

## PART IV. PROGRAM MONITORING AND EVALUATION

Part IV – Program Monitoring and Evaluation presents an overview of standard evaluation terminology and techniques with emphasis on those strategies that have relevance in community settings. Part IV discusses how to set up a monitoring and evaluation plan for MIP. MIP data collection forms that support program monitoring and evaluation activities are displayed in Table 1 at the end of this section. Implementing agencies should use these forms to help guide their process and outcome monitoring activities.

### The Importance of Evaluation

There are three reasons for evaluating a proven intervention such as MIP:

1. Accountability to the various stakeholders of the intervention.
  - **Example:** Were you able to serve 200 participants as you proposed in your funding application? If not, why?
2. Assuring program fidelity and program improvement.
  - **Example:** Did the MIP team conduct all seven sessions as intended, or were changes made? If so, what were those changes and are they documented?
3. Developing knowledge for planning future programs.
  - **Example:** What types of incentives seemed to work best?

As a proven intervention, MIP is understood to be effective in achieving behavior change among drug users. In conducting evaluations, implementing organizations should demonstrate that they have maintained fidelity to the MIP core elements and helped participants reduce their HIV/STI-related risk, including drug use. The evaluation process identifies ways of strengthening MIP activities and, in turn, strengthening the overall effectiveness of the MIP intervention.

### Types of Evaluation

Program monitoring and evaluation ensures accountability to the various stakeholders, confirms program fidelity, facilitates program improvement, and provides reliable information for program planning.

Some stakeholders may require evaluation information as a condition for continued funding. Stakeholders include:

- Staff members implementing the intervention.
- Clients participating in the intervention.
- Community partners that support the intervention.
- The funding agency providing financial support for the intervention.
- The prevention planning group that has made recommendations to the funding agency.
- Political actors who make funding decisions about the intervention.

There are several types of monitoring and evaluation processes that can be used to provide stakeholders with the necessary information about the MIP program. These include: Formative Evaluation (Community Needs Assessment), Process Monitoring, Process Evaluation, Outcomes Monitoring, and Outcomes Evaluation.

**Formative Evaluation (Community Needs Assessment):** Community assessment and outreach is a core element of MIP. Community Needs Assessment is the process of gathering information about target population members and about the community they inhabit so as to better understand their needs. This is done through community mapping, a process that involves talking with staff, gatekeepers (individuals capable of providing insight and access to the community), and community members. In this way, Community Needs Assessment facilitates an understanding of the specific risk behaviors and challenges faced by members of the target population and of the population's culture. This leads to the creation of more effective risk reduction messages and to the building of relationships with community members.

**Process Monitoring:** Process monitoring is used to make changes and improvements to the implementation process. It addresses questions such as: "What services were delivered?", "How and where were those services delivered?", "What population was served?", and "What resources were used?" It does so by collecting data that describes target population characteristics, the types of services provided, the frequency of those services, and the resources used to deliver those services.

**Process Evaluation:** Process evaluation focuses on how the intervention was delivered. It assesses planned versus actual program implementation by compiling data that describes the differences between the intended target population and the population served. It addresses questions such as: "Did the intervention reach the intended audience?", "Did individuals experience barriers accessing services?", and "Was the intervention implemented with fidelity to the core elements?"

**Outcome Monitoring:** Outcome monitoring determines the extent to which program goals and objectives were met. It demands routine documentation and review of program-associated outcomes. These outcomes include: individual-level knowledge, attitudes, skills, and behaviors; access to services; service delivery; and community factors.

**Outcome Evaluation:** Outcome evaluation assesses the impact of MIP on individual participants and on the communities in which they reside. It ultimately answers the question, "Did the expected outcomes occur and to what degree?" Ideally, outcome evaluation should be conducted after process evaluation has shown that the intervention is being delivered properly, but in practice, outcome and process evaluation are often performed concurrently.

## Implementing and Evaluating MIP

In order for the implementing organization to experience similar outcomes to those documented in the original research, the MIP intervention must be implemented with a high degree of fidelity and adherence to the core elements of the intervention.

The monitoring and evaluation objectives of MIP are to:

1. Monitor program implementation, including the identification of factors contributing to/or constraining effective program implementation.
2. Track individual and group performance measures in the following domains: HIV/viral hepatitis status; entry to and retention in substance abuse treatment (SA); and access to health and social services.
3. Measure individual participant behavior change regarding: recovery from substance abuse, reduction or elimination of drug-related risk behaviors, and reduction or elimination of sex-related risk behaviors.
4. Produce reports with accurate and reliable information for funders and Program Supervisors.
5. Provide data to modify and strengthen the program and to develop new funding proposals to sustain the intervention.

Three steps to implementing MIP monitoring and evaluation activities include:

- **Step One: Develop a Monitoring and Evaluation Plan**
- **Step Two: Conduct a Community Needs Assessment**
- **Step Three: Conduct Process and Outcomes Monitoring and Evaluation**

### STEP ONE: Develop a Monitoring and Evaluation Plan

Implementing organizations should develop a monitoring and evaluation plan prior to implementing MIP. The plan should outline: data sources, monitoring and evaluation activities, the individuals responsible for each activity, and a timeframe for each activity. It is also necessary to develop a strategy for keeping collected data both confidential and easily accessible to the Program Supervisor or to a designated staff member for monitoring and reporting purposes. The monitoring and evaluation plan should also discuss evaluation products, and monitoring and evaluation forms required by funding agencies as well as the implementing organization.

Finally, the monitoring and evaluation plan should specify how the data will be stored. For example, implementing organizations may choose to store information on paper, in a Word document, in an Excel spreadsheet, or in an Access database. Be specific about where data will be stored, who will document it, and what the expectations are for reporting evaluation findings.

Data security should be considered as it ensures client confidentiality. Regardless of storage methods, measures should be taken to protect sensitive participant data. Security measures may include: password protected files, locked file cabinets, specialized coding to protect participant identity, separate server, and other measures deemed appropriate by a data securities expert.

## STEP TWO: Conduct a Community Needs Assessment

Community mapping is a process used to gather information helpful to service planning and delivery. In the context of MIP, community mapping identifies structural, environmental, behavioral, and psychological factors that can facilitate or act as barriers to STD/HIV/viral hepatitis risk-reduction. The community mapping process involves interviewing internal staff members, talking to key informants and gatekeepers, conducting focus groups, and directly observing community dynamics. Key informants should be chosen based on their knowledge of the target population and of the community. These may be current or former members of the target population and service providers working closely with the target population. Likewise, focus groups may be composed of current or former members of the target population and services providers. **Section II Appendices 2E – 2H** contain sample forms that can be used to facilitate the community-mapping process. These forms can be adapted as necessary.

In the past, programs implemented without input from members of the target population have either failed or have had negative, unintended consequences. The success of such social programs is compromised by a lack of understanding of the target population's perspectives and culture. Therefore, a critical first step in any STD/HIV/viral hepatitis prevention program is to become familiar with the target population. It is understood that a program's effectiveness depends on its ability to tailor services to the specific population being targeted. This requires an understanding of the population's risk behaviors, the significance these behaviors hold for population members, and the context in which these behaviors occur. A clear understanding of general population characteristics as well as individual population member characteristics is essential.

## STEP THREE: Conduct Process and Outcomes Monitoring and Evaluation

Upon determining what information will be collected, who will collect it, and at what intervals it will be collected, ensure that the appropriate forms have been completed.

Forms designed for staff use should have clear instructions, include enough room to make notes, and clearly indicate when the forms should be used, how often the forms should be used, and to whom the forms should be sent. Forms designed for participant use should include clear instructions and should be sensitive to the participant's reading level. These forms should be available in other languages as appropriate.

Data collection forms for MIP process and outcome monitoring and evaluation are listed below.

- *Community Mapping Planning Form*
- *Community Mapping Resource Scan Worksheet*

- *MIP Agency Readiness Self-Assessment*
- *The MIP Intake Form*
- *The Self-Assessment and Staging Form*
- *The Behavioral Risk Assessment Form*
- *The Action Plan Form*
- *The Case Management Referral Form*
- *Progress Notes*

These forms are used and updated on an on-going basis throughout the MIP intervention. Combined, they provide a rich source of data for all MIP program monitoring and evaluation needs.

**Table 1** below, **MIP Data Sources by Evaluation Type**, explains the types of forms used in the implementation of MIP that can provide information for the MIP monitoring and evaluation activities.

Table 1: MIP Data Sources by Evaluation Type			
Type of evaluation	Data Source	Timeline	Person responsible
Formative Pre-implementation (Community needs assessment, specific risk behaviors, culture of community, build relationships with community members and stake holders).	Community Mapping Planning Form	4 – 6 weeks Prior to implementation	Community Educator/ Case Manager
	Community Mapping Resource Scan Work sheet		
	Service Directory Form		
	MOUs with Collaborating agencies  Organizational Assessment Survey	4 – 6 weeks Prior to implementation	Supervisor
	Agency Readiness Self-Assessment	Immediately	Supervisor
	Review agency Documents: Budgets, reports	Immediately and ongoing	Supervisor

Type of evaluation	Data Source	Timeline	Person responsible
<b>Process Monitoring Implementation</b> (Data collection of characteristics of population served and types and frequency of services provided. Types of resources used to deliver services).	MIP Intake Form  Behavioral Risk Assessment Form  Self Assessment and Staging Form  Action Plan Form  Case Management Referral Form  Progress Notes	During each MIP session	Counselor or Community Educator
<b>Process Evaluation Implementation</b> (Detailed data collection of how intervention was delivered, population intended and population served, individuals that accessed the intervention).	Recruitment Tracking Record  Self-Assessment and Staging Form  Behavior Change Self-Assessment Form  Action Plan form  Case Management Referral Form  Progress Notes	During each MIP session	Counselor or Community Educator
<b>Outcome Monitoring Implementation</b> (Extent to which program goals and objectives were met e.g.: individual-level knowledge attitudes, skills and behaviors).	MIP Intake Form  Behavioral Risk Assessment Form  Self-Assessment and Staging form  Behavior Change Self-Assessment Form  Action Plan Form  Case Management Referral Form  Behavioral Risk Assessment Form	MIP sessions  Induction        Booster Session	Counselor or Community Educator

<b>Process Monitoring Implementation</b> (Program implementation, track individual and group performances, measure participant behavior, produce reports with accurate information, produce data to modify and strengthen program).	MIP Intake Form Behavioral Risk Assessment Form Self Assessment and Staging Form Action Plan Form Case Management Referral Form Progress Notes	Ongoing during each MIP session	Counselor or Community Educator or Case Manager
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The community mapping forms can be found in **Part II, Appendices E-H**. The MIP Intake Form, Self-Assessment and Staging Form, Behavioral Risk Assessment Form, Action Plan Form, and Case Management Referral Forms can be found at the **end of the structured sessions in Part III** of this manual. These forms suggest the kinds of activities that agencies should conduct to collect data for monitoring and evaluation.

These forms are only meant to be a starting point. Implementing organizations should feel free to create forms that best meet their specific needs, either adding information to the forms or using only the components that are relevant.

**Note:** For some CDC and other federally funded HIV prevention programs, there will be an evaluation process specified by the funder. In the case of CDC, a system called Program Evaluation and Monitoring Systems (PEMS) is required. Technical Assistance may be requested to implement PEMS.