



# Monitoring and Evaluation

## FIELD GUIDE



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It is hoped that this guide will prove useful to those implementing Project START. It is our goal to keep this guide and its information as current as possible. Please consult the Diffusion of Effective Behavioral Interventions Web site - [www.effectiveinterventions.org](http://www.effectiveinterventions.org) for additional information and resources.

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## Monitoring and Evaluation: An Important Component of Project START

### Introduction

This monitoring and evaluation (M&E) field guide was developed to provide a comprehensive M&E plan for the evidence-based intervention Project START. This guide will provide an introduction to basic M&E concepts and will introduce a suggested M&E plan that should be tailored according to your agency's needs. Monitoring and evaluation is an essential component of any program to know whether the program is being implemented as planned, and to know that it is having its intended effect.

### What is Project START?

Project START is an HIV/sexually transmitted infections (STI)/hepatitis risk reduction program for people returning to the community after incarceration. The program provides six program sessions with each client; it begins one to two months before clients are released and continues for three months in the community after they are released from the correctional facility. The program uses a client-centered incremental risk reduction approach and provides a range of counseling and prevention strategies in order to tailor the program to the unique needs of each client (Kramer & Zack, 2008). Project START also addresses many other issues and challenges people face when transitioning from a correctional setting into the community.

### What is M&E?

Monitoring and evaluation (M&E) are information gathering activities that provide answers to important questions about HIV prevention program implementation and outcomes. It is an essential component of any program or intervention, and also a required component of most funders' grant agreements, including those of the Centers for Disease Control and Prevention (CDC). Monitoring and evaluation activities provide us with information to address questions such as:

- Are we implementing the intervention as planned?
- Did the intervention reach the intended audience?



### What is M&E? (continued)

- What barriers did clients experience in accessing the intervention?
- Did the expected outcomes occur?

The answers to these questions can be used for program monitoring, improvement, and planning purposes, for accountability to funders and other stakeholders, and for advocacy purposes.

For the purposes of this field guide, we are assuming that your agency went through a formative evaluation process and decided that Project START would be the most effective intervention for the population you intend to serve.

*“Formative evaluation is the process of collecting data that describes the needs of the population and the personal, interpersonal, societal and environmental factors that put them at risk for acquiring or transmitting HIV. It may also include testing programs plans, messages, materials, strategies or modifications for weaknesses and strengths before they are put into effect.”*

*CDC Evaluation Capacity Building Guide*

### This Guide Is...

This M&E field guide is intended to be used in conjunction with the *Project START Implementation Manual* which includes instructions, tools, and materials for the intervention. This field guide uses or adapts many of the ideas, tools, and materials in the *Manual*. It is meant to be a “how to” guide that enables agencies implementing Project START to quickly and effectively get their M&E plan and related activities started.

This field guide will take you through a step-by-step process to develop and implement an M&E plan that meets CDC requirements for monitoring and evaluation and provides you with information to guide program management decisions related to Project START. This guide has been designed for you to use materials as needed, with some chapters and tools perhaps being more pertinent to your work than others. Your actual M&E plan must be tailored to the particular context, needs, capacity, and characteristics of your agency.



### This Guide Is Not ...

This field guide is not intended to be a complete course on monitoring and evaluation. It is also not intended to be a research approach to evaluation. For example, it does not focus on questions about long-term outcomes of the intervention.

### Who Should Use This Guide?

This field guide is intended for a team of staff who will be involved in assisting with M&E of Project START. This monitoring and evaluation team should include program staff who implement Project START, program managers, and program assistants. Typically, staff who have the following roles and responsibilities contribute to M&E, although this will vary by agency, and in some instances one person may serve in multiple roles:

- **Program staff** record information about their sessions with each client using tools such as those suggested in the Implementation Manual to document implementation of Project START activities. Program staff may also enter session data based on client encounters into a database.
- **Program managers** oversee implementation of the M&E plan as well as participate in data analysis and use data for reporting, advocacy, program planning, and improvement. Program managers supervise program staff and oversee quality assurance activities.
- **Program assistants** enter session data related to M&E into a database.

Typically, someone who is not directly involved with the implementation of the intervention, such as a program manager, is selected to be the lead of the monitoring and evaluation team. Alternatively, some agencies may choose to hire an outside consultant to lead the monitoring and evaluation team if the agency does not have the capacity to coordinate all aspects of M&E and can afford to contract these services. Further guidance around hiring a consultant and the role of a consultant can be found in *CDC's Evaluation Capacity Building Guide*.

### Laying the Foundation for M&E

Key to successful implementation of monitoring and evaluation is an assessment of your agency's capacity to conduct program M&E. It may involve staff from a variety of departments and disciplines with varying experience and attitudes towards evaluation. Staff may be concerned about the added burden related to data collection needs and may be fearful that the evaluation will be used to highlight weaknesses, not program accomplishments. Examining



## Laying the Foundation for M&E (continued)

your current ability to conduct M&E will help you determine a realistic plan and develop strategies you may need to build buy-in and capacity among staff.

Ultimately, successful implementation of Project START M&E depends on staff buy-in. Therefore, it is important that your evaluation team leader secures buy-in from staff and understanding of the reasons for M&E activities at your agency.

## What is contained in this guide?

The M&E field guide's approach is based on *CDC's Framework for Program Evaluation in Public Health* and is organized into five chapters with appendices that contain additional materials. The guide covers the following topics.

### **Chapter 1: Monitoring and Evaluation – An Important Component of Project START**

In this first chapter, we identify additional resources that will be helpful to you as you embark upon monitoring and evaluation activities for Project START. They contain more detailed information that supplements what has been included in this guide. We also discuss the steps you should take with others in your organization to get ready for monitoring and evaluation of Project START.

### **Chapter 2: Developing a Monitoring and Evaluation Plan**

This chapter covers the information you need about your program and how to obtain it. Development of your M&E plan is broken down into seven distinct steps that should be completed early on in the implementation of your program. This will ensure that your M&E Plan is designed and carried out in an effective and structured manner.

### **Chapter 3: Implementing a Monitoring and Evaluation Plan**

Chapter 3 explains in three distinct steps how to gather, organize, and store the data and then how to interpret what the data reveals to you.

### **Chapter 4: Using Your Data: Inform Program Planning and Improvement, Share Lessons Learned, Engage Stakeholders**

After you have developed and implemented an M&E plan for your Project START program and analyzed your data, it will be time to use your findings. The M&E information that you obtain can be used for more than just fulfilling funding requirements. Chapter 4 describes ways that your results can be used for program planning, improvement, and advocacy.



### ***Chapter 5: CDC's National HIV Prevention Program Monitoring and Evaluation Initiative - Use of the Program Evaluation and Monitoring System (PEMS) for Project START M&E***

Chapter 5 describes CDC's National HIV Prevention Program Monitoring and Evaluation Initiative and the use of the CDC Program Evaluation and Monitoring System (PEMS). It also describes how your agency can prepare for collection of the National HIV Prevention Program Monitoring and Evaluation Variables and Values (NHM&E DVS) and how the PEMS software can be used to capture components of the Project START M&E plan presented in this field guide.

**Appendices** contain sample monitoring and evaluation tools for Project START, a summary of the NHM&E required variables, and a list of references.

#### **How to Use This Guide**

This field guide can be useful for:

-  assessing your capacity to conduct M&E
-  identifying staff to participate in M&E activities
-  designing your Project START M&E plan
-  selecting tools for data collection, analysis, and quality assurance activities, and
-  developing and implementing staff training on M&E

**A few symbols are used throughout this field guide.**

**RECOMMENDED ACTIVITY** - Signifies a recommended activity for your agency

**TOOL** - Identifies a tool included in the guide that can be tailored to your agency's needs

**TIP** - Signifies a suggestion for how to approach an activity



### Additional Resources

A variety of other resources are available for planning and implementing your monitoring and evaluation activities for Project START. We will make reference to the following materials when relevant:

***Framework for Program Evaluation in Public Health*** - Centers for Disease Control and Prevention. MMWR 1999; 48 (no.RR-11). 1-42. The CDC framework for program evaluation is a valuable overview of the key components of public health program evaluation.

***Evaluation Capacity Building Guide*** - This guide provides an overview of monitoring and evaluating evidence-based interventions (EBIs) with particular focus on process monitoring. It has been designed to help organizations conducting EBIs, such as Project START, develop their capacity to implement program M&E activities. It is intended to help you choose evaluation approaches, activities, and tools that make the most sense for your organization and the programs you are conducting. It is a particularly useful resource for both the person overseeing your evaluation and for those who are new to program evaluation. It can also be used to help you develop materials for training on evaluation for agency staff (CDC, 2008a).

***Project START Implementation Manual*** - The *Project START Implementation Manual* provides an overview of all the steps an agency will need to take to fully implement Project START. It includes information on getting started, working with and within a correctional setting, the structure and content of Project START sessions, case examples, forms and the protocols designed for Project START quality assurance (QA).

***Performance Indicators*** - CDC has developed a series of performance indicators for each funded intervention, including Project START. Be sure that you have the most recent version of the required indicators, so that you are collecting the data you need to calculate the performance indicators for Project START. Please contact your CDC Project Officer or the National HIV Prevention Program Monitoring and Evaluation Web site (<https://team.cdc.gov>) for a copy of the most recent version of the required indicators.

***National HIV Prevention Program Monitoring and Evaluation*** - There are a variety of resources to assist you with the collection and utilization of data variables from the *National HIV Prevention Program Monitoring and Evaluation Variables and Values (NHM&E DVS)*. One resource is the NHM&E DVS which contains a complete list and description of all M&E variables required for reporting to CDC and optional for local M&E. The most current



version of this document can be found on the *National HIV Prevention Program Monitoring and Evaluation (NHM&E) Web site* (<https://team.cdc.gov>) (CDC, 2008d). Also, the *Program Evaluation and Monitoring System (PEMS) User Manual* is a how-to manual that describes the functionality of PEMS (an optional, secure browser-based software that allows for data management and reporting of NHM&E DVS). The PEMS User Manual provides step-by-step instructions for each module in PEMS. This document is also available on the National HIV Prevention Program Monitoring and Evaluation (NHM&E) Web site (<https://team.cdc.gov>) (CDC, 2008c). Another resource is the *National HIV Prevention Program Monitoring and Evaluation Guidance (NHM&EG)*. This manual provides a framework and specific guidance on using the NHM&E DVS to monitor and evaluate HIV prevention programs (CDC, 2008b).

Additional information or technical assistance for the National HIV Prevention Program Monitoring and Evaluation Plan, the PEMS software, CT scanning and HIV test form requests may be accessed through the Program Evaluation Branch's *National HIV Prevention Program Monitoring and Evaluation Service Center*, which you can reach by calling 1-888-PEMS-311 (1-888-736-7311) or e-mailing [pemsservice@cdc.gov](mailto:pemsservice@cdc.gov); or visiting the National HIV Prevention Program Monitoring and Evaluation (NHM&E) Web site (<https://team.cdc.gov>); or contacting the DHAP Help Desk for issues related to digital certificates and the Secure Data Network (1-877-659-7725 or [dhapsupport@cdc.gov](mailto:dhapsupport@cdc.gov)).

**Capacity Building Branch** - Health departments and organizations directly funded by CDC can request monitoring and evaluation technical assistance through the Capacity Building Branch's Web-based system, Capacity Request Information System (CRIS). For more information about and access to CRIS, visit <http://www.cdc.gov/hiv/cba>.

**Disclaimer:** The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Variables and Values presented in this document are current as of April 2009. Please refer to the National HIV Prevention Program Monitoring and Evaluation Web site (<https://team.cdc.gov>) for the most current reporting requirements.





## Developing a Monitoring and Evaluation Plan

This chapter describes the essential components of developing a monitoring and evaluation plan for Project START. Before an M&E plan can be developed, engage stakeholders who should be involved in the M&E process. Every M&E plan should include evaluation questions, measurable objectives, and clear measures. The process of developing a M&E plan is described here in seven steps, each of which is explained in detail in this chapter.

**Step 1:** Engage stakeholders

**Step 2:** Use core elements and the Project START behavior change logic model

**Step 3:** Develop evaluation questions

**Step 4:** Develop Project START SMART objectives

**Step 5:** Determine measures

**Step 6:** Develop and/or adapt monitoring and evaluation tools

**Step 7:** Identify staff and time frame for data collection, management, and analysis

### Step 1: Engage Stakeholders

A key step in ensuring successful monitoring and evaluation involves identifying and engaging stakeholders who should be involved in the M&E process. Your program has many stakeholders (people who have an interest in the program and/or its evaluation), and it is important to involve as many of them as possible, ensuring that you include several perspectives. Stakeholders may work inside or outside of the organization implementing Project START. By involving stakeholders, you can create buy-in, build credibility, and increase the likelihood that your evaluation and program advocacy efforts will be supported. Stakeholders can provide insight into the needs of the target population and provide valuable feedback on the evaluation design, questions, and monitoring and evaluation tools.





### TIP

#### Examples of stakeholders for Project START may include:

##### Staff involved in the Project START Evaluation Team

- Program staff
- Program managers
- Program assistants

##### Decision makers

- Agency board of directors
- Funders or other public agencies such as state or county health and human service departments that provide financial and other support

##### Partners

- Correctional system and parole/probation representatives
- Community agencies that provide services within the correctional facility and in the community to clients
- Community advisory board
- Community advocates
- Individuals from referral network

##### Participants

- Clients and currently or formerly incarcerated individuals and their family members

**Clients** can provide input into your M&E plan via a consumer advisory board or other mechanism. They can offer valuable insights into aspects of the program, such as identification of barriers to participation, ways to make your program more culturally sensitive, and overall feedback about the intervention and program staff that might not be captured otherwise.

Early on, you should identify and arrange a meeting with a small group of stakeholders. It is important to bring key stakeholders together at the beginning of the evaluation process to obtain buy-in, determine roles and responsibilities related to M&E activities, understand needs and concerns related to program implementation and evaluation, and establish the process to keep stakeholders involved and informed throughout the evaluation process. You can also strategically bring stakeholders together for a meeting as needed.



## Step 2: Use Core Elements and the Project START Behavior Change Logic Model

Use of the core elements and the Project START Behavior Change Logic Model is a critical step in developing your monitoring and evaluation plan. Use of these tools will drive the development of evaluation questions, program process and outcome objectives, as well as the overall M&E plan.

A behavior change logic model provides a visual description of an intervention or program and helps describe the problem the intervention is addressing. The Project START Behavior Change Logic Model will provide a common language and understanding of the intervention for staff at your agency. The Behavior Change Logic Model depicts the “logical” pathway through which the Project START intervention leads to accomplishing the intended long-term outcome of a *reduction in risky sexual and drug use behaviors and a reduction in HIV/STI/hepatitis incidence or transmission.*

Some of the Behavior Change Logic Model is based on the core elements of the Project START intervention. Core elements are those parts of an intervention that must be done and are thought to be responsible for the intervention’s effectiveness. They cannot be ignored, added to, or changed (CDC, 2006). **Remember that you cannot adapt or change any of the core elements of Project START.** Otherwise, Project START may not be implemented as intended and, therefore, may not prove to be effective. **Changes in key characteristics require approval from your Project Officer.** Any adaptations to the Project START key characteristics will need to be captured in your logic model. You may want to write specific SMART objectives for each adaptation to monitor whether it is implemented as planned.



### Project START Core Elements (Kramer& Zack, 2008)

1. Hold program sessions with clients transitioning back to the community from a correctional setting prior to release and continue holding sessions with clients after they are released into the community.
2. Use a client-focused, personalized, incremental risk reduction approach that helps clients to develop step-by-step solutions to minimize risk behaviors within their individual life circumstances.
3. Use assessment and documentation tools to provide a structured program that includes risk assessment, problem solving and goal setting, strengthening motivation and decision making, and facilitated referrals.
4. Staff your program with people who are familiar with HIV, sexually transmitted infection, and hepatitis prevention activities and with the specific needs of people being released from correctional settings (for example, parole/probation, substance abuse prevention and treatment, homelessness, and mental health issues).
5. Staff-client relationships and rapport developed during pre-release sessions must be maintained during post-release sessions to promote client trust and willingness to continue with the program. Thus, the same staff member should conduct both pre-release and post-release sessions with his or her clients. In the case of staff turnover or extended illness, every effort should be made to ensure a smooth staffing transition.
6. Conduct enrollment process and schedule two pre-release program sessions within 60 days of a client's release, focusing on:
  - giving HIV, sexually transmitted infection, and hepatitis information
  - reviewing a client's HIV, sexually transmitted infection, and/or hepatitis risk
  - identifying other transitional needs that may affect your client's HIV, sexually transmitted infection, or hepatitis risk (for example housing, employment, or substance abuse issues)
  - working with each client to develop a personalized risk reduction and transitional plan
  - making facilitated referrals as needed to community-based support services
7. Schedule four post-release sessions. Hold the first as soon as possible, ideally within 48 hours of release. The next three sessions should be spaced out over three months after release. The post-release sessions should focus on:
  - reviewing and updating the risk reduction/transitional plan(s) developed during pre-release sessions
  - discussing what prevents and supports clients in moving forward with their risk reduction/transitional plan(s)
  - giving them facilitated referrals to needed services using a detailed resource guide
8. Provide condoms at each post-release session.
9. Actively maintain contact with clients, using individual-based outreach and program flexibility to determine the best time and place to meet with them.



**Project START Key Characteristics (Kramer& Zack, 2008)**

1. When conducting sessions inside a correctional facility, do it in the most confidential space available. When conducting sessions in the community, conduct them in a location that is as safe, convenient, accessible, and confidential for the client as possible.
2. All sessions are intended to be held face-to-face. However, you can conduct sessions over the phone if there are special circumstances, for example, if a client has moved out of your service area.
3. If clients are re-incarcerated for a short period of time during the post-release period, continue their sessions within the correctional setting whenever possible.
4. Schedule additional sessions within the four- to five-month time period of the program when your client and staff agree this is useful and possible.
5. Give additional resources, such as educational materials (brochures on HIV, sexually transmitted infection, and hepatitis) and other useful items such as hygiene or toiletry kits or phone cards, to your clients as needed.

**TOOL**

The Project START Behavior Change Logic Model (Tool 1) can be found in Appendix A and on the following page. The Project START Behavior Change Logic Model found in this field guide can also be found in the Project START Implementation Manual.



*Project START – Behavior Change Logic Model*

Problem Statement	Activities	Outcomes		
<p>Individuals released from correctional settings engage in sexual and drug use behaviors that put them at risk to acquire or transmit HIV/STIs/ hepatitis because of the following behavioral determinants:</p>	<p>Tasks necessary to address behavioral determinants are:</p>	<p>Expected changes as a result of activities targeting behavioral determinants include:</p>		
<p>Low perception of risk Lack of risk reduction knowledge and skills Unable to prioritize HIV/STI/hepatitis prevention until other life issues such as mental health, substance abuse, housing and employment, have been addressed</p>	<p><b>2 Sessions Pre-Release</b> Assess HIV/STIs/hepatitis knowledge Provide information on transmission &amp; risk of HIV/STIs/hepatitis Discuss personal risk behaviors Develop individual risk reduction (RR) and transitional plans Facilitate behavioral skills practice (communication, problem solving, goal setting, and condom use) Facilitate post-release service referrals for housing, employment, substance abuse treatment, etc.</p> <p><b>4 Sessions Post-Release</b> Provide ongoing risk behavior and goal assessment/revision Provide ongoing transitional goal assessment/revision Problem-solve to overcome barriers and capitalize on facilitators Provide ongoing availability of resource materials, including condoms and lubricants Acknowledge and support accomplishments Facilitate service referrals to ongoing community services as needed</p>	<p><b>Immediate</b> (e.g., immediately following or within 1-2 weeks of program)</p> <p>Realistic perception of personal risk to acquire or transmit HIV/STIs/hepatitis enhanced Knowledge of RR strategies increased Goal setting, problem solving, and communication skills increased Knowledge of community resources increased HIV/STIs/hepatitis testing increased Intention to reduce risky sexual and drug use behaviors increased Intention to engage in safer sex and/or needle use behaviors increased</p>	<p><b>Intermediate</b> (e.g., 1, 3, or 6 months following program)</p> <p>Increased utilization of community-based services Improved life circumstances (e.g., housing, employment, substance abuse, and mental health treatment) Increased time in community following incarceration/decreased recidivism Decrease in unprotected vaginal/anal sex with any partner; with riskier partner(s) Decrease in substance abuse and related risk behaviors Increased condom use and safer injection practices</p>	<p><b>Long-Term:</b></p> <p>Reduction in risky sexual and drug use behaviors Reduction of HIV/STIs/hepatitis incidence or transmission</p>

**Conceptual Framework: Client-Centered Incremental Risk Reduction**



### **Problem Statement**

The problem statement describes the behavioral problem that the Project START intervention is intended to change. It describes the target population of Project START - “individuals released from correctional settings” as well as the risky sexual and drug use behaviors that put this population at increased risk to acquire/transmit HIV/STIs/hepatitis.

### **Determinants**

The Behavior Change Logic model lists the basic and critical behavioral determinants that the intervention directly focuses on in order to modify behavioral risk factors.

### **Activities**

The Activities column is derived in part from the core elements of the Project START intervention. It describes the activities the agency will undertake to impact the behavioral determinants and lead to behavior change. Comparing the activities in the activities column to actual session activities delivered will help us answer one of the two overarching M&E questions: *“Are we doing what we said we would do?”*

### **Outcomes**

Outcomes represent expected changes that should occur as a result of the activities conducted with clients. Immediate outcomes represent changes that are expected to occur within one to two weeks of the intervention. Clients who participate in Project START should report that they have increased knowledge about risk reduction strategies, community resources, an increased intention to reduce risky behaviors and engage in safer behaviors, a realistic perception of personal HIV/STI/hepatitis risk, an increased rate of HIV/STI/hepatitis testing, as well as an increased development of risk-reduction skills. These, in turn, based on the Project START study (Wolitski, 2006), should logically lead to intermediate and the longer-term outcomes of clients practicing safer sex more often.

The Immediate and Intermediate Outcomes columns relate directly to the second overarching M&E question: *“Is what we are doing having its intended effect?”*

Finally, the long-term outcome, “reduction of HIV/STI/hepatitis incidence or transmission,” flows directly from the immediate and intermediate outcome of safer sex practices. This long-term outcome is more difficult and resource-intensive to monitor and evaluate. The research done on Project START has already demonstrated the links between the intervention and this long-term outcome (Wolitski, 2006). It is not necessary for your organization to demonstrate this link again.





### RECOMMENDED ACTIVITY

Review and tailor the Behavior Change Logic Model for Project START to your agency's implementation of the Project START intervention. Be sure to consider:

- your organization's available resources to implement Project START (staff, etc.)
- your implementation plan for Project START

### Step 3: Develop Evaluation Questions

The third step in the development of your M&E plan helps you identify specific evaluation questions to answer. The core elements and Project START Behavior Change Logic Model provide the conceptual framework for identifying evaluation questions. Below you will see sample process AND outcome evaluation questions that were developed by using the core elements and logic model:

#### *Process Monitoring and Evaluation Questions*

**Process monitoring and evaluation** helps to ensure that you are delivering the intervention as intended and are implementing all the core elements of Project START.

*Process monitoring is the routine documentation and review of program activities, populations served, services provided, or resources used in order to inform program improvement and process evaluation.*

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Also, as part of process monitoring and evaluation, it is important to assess whether or not quality assurance activities have been completed. The *Project START Implementation Manual* provides protocols designed for Project START quality assurance.

*Process evaluation assesses planned versus actual program performance over a period of time for the purpose of program improvement and future planning.*



**Process monitoring and evaluation questions for Project START** – primarily come from core elements and the Activities column of the logic model:

- Has a monitoring and evaluation plan been developed?
- Do staff have the appropriate training and skills to implement Project START?
- Has a community resource guide been developed?
- Are problems with implementation being addressed?
- Did we enroll the number of clients that we expected to enroll?
- Did we reach the target population we intended to reach?
- Is the program being implemented as planned?
- Are quality assurance activities being completed?

### **Outcome Monitoring Questions**

Through **outcome monitoring**, you will assess whether Project START is having its intended effect.

*Outcome monitoring involves the routine documentation and review of program-associated outcomes (e.g., individual-level knowledge, attitudes and behaviors, or access to services; service delivery; community or structural factors) in order to determine the extent to which program goals and objectives are being met.*

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**Outcome monitoring questions for Project START** – come from the Immediate and

Intermediate Outcomes columns of the logic model:

Did clients perception of personal risk to acquire and/or transmit HIV/STIs/hepatitis change?

- Did clients' knowledge of available risk reduction strategies increase?
- Did clients increase their skills around goal setting, problem solving, and communication?
- Did clients' knowledge of available community resources increase?



## 2 Developing a Monitoring and Evaluation Plan

- Did the number of clients who were tested for HIV/STIs/hepatitis increase?
- Did clients intention to engage in safer sex and/or safer needle use behaviors increase?
- Did clients take steps toward achieving risk reduction goals?
- Have clients' transitional needs been met?
- Have clients accessed referrals made to community-based services?
- Have clients increased their time in the community following incarceration (decreased recidivism)?

When developing your evaluation questions, you will also want to include questions related to your agency's internal objectives, and those required by, or of interest to, stakeholders or any other funding sources.



### RECOMMENDED ACTIVITY

Brainstorm and refine evaluation questions with your evaluation team. Write out your evaluation questions. This will help you decide what you want to know about your program.

### Step 4: Develop Project START SMART Objectives

SMART objectives help you determine the answers to your evaluation questions. Each evaluation question should have one or more related SMART objective. SMART stands for **S**pecific, **M**easurable, **A**ppropriate, **R**ealistic, and **T**ime-based. Objectives that don't have all of these characteristics can be difficult to monitor.

To assist you in writing your own SMART objectives refer to the table on the following page:



Specific	Measurable	Appropriate	Realistic	Time-phased
Develop	Number	<b>Ask yourself the following question:</b> Is this objective related to the program outcomes and goals?	<b>Ask yourself the following questions:</b> Does your staff have the skill set to carry out the objective?  Do you have the resources/money/support to attain the objective?  Have you set achievable goals that are reasonably high but not impossible?  Have other programs	By (date)
Obtain	Average			Annually
Provide	Percentage (proportion)			Quarterly
Follow-up	Change over time			At each session
Hire				Semi-annually
Recruit				
Train				
Deliver				
Report				
Increase				
Improve				
Implement				
Refer				



**TOOL**

A list of the *Sample Project START SMART Objectives (Tool 2)* can be found in Appendix A.



**RECOMMENDED ACTIVITY**

Remember to tailor the sample SMART objectives to meet *your agency's* implementation of Project START.

The target percentages in the *Sample Project START SMART Objectives* have been left blank on purpose. You will have to decide what **time frames** and **target percentages** are **Appropriate** and **Realistic** for your agency when you write your own SMART objectives.

A Data Planning Matrix, described in the *Evaluation Capacity Building Guide*, can help you organize your evaluation questions, SMART objectives, and information needed to complete your M&E plan.





**TOOL**

The *Sample Project START Data Planning Matrix* (Tool 3) organizes the M&E plan into one document; it includes evaluation questions, SMART objectives, and measures as well as data collection tools. The Data Planning Matrix is organized into two sections: process and outcome monitoring. Additionally, there is a blank Data Planning Matrix (Tool 4) that you can use for your own data planning.

The rest of this discussion will take you through the process of developing your own matrix, using content from the Sample Data Planning Matrix (Tool 3) as examples.



**RECOMMENDED ACTIVITY**

***Complete a Data Planning Matrix.***

After you have written your evaluation questions and their related SMART objectives, put them into your Data Planning Matrix. As you continue to develop your plan, complete the rest of the columns in the matrix, entering information about how you will measure progress toward your objectives.

Following is an example of how a process evaluation question and related SMART objective would be presented in the Data Planning Matrix:

Process M&E Question 5: Are we reaching the population we intended to reach?					
SMART Objective	Measure/ Indicator	Data Source	Data Collection: <i>Staff responsible and time frame</i>	Data Entry: <i>Staff responsible and time frame</i>	Data Analysis: <i>Staff responsible and time frame</i>
5. As assessed quarterly, 100%* of enrolled clients will meet the established eligibility criteria.					

\*Indicates fictitious target percentage and time frame. Target percentages and time frames will be determined by each agency.



**Step 5: Determine Measures**

Each SMART objective should have a corresponding “measure of success,” i.e., proof that your objective was met. These measures of success can be either quantitative, such as a count, percentage, or average; or they can also be qualitative, such as case notes or answers to open-ended questions.

**Quantitative Measures**

Quantitative measures generally describe **how often** something is happening. They are numeric and can be calculated. Quantitative data include counts, proportions, and averages, to name a few.

The following example of a quantitative measure is a proportion. It was developed to address SMART objective #5 in the *Sample Project START Data Planning Matrix*.

Process M&E Question 5: Are we reaching the population we intended to reach?					
SMART Objective	Measure/ Indicator	Data Source	Data Collection: <i>Staff responsible and time frame</i>	Data Entry: <i>Staff responsible and time frame</i>	Data Analysis: <i>Staff responsible and time frame</i>
5. As assessed quarterly, 100%* of enrolled clients will meet the established eligibility criteria.	# of enrolled clients who meet eligibility criteria/total # of clients enrolled				

\*Indicates fictitious target percentage and time frame. Target percentages and time frames will be determined by each agency.

The “measure of success” in this example is the *proportion* of enrolled clients that meet the criteria that the agency defines as eligible to participate in their Project START program.

**Qualitative Measures**

Qualitative measures describe **what is happening or why something is happening** and are usually a documentation of observations, perceptions, and opinions. Examples of qualitative data are notes taken during program staff observations, narratives from focus groups, or answers to open-ended questions.



## 2 Developing a Monitoring and Evaluation Plan

The following example of a **qualitative measure** is the feedback from clients and staff. It was developed to address SMART objective #6 in the *Sample Project START Data Planning Matrix*:

Process M&E Question 6: Are we addressing any problems that we are having with implementation?					
SMART Objective	Measure/ Indicator	Data Source	Data Collection: <i>Staff responsible and time frame</i>	Data Entry: <i>Staff responsible and time frame</i>	Data Analysis: <i>Staff responsible and time frame</i>
6. On a yearly* basis, obtain feedback from clients and staff to assess barriers to reaching and retaining the target population in the intervention.	Feedback from open-ended questions of a focus group				

\*Indicates fictitious target percentage and time frame. Target percentages and time frames will be determined by each agency.

In this example, client and staff discussions about barriers to reaching and retaining the target population provide qualitative information that can help you better understand what your agency could do differently to improve outreach and engagement of the target population.

**Both quantitative and qualitative data are important to understand whether you are reaching your service goals.**

In addition to the data used to measure SMART objectives, you will need to include additional data required by funding agencies. Agencies funded by the CDC to implement Project START may be required to collect and submit required variables from the National HIV Prevention Program Monitoring and Evaluation Variables and Values (NHM&E DVS). Be sure to incorporate these variables into the data collection plan if you are required to do so. More information about PEMS and the NHM&E DVS is provided in Chapter 5, **CDC's National HIV Prevention Program Monitoring and Evaluation Initiative: Use of PEMS for Project START Monitoring and Evaluation**.



### RECOMMENDED ACTIVITY

***Identify how each evaluation question and SMART objective will be measured.***

The *Sample Data Planning Matrix* (Tool 3) has measures for each evaluation question and its corresponding SMART objective for Project START. Use these as appropriate for your agency's M&E plan. There is a blank Data Planning Matrix (Tool 4) that you can use for your own plan.



### Step 6: Develop and/or Adapt M&E Tools

Now that you have organized evaluation questions and objectives and identified the measures needed to address them, the next step is to develop and/or adapt tools for collecting the data that you need for M&E to measure your SMART objectives.

The *Project START Implementation Manual* contains many tools that your agency should use to monitor and evaluate Project START. These forms can be found in the Appendices of the *Project START Implementation Manual*, and include the **Intake Form, Session Completion Forms**, and the **Transitional Needs Assessment**. This field guide will make reference to these tools extensively.

This guide is meant to complement the *Project START Implementation Manual* and introduces tools in the appendices to assist you in collecting information that you will need to answer some of your SMART objectives. The additional tools found in appendices are the **Project START Monitoring and Evaluation Checklist, Client Contact Tracking Log, Staff Supervision Log, Referral Tracking Form, Discharge Summary Form, Project START Pre/Post Survey Bank of Questions, and Assessing Barriers to Reaching and Retaining Clients - Sample Questions for Clients and Staff**.

Each M&E tool introduced in the Appendices of this field guide has a cover sheet explaining the purpose of the tool and instructions on how to use it.

The protocol for each tool includes:

- **Why** the tool is used in this M&E plan
- **When to administer** the tool
- Who the tool is **administered by**
- **Special instructions** on how to administer the tool

The M&E tools presented in the field guide are meant to complement the tools that are in the *Project START Implementation Manual*. To minimize the burden and costs of M&E to staff and your organization, it is always best to adapt existing tools rather than create new ones. Therefore, attempt to use the tools that already exist in both this field guide and the *Project Start Implementation Manual*. New tools should only be created if there is something you absolutely need to know that cannot be captured in any other way or if a new tool will be more effective than an existing one. Feel free to modify the M&E tools provided in this field guide and in the *Project START Implementation Manual* to meet your program/agency-specific data collection needs.





### RECOMMENDED ACTIVITY

***Identify the data you want to collect on tools, then develop or revise data collection forms as needed.***

Ask yourself these questions when identifying or developing tools:

- What data needs to be captured with the tools?
- If you are implementing other program(s) in addition to Project START, do you have existing forms that could be used or revised? You may be able to add a few Project START variables to existing forms or vice versa. It is best to avoid duplicate questions on different forms.
- How will the data collected on the forms be analyzed? If the organization wants to see a break-down of the data by client age, the forms should include client age or date of birth.

Be sure that your tools include all required data variables:

- National HIV Prevention Program Monitoring and Evaluation Variables and Values (NHM&E DVS) required variables that may be collected through the PEMS software
- Variables that your agency decides are important in order to monitor Project START that are required by other funding sources



### RECOMMENDED ACTIVITY

***Develop a process for using data collection tools.***

This process should include all the steps needed, from obtaining the form to destroying it. There should be a written account of how the form will be used, by whom, and how often, as well as how it will get from one person to another within the agency. It should also describe the storage of forms, access to forms, who will enter them into a database, how often, as well as security procedures that should also be in place to protect the data and client confidentiality.



### TOOL

The *Sample Data Collection, Management, and Analysis Plan* (Tool 11) describes how, by whom, and how often data are collected, managed, and analyzed. It is based on a fictitious agency and should be changed to reflect your agency's data management plan.





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**RECOMMENDED ACTIVITY*****Pilot-test data collection tools.***

Before implementing your data collection tools, it is important to pilot-test them. This can be done in a number of ways. You could have a few program staff review the tools that they plan to use, and ask clients to give feedback on tools they will have to use. Some topics to obtain feedback on include: ease of completion, clarity, understanding, suggested changes, missing information, and appropriateness of time given to fill out the form. Program staff may give feedback suggesting changes to the tools. Incorporating this feedback will ensure that the tools are suitable for your particular agency and clients.

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**RECOMMENDED ACTIVITY**

Train staff on how to use the data collection tools.

All staff using a data collection tool, whether for data capture or data entry, should be trained on use of the tool. They should receive training on all the definitions for each field on the tool. Even for fields that seem obvious, it is important that everyone understand the definition to avoid mistakes in data capture and entry.

**All staff should be trained on your agency's policies for maintaining client confidentiality. Each staff person should be trained on how to comply with the agency's security procedures.**

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## 2 Developing a Monitoring and Evaluation Plan

Following is an example of how a data collection tool that corresponds to a specific SMART objective and measure would be presented in the Data Planning Matrix:

Process M&E Question 5: Are we reaching the population we intended to reach?					
SMART Objective	Measure/ Indicator	Data Source	Data Collection: <i>Staff responsible and time frame</i>	Data Entry: <i>Staff responsible and time frame</i>	Data Analysis: <i>Staff responsible and time frame</i>
5. As assessed quarterly, 100%* of enrolled clients will meet the established eligibility criteria.	# of enrolled clients who meet eligibility criteria/total # of clients enrolled	<i>Intake Form (located in the Project START Implementation Manual)</i>			

\*Indicates fictitious target percentage and time frame. Target percentages and time frames will be determined by each agency.

### Step 7: Identify Staff and Time Frame for Data Collection, Management, and Analysis

Determining a realistic time frame and staff responsible for Project START M&E are essential to the development of your M&E plan.

To develop a **time frame** for data collection, data management, and analysis you need to take into account:

- Critical deadlines for reporting and program management. For example, if you prepare a progress report to CDC every six months, the final data from M&E activities should be available to you at least a month before the progress report is due.
- The time needed to complete the process of data collection, follow-up for missing information from forms, data entry, data analysis, interpretation of results, and presentation of results
- How often you want to analyze data to inform program improvements. If it is your first year implementing Project START, you will want to assess Project START more frequently than in your fifth year, for example, to discern whether early implementation is going according to plan.



**TIP****Analyzing Data: Choosing the Time Frame**

When choosing a time frame for data analysis, a rule of thumb is to pick one that will include data from multiple cycles. However, the time frame should be short enough that the data will give the organization feedback in time to meet reporting deadlines. For example, if an agency is planning two cycles of Project START in the calendar year, a rule of thumb would be to look at the data after one cycle to make sure that the core elements are being implemented, rather than waiting for the end of the calendar year to do the analysis, especially if you are in the first year of program implementation.

After a time frame has been chosen, decide what data to include and exclude in the analysis. It is recommended that you only include data from sessions that belong to a completed cycle. For example, data from the time frame January 1, 2010 through May 31, 2010 are to be analyzed by the Program Manager. The first session of the second cycle of Project START started on May 28, 2010. The Program Manager should exclude the data from the first session of the second cycle in the analysis, even though it falls within the time frame the Program Manager has chosen. This is because the data from sessions 2, 3, 4, 5, and 6 have not been collected yet, and having incomplete data from the cycle may skew the results of the analysis.

To identify **staff responsible** for data collection, management, and analysis you need to take into account:

- **Skill sets needed**
- **Staff time**



### *Skill sets*

Assess whether or not your organization has the expertise on staff to carry out data collection, management, and data analysis. If not, can training be provided? Can an outside evaluator be hired?

- **Data capture** requires a staff person who can administer the data collection tools. For instance, program staff have direct contact with clients and are best suited to complete the Intake Form or Session Completion Forms.
- **Data management** requires a staff person who is skilled and efficient in cleaning (identifying and correcting errors in data and bringing these errors to the attention of program managers), entering, and compiling data in a database.
- **Data analysis** requires a staff person who has experience with describing basic features of data gathered for M&E purposes and has the ability to provide, at a minimum, simple quantitative summaries of data.
- **Data interpretation** requires the ability to put the data into overall context and use it to reach conclusions. This often requires input from multiple stakeholders associated with the agency, including, but not limited to, program staff and management.
- **Data presentation** requires someone comfortable with developing tables and graphs and presenting data in user-friendly ways.

### *Staff time*

You will also need to determine whether staff members will have sufficient time to carry out data collection, management, and data analysis activities. For example, can program staff be expected to carry out the Project START intervention **AND** enter data from client forms into a database? If not, you will need to identify and train another staff person, such as a program assistant, to do data entry of client forms.



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#### RECOMMENDED ACTIVITY

Develop a time frame and identify staff responsible for data collection, management, and analysis at your agency. Columns 4-6 in the Data Planning Matrix are used to identify the staff responsible and the time frame for data collection, data entry, and data analysis.

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In the following example, columns 4-6 of the *Project START Data Planning Matrix* have been completed to provide an example of a plan for ensuring the data collection, management, and analysis of data that will answer SMART objective #5:

Process M&E Question 5: Are we reaching the population we intended to reach?					
SMART Objective	Measure/ Indicator	Data Source	Data Collection: <i>Staff responsible and time frame</i>	Data Entry: <i>Staff responsible and time frame</i>	Data Analysis: <i>Staff responsible and time frame</i>
5. As assessed quarterly, 100%* of enrolled clients will meet the established eligibility criteria.	# of enrolled clients who meet eligibility criteria/total # of clients enrolled	<i>Intake Form (located in the Project START Implementation Manual)</i>	<i>Program Staff*  By the 15<sup>th</sup> day of the last month of the quarter*</i>	<i>Program Assistant*  By the end of the last week of the quarter*</i>	<i>Program Manager*  By the end of the quarter*</i>

\*Indicates fictitious target percentages, time frames, and responsibility assignments. Target percentages, time frames, and assignments will be determined by each agency depending upon reporting requirements and agency-specific capabilities.

### Chapter 2 Summary

The seven key steps of M&E plan development were presented in this chapter:

- Engage stakeholders
- Use core elements and the Project START behavior change logic model
- Develop evaluation questions
- Develop Project START SMART objectives
- Determine measures
- Develop and/or adapt M&E tools
- Identify staff and time frame for data collection, management, and analysis

The following tools were introduced in Chapter 2:

- Project START Behavior Change Logic Model
- Sample Project START SMART Objectives
- Sample Project START Data Planning Matrix
- Sample Data Collection, Management, and Analysis Plan

If you complete each of these steps using the tools introduced, you will be on your way to having a good plan that, if well implemented, will give you important information to use for reporting and program management.





## Implementing a Monitoring and Evaluation Plan

This chapter describes the implementation of your agency-specific Project START monitoring and evaluation (M&E) plan. The information in this chapter describes how to carry out the monitoring and evaluation plan that you developed. In order to make this phase more manageable, it will be broken down and explained in three distinct steps:

- Step 8: Collect data
- Step 9: Manage data
- Step 10: Analyze data

### Step 8: Collect Data

In Step 7 you decided who will collect, manage, and analyze specific data and when those tasks will take place. Now we will describe in more detail various approaches to data collection.

There are many approaches to collecting the data you need to answer your evaluation questions. The approaches listed below are a combination of quantitative and qualitative methods. When your evaluation team is deciding which approaches to use, you should consider the resources and support that you have. Which approaches are most realistic? For example, to get feedback from clients, you may decide that it is not realistic for you to conduct



#### TIP

*Some of the most common methods of data collection are:*

- **Observation** - Watching people engaged in activities and recording what occurs
- **Interviewing** - Data collection through conversations
- **Focus Groups/ Group Interviews** - Moderated discussions on particular topics or issues
- **Questionnaires** - Responses to clearly defined questions
- **Program tracking forms** - Review of written documents, such as program logs (i.e., attendance sheets, facilitator logs) and tally sheets

Several of these methods were used in the tools that were developed for the M&E of Project START.



### 3 Implementing a Monitoring and Evaluation Plan

a one-on-one interview with every client that you serve. However, it may be realistic for your organization to do a focus group with a subset of your clients. You can use one or several methods to collect the data that you need. Most importantly, your team should choose the method(s) that will work best for your agency.

In Step 6 (Develop and/or Adapt M&E Tools) of Chapter 2 there is a list of data collection tools that can be found in the appendices of this field guide and the *Project START Implementation Manual* that you should use to collect data for M&E purposes.

These tools can be modified and adapted to meet your specific program data collection needs. However, evaluation data must be collected to assess, at minimum, whether core elements have been implemented and are being retained.

#### Step 9: Manage Data

After you have collected data on your data collection tools, the next thing to think about is how to manage the data that have been collected. Some major components of data management are entering the data from forms into a database, making sure the necessary security measures are in place to ensure that data are stored securely. In addition, cleaning data and counting or compiling the data are essential for subsequent data analysis. While each of these components is important to managing data, this discussion focuses on cleaning and compiling data for data analysis and reporting.

#### Data Cleaning

A key component of data management is cleaning data. Data cleaning means **ensuring no data were omitted, that data were entered correctly into the database, and that data values are within expected ranges**. One focus of data cleaning is to identify if data are missing from forms and from the database. Efforts should be made to identify and fill in missing information. Data cleaning can start with checking that forms are filled out completely before entering them into a database. A second way to clean data is to have one person check the database for omissions or mistakes entered by another and correct any mistakes that were found. This is usually done for a small percentage of the overall data.

Another way to clean data is to compare variables that have clear relationships. For example, if the data show that one of your male Project START clients is pregnant, the data should be corrected. Or the data can be examined to see if they are within the expected range. For



example, if the data show that a client rated a six on a scale that is from one to five, you know that the value was entered incorrectly.

In the CDC Program Evaluation and Monitoring System (PEMS) (CDC, 2008c), there is a quality assurance report that can be run to show you where you have blanks and incomplete data entry. Reports like this can be run prior to reporting to CDC, or compiling data through extracts or reports. Data cleaning is usually done on a monthly basis to ensure that all data are clean and available for data analysis.

### **Data Compiling**

Compiling data refers to the process of gathering and counting up data from individual data collection forms in order to combine them into a total aggregate count. Data compilation is done prior to data analysis; compiled data will be used in calculations for data analysis.

You may choose to use the *Project START Tools for Analysis - "Quarterly Report Data Worksheet"* to compile your data. According to this worksheet, each program staff member that conducts sessions with clients should report data quarterly. Data entry staff can aggregate (add together) the numbers given to them by each program staff member quarterly and enter this total number in the *"Quarterly Report Data Worksheet."* This worksheet can also be used to compile data for annual data analysis.

Agencies funded by CDC may have access to PEMS for data entry and reporting. Data collected in PEMS can be aggregated by running pre-programmed reports or extracting the data into an Excel spreadsheet.

***If your agency is using a database other than PEMS, it is important to make sure that the database meets your data management needs. It should:***

- capture necessary data elements
- have specifications/requirements and field limitations for each data element that minimize data entry mistakes
- have validation checks
- have a mechanism for compiling or extracting data for data analysis





#### RECOMMENDED ACTIVITY

Choose a database (or multiple databases) to store and aggregate data. PEMS is available from the CDC and is free if you are a CDC-funded agency.



#### TOOL

**Because the *Project START Tools for Analysis (Tool 13)* is an Excel spreadsheet it does not lend itself to presentation in this document, and is included in the disk that is provided with this document.** This database has been designed to give you a sample Excel template for data compilation.

The Project START Tools for Analysis has two worksheet tabs; one is entitled the “Quarterly Report Data Worksheet” and the other “SMART Objectives Calculations.” Client level data from program staff at your agency can be entered into the “Quarterly Report Data Worksheet.” This worksheet will help you obtain numerators and denominators that are needed to calculate measures for SMART objectives. The second tab entitled “SMART Objectives Calculations” can be used to automatically calculate quantitative measures for your SMART objectives. You may use the Project START Tools for Analysis, your own database, PEMS, or any combination of these databases. If you use the Project START Tools for Analysis you should adapt it to your agency/program’s needs as appropriate.



#### TIP

##### ***Data entry rules***

It is important to think through instructions staff will need to be consistent and accurate in their data entry over time. Some things to consider are:

- How will missing data on forms be handled?
- If a data element on a form is missing because it is meant to be blank, how will it be entered into the database? Will it be left blank or will a 99 (indicating missing) be entered?



**TIP*****Not Using a Database?***

It is generally accepted that using a database or spreadsheet is more efficient than hand-tallying data. However, it may be more feasible for an agency to hand-tally data if staff are unfamiliar with data systems and/or the agency does not have access to a database or spreadsheet program. If data will be hand-tallied, write a description of how it should be tallied to ensure uniformity of the process over time and across staff.

**Step 10: Analyze Data**

Data analysis is the process of calculating quantitative data and summarizing and organizing qualitative data. The aim of data analysis is to answer evaluation questions, identify trends in service delivery, and identify gaps in data (e.g., are there questions the data does not answer).

***Process of Analysis***

Data analysis does not have to involve complicated statistics. It involves calculating the measures you identified for the SMART objectives you developed. It may also mean organizing data in multiple ways to compare different populations. For example, data can be organized to show services delivered by age of clients, by gender of clients, or by location of service.

The “*SMART Objectives Calculations*” tab of the *Project START Tools for Analysis* has been designed to calculate the measures for Project START SMART objectives.

Below, the *Project START Tools for Analysis -“SMART Objectives Calculations”* shows examples of how the analysis process for calculating measures for SMART objectives works.



### 3 Implementing a Monitoring and Evaluation Plan

#### Example 1: Quantitative Analysis

Process M&E Question 5: Are we reaching the population we intended to reach?					
SMART Objective	Measure/ Indicator	Data Source	Data Collection: <i>Staff responsible and time frame</i>	Data Entry: <i>Staff responsible and time frame</i>	Data Analysis: <i>Staff responsible and time frame</i>
5. As assessed quarterly, 100%* of enrolled clients will meet the established eligibility criteria.	# of enrolled clients who meet eligibility criteria/total # of clients enrolled	<i>Intake Form</i>	<i>Program Staff* By the 15<sup>th</sup> day of the last month of the quarter*</i>	<i>Program Assistant* By the end of the last week of the quarter*</i>	<i>Program Manager* By the end of the quarter*</i>

\*Indicates fictitious target percentages, time frame, and agency data in order to demonstrate how to calculate whether a SMART objective was met or not.

According to SMART objective 5, “As assessed quarterly, 100% of clients enrolled in Project START will meet the agency-specific eligibility criteria.” Data entry staff compiled data for the total number of enrolled clients who met the eligibility requirements (numerator) and the total number of clients enrolled (denominator), using the “Quarterly Report Data Worksheet” found in the *Project START Tools for Analysis* spreadsheet. It was found that, collectively, 12 of the 13 enrolled clients in the first quarter met the eligibility requirements defined by the agency. Therefore, you will calculate your measure in the following way:

By hand:

$$\frac{12 \text{ (\# of enrolled clients who meet eligibility criteria)}}{13 \text{ (total \# of clients enrolled)}} = 0.923 \times 100 = 92.3\%$$

OR

Using the *Project START Tool for Analysis-“SMART Objectives Calculations”* (See next page)



Process M&E Question 5: Are we reaching the population we intended to reach?					
SMART Objective	Data Source	Measure/ Indicator	Numerator (top number of fraction)	Denominator (bottom number of fraction)	Numerator Denominator
5. As assessed quarterly, 100%* of enrolled clients will meet the established eligibility criteria.	# of enrolled clients who meet eligibility criteria/total # of clients enrolled	<i>Intake Form</i>	12*	13*	$\frac{12}{13} \times 100$ 92.3%

\*Indicates fictitious target percentages, time frame, and agency data in order to demonstrate how to calculate whether a SMART objective was met or not.

In conclusion, 92% of clients enrolled in Project START met the agency-specific eligibility criteria at the end of the first quarter. This does not meet your SMART objective. You will want to continue to monitor this data closely in the remaining quarters of the year to ensure you are progressing toward your goal. Analysis of this data by program staff may reveal patterns that are worth further investigation. Examining these patterns may answer “why” they are occurring.

**Example 2: Quantitative Analysis**

Process M&E Question 6: Are we addressing any problems that we are having with implementation?					
SMART Objective	Measure/ Indicator	Data Source	Data Collection: <i>Staff responsible and time frame</i>	Data Entry: <i>Staff responsible and time frame</i>	Data Analysis: <i>Staff responsible and time frame</i>
6. On a biannual basis*, obtain feedback from clients and staff to assess barriers to reaching and retaining the target population in the intervention.	Feedback from open-ended questions of a focus group	<i>Assessing Barriers to Reaching and Retaining Clients-Sample Questions for Client and Staff</i>	<i>Program staff* During month 4 of the intervention*</i>	<i>Program. assistant* During month 5 of the intervention*</i>	<i>Program manager* One month after the end of the intervention*</i>

\*Indicates fictitious target percentages, time frame, and agency data in order to demonstrate how to calculate whether a SMART objective was met or not.



### 3 Implementing a Monitoring and Evaluation Plan

According to SMART objective 6, feedback from clients and staff should be used to assess barriers to reaching and retaining the target population in the intervention. According to the *Sample Project START Data Planning Matrix*, this feedback should be obtained from open-ended questions of a focus group. The questions for the focus group should be obtained from Tool 6 - *Assessing Barriers to Reaching and Retaining Clients - Sample Questions for Clients and Staff*.

The responses to these questions should be captured verbatim. After reading through focus group data, you should start to see patterns of responses. One analysis strategy is to *develop codes for patterns of response*. Developing a coding system will allow you to identify what were some of the responses that were repeated most often in the focus group. An example of how to code patterns of response using a sample question from Tool 6 is shown below.

Do you find it difficult to get to Project START sessions? Why?		
Responses	Response Category	
	Childcare for kids	No money for transportation
Yes, I don't have a car or the money to afford bus fare.		✓
Yes, I don't have childcare for my kids while I come to my sessions.	✓	
Yes, I don't have anyone to take care of my kids and I don't have a way to get to the session because I don't have a car or enough money for the bus or a cab.	✓	✓
I don't have money to get a cab or bus.		✓
The times are fine but I need some money for transportation.		✓

At this point, you can identify responses that are expressed multiple times. Overall, as seen above, most clients stated that they could not get to the sessions because of lack of transportation, and a few said that they did not have anyone to watch their children. This feedback provides very useful data that program staff can use to improve their program, e.g., possibly providing transportation stipends to their clients.

Analyzing data may also mean organizing them in multiple ways to compare different populations. For example, data can be organized to show services delivered by client age, by client gender, or by service location. If such demographic or geographic information is important to your agency, it must be captured on your data collection tools.



An example of this is examining data by gender. Your agency may want to know if women are completing the program sessions of Project START as often as men. The data obtained from calculating the measure for SMART objective #7 “As assessed (time frame) X% of enrolled clients will complete all six program sessions” can be used.

First, identify all the women enrolled in Project START. The numerator will be total number of women who completed all six program sessions of Project START, the denominator will be the total number of women enrolled. Then identify all men who completed all sessions, and the total number of men enrolled. The resulting proportion for women should be compared to the proportion for men to see if women are completing Project START sessions as often as men.



#### TOOL

The *Sample Data Collection, Management, and Analysis Plan* (Tool 11) outlines the methods and the responsible party for collecting, entering, storing, and analyzing data for a fictitious agency. Be sure to write your own data collection, management, and analysis plan for your agency.



#### TOOL

The *Project START Monitoring and Evaluation Checklist* (Tool 5) can be used to make sure that all the steps leading up to data collection and management are complete.

### Chapter 3 Summary

The three key steps of M&E plan implementation were presented in this chapter:

- Step 8: Collect data
- Step 9: Manage data
- Step 10: Analyze data

The following tools were introduced in Chapter 3:

- Project START Tools for Data Analysis
- Sample Data Collection, Management, and Analysis Plan
- Project START Monitoring and Evaluation Checklist

Once the data have been collected, managed, and then analyzed, they are ready to be utilized for reporting, program improvement, and feedback to staff and clients. Remember, it is important to share successes!





## Using Your Data: Inform Program Planning and Improvement, Share Lessons Learned, Engage Stakeholders

Once you have put in the effort to collect, store, clean, and analyze data for your M&E plan, it is important to use the data for program monitoring and improvement, for planning, and for reporting to funding agencies. Oftentimes, data are only used for reporting, but if you routinely use your data, you will be able to improve how you implement your program and garner additional support for it.

This will be explained in four distinct steps:

- Step 11: Use Data for Program Monitoring
- Step 12: Use Data for Program Improvement
- Step 13: Use Data for Program Planning
- Step 14: Use Data for Advocacy and to Gain Support

### Step 11: Use Data for Program Monitoring

#### *Decide Whether SMART Objectives Were Met*

The first step of data interpretation is to gather the data related to each objective, and then determine if the objective was met and what helped or held back progress toward meeting the objective.

#### **If an objective was met:**

Decide what additional information (if any) is needed in order to determine what is contributing to success. This will help you sustain accomplishments going forward.

#### **If an objective was not met:**

Decide what information is needed in order to determine what changes have to be made. In some cases you will already have an idea of what information you need and have ready access to that information. In other situations, you might have to dig a little deeper to figure out what you need to understand, ask staff, clients, or other stakeholders to help you identify the factors that influenced this outcome.

#### **If you are not able to determine whether an objective was met:**

If you find that you do not have the information needed to determine whether or not you



reached the objective, you will need to figure out why the information is missing and take steps to address that reason.

The following example illustrates what the process of using M&E data for program monitoring might look like for Project START. The example provides three result scenarios for SMART objective #37 from the *Sample Project START Data Planning Matrix*: **“By the end of each quarter, 90% of referrals made to community-based services were accessed.”**

Outcome Monitoring Question 9: Have clients accessed referrals made to community-based services?		
37: By the end of each quarter, 90% of referrals made to community-based services were accessed.*		
Evaluation Finding:	Implications (additional data that may be needed):	Potential ways to gain insight:
<p><b>Scenario #1</b>  <b>Objective was met:</b>                      Program staff have confirmed that clients accessed 90% of referrals that were made for them.</p>	<p>Are there specific actions that program staff are taking to ensure that clients access referrals?                      What contributes to successful referral follow-ups?                      Do program staff have good relationships with the agencies in your Community Resource Guide?</p>	<p>Investigate program staff’s process for following up on referrals.                      Examine referral tracking forms to see what kind of referrals are being made by staff and accessed by clients.</p>
<p><b>Scenario #2</b>  <b>Objective was NOT met:</b>                      40% of referrals made were accessed by clients.</p>	<p>Are program staff appropriately tracking all of the referrals that they make?                      Is there a difference in follow-up method between referrals that were accessed or not accessed by clients?                      Did clients have sufficient information to locate the referral agency?</p>	<p>Review referral tracking forms and case notes to determine if program staff are appropriately tracking all the referrals they make.                      Examine referral tracking forms to determine whether or not most of the accessed referrals had an active or passive referral follow-up plan.                      Ask clients if they had difficulty reaching the referral agency.</p>
<p><b>Scenario #3</b>  <b>Do not know whether objective was met:</b>                      Data were not compiled</p>	<p>Were referral tracking forms completed?                      Were referral tracking forms entered into database? If not, why?</p>	<p>Review forms and database that are used for referrals and follow-up.                      Discuss with data entry staff why this data is not in the database.</p>



**RECOMMENDED ACTIVITY**

During the first several months of implementation, you should review your data frequently (weekly or bi-weekly) to identify any challenges that need to be addressed. Once your program is established, you can review your data less frequently (quarterly or bi-annually), depending on the data element.



## Step 12: Use Data for Program Improvement

There is no use in monitoring your activities if you do not intend to use the data for program improvement.



### RECOMMENDED ACTIVITY

#### *Interpret Results related to Process Objectives*

During the first few months of implementation, the program manager should interpret the data related to the program's process objectives (outlined in the Data Planning Matrix). This will ensure that you identify all process objectives that are not being met and why. If you are not on track to meeting your goals, barriers to meeting them should be identified and corrected quickly.

For example, you may find that your clients are not completing the six Project START program sessions. You should figure out why clients are dropping out of the program, and whether there are any demographic differences (age, race/ethnicity, household income, distance from program site) between clients who complete all six sessions and clients who do not.



### RECOMMENDED ACTIVITY

#### *Interpret Results related to Immediate and Intermediate Outcome Objectives*

While the purpose of this field guide is not for long-term outcome evaluation, you should interpret results related to immediate and intermediate outcome objectives to explore whether the Project START intervention is having its intended immediate effect on the target population

You can interpret your results according to the time frame that you have outlined in your agency's Data Planning Matrix. This will inform you as to whether the outcomes you are achieving are what you expected.

You may be implementing Project START largely as planned, but find that clients are not attaining the outcome objectives you expected. For example, discharged clients might be achieving less than half of the risk-reduction goals they set for themselves; therefore, you will want to find out why. For example, if this outcome varies by program staff, you may determine that additional training and/or supervision may be warranted.





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**RECOMMENDED ACTIVITY**

***Share the Analysis Results and Make Improvements***

Sharing results of the analysis with your evaluation team and other key stakeholders is a very important M&E activity. This activity allows for several perspectives of stakeholders to be involved in making recommendations for program improvement and may heighten awareness of any shortfalls that need to be addressed. It will also help make the case for adjustments that will allow your organization to better meet its implementation goals.

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**Step 13: Use Data for Program Planning**

At least annually or semi-annually, you'll want to look at your data as you plan your strategies and resource allocations for your next implementation period. Your data (both process and outcome) will allow you to identify strengths that you may want to build on, and areas that you want to focus on improving. It will also help you identify significant changes you need to make in your implementation plan.



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**RECOMMENDED ACTIVITY**

***Determine Need For More Resources***

Your evaluation data may also help you to budget the resources you need for the next intervention cycle. For example, you may discover a need for staff training on the Project START intervention that will require travel dollars. Or you may want to increase the time available for a program manager who seems most capable of helping program staff increase their effectiveness.

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Your evaluation data can also help you allocate existing resources. If you find that you are having trouble enrolling individuals in Project START, plan to use an alternative recruitment strategy in the correctional facility. If you don't know how to address the problem, plan to track some additional indicators that will provide you with the information you need.





### RECOMMENDED ACTIVITY

#### *Review and Revise Evaluation Documents*

At regular intervals (after the first few months of implementation, and then at least annually) you'll need to review your evaluation documents to incorporate what you have learned. Only minor changes may need to be made, or it may be that the results of your evaluation have caused you to change some basic assumptions and, therefore, you need to make significant changes. Be sure to review your agency's:

- Logic model
- Evaluation questions
- SMART objectives
- Data planning matrix

### Step 14: Use Data for Advocacy and to Gain Support

The most immediate use of data is for reporting to your funders and organizational leaders that your agency has achieved what it committed to in your grant application. Also, if your agency hasn't achieved all its goals for Project START, the data will help you develop realistic steps for improvement.

There are other ways your data can help you with advocacy and support:

- Identification of trends or changes in client characteristics (such as risk factors) may help you build a case for additional funding from a new source.
- Sharing with stakeholders how you used evaluation findings to make improvements can lead to increased credibility for your organization in the community and with funders.
- Data about goals met can be shared in your organizational marketing materials and in subsequent grant proposals. Data can be used to develop a profile of your typical client and to "paint a picture" of what your agency's program allows clients to achieve.
- Data about client needs can be used to forge partnerships with other organizations or to re-negotiate existing partnerships.
- Data about program achievements can be shared with staff to increase morale and retention.



### Chapter 4 Summary

The four key steps involved in using M&E data derived from implementing the M&E plan were presented in this chapter:

- Step 11: Use Data for Program Monitoring
- Step 12: Use Data for Program Improvement
- Step 13: Use Data for Program Planning
- Step 14: Use Data for Advocacy and to Gain Support

Congratulations on completing the Project START M&E plan as well as using your data! Remember that you should, repeat, and/or reassess the M&E activities that have been explained in this guide.



## CDC's National HIV Prevention Program Monitoring and Evaluation Initiative: Use of PEMS for Project START Monitoring and Evaluation

### Overview of the National HIV Prevention Program Monitoring and Evaluation Initiative

CDC has undertaken significant efforts to ensure that the HIV prevention programs it funds are effective in preventing the spread of HIV (Thomas, Smith, & Wright- DeAgüero, 2006). One strategy employed by CDC to strengthen HIV prevention is improving organizational capacity to monitor and evaluate prevention programs (CDC, 2007). The National HIV Prevention Program Monitoring and Evaluation Variables and Values (NHM&E DVS) is a major component of this strategy.

The NHM&E DVS is the complete set of CDC's HIV prevention monitoring and evaluation (M&E) variables, including required variables for reporting to CDC and optional variables specific to an intervention or for local M&E. Implementation of NHM&E DVS makes it possible for CDC at the national level and its funded grantees, locally, to understand:

- The demographic profile and risk behavior of clients being served by grantees
- The resources used to provide HIV prevention services
- The effectiveness of these services in, for example, reducing risk behaviors and increasing protective behaviors, providing HIV test results and linking persons testing positive to care and prevention.

**Disclaimer:** The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Variables and Values presented in this document are current as of April 2009. Please refer to the National HIV Prevention Program Monitoring and Evaluation Web site (<https://team.cdc.gov>) for the most current reporting requirements..



The National HIV Prevention Program M&E initiative consists of the following components:

- Standardized information collected by all directly funded HIV prevention programs, known as the required variables of the NHM&E DVS. The variables you will be expected to collect and report to CDC for Project START will be described in this chapter.
- The CDC Program Evaluation and Monitoring System (PEMS) software is a resource that has been provided to assist grantees in this initiative. PEMS is an optional, secure browser-based software that allows for data management and reporting. PEMS includes all required and optional NHM&E DVS variables (CDC, 2008c)
- Access to technical assistance and training on all aspects of NHM&E and the PEMS software is provided by CDC and its partners. This assistance is provided to the Implementation Coordinator (discussed below) your agency designates, who is then responsible for training and assisting other staff at your agency.

Implementation of NHM&E DVS at your agency will help you conduct activities associated with your M&E plan for Project START. Collection of the required variables will help you answer your evaluation questions, provide data for tracking of process and outcome monitoring, assess the status of your SMART objectives, and generate data you can use to calculate the CDC Performance Indicators for Project START.

**Note:** It may be necessary to use complementary data collection systems for other aspects of your M&E plan that cannot be captured in PEMS, for example, documentation of supervisory activities.

### Preparing for Implementation of the NHM&E DVS

If this is the first time you are receiving funds from CDC for HIV prevention, contact your CDC Project Officer to identify your technical assistance provider. Your technical assistance provider will begin by giving you an overview and orientation to program monitoring and the national data requirements, making sure you have all relevant materials; developing a training plan to meet your needs, and assisting you in getting access to the PEMS software.

There are a variety of things you should have in place at your agency for implementation of program monitoring and data reporting. Someone on staff should be designated as the NHM&E Implementation Coordinator. This individual is responsible for coordinating all aspects of activities that are important for successful implementation of the NHM&E DVS, program monitoring, and data reporting.



Some activities that are important for successful implementation include:

- Review of your agency's evaluation questions and SMART objectives and their relationship to the NHM&E DVS
- Customization of sample health education/risk reduction data collection templates that can be found on the National HIV Prevention Program Monitoring and Evaluation (NHM&E) Web site, and/or creation of unique data collection forms that capture, at minimum, the required variables
- Training of prevention staff on collection of the NHM&E DVS
- Training of staff who will be users of the PEMS software
- Ensuring staff have access to the correct hardware, software, and internet connections
- Working with staff on reporting and utilization of NHM&E DVS to support ongoing M&E activities

This field guide is one of several documents disseminated by CDC to provide information and guidance on HIV prevention program evaluation, data collection, data utilization, and use of the NHM&E DVS. Related documents include:

- ***Evaluation Capacity Building Guide***. This guide provides an overview of monitoring and evaluation for evidence-based interventions, with particular focus on process monitoring and evaluation activities, tools, and templates (CDC, 2008a).
- ***National Monitoring and Evaluating Guidance for HIV Prevention Programs (NMEG)***. This manual provides a framework and specific guidance on using NHM&E DVS variables to monitor and evaluate HIV prevention programs (CDC, 2008b).
- ***Program Evaluation and Monitoring System (PEMS) User Manual***. This how-to manual describes the functionality within the application and provides step-by-step instructions for each module within the web-based software application. Screenshots, sample extracts of data, and reports are used to illustrate key features included in the PEMS software. You can download this manual at the National HIV Prevention Program Monitoring and Evaluation (NHM&E) Web site (<http://team.cdc.gov>) under Trainings/PEMS User Manual (CDC, 2008c).
- ***National HIV Prevention Program Monitoring and Evaluation Variables and Values (NHM&E DVS)***. The complete list and description of all M&E variables are required for



reporting to CDC and optional variables for local M&E and specific to certain interventions. You can download this at the NHM&E Web site (<https://team.cdc.gov>) (CDC, 2008d).

- ***The National HIV M&E Service Center.*** Service Center staff are available to respond to questions about the national HIV M&E data, data reporting requirements, and questions, concerns, and requests related to the PEMS software. The Service Center also resolves issues related to scanning of test data and HIV test form requests. They can be reached by e-mail at: [pemsservice@cdc.gov](mailto:pemsservice@cdc.gov) or phone at (888) 736-7311. The PEMS Help Desk is available to address questions or issues related to digital certificates and the Secure Data Network (SDN); e-mail [dhapsupport@cdc.gov](mailto:dhapsupport@cdc.gov) or phone 877-659-7725

These documents provide a foundation for monitoring and evaluating HIV prevention programs and reporting required data using the PEMS software. Health departments and organizations directly funded by CDC can request monitoring and evaluation technical assistance through the Capacity Building Branch's web-based system, Capacity Request Information System (CRIS). For more information about and access to CRIS, visit <http://www.cdc.gov/hiv/cba>. Additional information or technical assistance related to NHM&E and the PEMS software may be accessed through the Program Evaluation Branch's National HIV Prevention Program Monitoring and Evaluation Service Center.

### Use of the PEMS Software for Project START Monitoring and Evaluation

#### *National HIV Prevention Program M&E Variables and Values*

The NHM&E DVS is organized in a series of data tables. The PEMS software captures these variables in different software modules according to categories, such as information about your agency, your HIV prevention programs, and the clients you serve. The NHM&E DVS provides the number, name, definition, instructions, value choices, and codes for each variable.

- There is a minimum set of variables from the NHM&E DVS that all grantees are required to report to CDC.
- There are additional variables included in the PEMS software that may be useful to your agency, but are not required for reporting to CDC.
- There are local variables that can be used when you enter client information to capture data not otherwise reflected in the NHM&E DVS.





### RECOMMENDED ACTIVITY

Be sure to review all data collection tools to ensure you are gathering all the required National HIV Prevention Program M&E data variables (see Appendix B for a complete list of the required variables).

Sample data collection forms that include all the required variables from the NHM&E DVS can be found on the NHM&E Web site <https://team.cdc.gov>.

We will discuss in detail only those tables and associated modules you will use to enter information specific to Project START.

#### *Agency Information Module*

The following tables in the Agency Information module apply to all interventions, including Project START, and should be updated annually under the direction of your NHM&E Implementation Coordinator:

- **Table A:** General Agency Information
- **Table B:** CDC Program Announcement Award Information
- **Table C:** Contractor Information (including any agencies you contract with to implement Project START)

The Agency Information module in the PEMS software describes the infrastructure that will be used to deliver Project START. This includes delivery sites, network agencies, and workers (e.g., program staff). Correct set-up of this information before program implementation will facilitate entry of client level data and generation of reports helpful for program M&E and progress reports.

#### **Table S:** Site Information (Sites sub-module)

Each service delivery site where Project START is delivered should be entered into PEMS. This will allow you to indicate the site where Project START sessions were delivered when client level data are entered into the system.

#### **Table P:** Worker Information (Workers sub-module)

The variables in this table are not required. However, use of this table will allow you to identify the number of sessions provided by each member of program staff and what services they planned to provide in their sessions versus what services were actually provided to clients. You



can also capture information about the Education level, Prevention Intervention training, and Project START Training and Certification of your program staff

**Table N:** Network Agencies (Network Agencies sub-module)

The variables in this table are not required. However, use of this table will help you with tracking and verification of referrals made within and outside of your agency. ***Tracking referrals made is an important objective for Project START M&E, therefore use of this table is recommended.***

### **Program Information Module**

The Program Information module in the PEMS software is where information is captured on how you plan to implement Project START, including where it fits into the overall structure of your agency, the target population to be served, and activities that you plan to deliver in Project START sessions. Correct set-up of your program planning information for Project START is essential to the accurate capture of client level data, as well as the generation of reports helpful for program M&E and progress reports. The Program Information module includes the following tables:

- **Table D: Program Name**
- **Table E: Program Model and Budget (Planning)**
- **Table F:** Intervention Plan Characteristics

Programs in PEMS are identified in terms of the *Program Name* (the overall name your agency uses for the program of which Project START is a part), the *Program Model* which identifies the evidence base (scientific or operational basis for Project START), and the *Intervention Plan* (how the intervention is delivered as part of the program model)

Within the Program Information module, PEMS allows you to select activities that you plan to do in a Project START session in the Program Information module. Because the NHM&E DVS was designed to be used for a variety of HIV prevention interventions, they do not cover all activities that are part of all interventions. PEMS does not, for example, have specific value choices for the following activities that are part of Project START sessions:

- Development of an individual risk-reduction plan
- Client expression of intent to implement risk-reduction steps
- Discussion of barriers and facilitators to implementing risk-reduction steps



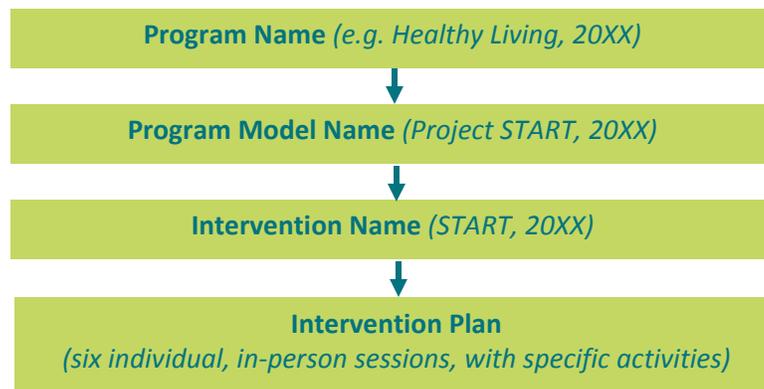
PEMS does have an activity value choice for “risk reduction discussion” that could be used to indicate that one or all of the Project START components listed above were completed.



**TIP**

Setting Up Program Models for Project START in PEMS:

Typically, Project START program models are set up for a single target population and funding source. Program planning information for Project START usually includes only sessions that are held between program staff and clients. The following diagram shows how Project START is typically set up as a program in PEMS.



However, if you are implementing Project START with two different funding sources, namely CDC and another source, and you would like to track these separately, you can create two separate program models for Project START under each funding stream. For example, Project START-CDC funding and Project START-Other funding source.

The following table provides guidance on selecting variables from the NHM&E DVS you can use to describe Project START, as you develop your program plan. Note that the variables presented in the table below include only those specific to monitoring Project START. Please refer to the NHM&E DVS for the complete list of all M&E variables required for reporting to CDC and optional variables for local M&E.



Program Information

NHM&E DVS Variable#	Variable Name	Guidance
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Table D: Program Name – Planning

D01	Program Name	Enter the name your organization uses to identify the overarching program under which Project START resides. The name you use should be the name your organization uses to identify the program, for example “Healthy Living” or it may be “Project START.” The program may be a program with multiple Health Education/Risk Reduction interventions, or Project START may be its own program. It is a good idea to add the year to the Program Name, since programs must be set up annually in PEMS and you’ll want to be able to distinguish them easily.
D02	Community Planning Jurisdiction	Enter the CDC-directly funded state, territory, or city health department Community Planning Jurisdiction in which Project START will be delivered.
D03	Community Planning Year	Enter the calendar year within the Comprehensive HIV Prevention Community Plan for the Community Planning Jurisdiction that guides how Project START will be implemented. Usually this is the same year in which you begin program implementation.

Table E1: Program Model and Budget – Planning

E101	Program Model Name	Enter the name your agency uses for the Project START intervention. It may be the same as the program name you entered.
E102	Evidence Base	In PEMS, you choose between Evidence Base (E102), CDC Recommended Guidelines (E103), and Other Basis for Program model (E104). Project START is an Evidence Base Study (E103), because you are implementing Project START without changing or dropping any of the core elements; choose 1.21-Project START.
E105	Target Population	Enter the population eligible to receive Project START. You will select this target population from the list of priority populations that have been identified for your community planning jurisdiction. If your eligible population is not represented in this list, you must add that target population through the “Additional Target Populations” sub-module before entering information into the Program Model Details sub-module.
E107	Program Model Start Date	Enter the start date of the annual funding period for this program model (month and year).
E108	Program Model End Date	Enter the end date of the annual funding period for this program model (month and year).
E109	Proposed Annual Budget	Enter the annual budget for Project START using CDC DHAP funds.

Module: Program Information  
Sub-module: Program Details

Module: Program Information  
Sub-module: Program Model Details



NHM&E DVS Variable#	Variable Name	Guidance
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**Table F: Intervention Plan Characteristics**

F01	Intervention Type	This field identifies a type of intervention. Choose Code 06, Health Education/Risk Reduction.
F02/F02a	Intervention ID/ Name	The unique name of the intervention. This name may be Project START or whatever name you use for Project START within your agency. Once entered, PEMS will generate an ID for each intervention name.
F03	HIV+ Intervention	Choose “no” because the eligible population for the Project START intervention is not <b>exclusively</b> persons living with HIV/AIDS.
F04	Perinatal Intervention	Choose “yes” if your eligible population for this Project START intervention is <b>exclusively</b> pregnant women. Otherwise, choose “no.”
F05	Total Number of Clients	Enter the total number of clients you plan to reach with the Project START intervention during the program year.
F06	Sub-Total Target Population	For each target population you identified in E105, indicate the number of persons in that target population you intend to reach. The numbers you enter for the target populations must add up to the number you entered in E105.
F07	Planned Number of Cycles	Enter the number of times you plan to deliver the complete Project START intervention over the program model period.
F08	Number of Sessions	Enter the number of Project START sessions that clients will receive, or choose “unknown” if it will be determined upon service delivery.
F09	Unit of Delivery	This variable describes how clients are grouped and the intervention delivered during each session. Project START is designed to be delivered to one person at a time. Choose “Individual.”
F11	Delivery Method	This variable describes how the intervention is delivered. Project START is designed to be delivered face to face. Choose “In person” (code 01.00). Other modes of delivery can also be selected
F14	Level of Data Collection	This variable indicates whether individual or aggregate level data will be collected during the Project START session. For Project START, “Individual,” code 1 should be selected since you are collecting client-specific information, such as a date of birth or risk profile, from each of your clients.

**Table F: Optional Variables**

F10	Activity	PEMS allows you to select some components that you plan to be part of Project START. By including activities in the intervention characteristics you will be able to compare what you planned with what actually happens. The following activities could be included: Code 03.00 HIV Testing; Code 04.00, Referral; Code 05.00 Personalized risk assessment; Code 11.15 Code 11.19 Discussion-Decision-making; Availability of social services; Code 11.18 Discussion-Negotiation/Communication; Code 09.01; Demonstration -Condom use; Code 13.01 Distribution-Male Condoms; Code 13.07 Distribution-Referral Lists; Code 11.15; Code 88-Other (specify) <b>Note:</b> Review the full list in the NHM&E DVS to determine which activities should be included.
F15	Duration of Intervention Cycle	Enter the time over which the predetermined number of sessions that comprise the intervention is to be delivered. If you chose “ongoing” for F07 (Planned Number of Cycles), this variable is not applicable.

Module: Program Information  
Sub-module: Intervention Details



**Client Level Services Module**

The Client Level Services module in PEMS allows you to capture information about recruitment, demographics, and risk profile of each Project START client. You can also capture information about each Project START session, including which program staff led the session and activities that were completed in the session. As clients progress through Project START, you can enter updated risk profiles for each client. Use the following guidance when completing the information from the following data tables in the Client Level Services module.

**Table G1 and G2:** Demographics and Risk Profile sub-modules, respectively

Demographic information and a risk profile must be entered for every client who participates in Project START. Please note that demographic and risk behavior information may be captured on your Intake and HIV/STI/Hepatitis Risk Assessment forms. These forms should be used when entering client information into PEMS. When client information is entered, it is linked to the program, program model, and intervention that was created.

The following table provides guidance on selecting NHM&E Variables and Values you should use to enter client demographic and risk profile information in PEMS.

NHM&E DVS Variable#	Variable Name	Guidance
<b>Table G1: Client Characteristics — Demographics</b>		
G101	Date Collected	Enter the date you collected client demographic data
G102	PEMS Client Unique Key	PEMS automatically generates a unique ID. If you use locally generated IDs, you can enter them as well (optional variable G103.)
G112	Date of Birth- Year	Enter the year in which the client was born. Note that there are optional variables for the client’s day and month of birth.
G114	Ethnicity	Enter the client’s self report of whether they are of Hispanic or Latino origin, using standard OMB codes.
G116	Race	Enter the client’s self-reported race, using standard OMB race codes for the value choices. More than one value can be selected.
G120	State/Territory of Residence	Enter the state, territory, or district where the client is living at the time of intake.
G123	Assigned Sex at Birth	Enter the biological sex assigned to the client at birth (i.e., noted on the birth certificate).
G124	Current Gender Identity	Enter the client’s self-reported gender identity

Module: Client Level Services  
Sub-module: Interventions



NHM&E DVS Variable#	Variable Name	Guidance
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**Table G1: Optional Variables**

G103	Local Client Unique Key	You may use this field to enter client IDs you generate and utilize locally.
G105	Last Name	You may use these fields to enter the client’s name or nickname, to identify the client more readily.
G106	First Name	
G107	Middle Initial	
G108	Nickname	
G109	Aliases	
G110	Date of Birth - Month	Enter the calendar month in which the client was born.
G111	Date of Birth - Day	Enter the calendar day on which the client was born.
G 128 – G 136	Locating Information	These variables can be used to capture the address and phone number of the client upon release.

**Table G2: Client Characteristics—Risk Profile**

G200	Date Collected	Enter the date client risk profile data are collected.
G204	Previous HIV Test	Enter the client’s self report of whether or not he/she has had at least one HIV test before the day the risk profile data were collected.
G205	Self Reported HIV Test Result	This variable captures the client’s self reported HIV test result from his/her most recent HIV test.
G208	In HIV Medical Care/ Treatment (only if HIV+)	If a client reports having tested HIV positive, his/her self-report of whether or not he/she is receiving HIV medical care and treatment.
G209	Pregnant (only if female)	For female clients who have tested HIV positive, this variable captures her self reported pregnancy status.
G210	In Prenatal Care (only if pregnant)	If a woman is pregnant and HIV positive, her self-report of whether she is receiving regular health care during pregnancy.
G211	Client Risk Factors	You should select all activities the client has been involved in during the last year that could potentially put him/her at risk for HIV exposure and/or transmission. These include: injection drug use, sex with transgender, sex with female, sex with male, no risk identified, not asked, refused to answer, other (specify).
G212	Additional Client Risk Factors	If a client’s risk factors include sexual activity, this variable allows for the entry of additional risk factors that can further describe the client’s sexual risk for HIV exposure. There are 12 values to choose from.
G213	Recent STD (Not HIV)	This variable captures the client’s self-reported or laboratory confirmed status of having been diagnosed with syphilis, gonorrhea, or chlamydia.

Module: Client Level Services  
Sub-module: Interventions

Module: Client Level Services  
Sub-module: Risk Profile



NHM&E DVS Variable#	Variable Name	Guidance
<b>Table G2: Optional Variables</b>		
G201	Incarcerated	This variable captures whether or not the client is or has been imprisoned (in jail or a penitentiary) in 12 months prior to data collection. For Project START clients, choose "Yes."
G202	Sex Worker	This variable indicates whether the client derived some or part of his/her income from engaging in sexual intercourse in the 12 months prior to data collection.
G203	Housing Status	This variable captures the client's type(s) of living arrangement(s) in the 12 months prior to data collection. For Project START clients, choose housing option(s) that are appropriate, including "04-correctional facility."
G207	Date of First HIV Positive Test (only if HIV positive)	This variable captures the self-reported date of the client's first positive HIV test.
G210a	Local Recall Period	The default recall period (time that a client is asked to recall his/her risk behaviors) is 12 months. If you use a different recall period locally, you can indicate that period here and capture all of the risk indicators for both the default and local recall periods.
G214	Injection Drugs/ Substances	This variable allows you to indicate which drugs/substances the client reports having injected during the recall period.

**Table H:** (Client Intervention Characteristics), **Table LV** (Local Variables), and **Table X7** (Referrals)

Once a client has participated in a Project START session, information about that session will be entered into PEMS. Once the client and Project START program are chosen, PEMS will prompt for recruitment details, entry of which worker led the session, where and how the session was delivered, and what activities were included in the session. PEMS will generate a list of the planned activities, allow choice of those that were completed, and add any activities that were entered as delivered but not originally planned for the session. If a referral is made, a referral activity can be chosen and referral details, including the outcome, tracked.



**Client Session Information**

NHM&E DVS Variable#	Variable Name	Guidance
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**Table H: Client Characteristics — Demographics**

H01/H01a	Intervention ID/ Name	Select the intervention name that you created for Project START in the Program Information module (F02a/F02, Intervention Name/ID).
H03	Cycle	Indicate the cycle number for the particular cycle of the intervention.
H05	Session Number	Indicate the session number within a particular cycle about which data are being entered for the client.
H06	Session Date – Month/Day/Year	Enter the date in which the session was delivered to the client.
H10	Site Name/ID	Enter the official name of your agency’s site where Project START was delivered.
H13	Recruitment Source	This variable allows you to track how clients become aware of and/or entered into the Project START intervention, including an agency referral (internal or external), etc.
H18	Recruitment Source-Service/ Intervention Type	If the client came to you via agency referral, this variable allows you to indicate the type of intervention the client was referred from, such as counseling and testing, outreach, etc.
H20	Activity	This variable (system required for CPEMS users) allows you to capture the activities in which the client participated, and compare the activities provided to those planned. In addition to choosing from planned activities, you can choose activities that were provided but not planned to be delivered. You may choose to select “not collected” if you do not capture this type of information.
H21	Incentive Provided	This variable captures whether the client received any type of compensation for his/ her time and participation in the session.
H22	Unit of Delivery	This variable captures whether the session was provided to one person at a time, to a couple, or to a group. For Project START, the code 01, “Individual” should be selected.
H23	Delivery Method	This variable captures how the session was delivered. For Project START, Code 01.00, “In Person” should be selected. Additional modes of delivery can also be selected.

Module: Client Level Services  
Sub-module: Interventions

Additionally, if you wish to capture specific activities that are not part of the existing NHM&E DVS, PEMS allows you to define up to 32 local variables and value choices. These data can be entered into PEMS at the time you enter information about a session that was delivered to a client. The following table provides guidance on selecting NHM&E Variables and Values that should be used to capture all client-session information, including referrals and the development of local variables in PEMS.



NHM&E DVS Variable#	Variable Name	Guidance
<b>Table H: Optional Variables</b>		
H02	Intended Number of Sessions	This variable should be entered at the first Project START session. Enter the total number of sessions intended for this cycle of Project START, depending on the needs of the client.
H109	Worker ID	This variable allows you to choose from a list of workers to indicate the program staff member who delivered the Project START session. Workers must be entered into the Agency Information module, Workers sub-module, to appear on the list. If you complete this variable, you will be able to run reports by program staff on how Project START is being implemented.
LV	Local Variables	Local Variables can be defined by each agency to capture client or session information not otherwise captured in PEMS. These variables are not entered as part of the program plan, but are captured at the time session information is recorded. You can decide what values are stored in these variables and how often these variables should be collected and entered in PEMS. Data can be extracted from Table LV. For Project START, local variables could be used to capture information about the following: <ul style="list-style-type: none"> <li>Record of attainment of X(#) of risk-reduction goals outlined</li> <li>Record of client acting on at least one risk reduction goal</li> <li>Record of program staff's assessment of client's HIV/STI/hepatitis knowledge</li> </ul> Information entered into the local variable fields may be alphabetic and/or numeric and may be up to 2000 characters per local variable.
LV01-LV32	Local Variables	Local Variables can be defined by each agency to capture client or session information not otherwise captured in PEMS. These variables are not entered as part of the program plan, but are captured at the time session information is recorded. For <b>Connect</b> , local variables could be used to capture information about whether or not a client <ul style="list-style-type: none"> <li>completed a readiness assessment</li> <li>developed and/or achieved a risk reduction goal with his/her partner</li> <li>has practiced and/or learned the speaker/listener technique</li> <li>completed an RBSA Form.</li> </ul> Information entered into the local variable fields may be alphabetic and/or numeric and may be up to 2000 characters per Local Variable.
<b>Table X7: Referral</b>		
X702	Referral Date	Enter the date on which the referral was made for the client, typically the date of the Project START session.
X703	Referral Service Type	Select the service to which the client was referred. Internal or external referrals to other DEBIs or community-based medical and social services are tracked here.
X706	Referral Outcome	This variable captures the status of the referral and can be updated as more information is gathered. The system will automatically change the outcome to "lost to follow up" if the referral status is "pending" for more than 60 days after the referral date.
X710	Referral Close Date	Enter the date when the outcome of the referral was confirmed or lost to follow-up. The system will automatically close the referral 60 days after the referral date.
<b>Table X7: Referral</b>		
X701 or X701a	PEMS Referral Code or Local Referral Code	The PEMS system can be used to generate a unique referral code that will help to track internal client referrals and referrals to other agencies. This code facilitates tracking the outcome of the referral. A local referral code can also be used.
X705	Referral Follow-up	This variable captures the method that will be used to verify that the client accessed the services that he or she was referred to. It may be an active or passive referral, or there may be no plan to follow-up on the referral. In this case, you should choose "none." If "none" is selected, the reason for no follow-up on the referral should be recorded in the Referral Notes section: X711.

Module: Client Level Services  
Sub-module: InterventionsModule: Client Level Services  
Sub-module: Referral

**TIP****Setting Up Session Activities for Project START in PEMS:**

If you wish to capture specific activities that are not part of the existing NHM&E DVS, PEMS allows you to define up to 32 local variables and value choices. Data entered into this field may be alphabetic and/or numeric and may be up to 2000 characters. These data can be entered into PEMS at the time you enter information about a session that was delivered to a client. Your NHM&E Technical Assistance Provider can provide more information about how to do this.

PEMS does not include activities for some components of START sessions, including but not limited to the following:

- Client report of implementation of risk reduction step
- Assessment of client's HIV/STI/hepatitis prevention knowledge

Tracking of these components is not part of the required NHM&E variables or CDC performance indicators, but is an important part of local M&E. These components may be captured through use of local variables or through a complementary tracking database such as the *Project START Tools for Analysis* (Tool 13).

### ***Program Monitoring via PEMS***

Reports can be run on client level data that allow you to see how many Project START clients have completed all the Project START sessions, which program activities they have engaged in, and how their risk profile has changed over time.

### ***Obtaining Data from the PEMS Software***

Data can be obtained from PEMS in two ways:

- ➔ Requests can be made to extract specified datasets from a particular PEMS table or set of tables including Table LV (Local Variables) for specified time periods from PEMS. Data extracts from the PEMS database can be opened and viewed in Microsoft Excel. These data can then be imported into a statistical software program like SAS, STATA, or SPSS for further analysis. The *PEMS User Manual* provides guidance on how to request, download, and view data extracts.



➔ Pre-defined PEMS reports can be generated on specific data elements that are relevant for Project START M&E such as:

- The demographic and risk characteristics of Project START clients
- Details on session activities delivered by program staff
- Details on referrals made by program staff and their outcomes
- START sessions with incomplete information in PEMS

### *Project START Components Not Captured In PEMS*

The following Project START M&E tools have some data that will need to be entered in a database other than PEMS.

- Tool 5: *Project START Monitoring and Evaluation Checklist*
- Tool 6: *Assessing Barriers to Reaching and Retaining Clients - Sample Questions for Clients and Staff*
- Tool 7: *Client Contact Tracking Log*
- Tool 8: *Staff Supervision Log*

### Chapter 5 Summary

This chapter described:

- An introduction to the National HIV Prevention Program Monitoring and Evaluation Variables and Values (NHM&E DVS)
- Preparing your agency for implementing NHM&E at your agency
- Data entry of the Project START intervention into PEMS
- Using data from PEMS to inform your M&E activities







# APPENDICES

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## Tool 1: Project START Behavior Change Logic Model

**Why use tool:** To illustrate the overall problem that is addressed by the program/ intervention and clarify which activities are essential to create the assumed outcomes (behavior change) of the Project START intervention. It assists in the development of evaluation questions and objectives.

**When to administer:** During the development of your M&E plan and throughout M&E activities.

**Administered by:** Evaluation team

**Special instructions:** Reflect on the logic model throughout the life of the program in order to be sure that it reflects any changes in the essential activities and the primary outcomes that are desired.



*Project START – Behavior Change Logic Model*

Problem Statement	Activities	Outcomes		
<p>Individuals released from correctional settings engage in sexual and drug use behaviors that put them at risk to acquire or transmit HIV/STIs/ hepatitis because of the following behavioral determinants:</p>	<p>Tasks necessary to address behavioral determinants are:</p>	<p>Expected changes as a result of activities targeting behavioral determinants include:</p>		
<p>Low perception of risk Lack of risk reduction knowledge and skills Unable to prioritize HIV/STI/hepatitis prevention until other life issues such as mental health, substance abuse, housing and employment, have been addressed</p>	<p><b>2 Sessions Pre-Release</b> Assess HIV/STIs/hepatitis knowledge Provide information on transmission &amp; risk of HIV/STIs/hepatitis Discuss personal risk behaviors Develop individual risk reduction (RR) and transitional plans Facilitate behavioral skills practice (communication, problem solving, goal setting, and condom use) Facilitate post-release service referrals for housing, employment, substance abuse treatment, etc.</p>	<p><b>Immediate</b> (e.g., immediately following or within 1-2 weeks of program)</p>	<p><b>Intermediate</b> (e.g., 1, 3, or 6 months following program)</p>	<p><b>Long-Term:</b></p>
	<p><b>4 Sessions Post-Release</b> Provide ongoing risk behavior and goal assessment/revision Provide ongoing transitional goal assessment/revision Problem-solve to overcome barriers and capitalize on facilitators Provide ongoing availability of resource materials, including condoms and lubricants Acknowledge and support accomplishments Facilitate service referrals to ongoing community services as needed</p>	<p>Realistic perception of personal risk to acquire or transmit HIV/STIs/hepatitis enhanced Knowledge of RR strategies increased Goal setting, problem solving, and communication skills increased Knowledge of community resources increased HIV/STIs/hepatitis testing increased Intention to reduce risky sexual and drug use behaviors increased Intention to engage in safer sex and/or needle use behaviors increased</p>	<p>Increased utilization of community-based services Improved life circumstances (e.g., housing, employment, substance abuse, and mental health treatment) Increased time in community following incarceration/ decreased recidivism Decrease in unprotected vaginal/anal sex with any partner; with riskier partner(s) Decrease in substance abuse and related risk behaviors Increased condom use and safer injection practices</p>	<p>Reduction in risky sexual and drug use behaviors Reduction of HIV/STIs/hepatitis incidence or transmission</p>

**Conceptual Framework: Client-Centered Incremental Risk Reduction**



## Tool 2: Sample Project START SMART Objectives

**Why use tool:** To be able to view your SMART objectives in a list format

**When to administer:** During the development and implementation of your M&E plan

**Administered by:** Evaluation team

**Special instructions:** Adapt the SMART objectives to your agency- specific M&E plan and refer to them often to be sure they are up-to-date



### Sample SMART Objectives for Project START

*This tool provides sample SMART objectives specific to Project START. The samples below should be tailored to meet your agency's implementation of Project START.*

#### Assumptions

- Project START is appropriate for agency, correctional setting, and target population(s).
- If Project START is replicated with fidelity, similar outcomes to those realized under study conditions can be assumed when core elements are retained.
- Using formative evaluation methods, your agency has already identified key characteristics that need to be adapted to reflect target population, setting and resources, and has sought Project Officer approval as needed.
- Project START is an evidence-based HIV/STI/hepatitis risk reduction program for people returning to the community after incarceration.

#### Process Objectives—To determine if Project START was implemented as intended

##### Pre-Implementation Objectives:

Has a monitoring and evaluation plan been developed?

1. By (date), the Project START team will develop a monitoring and evaluation plan.

Do staff have the appropriate training and skills to implement Project START?

2. By (date), all staff hired will have appropriate training (HIV/STI/hepatitis prevention) and familiarity with specific needs of target population (correctional facility, safety, and program training).

Has a community resource guide been developed?

3. By (date), a community resource guide will be developed that is tailored to the needs of incarcerated individuals returning to the community.

##### Full Implementation Objectives:

Did we enroll the number of clients that we expected to enroll?

4. X number of clients will be enrolled during each specified time period by completing at least one Project START session.



Did we reach the target population we intended to reach?

5. As assessed (yearly, quarterly, monthly, etc.), X percent of enrolled clients will meet the established eligibility criteria.

Are problems with implementation being addressed?

6. On a X (yearly, quarterly, monthly, etc.) basis, obtain feedback from clients and staff to assess barriers to reaching and retaining the target population in the intervention.

Is the program being implemented as planned?

7. As assessed (yearly, quarterly, monthly, etc.), X percent of enrolled clients will complete all six program sessions.
8. As assessed (yearly, quarterly, monthly, etc.), X percent of clients transitioning back to the community from a correctional setting will have completed the enrollment process plus two Project START program sessions within 60 days before release.
9. As assessed (yearly, quarterly, monthly, etc.), X percent of discharged clients will have completed four post-release sessions within three months after release.
10. As assessed (yearly, quarterly, monthly, etc.), an average of at least X number of Session One objectives will be completed.
11. As assessed (yearly, quarterly, monthly, etc.), an average of at least X number of Session Two objectives will be completed.
12. As assessed (yearly, quarterly, monthly, etc.), an average of at least X number of Session Three objectives will be completed.
13. As assessed (yearly, quarterly, monthly, etc.), an average of at least X number of Session Four objectives will be completed.
14. As assessed (yearly, quarterly, monthly, etc.), an average of at least X number of Session Five objectives will be completed.
15. As assessed (yearly, quarterly, monthly, etc.), an average of at least X number of Session Six objectives will be completed.
16. As assessed (yearly, quarterly, monthly, etc.), X percent of discharged clients will have had the same staff member conduct all of his/her pre-release and post-release sessions.
17. As assessed (yearly, quarterly, monthly, etc.), X percent of clients who have completed Session 1 will have developed a client-centered incremental risk reduction plan in partnership with program staff.



18. As assessed (yearly, quarterly, monthly, etc.), X percent of client sessions will be conducted using assessment and documentation tools (including Problem Solving Worksheet, Goal Setting Worksheet, Condom Use Flowchart, Breaking the Chain Diagram, Decision Making Worksheet, and Communication Role Plays).
19. As assessed (yearly, quarterly, monthly, etc.), condoms will be given to clients at X percent of post-release sessions.
20. As assessed (yearly, quarterly, monthly, etc.), X percent of clients were actively contacted (individual-based outreach) by their assigned program staff member on a (weekly, bi-monthly, etc.) basis.

Are quality assurance activities being completed?

21. As assessed (yearly, quarterly, monthly, etc.), program managers will provide feedback on client sessions delivered to X percent of Project START program staff.

***Outcome Objectives—To determine if Project START has its intended effect on the***

Did clients' perception of personal risk to acquire and/or transmit HIV/STIs/hepatitis change?

22. By Session Three, clients' personal risk perception of acquiring and/or transmitting HIV will increase.
23. By Session Three, clients' personal risk perception of acquiring and/or transmitting STIs (other than HIV) will increase.
24. By Session Three, clients' personal risk perception of acquiring and/or transmitting hepatitis will increase.

Did clients' knowledge of available risk reduction strategies increase?

25. By Session Three, clients will be more knowledgeable about strategies that they could use to reduce their risk.

Did clients' increase their skills around goal setting, problem solving, and communication?

26. By Session Three, clients will be more confident in their ability to set realistic and achievable goals.
27. By Session Three, clients will be more confident in their ability to identify solutions to problems that are barriers to personal goals.
28. By Session Three, clients will be more confident in their ability to effectively communicate with others in order to achieve personal goals.

Did clients' knowledge of available community resources increase?

29. By Session Three, clients will be more knowledgeable about community resources that are available to them.



Did the number of clients who were tested for HIV/STIs/hepatitis increase?

- 30. By Session X, there will be an increased number of clients who have been tested for HIV.
- 31. By Session X, there will be an increased number of clients who have been tested for STIs (other than HIV).
- 32. By Session X, there will be an increased number of clients who have been tested for hepatitis.

Did clients' intention to engage in safer sex and/or safer needle use behaviors increase?

- 33. By Session Three, clients will increase their intention to engage in safer sex behaviors (if applicable).
- 34. By Session Three, clients will increase their intention to engage in safer needle use behaviors (if applicable).

Did clients take steps toward achieving risk reduction goals?

- 35. By the end of each (time frame), discharged clients will achieve at least X number of their risk-reduction goals.

Have clients' transitional needs been met?

- 36. By the end of each (time frame), transitional needs will be assessed at X percent of client program sessions.

Have clients accessed referrals made to community based services?

- 37. By end of each (time frame), X percent of referrals made to community-based services were accessed.

Have clients increased their time in the community following incarceration (decreased recidivism)?

- 38. By the end of each (time frame), X percent of clients were not re-incarcerated (while enrolled in program).



### Tool 3:

## Sample Project START Data Planning Matrix

**Why use tool:** To organize your M&E plan

**When to administer:** During the development and implementation of your M&E plan

**Administered by:** Evaluation team

**Special instructions:** Adapt this tool to your agency-specific evaluation questions, SMART objectives, and data sources/tools to reflect your chosen time frames and staff task designation.



## A Tool 3: Sample Project START Data Planning Matrix

SMART Objective	Measure/ Indicator	Data Source	Data Collection:	Data Management:	Data Analysis:
<i>Staff Responsible and Time Frame</i>					
<b>Process M&amp;E Question 1: Has a monitoring and evaluation plan been developed?</b>					
By (date), the Project START team will develop a monitoring and evaluation plan.	Completed monitoring and evaluation plan (Yes or No)	<i>Project START Monitoring and Evaluation Checklist</i>			
<b>Process M&amp;E Question 2: Do staff have the appropriate training and skills to implement Project START?</b>					
By (date), all staff hired will have appropriate training (HIV/STI/hepatitis prevention) and familiarity with specific needs of target population (correctional facility, safety, and program training).	All staff hired have appropriate training and skills to implement Project START (Yes or No)	<i>Project START Monitoring and Evaluation Checklist – each staff member added by name w/ Yes or No meeting qualifications</i>			
<b>Process M&amp;E Question 3: Has a community resource guide been developed?</b>					
By (date), a community resource guide will be developed that is tailored to the needs of incarcerated individuals returning to the community.	Completed community resource guide (Yes or No)	<i>Project START Monitoring and Evaluation Checklist</i>			
<b>Process M&amp;E Question 4: Did we enroll the number of clients that we expected to enroll?</b>					
X number of clients will be enrolled during each specified time period by completing at least one Project START session.	# of new clients enrolled during specified time period compared to your projected # of clients	<i>Intake Form (located in Project START Implementation Manual) Attain projected # of clients from your grant proposal</i>			
<b>Process M&amp;E Question 5: Did we reach the target population we intended to reach?</b>					
As assessed (yearly, quarterly, monthly, etc.), X percent of enrolled clients will meet the established eligibility criteria. <b>(CDC Performance Indicator)</b>	# of enrolled clients who meet eligibility criteria/total # of clients enrolled	<i>Intake Form (located in Project START Implementation Manual)</i>			
<b>Process M&amp;E Question 6: Are problems with implementation being addressed?</b>					
On a X (yearly, quarterly, monthly, etc.) basis, obtain feedback from clients and staff to assess barriers to reaching and retaining the target population in the intervention.	Feedback from open-ended questions of a focus group	<i>Assessing Barriers to Reaching and Retaining clients - Sample Questions for Clients and Staff</i>			
<b>Process M&amp;E Question 7: Is the program being implemented as planned?</b>					
As assessed (yearly, quarterly, monthly, etc.), X percent of enrolled clients will complete all six program sessions. <b>(CDC Performance Indicator)</b>	# of enrolled clients who completed all six pre and post release sessions/# of total enrolled clients	<i>Session Completion Forms 1-6 (located in Project START Implementation Manual)</i>			
As assessed (yearly, quarterly, monthly, etc.), X percent of clients transitioning back to the community from a correctional setting will have completed the enrollment process plus two Project START program sessions within 60 days before release.	# of clients who completed enrolment and two pre-release sessions 60 days before release/total # of enrolled clients released from a correctional setting	<i>Session Completion Forms 1-2 (located in Project START Implementation Manual)</i>			
As assessed (yearly, quarterly, monthly, etc.), X percent of clients will have completed four post-release sessions within 3 months after release.	# of clients who completed four post-release sessions within 3 months after release/total # of clients that reach three months post release	<i>Session Completion Forms 3-6 (located in Project START Implementation Manual)</i>			



SMART Objective	Measure/ Indicator	Data Source	Data	Data	Data
			Collection:	Management:	Analysis:
<i>Staff Responsible and Time Frame</i>					
As assessed (yearly, quarterly, monthly, etc.), an average of at least X number of Session One objectives will be completed.	Sum of # of objectives completed in Session Ones during time frame/# of Session Ones completed during time frame	<i>Session #1 Completion Form (located in Project START Implementation Manual)</i>			
As assessed (yearly, quarterly, monthly, etc.), an average of at least X number of Session Two objectives will be completed.	Sum of # of objectives completed in Session Twos during time frame/# of Session Twos completed during time frame	<i>Session #2 Completion Form (located in Project START Implementation Manual)</i>			
As assessed (yearly, quarterly, monthly, etc.), an average of at least X number of Session Three objectives will be completed.	Sum of # of objectives completed in Session Threes during time frame/# of Session Threes completed during time frame	<i>Session #3 Completion Form (located in Project START Implementation Manual)</i>			
As assessed (yearly, quarterly, monthly, etc.), an average of at least X number of Session Four objectives will be completed.	Sum of # of objectives completed in Session Fours during time frame/# of Session Fours completed during time frame	<i>Session #4 Completion Form (located in Project START Implementation Manual)</i>			
As assessed (yearly, quarterly, monthly, etc.), an average of at least X number of Session Five objectives will be completed.	Sum of # of objectives completed in Session Fives during time frame/# of Session Fives completed during time frame	<i>Session #5 Completion Form (located in Project START Implementation Manual)</i>			
As assessed (yearly, quarterly, monthly, etc.), an average of at least X number of Session Six objectives will be completed.	Sum of # of objectives completed in Session Sixes during time frame/# of Session Sixes completed during time frame	<i>Session #6 Completion Form (located in Project START Implementation Manual)</i>			
As assessed (yearly, quarterly, monthly, etc.), X percent of discharged clients will have had the same staff member conduct all of his/her pre-release and post-release sessions.	# of discharged clients who had the same staff member conduct each of their program sessions/ total # of discharged clients	<i>Session #1-6 Completion Forms (located in Project START Implementation Manual)</i>			
As assessed (yearly, quarterly, monthly, etc.), X percent of clients who have completed Session 1 will have developed a client-centered incremental risk reduction plan in partnership with program staff.	# of clients who developed a risk reduction plan in Session 1/total # of enrolled clients who have completed Session 1	<i>Session #1 Completion Form (located in Project START Implementation Manual)</i>			
As assessed (yearly, quarterly, monthly, etc.), X percent of client sessions will be conducted using assessment and documentation tools (including Problem Solving Worksheet, Goal Setting Worksheet, Condom Use Flowchart, Breaking the Chain Diagram, Decision Making Worksheet, and Communication Role Plays).	# of client sessions where assessment and documentation tools are utilized/total # of clients sessions completed	<i>Transitional Needs Assessment and Session #1-6 Completion Forms (located in Project START Implementation Manual)</i>			
As assessed (yearly, quarterly, monthly, etc.), condoms will be given to clients at X percent of post-release sessions.	# of client post-release sessions where condoms are distributed to clients / total # of client post-release sessions completed	<i>Transitional Needs Assessment and Session #1-6 Completion Forms (located in Project START Implementation Manual)</i>			
As assessed (yearly, quarterly, monthly, etc.), X percent of clients were actively contacted (individual-based outreach) by their assigned program staff member on a (weekly, bi-monthly, etc.) basis.	# of enrolled clients that were contacted by their assigned program staff member on a X basis during specified time frame/total # of enrolled clients during specified time frame	<i>Client Contact Log</i>			
<b>Process M&amp;E Question 8: Are quality assurance activities being completed?</b>					
As assessed (yearly, quarterly, monthly, etc.), program managers will provide feedback on client sessions delivered to X percent of Project START program staff.	# of staff who receive supervision during determined time frame/total # of program staff	<i>Staff Supervision Log</i>			



## A Tool 3: Sample Project START Data Planning Matrix

SMART Objective	Measure/ Indicator	Data Source	Data Collection:	Data Management:	Data Analysis:
			Staff Responsible and Time Frame		
<b>Outcome Monitoring Question 1: Did clients' perception of personal risk to acquire and/or transmit HIV/STIs/hepatitis change?</b>					
By Session Three, clients' personal risk perception of acquiring and/or transmitting HIV will increase.	Difference between responses on pre-survey and post-survey	<i>Project START Pre/Post Survey Bank of Questions: a question that assesses "personal risk perception of acquired and/or transmitting HIV"</i>			
By Session Three, clients' personal risk perception of acquiring and/or transmitting STIs (other than HIV) will increase.	Difference between responses on pre-survey and post-survey	<i>Project START Pre/Post Survey Bank of Questions: a question that assesses "personal risk perception of acquired and/or transmitting STIs (other than HIV)"</i>			
By Session Three, clients' personal risk perception of acquiring and/or transmitting hepatitis will increase.	Difference between responses on pre-survey and post-survey	<i>Project START Pre/Post Survey Bank of Questions: a question that assesses "personal risk perception of acquired and/or transmitting hepatitis"</i>			
<b>Outcome Monitoring Question 2: Did clients' knowledge of available risk reduction strategies increase?</b>					
By Session Three, clients will be more knowledgeable about strategies that they could use to reduce their risk.	Difference between responses on pre-survey and post-survey	<i>Project START Pre/Post Survey Bank of Questions: a question that assesses "knowledge about strategies that can be used to reduce risk"</i>			
<b>Outcome Monitoring Question 3: Did clients' increase their skills around goal setting, problem solving and communication?</b>					
By Session Three, clients will be more confident in their ability to set realistic and achievable goals.	Difference between responses on pre-survey and post-survey	<i>Project START Pre/Post Survey Bank of Questions: a question that assesses "confidence in ability to set realistic and achievable goals"</i>			
By Session Three, clients will be more confident in their ability to identify solutions to problems that are barriers to personal goals.	Difference between responses on pre-survey and post-survey	<i>Project START Pre/Post Survey Bank of Questions: a question that assesses "confidence in ability to identify solutions to problems that are barriers to personal goals"</i>			
By Session Three, clients will be more confident in their ability to effectively communicate with others in order to achieve personal goals.	Difference between responses on pre-survey and post-survey	<i>Project START Pre/Post Survey Bank of Questions: a question that assesses "confidence in ability to identify solutions to problems that are barriers to personal goals"</i>			
<b>Outcome Monitoring Question 4: Did clients' knowledge of available community resources increase?</b>					
By Session Three, clients will be more knowledgeable about community resources that are available to them.	Difference between responses on pre-survey and post-survey	<i>Project START Pre/Post Survey Bank of Questions: a question that assesses "knowledge about available community resources"</i>			
<b>Outcome Monitoring Question 5: Did the number of clients who were tested for HIV/STIs/hepatitis increase?</b>					
By Session X, there will be an increased number of clients who have been tested for HIV.	Difference between responses on pre-survey and post-survey	<i>Project START Pre/Post Survey Bank of Questions: a question that assesses "number of clients who have been tested for HIV"</i>			
By Session X, there will be an increased number of clients who have been tested for STIs (other than HIV).	Difference between responses on pre-survey and post-survey	<i>Project START Pre/Post Survey Bank of Questions: a question that assesses "number of clients who have been tested for STIs (other than HIV)"</i>			
By Session X, there will be an increased number of clients who have been tested for hepatitis.	Difference between responses on pre-survey and post-survey	<i>Project START Pre/Post Survey Bank of Questions: a question that assesses "number of clients who have been tested for hepatitis"</i>			



SMART Objective	Measure/ Indicator	Data Source	Data	Data	Data
			Collection:	Management:	Analysis:
Staff Responsible and Time Frame					
<b>Outcome Monitoring Question 6: Did clients' intention to engage in safer sex and/or safer needle use behaviors increase?</b>					
By Session Three, clients will increase their intention to engage in safer sex behaviors (if applicable).	Difference between responses on pre-survey and post-survey	<i>Project START Pre/Post Survey Bank of Questions: a question that assesses "intention to engage in safer sex behaviors"</i>			
By Session Three, clients will increase their intention to engage in safer needle use behaviors (if applicable).	Difference between responses on pre-survey and post-survey	<i>Project START Pre/Post Survey Bank of Questions: a question that assesses "intention to engage in safer needle use behaviors"</i>			
<b>Outcome Monitoring Question 7: Did clients take steps toward achieving risk reduction goals?</b>					
By the end of each (time frame), discharged clients will achieve at least X number of their risk-reduction goals.	# of discharged clients who achieved at least X number of their risk-reduction goals/ total # of discharged clients	<i>Discharge Summary Form</i>			
<b>Outcome Monitoring Question 8: Have clients' transitional needs been met?</b>					
By the end of each (time frame), transitional needs will be assessed at X percent of client program sessions.	# of client sessions where transitional needs were assessed/ # of program sessions 2-6 that were conducted during specified time frame	<i>Transitional Needs Assessment (located in Project START Implementation Manual)</i>			
<b>Outcome Monitoring Question 9: Have clients accessed referrals made to community-based services?</b>					
By end of each (time frame), X percent of referrals made to community-based services were accessed.	# of community based service referrals that were accessed by clients/total # of referrals made during specified time frame	<i>Referral Tracking Form</i>			
<b>Outcome Monitoring Question 10: Have clients increased their time in the community following incarceration (decreased recidivism)?</b>					
By the end of each (time frame), X percent of clients were not re-incarcerated (while enrolled in program).	# of discharged clients that were re-incarcerated while in program/ total # of discharged clients	<i>Discharge Summary Form</i>			



## Tool 4: Data Planning Matrix Template

**Why use tool:** In order to have a template as guide to begin developing your own agency/ program specific Data Planning Matrix

**When to administer:** During the development of your evaluation plan and then revised as necessary throughout the life of the program

**Administered by:** Evaluation team

**Special instructions:** Feel free to change the format or structure of this matrix as much as you feel is necessary. In other words, if you would like to add an extra column to capture other information, please do so. For instance, you may want a column to indicate whether or not the objective was met.



SMART Objective	Measure/ Indicator	Data Source	Data Collection:	Data Management:	Data Analysis:
<i>Staff Responsible and Time Frame</i>					
<b>Process M&amp;E Question 1:</b>					
<b>Process M&amp;E Question 2:</b>					
<b>Process M&amp;E Question 3:</b>					
<b>Process M&amp;E Question 4:</b>					



**A Tool 4: Data Planning Matrix Template**

SMART Objective	Measure/ Indicator	Data Source	Data Collection:	Data Management:	Data Analysis:
<i>Staff Responsible and Time Frame</i>					
<b>Outcome Monitoring Question 1:</b>					
<b>Outcome Monitoring Question 2:</b>					



## Tool 5:

### Project START Monitoring and Evaluation Checklist

**Why use tool:** The M&E checklist provides a summary of pre-implementation tasks that need to be monitored for M&E purposes, as well as tasks that should be tracked that are associated with developing your M&E plan. This tool can be used to create a work plan to track development of the M&E plan.

**When to administer:** During the development of your M&E plan

**Administered by:** Program Manager

**Special instructions:** Adapt this tool to your agency-specific needs and M&E related tasks.



**A Tool 5: Project START Monitoring and Evaluation Checklist**

Activity	Achieved	Progress (if not completed)	Comments
<b>Pre-Implementation</b>			
Hire program staff with training in HIV/STI/hepatitis education.	Yes No N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Hire program staff with correctional facility, program safety, and program training Staff Name _____ Staff Name _____ Staff Name _____ Staff Name _____ Staff Name _____ Staff Name _____ Staff Name _____	Yes No N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Develop a tailored community resource guide.	Yes No N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>		
<b>Developing a Monitoring and Evaluation Plan</b>			
Engage Stakeholders.	Yes No N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Develop a logic model.	Yes No N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Develop evaluation questions.	Yes No N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Write SMART objectives.	Yes No N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Complete a Data Planning Matrix with your evaluation questions, objectives, measures, etc. (including questions, objectives, etc. related to quality assurance).	Yes No N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Develop and/or revise data collection tools.	Yes No N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Identify staff and time frame for data collection, management, and analysis.	Yes No N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Develop a data management plan to guide data collection, management, and analysis.	Yes No N/A <input type="radio"/> <input type="radio"/> <input type="radio"/>		



## Tool 6:

### Assessing Barriers to Reaching and Retaining Clients – Sample Questions for Clients and Staff

**Why use tool:** To attain feedback from both clients and staff members on possible barriers to reaching, enrolling, and retaining Project START clients.

**When to administer:** At any point when the Project START staff feels that this assessment is needed

**Administered by:** Program Manager

**Special instructions:** The utilization of this tool and its questions are completely optional. These are sample questions that can be adapted for use in either a focus group or on a written survey or both.



### Assessing Barriers to Reaching and Retaining Clients – Sample Questions for Clients and Staff

*In order to assess barriers to reaching and retaining clients, your agency may choose to conduct focus groups, perform in-depth interviews, and/or give out surveys/questionnaires to clients and/or staff. Regardless of which data collection method you use, here is a list of questions that you may ask to gain insight into what barriers may exist in reaching and retaining clients in Project START. You may use as few or as many questions as you would like from this list. Additionally, please feel free to change or add to these questions as necessary for your specific data collection needs.*

#### Potential Questions for Clients:

Where and from whom did you first hear about Project START?

What made you interested in enrolling in Project START?

What were some concerns that you had about enrolling in Project START?

Are you comfortable with Project START meeting times in the correctional facility (or the program space)?

What is your primary means of transportation?

Do you find it difficult to get Project START sessions? Why? (Are the times we offer sessions convenient?)

Do you think that the location where you first met the Project START program staff is the best location to identify/reach people who may benefit from this program?

Why do you think people would choose not to enroll in Project START? (Why do you think they would drop out of the program?)

#### Potential Questions for Staff:

What are the primary methods of recruitment of your clients?

Do you feel that there are other ways that your agency should be recruiting clients? (Why? Why not?)

What are the reasons that clients give you if they do not attend a session with you?

Why do eligible clients choose to enroll in Project START? (Why do they decline to enroll?)

Are there any circumstances (confidentiality issues, staff-turnover, security incidents) in the correctional facility that affect the program's progress?

Is your agency/staff open to creating new solutions when faced with sudden challenges?



## Tool 7:

### Client Contact Tracking Log

**Why use tool:** To document all attempted and successful contact with potential and/or enrolled Project START clients. Use of this tool will provide information necessary to answer the SMART objective related to whether or not program staff have attempted to regularly contact Project START clients throughout the course of the intervention.

**When to administer:** From recruitment of the client into Project START and throughout the course of the intervention

**Administered by:** Project START program staff

**Special instructions:** Program staff should use a separate tracking log for each client



**A Tool 7: Client Contact Tracking Log**

*Sample Client Contact Tracking Log*

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

Date	Time	Program Staff	Contact Method	Contact Outcome	Contact Message/Notes
			<input type="radio"/> Phone <input type="radio"/> Letter <input type="radio"/> Email <input type="radio"/> Outreach <input type="radio"/> Other	<input type="radio"/> Reached <input type="radio"/> Did not Reach	
			<input type="radio"/> Phone <input type="radio"/> Letter <input type="radio"/> Email <input type="radio"/> Outreach <input type="radio"/> Other	<input type="radio"/> Reached <input type="radio"/> Did not Reach	
			<input type="radio"/> Phone <input type="radio"/> Letter <input type="radio"/> Email <input type="radio"/> Outreach <input type="radio"/> Other	<input type="radio"/> Reached <input type="radio"/> Did not Reach	
			<input type="radio"/> Phone <input type="radio"/> Letter <input type="radio"/> Email <input type="radio"/> Outreach <input type="radio"/> Other	<input type="radio"/> Reached <input type="radio"/> Did not Reach	
			<input type="radio"/> Phone <input type="radio"/> Letter <input type="radio"/> Email <input type="radio"/> Outreach <input type="radio"/> Other	<input type="radio"/> Reached <input type="radio"/> Did not Reach	



## Tool 7: Staff Supervision Log

**Why use tool:** To document that staff engage in supervision with their respective program manager. Additionally, this tool helps to evaluate how sessions are conducted and if the appropriate documents are being completed.

**When to administer:** Throughout the implementation of Project START

**Administered by:** Program managers

**Special instructions:** This tool can be used by the program manager to carry out necessary quality assurance measures. Each agency will determine the quality assurance activities that are appropriate for their specific Project START program. The Staff Supervision Log documents that the program manager has conducted supervision with the Project START program staff. Each supervision meeting can be recorded as either an one-on-one encounter between the staff member and program manager or as a group supervision meeting with several staff members at one time. This tool can be modified to meet your agency-specific supervision needs.



**Tool 8: Staff Supervision Log**

**Project START – Staff Supervision Log**

**Supervisor Name:** \_\_\_\_\_

**Supervision time frame:** \_\_/\_\_/\_\_-\_\_/\_\_/\_\_

*Use this log to indicate whether or not you have conducted supervision with Project START staff persons. Enter the name(s) of the staff that attend the supervision session in the left column. Enter the date that the supervision occurred in the middle column. Record any issues, solutions to problems, and other relevant information in the notes column. Add new sheets as necessary.*

Counselor Name(s)	Date	Notes



## Tool 9: Referral Tracking Form

**Why use tool:** To document each referral that is given to the client. This form records the type of service that the client was referred to, the plan for follow-up, the actual outcome of the referral, and the referral close date. Additionally, if the client does not access the service he/she was referred to, this document captures why the client did not access the service.

**When to administer:** Each time a referral is given to a client.

**Administered by:** Project START program staff

**Special instructions:** Each referral should have a separate Referral Tracking Form, even if multiple referrals were made within one session.



## Referral Tracking Form

Client Name/ID _____	Date of Referral ____/____/20__	Staff Name _____
----------------------	---------------------------------	------------------

(Fill out 1 form for each referral)

## Referral Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> HIV testing<br><input type="checkbox"/> HIV confirmatory test<br><input type="checkbox"/> HIV prevention counseling<br><input type="checkbox"/> STD screening and treatment<br><input type="checkbox"/> Viral hepatitis screening/treatment<br><input type="checkbox"/> Tuberculosis testing<br><input type="checkbox"/> Syringe exchange services<br><input type="checkbox"/> Reproductive health services<br><input type="checkbox"/> Prenatal care<br><input type="checkbox"/> HIV medical care/evaluation/treatment<br><input type="checkbox"/> IDU risk reduction services<br><input type="checkbox"/> Substance abuse services<br><input type="checkbox"/> General medical care | <input type="checkbox"/> Partner counseling and referral services<br><input type="checkbox"/> Mental health services<br><input type="checkbox"/> CRCS<br><input type="checkbox"/> Other prevention services<br><input type="checkbox"/> Other support services<br><input type="checkbox"/> Employment assistance<br><input type="checkbox"/> Food bank<br><input type="checkbox"/> Case management (e.g., Ryan White, SAMHSA, and Medicaid)<br><input type="checkbox"/> Housing Assistance<br><input type="checkbox"/> Legal Assistance<br><input type="checkbox"/> Child care assistance<br><input type="checkbox"/> Clothing assistance<br><input type="checkbox"/> Other (specify) _____ |
|--|---|

Referral Agency Name \_\_\_\_\_

## Referral Follow-up Plan

- No follow-up - There is no plan to verify that the client accessed this referral.
- Active referral - The referring provider will directly link the client to the service provider or agency.
- Passive referral -The referring provider will confirm the outcome of a referral through information received by the receiving agency.
- Passive referral - The referring provider will confirm the outcome of a referral through information provided by (client verifies) the client.



**Referral Outcome**

- Pending - The referring agency has not yet confirmed whether the client accessed the service to which he or she was referred.
- Confirmed - The referring agency has confirmed whether the client accessed the service to which he or she was referred.
- Confirmed - The referring agency has confirmed that the client had not accessed the service to which he or she was referred.
- Lost to follow-up - Within 60 days of the referral date (referral date < 60), access of the service to which the client was referred can't be confirmed or denied.
- No follow-up - The referral was not tracked to confirm whether the client accessed the referred service.

**Referral Close Date**

- The date the outcome of the referral was confirmed or lost to follow-up. \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Reason referral was not completed**

- |   |  |
|---|--|
| <input type="checkbox"/> No reason/just didn't try/Not interested               | <input type="checkbox"/> No phone/regular address        |
| <input type="checkbox"/> No time/too busy/put it off                            | <input type="checkbox"/> Staff was rude/ insensitive     |
| <input type="checkbox"/> Did not like the agency                                | <input type="checkbox"/> Language barrier                |
| <input type="checkbox"/> Agency hours not good                                  | <input type="checkbox"/> Intake process too complicated  |
| <input type="checkbox"/> Never filled out forms                                 | <input type="checkbox"/> Too long a wait                 |
| <input type="checkbox"/> Not enough info on availability of service or location | <input type="checkbox"/> Missed appointment              |
| <input type="checkbox"/> No transportation                                      | <input type="checkbox"/> Too much trouble / work         |
| <input type="checkbox"/> Tried, but not eligible                                | <input type="checkbox"/> Confidentiality issues          |
| <input type="checkbox"/> Put on hold/complicated voicemail                      | <input type="checkbox"/> Too ill to go                   |
| <input type="checkbox"/> Fear/anxiety   | <input type="checkbox"/> Felt well /did not need service |
| <input type="checkbox"/> Wait list/no appointment soon enough                   | <input type="checkbox"/> Lack of trust in provider       |
| <input type="checkbox"/> Services not at referred agency                        | <input type="checkbox"/> No health Insurance             |
| <input type="checkbox"/> Received incorrect information                         | <input type="checkbox"/> Too expensive                   |
| <input type="checkbox"/> Other (specify) _____                                  |  |



**Tool 9: Referral Tracking Form**

**Other Services Provided**

- Made an appointment for client
- Sat with client while telephoned agency
- Provided general referral agency information
- Provided referral slip
- Provided referral to specific agency/person
- Discussed service options with clients
- Arranged for social worker/case manager to assist
- Provided transportation voucher
- Helped client complete forms
- Provided agency location info/map
- Other (specify) \_\_\_\_\_

**Case Notes**

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**Program Staff Signature** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ /20\_\_



## Tool 10: Discharge Summary Form

**Why use tool:** To collect aggregated data of each program staff's clients. **This form should be used when hand-tallying data.** If using a database, the data can be entered by a program assistant and then sorted and analyzed by staff. This form collects data on the development and achievement of risk reduction goals by clients and their reasons for discharge. This tool has been designed to help program staff summarize discharge data that must be reported for M&E purposes.

**When to administer:** This tool should be used when it is time to summarize/aggregate data related to client discharge for data analysis purposes.

**Administered by:** Project START program staff

**Special instructions:** Each program staff member will need to review their clients' folders and tally the totals in order to complete this form.



<b>Project START Discharge Summary Form</b>	Program staff: _____
	Reporting period: __/__/__ -- __/__/__
	Total number of enrolled START clients: _____

**I. Discharge**

a. How many of your START clients have been discharged during this reporting period? \_\_\_\_\_

b. Of your clients that have been discharged, how many were reincarcerated while in the START program? \_\_\_\_\_

**II. Reasons for Discharge**

Of your START clients that have been discharged during the reporting period, please indicate the number of clients that have been discharged for the following reasons:

Reasons for Discharge	
	Client completed all sessions in the intervention
	Client declined to participate in additional sessions
	Client moved from area
	Lost track of client
	Client in jail
	Client in rehabilitation
	Client in psychiatric care
	Client not seen in __ months
	Deceased
	Other (specify) _____

**III. Risk Reduction Goal Progress and Attainment**

a. Of your discharged clients, how many made progress toward attaining at least X\* (#) risk reduction goals? \_\_\_\_\_ (Refer to Case Notes)

b. Of the clients who have been discharged from START, how many attained at least X\* (#) risk reduction goal? \_\_\_\_\_ (Refer to Case Notes)

\* Indicates that a benchmark/target number should be specified by your agency.



## Tool 11: Sample Data Collection, Management, and Analysis Plan

**Why use tool:** To supply a written plan on how to collect, manage, and analyze the data that is collected for the Project START program. This plan should be written with the intention that any staff member who reads it will then be able to understand the agency's plan for data collection, management, and analysis.

**When to administer:** Throughout the implementation and utilization of results from the Project START M&E plan

**Administered by:** Evaluation team

**Special instructions:** Adapt this tool to your agency-specific data collection, management, and analysis plan.



### *Tool 11: Sample Data Collection, Management, and Analysis Plan*

**Instructions:** This data management plan is for a fictitious agency. This plan **MUST** be adapted to your agency. Your data management plan may also include a plan for formative evaluation, qualitative data, and/or client satisfaction data.

*This sample plan refers to forms that are part of the Project START Implementation Manual and forms included as tools in this field guide.*

#### **Data Collection and Data Entry**

*Data collection of process and outcome variables:* All clients will be assessed for eligibility for Project START. If the client is eligible for Project START, the program staff member will complete the client agreement form, intake, and locator information forms. At the first session, program staff will complete the HIV/STI Risk Assessment form, containing risk behavior information, with the client. After the HIV/STI Risk Assessment and Intake Forms are completed, these data will be entered into PEMS by data entry staff (for agencies using PEMS).

For each session, the counselor will complete the Transitional Needs Assessment Form and Session Notes to capture any special observations, unique situations or areas for follow-up. For M&E purposes Session Completion Forms should also be completed at the end of each session.

At session 1, an incremental risk-reduction plan will be developed, documenting the risk reduction goals that the client makes. The risk-reduction plan will be revisited and updated at EACH client session thereafter.

If a referral is made (either internal or external), it will be documented on the Referral Tracking Form. The referral follow-up plan, referral outcome and referral close date will also be recorded on the Referral Tracking Form, when appropriate. Referral data from this form should be captured in PEMS (for agencies using PEMS).



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#### **TIP**

##### **Data Management Plan and Data Management Protocols**

A data management plan is one component of the data management protocols you'll need to put in place. The data management plan outlines the methods and the responsible party for collecting, entering, storing, and analyzing data and conducting quality assurance. In addition to the data management plan, you will need to establish policies and procedures for storing, transporting, and/or disposing of data; to ensure confidentiality; and to ensure ongoing data quality. (See Data Management section in the Evaluation Capacity Building Guide for more

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*Data collection of Project START quality assurance measures:* On a monthly basis, each counselor will engage in a supervision meeting with their direct supervisor. The Project START Staff Supervision Log will be completed to record that the session occurred and any follow-up that needs to take place with program staff. Additionally, the supervisor and program staff will review client case folders together. Supervisors may use Project START Content and Quality Assurance Checklists for each session to assist them with quality assurance activities. The supervisor will ensure that the appropriate data is being collected on the right forms.

### **Data Cleaning and Data Quality (QA) Measures**

*Data quality:* All administrative staff, program staff, and data entry staff will be trained on how to use all data collection forms and the process for utilizing the forms. Data Entry staff will check the *Project START Tools for Analysis* for completeness and ask program staff to complete any incomplete fields. Monthly QA reports will be run, using PEMS reports function to identify missing data from the database, and every effort will be made to enter missing data from completed forms.

### **Data Analysis**

*Data analysis plan:* At the end of each quarter (or at a time period identified by the agency), each program staff member will complete a Quarterly Report Data worksheet (aggregating their clients' data) and give the form to the program manager. The program manager will then aggregate the data from all program staff members onto one master copy of the Quarterly Report Data worksheet. This aggregated data will provide the numbers (numerators and denominators) needed to perform the calculations that will answer the SMART objectives. These calculations can be performed by entering the data into the Excel SMART Objectives Calculations worksheet or if preferred, by hand.

Only quantitative data can be collected and analyzed using the Quarterly Data Report Form and the Excel SMART Objectives Calculations worksheet. Qualitative data (i.e. answers from open-ended questions) will have to be analyzed using other methods.

Data from the PEMS will be analyzed by the program manager as well.

### **Reporting Data**

Appropriate data from the *Project START Data Analysis Tool* and PEMS will be included in CDC Interim Progress Report and Annual Progress Report.



**Data Utilization for Program Improvement**

Quarterly, data from the PEMS and *CRCS Tools for Analysis* Excel spreadsheet will be shared with all Project START staff. The data will answer the process monitoring questions. Staff will have the opportunity to recognize program objectives that have been met, identify any implementation issues, and discuss ways to improve program implementation during monthly staff meetings.

**Storage and Destruction of Paper Forms**

All forms containing client information will be stored in a locked file cabinet in a locked room. The Program Manager and data entry staff will all have key access to the room and file cabinet. Forms will be stored for a minimum of five years. After five years, they will be destroyed using a paper shredder and discarded.

**Storage and Destruction of Excel Spreadsheets**

All Excel spreadsheets will be password protected and stored on the program manager's desktop computer (not a portable laptop) that is in a locked office. The spreadsheets and computer will be password protected. After five years, all Excel spreadsheets will be deleted.



## Tool 12:

### Project START Pre/Post Survey Bank of Questions

**Why use tool:** To help in the development of a pre/post survey for measuring specific immediate outcomes of Project START (as indicated on the Project START Behavior Change Logic Model).

**When to administer:** Pre-survey should be administered early in the intervention at the client's enrollment session or first session. The post-survey should be administered after the client has participated in the intervention at a time that should be determined by each program; however, it is important that the survey is administered consistently at the same session for all clients.

**Administered by:** START program staff

**Special instructions:** The bank of questions has been provided (versus a completed survey) in order to allow the agency the flexibility to select questions related to outcomes that they may decide to monitor. The immediate outcomes from the logic model informed the outcomes listed down the left-hand column of the tool. The potential survey questions and responses that will assess each outcome are in the middle and right-hand columns of the tool. Average responses from the pre- and post-survey should be entered into the *Project START Tools for Analysis-SMART Objectives Calculations Worksheet* in order to monitor whether there has been a positive change in the immediate outcomes as a result of Project START.



**Project START Pre/Post Survey Bank of Questions**

*This tool provides sample questions to include on a pre/post survey in order to measure change in specific outcomes. You may pick and choose which questions you would like to include on your survey and also may adapt the questions and response options in order to meet your specific program needs.*

*The immediate outcomes from the logic model informed the outcomes listed down the left-hand column. The potential survey questions and responses that will measure each determinant are in the middle and right-hand columns.*

Outcome assessed	Survey Question	Response Options
<b>Personal risk perception of acquiring and/or transmitting HIV</b>	What are the chances that you might catch HIV? Would you say there is no chance, a moderate chance, or a good chance?	<ul style="list-style-type: none"> <li>•No chance</li> <li>•Moderate chance</li> <li>•Good chance</li> <li>•Don't know</li> <li>•Already infected</li> </ul>
	Do you think you have no risk, a small risk, a moderate risk, or a great risk of becoming infected with HIV in the next 12 months?	<ul style="list-style-type: none"> <li>•No risk</li> <li>•Small risk</li> <li>•Moderate risk</li> <li>•Great risk</li> <li>•Already infected</li> <li>•Other (specify) _____</li> <li>•Don't know</li> </ul>
	What is the main reason for the risk category you have indicated above?	<p><b>Choose ONE:</b></p> <ul style="list-style-type: none"> <li>•Abstinent/No sex</li> <li>•Has only one partner</li> <li>•Always use condom</li> <li>•Always use condom with all non-regular partners</li> <li>•Partner is faithful</li> <li>•Can't happen to me</li> <li>•Has multiple partners</li> <li>•Partner is infected</li> <li>•Has unprotected sex</li> <li>•Drug use</li> <li>•Other (specify) _____</li> <li>•Don't know</li> </ul>
<b>Personal risk perception of acquiring and/or transmitting STIs (other than HIV)</b>	What are the chances that you might catch STIs (other than HIV)? Would you say there is no chance, a moderate chance, or a good chance?	<ul style="list-style-type: none"> <li>•No chance</li> <li>•Moderate chance</li> <li>•Good chance</li> <li>•Don't know</li> </ul>
<b>Personal risk perception of acquiring and/or transmitting hepatitis</b>	What are the chances that you might catch hepatitis? Would you say there is no chance, a moderate chance, or a good chance?	<ul style="list-style-type: none"> <li>•No chance</li> <li>•Moderate chance</li> <li>•Good chance</li> <li>•Don't know</li> <li>•Already infected</li> </ul>
<b>Knowledge about strategies that can be used to reduce risk</b>	I am confident in my ability to identify ways that <u>I</u> could avoid getting HIV.	<ul style="list-style-type: none"> <li>•Very confident</li> <li>•Somewhat confident</li> <li>•Not at all confident</li> </ul>
	Have you identified any methods that <u>you</u> could use to avoid getting HIV? If yes, what is the way? (Please feel free to list more than one.)	<ul style="list-style-type: none"> <li>•Yes</li> <li>•No</li> </ul>
	Which of these methods (if any) do you intend to use in the next 12 months? Multiple responses possible. (Probe if other methods are mentioned. )	



Outcome assessed	Survey Question	Response Options
<b>Confidence in ability to set realistic and achievable goals</b>	I am confident in my ability to set realistic goals <u>for myself</u> .	<ul style="list-style-type: none"> <li>•Very confident</li> <li>•Somewhat confident</li> <li>•Not at all confident</li> <li>•Undecided</li> </ul>
	I feel certain that I will set goals for myself in the next two months.	<ul style="list-style-type: none"> <li>•Very certain</li> <li>•Somewhat certain</li> <li>•Not certain</li> <li>Undecided</li> </ul>
	I feel confident that I can achieve my goals.	<ul style="list-style-type: none"> <li>•Very confident</li> <li>•Somewhat confident</li> <li>•Not at all confident</li> <li>•Undecided</li> </ul>
<b>Confidence in ability to identify solutions to barriers to personal goals</b>	There are things that may get in the way of achieving my goals.	<ul style="list-style-type: none"> <li>•True</li> <li>•False</li> <li>•Don't know</li> </ul>
	If true: I feel confident in my ability to find ways to overcome those barriers.	<ul style="list-style-type: none"> <li>•Very confident</li> <li>•Somewhat confident</li> <li>•Not at all confident</li> <li>•Undecided</li> </ul>
<b>Confidence in ability to effectively communicate with others in order to achieve personal goals</b>	<p>How confident are you in your ability to successfully use the following communication skills:</p> <ul style="list-style-type: none"> <li>- Picking a good time to talk (being sure to talk when you both are calm and are sure you will not be interrupted).</li> <li>- Using "I" language (starting a sentence with the letter "I" instead of "you should").</li> <li>- Acknowledging that you hear and understand the other person's point of view, even if you don't agree with it.</li> <li>- Giving a reason to the other person for why you are feeling or saying something.</li> <li>- Using conversation openers (thinking about ways that you can bring up a topic that makes both you and the other person feel more comfortable).</li> <li>- Active listening (staying focused on what the other person is saying and NOT just thinking about what the response is going to be).</li> </ul>	<ul style="list-style-type: none"> <li>•Very confident</li> <li>•Sort of confident</li> <li>•Not confident at all</li> </ul>
<b>Knowledge about available community resources</b>	Do you know of an agency or individual who will help you find housing after you are released?	No Yes (Specify: _____)
	Do you know of an agency or individual who will help you get clothes to wear to job interviews or to work after you are released?	
	Do you know how you will be able to get to and from work after you are released?	
	Do you know how you will be able to get to and from appointments after you are released?	
	Do you know how you will get food after you are released?	
	Do you know where to go for substance abuse treatment after you are released?	
	Do you know who will help you find employment after you are released?	



**A Tool 12: Project START Pre/Post Survey Bank of Questions**

Outcome assessed	Survey Question	Response Options
<b>Number of clients who have been tested for HIV</b>	Have you ever been tested for HIV?	<ul style="list-style-type: none"> <li>•Yes</li> <li>•No</li> <li>•Don't know</li> <li>•Declined to answer</li> </ul>
	When was the last time you were tested for HIV? (If client does not know the exact day, enter the 15 <sup>th</sup> and put the accurate year.)	<ul style="list-style-type: none"> <li>• __/__/____ (MM/YYYY)</li> <li>•Has never been tested</li> <li>•Declined to answer</li> <li>•Don't know</li> </ul>
	What was the HIV test result?	<ul style="list-style-type: none"> <li>•Positive</li> <li>•Negative</li> <li>•Preliminary Positive</li> <li>•Indeterminate</li> <li>•Don't know</li> <li>•Declined to answer</li> </ul>
	At some time in the past, I have had a blood test to determine whether I have been exposed to the virus that causes AIDS.	<ul style="list-style-type: none"> <li>•Yes</li> <li>•No</li> <li>•Don't know</li> </ul>
<b>Intention to get tested for HIV</b>	I intend to get a blood test during the next month to check whether I have the virus that causes AIDS.	<ul style="list-style-type: none"> <li>•True</li> <li>•Undecided</li> <li>•Not true</li> </ul>
<b>Number of clients who have been tested for STIs (other than HIV)</b>	Have you ever been tested for STIs (other than HIV)?	<ul style="list-style-type: none"> <li>•Yes</li> <li>•No</li> <li>•Declined to answer</li> <li>•Don't know</li> </ul>
	If yes, when was the last time you were tested for STIs? (If client does not know the exact day, enter the 15 <sup>th</sup> and put the accurate year.)	<ul style="list-style-type: none"> <li>• __/__/____ (MM/YYYY)</li> <li>•Has never been tested</li> <li>•Declined to answer</li> <li>•Don't know</li> </ul>
	Were you told by a health professional that you had a STI(s)?	<ul style="list-style-type: none"> <li>•Yes</li> <li>•No</li> <li>•Declined to answer</li> <li>•Don't know</li> </ul>
<b>Number of clients who have been tested for hepatitis</b>	Have you ever been tested for any of the following?	<ul style="list-style-type: none"> <li>•Check all that apply:</li> <li>•Hepatitis A</li> <li>•Hepatitis B</li> <li>•Hepatitis C</li> <li>•None</li> <li>•Declined to answer</li> <li>•Don't know</li> </ul>
	If yes to Hepatitis A, what was the result?	<ul style="list-style-type: none"> <li>•Positive</li> <li>•Negative</li> <li>•Don't know</li> <li>•Declined to answer</li> </ul>
	If yes to Hepatitis B, what was the result?	
	If yes to Hepatitis C, what was the result?	



Outcome assessed	Survey Question	Response Options
<p><b>Intention to engage in safer sex behaviors</b></p>	<p>I do not intend to have sex during the three months after I am released:</p>	<ul style="list-style-type: none"> <li>•Very true</li> <li>•True</li> <li>•Somewhat false</li> <li>•False</li> <li>•Undecided</li> <li>•Declined to answer</li> </ul>
	<p>If I have sex during the three months after I am released, I intend to talk about safer sex with my partner(s) before having sex with them.</p>	
	<p>If I have sex during the three months after I am released, I intend to persuade my partner(s) to practice only safer sex (for example, to use latex condoms).</p>	
	<p>I intend to buy latex condoms during the three months after I am released.</p>	
	<p>I intend to always have latex condoms handy during the three months after I am released.</p>	
	<p>During the three months after I am released, I intend to ask my partner(s) to get a blood test to check whether they have the virus that causes AIDS.</p>	
	<p>If I have sex during the three months after I am released, I intend to have my partner(s) and me always use latex condoms.</p>	
<p><b>Intention to engage in safer needle use behaviors</b></p>	<p>I do not intend to inject drugs during the 12 months after I am released.</p>	
	<p>If I inject drugs during the 12 months after I am released, I intend to use new/sterile syringe/needles to prepare and inject drugs.</p>	
	<p>If I inject drugs using a syringe(s)/needle(s) during the 12 months after I am released, I intend to dispose of or throw away syringes/needles after one use.</p>	
	<p>Within the first month after I am released, I intend to enter substance abuse treatment.</p>	
	<p>If I inject drugs using a syringe(s)/needle(s) during the 12 months after I am released, I intend to never reuse or share syringes/needle, water, or drug preparation equipment.</p>	



## Tool 13:

### Project START Tools for Analysis:

#### Quarterly Report Data Worksheet and SMART Objectives Calculations Worksheet

This tool is a Microsoft Excel spreadsheet that summarizes the data you will need to collect for local program monitoring and evaluation. Because it is an Excel spreadsheet, **this tool does not lend itself to presentation in this document and is included in the disk that is provided with this field guide.** Detailed instructions on the use of the tool are provided in Chapter 3 and in the tool's instructions.

The tool is designed to assist you with aggregating client level data and calculating the measures you developed in your M&E plan.



## Appendix B:

### National HIV Prevention Program Monitoring and Evaluation Variable Requirements

This table presents a summary of the variable requirements for the data collection periods that began January 1 and July 1, 2008, excluding variable requirements for HIV Counseling and Testing and Partner Services. Since this table only provides a summary of the requirements, please refer to the NHM&E Variables and Values (CDC, 2009) for a more detailed description of definitions and value choices.

HIV Testing variable requirements are currently specified in the HIV Testing Form and Variables Manual and the NHM&E Variables and Values. Both are available on the National HIV Prevention Program Monitoring and Evaluation (NHM&E) Web site (<https://team.cdc.gov>).

Requirements for Partner Services are specified in the *At-A-Glance: HIV Partner Services Data Variables* available on the NHM&E Web site (<https://team.cdc.gov>).

**Disclaimer:** The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Variables and Values presented in this document are current as of April 2009. Please refer to the National HIV Prevention Program Monitoring and Evaluation Web site (<https://team.cdc.gov>) for the most current reporting requirements.



## B National HIV Prevention Program Monitoring and Evaluation Variable Requirements

Variable Number	Variable Name	HD & CBO Reported Required
<b>General Agency Information (Table A)</b>		
A01	Agency Name	Required
A01a	PEMS Agency ID	Required
A02	Community Plan Jurisdiction	Required
A03	Employer Identification Number (EIN)	Required
A04	Street Address 1	Required
A06	City	Required
A08	State	Required
A09	Zip Code	Required
A10	Agency Website	Required
A11	Agency DUNS Number	Required
A12	Agency Type	Required
A13	Faith-based	Required
A14	Race/Ethnicity Minority Focused	Required
A18	Directly Funded Agency	Required
A21	Agency Contact Last Name	Required
A22	Agency Contact First Name	Required
A23	Agency Contact Title	Required
A24	Agency Contact Phone	Required
A25	Agency Contact Fax	Required
A26	Agency Contact Email	Required
<b>CDC Program Announcement Award Information (Table B)</b>		
B01	CDC HIV Prevention PA Number	Required
B02	CDC HIV Prevention PA Budget Start Date	Required
B03	CDC HIV Prevention PA Budget End Date	Required
B04	CDC HIV Prevention PA Award Number	Required
B06	Total CDC HIV Prevention Award Amount	Required
B06a	Annual CDC HIV Prevention Award Amount Expended	Required
B07	Amount Allocated for Community Planning	Required
B08	Amount Allocated for Prevention Services	Required
B09	Amount Allocated for Evaluation	Required
B10	Amount Allocated for Capacity Building	Required
<b>Contractor Information (Table C)</b>		
C01	Agency Name	Required
C04	City	Required
C06	State	Required
C07	Zip Code	Required



Variable Number	Variable Name	HD & CBO Reported Required
C13	Employer Identification Number (EIN)	Required
C14	DUNS Number	Required
C15	Agency Type	Required
C16	Agency Activities	Required
C17	Faith-based	Required
C18	Race/Ethnicity Minority Focused	Required
C19	Contract Start Date-Month	Required
C20	Contract Start Date-Year	Required
C21	Contract End Date- Month	Required
C22	Contract End Date- Year	Required
C23	Total Contract Amount Awarded	Required
C25	CDC HIV Prevention Program Announcement Number	Required
C26	CDC HIV Prevention PA Budget Start Date	Required
C27	CDC HIV Prevention PA Budget End Date	Required
<b>Site Information (Table S)</b>		
S01	Site ID	Required
S03	Site Name	Required
S04	Site Type	Required
S08	County	Required
S09	State	Required
S10	Zip Code	Required
S16	Use of Mobile Unit	Required
<b>Program Name - Planning (Table D)</b>		
D01	Program Name	Required
D02	Community Planning Jurisdiction	Required
D03	Community Planning Year	Required
<b>Program Model and Budget - Planning (Table E1)</b>		
E101	Program Model Name	Required
E102	Evidence Base	Required
E103	CDC Recommended Guidelines	Required
E104	Other Basis for Program Model	Required
E104-1	Specify Other Basis for Program Model	Required
E105	Target Population	Required
E107	Program Model Start Date	Required
E108	Program Model End Date	Required
E109	Proposed Annual Budget	Required
E107	Program Model Start Date	Required



## B National HIV Prevention Program Monitoring and Evaluation Variable Requirements

Variable Number	Variable Name	HD & CBO Reported Required
E108	Program Model End Date	Required
E109	Proposed Annual Budget	Required
<b>Intervention Plan Characteristics (Table F)</b>		
F01	Intervention Type	Required
F02	Intervention ID	Required
F02a	Intervention Name	Required
F03	HIV+ Intervention	Required
F04	Perinatal Intervention	Required
F05	Total Number of Clients	Required
F06	Sub-Total Target Population	Required
F07	Planned Number of Cycles	Required
F08	Number of Sessions	Required
F09	Unit of Delivery	Required
F11	Delivery Method	Required
F14	Level of Data Collection	Required
<b>Client Characteristics (Table G)</b>		
G101	Date Collected	Required
G102	PEMS Client Unique Key	Required
G112	Date of Birth - Year	Required
G113	Calculated Age (System Generated)	Required
G114	Ethnicity	Required
G116	Race	Required
G120	State/Territory of Residence	Required
G123	Assigned Sex at Birth	Required
G124	Current Gender	Required
G200	Date Collected	Required
G204	Previous HIV Test	Required
G205	Self Reported HIV Test Result	Required
G208	In HIV Medical Care/Treatment (only if HIV+)	Required
G209	Pregnant (only if female)	Required
G210	In Prenatal Care (only if pregnant)	Required
G211	Client Risk Factors ***	Required
G212	Additional Client Risk Factors ^^^	Required
G213	Recent STD (Not HIV)	Required
<b>Client Intervention Characteristics (Table H)</b>		
H01	Intervention ID	Required
H01a	Intervention Name	Required
H03	Cycle	Required
H04a	Form ID (Counseling & Testing Only)	Required
H05	Session Number	Required



Variable Number	Variable Name	HD & CBO Reported Required
H06	Session Date	Required
H10	Site Name/ID	Required
H13	Recruitment Source	Required
H18	Recruitment Source - Service/Intervention Type	Required
H21	Incentive Provided	Required
H22	Unit of Delivery	Required
H23	Delivery Method	Required
<b>Referral (Table X7)</b>		
X702	Referral Date	Required
X702a	Reason Client Not Referred to Medical Care	Required
X703	Referral Service Type	Required
X706	Referral Outcome	Required
X710	Referral Close Date	Required
X712	HIV Test Performed	Required
X713	HIV Test Result	Required
X714	Confirmatory Test	Required
X714a	HIV Test Result Provided	Required
<b>Aggregate HE/RR and Outreach (Table AG)</b>		
AG00	Intervention Name/ID	Required
AG01	Session Number	Required
AG02	Date of Event/Session	Required
AG03	Duration of Event/Session	Required
AG04	Number of Client Contacts	Required
AG05a	Delivery Method	Required
AG05c	Incentive Provided	Required
AG06	Site Name/ID	Required
AG08a	Client Primary Risk - MSM	Required
AG08b	Client Primary Risk - IDU	Required
AG08c	Client Primary Risk - MSM/IDU	Required
AG08d	Client Primary Risk - Sex Involving Transgender	Required
AG08e	Client Primary Risk - Heterosexual Contact	Required
AG08f	Client Primary Risk - Other/Risk Not Identified	Required
AG09a	Client Gender - Male	Required
AG09b	Client Gender - Female	Required
AG09c	Client Gender - Transgender MTF	Required
AG09d	Client Gender - Transgender FTM	Required
AG10a	Client Ethnicity - Hispanic or Latino	Required
AG10b	Client Ethnicity - Not Hispanic or Latino	Required
AG11a	Client Race – American Indian or Alaska Native	Required



Variable Number	Variable Name	HD & CBO Reported Required
AG11b	Client Race - Asian	Required
AG11c	Client Race - Black or African American	Required
AG11d	Client Race - Native Hawaiian or Other Pacific Islander	Required
AG11e	Client Race - White	Required
AG11f	Client Race - Multiracial	Required
AG12a	Client Age - Under 13 years	Required
AG12b	Client Age - 13-18 years	Required
AG12c	Client Age - 19-24 years	Required
AG12d	Client Age – 25-34 years	Required
AG12e	Client Age - 35-44 years	Required
AG12f	Client Age - 45 years and over	Required
AG14a	Materials Distributed - Male Condoms	Required
AG14b	Materials Distributed - Female Condoms	Required
AG14c	Materials Distributed - Bleach or Safer Injection Kits	Required
AG14d	Materials Distributed - Education Materials	Required
AG14e	Materials Distributed - Safe Sex Kits	Required
AG14f	Materials Distributed - Referral list	Required
AG14g	Materials Distributed - Role Model Stories	Required
AG15	Aggregate Data Collection Method	Required
<b>Health Communication / Public Information (Table HC)</b>		
HC01	Intervention Name/ID	Required
HC02	HC/PI Delivery Method	Required
HC05	Event Start Date	Required
HC06	Event End Date	Required
HC07	Total Number of Airings	Required
HC08	Estimated total Exposures	Required
HC09	Number of Materials Distributed	Required
HC10	Total Number of Web Hits	Required
HC11	Total Number of Attendees	Required
HC12	Number of Callers	Required
HC13	Number of Callers Referred	Required
HC14	Distribution - Male condoms	Required
HC15	Distribution - Female condoms	Required
HC16	Distribution - Lubricants	Required
HC17	Distribution - Bleach or Safer Injection Kits	Required
HC18	Distribution - Referral Lists	Required
HC19	Distribution - Safe sex kits	Required
HC21	Site Name/ID	Required



Variable Number	Variable Name	HD & CBO Reported Required
<b>Community Planning Level (Table CP-A/B/C)</b>		
CP-A01	Name of HIV Prevention CPG	HD only
CP-A02	Community Plan Year	HD only
CP-B01	Priority Population	HD only
CP-B02	Rank	HD only
CP-B03	Age	HD only
CP-B04	Gender	HD only
CP-B05	Ethnicity	HD only
CP-B06	Race	HD only
CP-B07	HIV Status	HD only
CP-B08	Geo Location	HD only
CP-B09	Transmission Risk	HD only
CP-C01	Name of the Prevention Activity/Intervention	HD only
CP-C02	Prevention Activity/Intervention Type	HD only
CP-C04	Evidence Based	HD only
CP-C05	CDC Recommended Guidelines	HD only
CP-C06	Other Basis for Intervention	HD only
CP-C07	CP Activity	HD only



## Appendix C: References

- Wolitski RJ, and the Project START Writing Group, for the Project START Study Group. Relative Efficacy of a Multisession Sexual Risk - Reduction Intervention for Young Men Released from Prisons in 4 US States. *Am J Public Health* 2006; 96(10):1854–1861.
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