



# **OREGON HIV PREVENTION PROGRAM MONITORING & EVALUATION (M&E) GUIDANCE**

HIV Prevention Program

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Developed by  
Oregon State HIV Prevention Program  
Oregon Department of Human Services

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## INTRODUCTION

The purpose of the Oregon HIV Prevention Program Monitoring and Evaluation (M&E) Guidance is to provide contractors with the information they need to collect, report, and use HIV prevention data. The M&E guidance defines the Oregon State HIV Program's data collection and reporting requirements for State funded HIV prevention programs. The guidance also illustrates how the National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) is put into practice.

All CDC funded State HIV prevention programs are required to implement the recently developed NHM&E DS. The NHM&E DS is a compilation of the complete set of CDC's HIV prevention program national monitoring and evaluation required and optional variables. It includes key elements for each variable – name; number; definition; business rules; applicable list of value options, descriptions, and coding.

The NHM&E DS can help Oregon contractors

- Strengthen their planning capacity
- Implement and evaluate their programs
- Access data for making decisions at local, state, and federal levels
- Allow adaptation and incorporation of new programs, approaches, and technologies
- Support ongoing assessment of data quality
- Allow flexibility for data aggregation at different levels and multiple types of analyses

Implementing the NHM&E DS will help ensure the CDC receives standardized, accurate, and thorough program data from health department and CBO grantees. CDC will look at these data from a national level perspective to determine the extent to which HIV prevention efforts have contributed to a reduction in HIV transmission, to help programs better meet that goal, to focus technical assistance and support, and to be accountable to stakeholders by informing them of progress made in HIV prevention nationwide.

## **HIV PREVENTION PROGRAM MONITORING RESOURCES**

### **Monitoring & Evaluation Guidance**

The Oregon M&E Guidance contains the overall description of all of the reporting requirements for State funded (fully or partially) HIV prevention programs in Oregon.

### **Intervention Manuals**

The purpose of the intervention workbooks is to provide a detailed description of the data collection and reporting requirements for each intervention. The workbooks include data collection forms and variable definitions.

The intervention workbooks include:

- Intervention Description and Logic Model
- Key Program Processes and Related forms
- Reporting Requirements
- Performance Measures

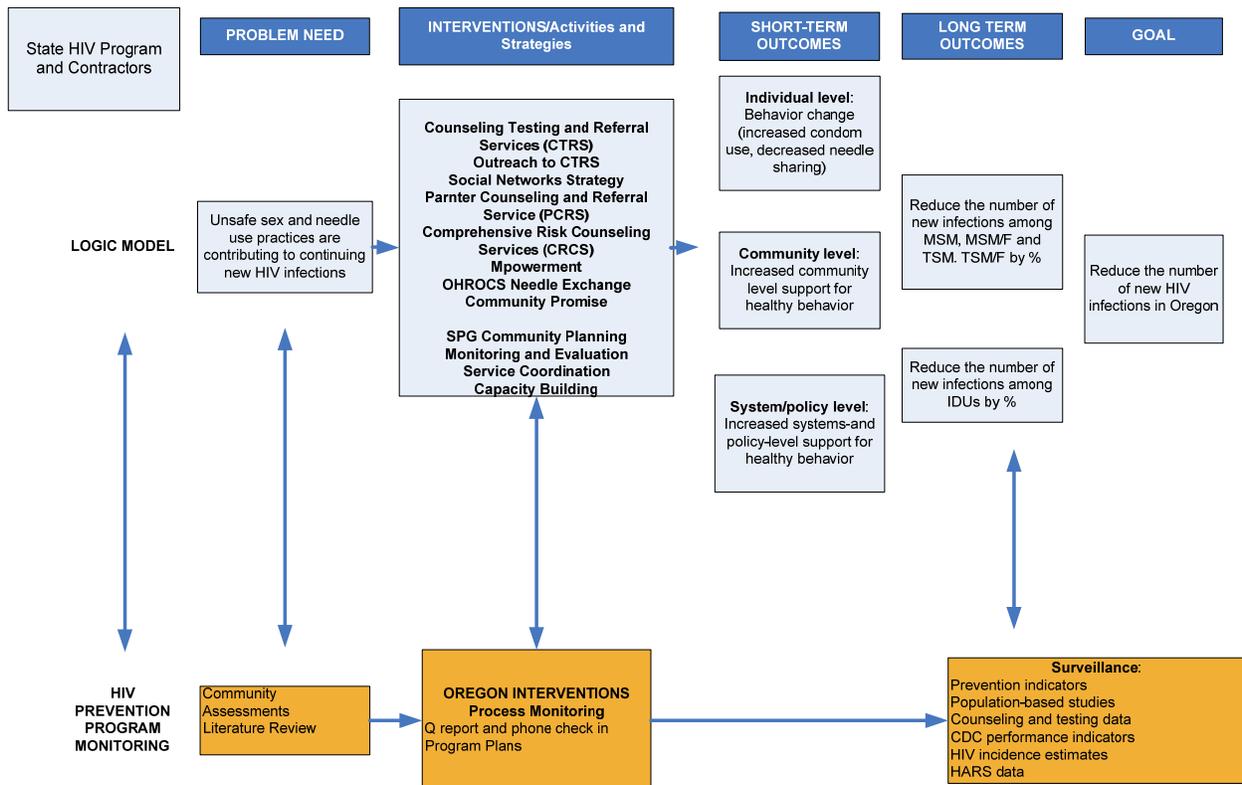
### **Intervention Forms**

- Forms that contain all of the CDC required variables with definitions

# STATE HIV PROGRAM DESCRIPTION AND MONITORING ACTIVITIES

The Oregon State HIV Program contracts with local health departments and other organizations to implement different HIV interventions with the goal of reducing the number of new HIV infections. Figure 1 is an illustration of the relationship between the State HIV Program logic model and evaluation activities. This logic model illustrates the relationships between HIV prevention program planning, implementation, and evaluation in Oregon. It outlines the HIV prevention needs, interventions, objectives, and goals (top row) and the corresponding evaluation activities implemented at each stage (bottom row).

Figure 1



## SCOPE OF M&E ACTIVITIES

This section contains a brief overview of the primary types of evaluation and CDC M&E terminology. The pyramid graphic (figure 2) defines and illustrates the relationships among multiple types of evaluation activities. The activities at the higher levels are dependent upon thorough and accurate activities at lower levels. The Oregon M&E process primarily includes formative evaluation, process monitoring, process evaluation, and outcome monitoring.

The M&E terminology used throughout this document is defined from CDC's HIV prevention perspective. *Program Monitoring* is defined as the systematic, ongoing collection and review of information related to important components of program performance, including implementation and functioning, to determine if programs are operating according to plan or if program objectives are being achieved. *Program Evaluation* is defined as the systematic assessment of the worth, merit, or significance of HIV prevention program goals, processes, and outcomes in an effort to improve program performance and outcomes.

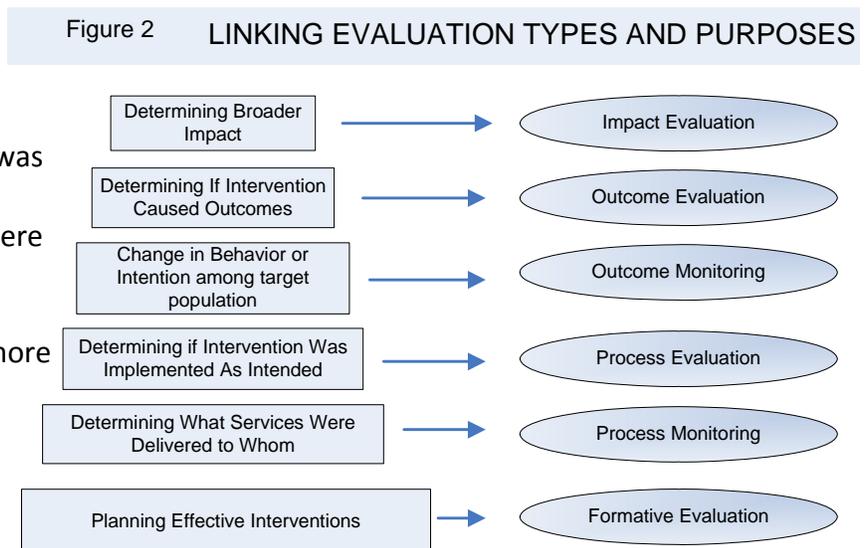
**Formative Evaluation** collects data describing the needs of the population and the factors that put them at risk as well as factors that can help them reduce their risk and protect their health. Formative evaluation can answer questions such as:

- How should the intervention be designed or modified to address population needs?
- What can we learn from pre-testing our approach?
- Are the materials we are going to use appropriate?

**Process Monitoring** collects more detailed data about how the intervention was delivered, differences between the intended population and the population served, the types of services provided and at what frequency, and the resources used to deliver those services. It assists with making changes and improvements during the implementation process, and can answer questions such as:

- What services were delivered?
- How and where were those services delivered?
- What population was served?
- What resources were used?

**Process Evaluation** collects more detailed data about how the intervention was delivered, differences between the intended population and the population served, and



access to the intervention. It can answer questions such as:

- Was the intervention implemented as intended, with fidelity to the core elements?
- Did the intervention reach the intended audience?
- What barriers did clients experience in accessing the intervention?

**Outcome Monitoring** collects data about client outcomes before and after the intervention, such as knowledge, attitudes, skills, behaviors, or intentions for behavior change. It can answer the question: Did the expected outcomes occur? Outcome monitoring should be done only after process evaluation has shown that the intervention is being delivered as planned and that the intervention is mature.

**Outcome Evaluation** collects data about outcomes before and after the intervention for clients as well as with a similar group that did not participate in the intervention being evaluated. It can answer the question:

- Did the expected outcomes occur as a result of the intervention?

**Impact Evaluation** collects similar data to outcome evaluation, in conjunction with the data about HIV infection and other indicators at the jurisdictional, regional, and national levels, over a longer time frame. It can answer the question:

- What long-term effects do interventions have on HIV infection?
- Were the initial outcomes sustained over a specific time frame?

## HIV PREVENTION PROGRAM REPORTING REQUIREMENTS

If a contractor (health department or CBO) receives ANY funding from State HIV Prevention Program (CDC or State General Funds), ALL HIV Prevention activities must be reported to the State HIV Program, even if some activities are fully or partially funded by other sources. If the activity is considered part of an HIV prevention program or an HIV prevention effort, it must be reported to the State HIV Program.

Organizations required to provide reports to the State HIV Program include:

- **contracting agencies** that receive HIV prevention intervention funds directly from the State HIV Prevention Program; and
- agencies that **sub-contract** with State funded contract agencies to perform HIV prevention interventions and/or CTRS activities.

### Relationship between Contractors and Sub-Contractors

When contracting agencies sub-contract with an organization, they are funding another organization to perform services on their behalf. Reports that contracting agencies submit to the State HIV Prevention Program should include the work that is performed by sub-contractors. The contracting agency is ultimately responsible for the timeliness and quality of data reported by their sub-contractors.

### HIV Prevention Program Data Reporting Requirements

Contractors are required to:

1. Submit planning forms 1-8 are collected by the State HIV Program annually. HIV Prevention Program staff will contact contractors every year to schedule the annual planning visit(s) and complete the planning forms;
2. Submit monitoring forms in accordance with the reporting requirements described in the intervention manuals;
3. Participate in quarterly check-in phone calls or visits. Each quarter the HIV Prevention Staff will contact the contractor to discuss implementation and monitoring issues. The check-in includes measuring progress towards reaching goals and objectives.

## **PLANNING AND MONITORING DATA AND FORMS DESCRIPTION**

### **M&E DATA DESCRIPTION**

M&E data include the following:

- Prioritized populations and interventions from community planning
- Agency information (e.g., contractors, sites, workers, network agencies, program budget)
- Program plan information (e.g., evidence basis, recruitment targets, intervention details)
- Client-level services data (e.g., the extent and characteristics of services delivered, such as HIV testing, partner services, and referral to treatment; the number and characteristics of clients served)
- Aggregate-level services data (e.g., materials distribution, general characteristics of groups attending public information events)

With these types of data, you will be able to answer a wide variety of questions about your HIV prevention programs, ranging from process monitoring questions (e.g., “How many clients did we test at this site?”) to process evaluation questions (e.g., “To what extent are we reaching the target population intended to be served at that site?”) to outcome monitoring questions (e.g., “How many referrals were given as a result of this intervention cycle?”). You can also use these data to improve program operations, such as resource planning, management of staff performance and training needs, and contractor performance. The NHM&E DS also provides you with the ability to collect information to plan future programs by documenting your program’s history. From that history, you can generate best practices, disseminate findings, and secure new or additional resources.

### **PLANNING FORMS**

The purpose of the planning forms is to collect agency, intervention and budget information. The planning forms include target groups and target numbers for each intervention. The information collected on the planning forms helps answer the following questions.

- What services are being provided?
- Which agencies are delivering or funding services?
- To whom are services being provided?
- What resources are allocated to those services?
- What behavioral and service utilization outcomes do clients report?

#### **Forms**

##### Planning Worksheet 1: Agency Information

This worksheet captures general information about an agency, such as agency name, address, EIN number, contact person, and budget information.

#### Planning Worksheet 2: Sub-Contract Agency

This worksheet captures general information about an agency, such as agency name, address, EIN number, contact person, and budget information for sub-contract agencies.

#### Planning Worksheet 3: Program Model

The program information worksheets describe an HIV prevention program model. The form includes the target group and target numbers for the number of people reached. Subcontractor information should be included on this form if applicable. This worksheet captures goals, objectives, and activities for each intervention.

#### Planning Worksheet 4: Site Information

This worksheet captures information that describes where services are planned and/or delivered. This information may be the same as that captured on the agency worksheet or might be for a different location, such as a satellite clinic.

#### Planning Worksheet 5: Spending Plan

This worksheet captures the amount of money allocated for each intervention.

#### Planning Worksheet 6: Line Item Budget

This worksheet includes a breakdown of personnel costs.

#### Planning Worksheet 7: Network Agencies

This worksheet includes information that describes the sites within the contractor's referral network.

### **Monitoring Forms**

The primary purpose of the Quarterly report forms is to collect monitoring data for each intervention. See the intervention manual for detailed descriptions of the data collection process and reporting requirements.

#### **Forms**

The intervention manuals contain intervention forms and variable definitions.

## **QUARTERLY MONITORING CHECK-IN PROCESS**

Information obtained through monitoring should be used to improve program performance. Every 3 months State staff will call the HIV Prevention contact person at each contracting agency to monitor:

- data quality, completeness and timeliness of monitoring forms;
- program processes;
- performance measures;
- achievement of goals and objectives (includes progress towards target numbers)
- program implementation and management objectives;
- and the strengths, challenges and lessons learned from the implementation approach.

### **Data Quality, Completeness, and Timeliness of Monitoring Forms**

Every quarter during the phone check-in the state staff will review the data quality and completeness of the monitoring forms with the contractor. The HIV Prevention staff will develop and review data QA reports with the contractor.

### **Monitoring Program Processes Timeline**

Each phase consists of a sequence of steps or processes. Processes will be monitored periodically to identify successes and barriers associated with program implementation. Processes will be monitored by reviewing qualitative data collected via: input from advisory groups in the target population, notes of outreach and project coordinator staff, meeting minutes, weekly activity reports, and/or interviews with staff.

### **Performance Measures**

Monitoring performance measures will allow the key processes to be adjusted as needed to improve the implementation approach. This type of monitoring involves quantitative measurement of the performance of key steps or processes.

### **Monitoring Achievement of Goals and Objectives**

- **Program goals**  
By monitoring program implementation/management objectives, timeline, key processes, and program performance, you can determine whether the program goals are achieved.
- **Process objectives**  
Process objectives are measurable targets that are based on the key processes and performance measures. Process objectives should be realistic, quantifiable, and time-phased (that is, associated with a specific date by which the objective will be met), and they should be designed to measure ongoing progress toward achieving the program goals. Process objectives, projected and actual target numbers for these objectives, and qualitative data collected relevant to each objective should be documented

### **Monitoring program implementation and management related goals and objectives**

Implementation and management activities include administrative tasks such as hiring staff, purchasing equipment, and developing policies and procedures. It is necessary to monitor these types of activities with a timeline to ensure critical operational issues are being addressed and that program implementation is on schedule. Timelines allow managers to ensure their program is being implemented as intended and, if not, why not.

### **Strengths, Challenges, and Lessons Learned**

It is important to document the strengths, challenges and lessons learned from the implementation approach. These lessons can be shared with both internal staff and partner organizations that are implementing the same intervention. Interesting or informative stories or lessons learned while implementing the intervention may be documented in vignettes that can be shared with other agency staff.<sup>1</sup>

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<sup>1</sup> Adapted from Centers for Disease Control. (2006). A Community-Based Strategy for Identifying Persons with Undiagnosed HIV Infection. Interim Guide for HIV Counseling, Testing, and Referral Programs. Retrieved July 7, 2010, from <http://www.cdc.gov/hiv/resources/guidelines/snt/index.htm>

## DATA REPORTING AND DISSEMINATION

Reports are developed by the State HIV Program for stakeholders. The following reports will be used for planning, management, and policy decisions.

- Annual M&E Report
- CRCS Outcome Monitoring Report
- PEMS Quarterly Service Reports
- Annual CDC application and interim reports

This section includes the plans for using monitoring data; how, where, and when the data be used; and who will implement the findings. The primary stakeholders for the HIV prevention monitoring and evaluation report findings are CDC, HIV Conference of Local Health Officials (HIV CLHO), SPG, and contractors. The stakeholder assessment table 2 below contains the stakeholder category, the interest or perspective of the stakeholder, the products/reports for review, and times to communicate report findings.

Stakeholder Category	Interest or Perspective	Product	How and When to Engage
CDC	National level evaluation, Funding decisions,	Annual CDC application and interim report, Annual M&E Report, CRCS Outcomes Monitoring Report	Annual CDC application and interim reports due to CDC April and September. Send reports to CDC per request.
CLHO	Oregon State funding and resource allocation decisions, intervention effectiveness	Annual M&E report, CRCS Outcomes Monitoring Report	CLHO meeting presentation and/or distribute report
SPG	Population and intervention prioritization Intervention effectiveness	Annual M&E report, CRCS Outcomes Monitoring Report	SPG Meeting presentations and/or distribute report
Contractors	Planning, implementing and reporting HIV prevention activities	Annual M&E report, PEMS Quarterly Reports	Planning Site Visits, Quarterly Service Check-ins, Contractor meetings
Contractors – Partnership Project	Planning, implementing and reporting HIV prevention activities	CRCS Outcomes Monitoring Report, PEMS Quarterly Reports	Planning Site Visits, Quarterly Service Check-ins, Contractor meetings