really can and needs to do, within its constraints • Various criteria for prioritization are relevant such as how pressing the questions are, relation program resources, and importance to program impact • Focus occurs at various levels: the evaluation topic, evaluation questions, and data and information sought	• Planning to evaluate too much or what is easy as opposed to needed • Asking important evaluation questions too late; evaluations are retrospective or after-the-fact • Focusing on what is easy and known to avoid exposing weaknesses (risk averse)
Gather Credible Evidence; Justify Conclusions Figures 8-11	• Purpose is to use scientific methods to create actionable and credible results • Obtaining scientific expertise is often beneficial but not a prerequisite for participation in evaluation • Strong, universal metrics of a good STD program are relatively few; more progress and program collaboration are needed	• Data collection efforts that are burdensome but not well reasoned or useful • Not asking for technical assistance in evaluation design and analysis, when warranted • Misinterpretation or misuse of data or results
Use results and share lessons learned Figure 5 Figure 14	• Usefulness of an evaluation is a key measure of its success or failure • Links back to the stakeholder engagement	• Not taken seriously or given sufficient time to do thoroughly or in ways that promote use of results • Lack of a culture of shared success and failure, which allows all results to be used as much as possible

Carter M. W. (2016). Program Evaluation for Sexually Transmitted Disease Programs: In Support of Effective Interventions. Sexually transmitted diseases, 43(2 Suppl 1), S11–S17. https://bit.ly/3mSCSmU

PROCESS EVALUATION

Focus the Evaluation

If you have completed the exercises and additional learning links up until now, you have the necessary tools to successfully perform a process evaluation.

Now it is time to ensure you are providing the right resources to your Evaluation Efforts and Team

- Who will implement this evaluation?

Figure 13. Roles and Responsibilities of the Evaluation Team Members

Individual	Title or Role	Responsibilities

PROCESS EVALUATION

Reflection

Reflection and documentation of insights from your discussions will ensure that important lessons learned are applied going forward.

- At the end of the evaluation project, be sure to acknowledge the contributions of planning team members and others who contributed to the successful implementation of the plan.

- Convene the team to reflect on the planning and implementation processes and what was learned. Consider the following questions:

  - **Planning:** Review the process your team used, including stakeholder engagement and prioritization processes; are there areas to improve? Did you accurately estimate resources? Was your timeline realistic? Did you take time to brainstorm anticipated challenges or roadblocks and develop measures to address these roadblocks?

  - **implementation:** Did you encounter any challenges collecting and analyzing the data? Did you make timely and appropriate adjustments as necessary? What circumstances facilitated implementation that might facilitate future evaluations? Did you seek appropriate input when interpreting the data and making conclusions and recommendations?

- Applying the lessons learned, what **changes** do you want to apply going forward, considering your approach to planning, execution, analysis, reporting, and ensuring use of the evaluations? Could you benefit from more expertise, skills, additional resources, a TA? Please document items you hope to address going forward.

- Write up a summary of your discussion and revisit it before embarking on your next evaluation plans. You can also use the table below to organize your findings.

Congratulations!
You have reached the end of this Evaluation toolkit.

ANNEX A:
DOWNLOADABLE TOOLS

MONITORING AND EVALUATION
- Monitoring & Evaluation Plan for NGOS | Introduction (3 min YouTube Video)
  https://bit.ly/36kyJlV

MONITORING AND EVALUATION
- Graphic: Sexual Health Results Framework (TOLADATA.Com)
  https://bit.ly/3hZ4W45

- Graphic: USAID – Results Framework
  https://bit.ly/3kKtbVF

- Step-By-Step Guide to Developing Results Framework (DC DOH)
  https://bit.ly/2ExTUFo

WRITING GOALS - HELPFUL LINKS
- Goals and Objective Alignment Through SMART Goals (CDC)
  https://bit.ly/3j6Z7mw

- Developing Program Goals and Measurable Objectives for STD Programs (CDC)
  https://bit.ly/3cuqbKd

- Evaluation Development Tools
  https://bit.ly/3i30YHY

EXAMPLES OF LOGIC MODELS – LINKS
- Developing a Logic Model or Theory of Change (Community Toolbox)
  https://bit.ly/3j4wEhm

(Decide on the focus or scope of the logic model in collaboration with stakeholders.)

- Checklist of Key Considerations for Development of Program Logic Models
  (Decide on the focus or scope of the logic model in collaboration with stakeholders)
  https://bit.ly/363PMZf

ANNEX A:
DOWNLOADABLE TOOLS

CHOOSING INDICATORS - HELPFUL LINKS

- Criteria for Selection of High-Performing Indicators (WMICH)
  https://bit.ly/2RVL33z

- Developing Evaluation Indicators: Sexually Transmitted Disease (STD) Programs (CDC)
  https://bit.ly/3j6ZE80

SAMPLE MOU
https://bit.ly/332FSoT

SIGN IN SHEET FOR FOCUS GROUP MEETINGS / DEMOGRAPHICS SURVEY / FORMING COMMUNITY ADVISORY BOARDS

- Getting it Right: A Self-Assessment Tool for Consumer Advisory Boards - HRSA HIV/AIDS Bureau (HAB) Workbooks for RWHAP planning bodies and other entities to self-assess their effectiveness.
  https://bit.ly/3cvpjF3

- CHIPTS Community Advisory Board (CAB) Example
  https://bit.ly/3j703Y4

- HPTN Community Advisory Board Fact Sheet
  https://bit.ly/33YI15b

ANNEX B:
BLANK LOGIC MODEL TEMPLATE

Inputs	Activities	Outputs	Short-Term Outcome	Intermediate Outcome	Long–Term Outcome

ANNEX C:
DATA COLLECTION TOOLS

Meeting Minutes Template

Media/Ad/News Placements Impact Assessment
1A. Number of media and news placements
1B. Number of ad placements **(1) NMA Colloquium – HIV Awareness Day (Women and Girls) –** **December HIV World AIDS Day – Banner AD on the NMA social media sites**
1C. Number of generated media and news impressions
1D. Number of generated ad impressions (57,000 – impression)
1E. Monetary value of donated media (None)
Events
2A. Number of events with HIV messages - 6 Community Events
2B. Number of attendees attending the events with HIV messages
2C. Number of events with HIV messages with media coverage
2D. Number of materials distributed
Social Media/Digital Media
3A. Number of Tweets - 200 Tweet Impression - **95,412 impressions (from December to Present)**
3B. Number of Retweets - 440
3C. Number of Facebook posts - 150
3D. Number of video views (520 views) – HIV Education Video
3E. Number of clicks on digital advertisements
3F. Number of Instagram posts (0)
3G. Number of campaign website page views (10 - CDC websites)
3H. Number of HIV-related email communications (4 – e-newsletter/Colloquium E-blast)
3I. Number of people reached through HIV-related email communications (35,000)

ANNEX C:
DATA COLLECTION TOOLS

Monthly Narrative Report Template

ORGANIZATION:	GRANT #:
	MONTH/QUARTER/YEAR:
GRANT PROGRAM: PART A ☐ PART B ☐ MAI ☐	DATE OF SUBMISSION:
NAME OF SUBMITTER:	GRANT MONITOR:
PROGRAM OFFICER:	

SERVICE STATISTICS:

Client Targets Met:	☐ YES	☐ NO	☐ PARTIALLY
Service Targets Met:	☐ YES	☐ NO	☐ PARTIALLY
CAREWare submission:	☐ YES	☐ NO	☐ PARTIALLY

IF <u>NO OR PARTIALLY</u> TO ANY OF THE QUESTIONS ABOVE, EXPAND BY SERVICE CATEGORY, AS NEEDED

EXPENDITURES/FISCAL REPORT:

Invoice Submitted:	☐ YES	☐ NO
Over- or Under-Spending:	☐ YES	☐ NO

IF <u>YES</u> TO OVER- OR UNDER-SPENDING, EXPAND BY LINE ITEM IN THE BUDGET, AND INCLUDE PLAN TO ADDRESS

ANNEX C:
DATA COLLECTION TOOLS

Program Implementation Progress to Date

Activity	Type	Number of Clients Served
Find 'em: (Include a schedule of outreach activities and outreach contacts)	**Calls** **Texts** **Face to Face** **DM** **Other** _____	
Teach 'em:		
Test 'em:	**HIV** **STI** **Hep C** **Other** _____	
Link 'em:	**ART** **PrEP** **PEP** **Other** _____	
Keep 'em:	**Client retention activities**	

ANNEX C:
DATA COLLECTION TOOLS

Challenges to Service Delivery

DESCRIBE ANY CHALLENGES TO SERVICE DELIVERY AND INCLUDE PLANS FOR ADDRESSING THEM

Technical Assistance

REQUEST FOR TECHNICAL ASSISTANCE IF ANY

Personnel

CONTACT INFORMATION (NAME, TITLE, MAILING ADDRESS, EMAIL, AND TELEPHONE) FOR EACH STAFF PERSON, ALONG WITH ANY CHANGES IN PERSONNEL, SUPPORTED BY THIS GRANT

Remediation / Corrective Action

INCLUDE UPDATE REGARDING ANY OPEN REMEDIATION/CORRECTIVE ACTIONS, AS NEEDED

HIV Case Reports

THE NUMBER OF HIV-POSITIVE CASES REPORTED TO THE DEPARTMENT OF HEALTH DURING THIS MONTH

ANNEX C:
DATA COLLECTION TOOLS

Additional Information

ANY ADDITIONAL INFORMATION TO REPORT:

OUTREACH STRATEGIES SPECIFIC TO CHOSEN FOCUS POPULATIONS:

BRANDING AND/OR MARKETING STRATEGIES:

USE OF TECHNOLOGY TO PROMOTE OR PROVIDE HI-V PROGRAM:

ANNEX C:
DATA COLLECTION TOOLS

Demographics Survey Example

Now we would like to ask you some things that will help us know more about you.

1. How old are you? _____

2. Are you: ☐ Male ☐ Female ☐ Transgender (Male-to-Female) ☐ Transgender (Female-to-Male)

3. Do you consider yourself Hispanic or Latino/a? ☐ Yes ☐ No

4. What is your race? (Check all that apply)

    ☐ American Indian/Alaskan Native

    ☐ Asian

    ☐ Black/African American

    ☐ Native Hawaiian/Pacific Islander

    ☐ White, not of Hispanic origin

    ☐ Another race

    ☐ Do not know

5. What is the highest education level you have completed?

    ☐ Did not complete high school

    ☐ High school graduate, GED, or equivalent

    ☐ Some college

    ☐ College degree or higher

    ☐ Do not know

6. What kind/s of health insurance do you have now? (Check all that apply)

    ☐ Medicaid

    ☐ Medicare

    ☐ Veteran's Administration

    ☐ Private insurance or HMO (i.e. Blue Cross, Kaiser, etc.)

    ☐ None

    ☐ Other (describe): _____

ANNEX C:
DATA COLLECTION TOOLS

Demographics Survey Example

7. Describe your current relationship status (Check one)

☐ Single / Never married

☐ In a committed relationship, but not married

☐ Married

☐ Separated

☐ Divorced

☐ Widowed

☐ Other (describe): _____

☐ Do not know

8. Describe your sexual orientation: (Choose one)

☐ Straight/Heterosexual

☐ Gay/Homosexual

☐ Bisexual

☐ Not sure

☐ Other (describe): _____

You have completed the questionnaire. Thank you for your time!

THE EFFI BARRY
TRAINING INSTITUTE

The Effi Barry Training Institute provides trainings and technical assistance to support current and prospective HAHSTA grantees and community-based organizations in the Fee-for-Service business process; basic HIV service competencies; advanced skills in health care systems, data and health informatics; high-impact prevention programs, including biomedical; and emerging evidence-based or informed approaches through a series of group-level trainings, boot camps, community forums, and individual consultation.

Rooted in the idea of holistic, integrated, patient-centered care, HealthHIV capacity building efforts help develop an organization's ability to improve patient outcomes and increase efficiencies, while remaining organizationally sustainable. The agency's unique approach involves structuring sustainable systems and services that span the HIV care continuum. HealthHIV's ability to diagnose and address multisystem challenges is enhanced by a comprehensive team of expert consultants and focuses on achieving measurable outcomes. By remaining data and outcomes driven, HealthHIV employs state-of-the-art, and state-of-the-sciences approaches to improve health care delivery.

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