

# Monitoring and Evaluation for High- Impact HIV Prevention



HIV/AIDS and Hepatitis Program  
Prevention Section  
February 20-21, 2013



# Discussion Overview

## What we'll talk about:

1. Monitoring and Evaluation in the context of HIP
  - A. Brief overview of HIP
  - B. Brief overview of M&E
  
2. The role of a service delivery plan in M&E
  - A. Writing objectives
  
3. Reviewing good (and not-so-good) examples of service delivery plans

# High-Impact Prevention

- Using combinations of scientifically proven, cost-effective, and scalable interventions targeted to the right populations in the right geographic areas – an essential step in achieving the goals of NHAS\*.
- HIP means different things in different areas.

\*[http://www.cdc.gov/hiv/strategy/dhap/pdf/nhas\\_booklet.pdf](http://www.cdc.gov/hiv/strategy/dhap/pdf/nhas_booklet.pdf)

# Low-Prevalence Areas

## Focus on:

### ❖ **HIV-infected people**

- Linkage to care and treatment, interventions to improve retention and adherence, and behavioral, structural, and/or risk reduction interventions

### ❖ **Highest risk populations based on epidemiologic data**

- Testing, community and structural-level interventions for high-risk negatives

# High-Prevalence Areas

## Focus on:

### ❖ **HIV-infected people**

- Linkage to care and treatment, interventions to improve retention and adherence, and behavioral, structural, and/or risk reduction interventions

### ❖ **At-risk populations**

- Testing, community and structural-level interventions
- Individual and group-level behavioral interventions but must be highest impact, scalable, and cost-effective

# Program Monitoring and Evaluation

“The systematic (orderly) collection of information about the characteristics, activities, and outcomes of services or programs to assess the extent to which objectives have been achieved, identify needed improvements, and/or make decisions about future programming.”

- HRSA, 1999

# Why Monitor and Evaluate?

## Benefits include:

- Decision making, program planning, priority setting
- Improve program and service delivery
- Determine cost-effectiveness
- Informs budgetary decisions
- Fulfill grant or contract requirements
- Provide justification/evidence for future funding

# Types of M&E Activity

## Needs Assessments

- What are the needs of stakeholders?
- How do we design/modify a program; assists with planning?
- What is the nature and extent of the issues program should address?
- What population does this program serve?
- Are the needs of the population being met?
- What are the goals of the program?

# Types of M&E Activity (cont.)

## Process Evaluations

- Examine program operations to assess if they are being implemented as planned
- Can the process be improved? What are the outputs?
- Does the program meet standards of performance?
- If program isn't being implemented as planned, why not?
- Process evaluation throughout the life of any program is critical to assessing and improving that program.

# Types of M&E Activity (cont.)

## Outcome Evaluations

- Look at program accomplishments and effects to assess if program is meeting intermediate and/or long-term goals
- Usually compares program performance to-date with past program performance, a comparable control group, or certain standards of performance
- Determine if the program achieved its goals
- Uncover unintended effects of the program

## **CDC M&E Indicators for Health Education/Risk Reduction (HE/RR)**

- HIP-funded Providers are required to adhere to the CDC evaluation/monitoring standards for each HE/RR intervention listed in their contract and/or memorandum of agreement for HIV prevention developed by the HIV/AIDS and Hepatitis Program.

# CDC M&E Indicators for Health Education/Risk Reduction (HE/RR) cont.

**HE/RR 1:** Proportion of the projected number of eligible clients in the program plan that enroll in ILI, GLI, and CRCS

**HE/RR 2:** Proportion of all enrolled, eligible clients that complete all intended sessions of multi-session ILI and GLI

**HE/RR 3:** Proportion of enrolled, eligible HIV positive clients that complete all intended sessions of multi-session ILI and GLI

**HE/RR 4:** Proportion of enrolled, eligible CRCS clients who complete four or more sessions

# Evaluation and High Impact Prevention (HIP)

**HIP emphasizes evidence-based prevention strategies:**

- **HIV testing and linkage to care**
- **Promoting antiretroviral therapy**
- **Access to condoms and sterile syringes\***
- **Prevention programs for people living with HIV and their partners**
- **Prevention programs for people at high risk of HIV infection**
- **Substance abuse treatment**
- **Screening and treatment for other STIs**

\*Syringe exchange is currently prohibited in FL due to certain paraphernalia laws.

## Evaluation and HIP, cont.

- Use of these evidenced-based strategies doesn't mean that you shouldn't consider your own local evaluation, though it may not be required.
- Adapting, customizing, or “translating” behavioral interventions, however, may require evaluation.

# Service Delivery Plans

The service delivery plan is a detailed “program plan” which includes program goals, objectives, and activities for High-Impact Prevention (HIP) funded providers. This service delivery plan is the “work plan” for funded projects and includes all required and recommended program components.

# **Service Delivery Plans and HIP Contracts**

HIP providers are required to submit a draft service delivery plan, a final service delivery plan, and quarterly updates to their contract manager.

# Structure of the Plan

- Goals: Broad aims that define the intended results of each component of core prevention program activity included in the plan. Collectively, these goals should optimize the provision of HIV prevention, care and treatment in your area.

# Structure of the Plan, cont.

- Objectives: should state exactly what projects will do.
  - They are identifiable and measurable actions to be completed by a specific time.
  - Project objectives should be **SMART** (Specific, Measurable, Achievable, Realistic, and Time-based).
  - Objectives must be closely tied to project goals.
  - Outcome and process objectives will be captured within this service delivery plan.

# Objectives

WHEN



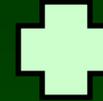
HOW  
MUCH



FOR  
WHOM



IN  
WHAT



WHERE

Time-frame in  
which it is to  
occur

Target rate of  
the amount of  
change

Refers to the  
target  
population

Problem/behavior/  
outcome to be  
changed or  
program activity to  
be accomplished

Area in which  
target population is  
located



By the end  
of fiscal year

95%

Of clients  
testing  
positive for  
HIV

Will be  
linked to  
medical care

At AIDS  
CBO, Inc.

# Types of Objectives\*

- Outcome Objectives state *what* will be achieved
- Process Objectives state *how* it will be achieved

*\*Thanks to Mara Michniewicz for the reminder!*

# Good Examples

## Required Component: Condom Distribution

**Condom Distribution Goal(s):** Increase statewide condom distribution to target HIV-positive persons and persons at highest risk of acquiring HIV infection.

**Objective 1:** Maintain condom distribution to target HIV-positive individuals and persons at highest risk of acquiring HIV Infection

**Process Objective 1:** Conduct county wide evaluation of condom distribution sites to reach the HIV-positive population and those at high risk of HIV infection.

**Process Objective 2:** Throughout the project period we will implement a social marketing campaign via agency's Facebook page to promote condom use by increasing the awareness of condoms benefits and normalizing condom use within the HIV-positive and HIV high risk negative communities.

# Good Examples, cont.

**Process Objective 3:** Throughout the project period we will conduct both promotional and distribution activities at the individual, organizational and community levels.

**Process Objective 4:** Throughout the project period we will conduct community wide mobilization efforts to support and encourage condom use using gatekeepers, peer advocates, and business owners.

**Process Objective 5:** Throughout the project period we will utilize Peer advocates and volunteers to help the 2.0 FTE program staff to prepare safe sex kits for weekly community based, street, bar and outreach distribution.

# Not-so-good Examples

**Objective 1:** To distribute three-thousand (3,000) condoms per quarter for a total of twelve thousand (12,000) condoms during the contract period.

**Process Objective 1:** Distribute condoms to target HIV-infected persons and persons at highest risk of acquiring HIV.

**Process Objective 2:** To supply and help to reduce the spread of HIV/AIDS, and STDs in the communities where persons at high risk may congregate.

**Other Examples?**

For more information and resources visit  
the Monitoring and Evaluation page

at:

<http://preventhivflorida.org>  
(click on Office of Director)

M. Maximillion Wilson, Ph. D.  
Statewide Evaluation Consultant  
[max\\_wilson@doh.state.fl.us](mailto:max_wilson@doh.state.fl.us)  
904-253-2985