

## Acknowledgments

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The Safety Counts Monitoring and Evaluation Training - Facilitator's Guide was developed with funding from the Centers for Disease Control and Prevention (CDC) through cooperative agreement U65/CCU123717. Dr. Jonny Andia, Diffusion Team Lead, Capacity Building Branch (CBB), Division of HIV/AIDS Prevention (DHAP) provided leadership in the conceptualization and development of this document. Dr. Aisha Gilliam and Jorge Alvarez provided valuable recommendations regarding training content. Monique Eadon, Program Consultant, provided support for this project.

We wish to acknowledge the efforts of the development team of JSI Research and Training Institute, Inc. and the support of Prevention Program Branch (PPB) Project Officers: Glenn Acham, David Miller, Lorraine Reed, Walter Chow, Frances Rucker-Bannister, and Deanna Campbell.

Additionally, we would like to thank Dr. Fen Rhodes and the Safety Counts Capacity Building Assistance providers, Master Trainers, and Trainers who offered invaluable feedback and suggestions to improve this training: Camille Abrahams, Gricel Arredondo, Hannabah Blue, Michelle Carr-Watkins, Nicole Engle, Robert Foley, Carmen López, Bolivar Nieto, Vicki Peterson, Sarahjane Rath, Paul Simons, and Adam Viera.

It is the hope of CDC that this training will support grantees in their efforts to monitor and evaluate implementation of the Safety Counts intervention at their agencies. It is our goal to keep the training and its information as current as possible. To achieve this, we welcome your comments. Please contact Dr. Andia at [efn4@cdc.gov](mailto:efn4@cdc.gov) with any comments or concerns.



# Safety Counts Monitoring and Evaluation Training Facilitator's Guide

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## Safety Counts Monitoring and Evaluation Training Facilitator's Guide

*Symbols used throughout this training guide include:*



Indicates facilitator notes



Indicates questions for participants



Indicates an activity



Indicates that the facilitator or the participants should use newsprint

Time	Topic	Materials	Session Type
20 minutes	Introductions and Objectives	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Newsprint and markers</li> </ul>	Plenary and ice breaker
15 minutes	Overview of Safety Counts	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Prepared newsprint – Safety Counts Objectives and How a client moves through Safety Counts</li> </ul>	Plenary



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20 minutes	Introduction to Monitoring and Evaluation	<ul style="list-style-type: none"> <li>• PowerPoint Slides</li> <li>• Newsprint and markers</li> <li>• Prepared newsprint– Process Monitoring, Process Evaluation, Outcome Monitoring</li> <li>• Handout 1: Types of Evaluation</li> </ul>	Plenary – discussion and brainstorm
10 minutes	Introduction to the Safety Counts Field Guide	<ul style="list-style-type: none"> <li>• PowerPoint Slides</li> <li>• Safety Counts Evaluation Field Guide</li> </ul>	Plenary
10 minutes	CDC Framework for Program Evaluation in Public Health	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Prepared newsprint – CDC Framework for Program Evaluation in Public Health</li> </ul>	Plenary
10 minutes	Step 1: Engage Stakeholders	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> </ul>	Plenary - discussion
15 minutes	<b>Break</b>		
30 minutes	Step 2: Describe the Program <ul style="list-style-type: none"> <li>• Logic Model</li> </ul>	<ul style="list-style-type: none"> <li>• PowerPoint Slides</li> <li>• Handout 3: Sample Implementation Logic Model for Safety Counts</li> <li>• Logic model headings and components printed on individual cards</li> </ul>	Plenary Large group activity
45 minutes	• SMART Objectives	<ul style="list-style-type: none"> <li>• PowerPoint Slides</li> <li>• Handout 4: Writing SMART Objectives</li> <li>• Handout 4A: Examples of SMART Objectives</li> <li>• Newsprint and markers</li> </ul>	Plenary Small group activity



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60 minutes			<ul style="list-style-type: none"> <li>Prepared newsprint with words: “process objectives” and “outcome objectives” with brackets (see slide 31)</li> </ul>	
<b>Lunch</b>				
30 minutes	<p>Step 3: Focus the Evaluation Design</p> <ul style="list-style-type: none"> <li>Evaluation Questions</li> </ul>		<ul style="list-style-type: none"> <li>PowerPoint Slides</li> <li>Handout 5: Writing Evaluation Questions</li> <li>Prepared newsprint for each group – Data planning matrix (SMART Objective/Evaluation Question)</li> </ul>	Plenary Small group activity
45 minutes	<p>Step 4: Gather Credible Evidence</p> <ul style="list-style-type: none"> <li>Data Planning Matrix</li> </ul>		<ul style="list-style-type: none"> <li>PowerPoint Slides</li> <li>Handout 6: Data Planning Matrix</li> <li>Newsprint and markers</li> <li>Prepared newsprint for each group – Data planning matrix (Measure/blank column)</li> </ul>	Plenary Small group activity
<b>Break</b>				
15 minutes				
45 minutes	<p>Step 5: Justify Conclusions</p> <ul style="list-style-type: none"> <li>Compile data, ensure data integrity, and analyze data</li> </ul>		<ul style="list-style-type: none"> <li>PowerPoint Slides</li> <li>Handout 7: Using Data to Determine if Objectives Were Met</li> <li>Handout 7A: Using Data to Determine if Objectives Were Met</li> <li>Handout 8: CDC NHM&amp;E Data Collection and Submission</li> <li>Newsprint and markers</li> </ul>	Plenary Small Group Activity
45 minutes	Step 6: Ensure Use and Share Lessons Learned		<ul style="list-style-type: none"> <li>PowerPoint Slides</li> <li>Handout 9: Using Data for</li> </ul>	Plenary – discussion Small Group Activity



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15 minutes	Recap, Closing, and Evaluation	<ul style="list-style-type: none"> <li>• Program Planning and Improvement</li> <li>• Newsprint and markers</li> <li>• Evaluation</li> </ul>	



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## I. Welcome and Introductions (20 minutes)

<b>Time</b>	20 minutes
<b>Materials</b>	<ul style="list-style-type: none"><li>• PowerPoint Slides</li><li>• Newsprint and markers</li></ul>
<b>Session type</b>	Plenary and ice breaker

- Opening remarks.
- Participants introduce themselves and share their experience with monitoring and evaluation and their role in relation to Safety Counts. Participants should also state their expectations for the training, i.e., what they hope to get out of the training.



### Record the Safety Counts roles that participants share on newsprint.

- Facilitators share goals and objectives for training and clarify any misconceptions or expectations that may not be met.
- State that this training will not make anyone an expert in using monitoring and evaluation data. Rather, they will begin to gain a basic understanding of how to monitor and evaluate Safety Counts at their agencies. Additionally, they will understand what information to share with agency staff and what additional capacity building assistance they may need.
- It is important to note that everyone - from the program manager to the outreach worker - has a role to play in M&E. Reference the roles written on the newsprint and note that those who are involved in monitoring and evaluation at their agencies (those same individuals who need to buy into the process) may not be in the room and may need additional support to conduct M&E activities.

#### Slide 2

##### **This training:**

- Was designed in collaboration with the CDC Capacity Building Branch (CBB) to build internal agency and individual capacity to monitor and evaluate implementation of the Safety Counts intervention.
- Is intended for Safety Counts program managers and/or others involved in evaluation at the agency.
- Assumes that participants are knowledgeable about the Safety Counts intervention.





This training is designed to build agency capacity to monitor and evaluate the Safety Counts intervention and is intended for those who are familiar with the intervention. If an agency has an external monitoring and evaluation (M&E) consultant and wants to send the consultant to the training, it is recommended that the consultant attend the training with the Safety Counts program manager.

However, it is important to note that everyone - from the program manager to the outreach worker - has a role to play in M&E. Throughout the day we will see how each of your roles and the activities that are part of your daily routine contribute to successful monitoring and evaluation.

### Slide 3

#### **By the end of the training, participants will be able to:**

- Understand the concepts presented in the CDC Framework for Program Evaluation in Public Health
- Understand the use of process monitoring and evaluation and outcome monitoring as applied to Safety Counts
- Understand how the National HIV Prevention Program Monitoring and Evaluation (NHM&E) variables contribute to local monitoring and program implementation
- Begin to use M&E data for program improvement



This training should help you understand that even though Safety Counts is an evidence-based intervention, you still need to conduct evaluation activities to determine if you are implementing the program with fidelity at your agency and to determine if you are meeting the needs of the population(s) you serve.

This training is not intended to focus on the use of PEMS or other data management systems. However, the elements that will be discussed will complement the use of whatever system you are using locally. Some of you who are funded by health departments may be required to collect more than the CDC required data set (National HIV Prevention Program Monitoring and Evaluation (NHM&E) variables). Some of you may have already chosen to collect more than the minimum required data set at your agency. This training takes into account all of these factors and is designed to give you the skills, tools, and information to know how to begin monitoring and evaluating your Safety Counts program. You will not be an M&E expert by the end of the day, but you will understand where you need to focus your efforts and/or know what additional technical assistance you will need to request from your CBA provider.



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The rest of the day will be spent discussing the different components of program monitoring and evaluation. However, before delving in, let's review the basic components of Safety Counts.

## II. Overview of Safety Counts (15 minutes)

---

<b>Time</b>	15 minutes
<b>Materials</b>	<ul style="list-style-type: none"> <li>• PowerPoint Slides</li> <li>• Prepared newsprint – Safety Counts Objectives and How a client moves through Safety Counts</li> </ul>
<b>Session type</b>	Plenary

*Note: If this training is conducted as the third day of the Training of Facilitators (TOF), this section will not be necessary because the information has already been covered in detail. If this is delivered as a stand-alone training, this section should be included.*

### Slide 4

**Safety Counts** is a behaviorally focused, seven session HIV prevention intervention for out-of-treatment active injection and non-injection adult drug users aimed at reducing:

- high-risk drug use
- sexual risk behaviors





**Post Safety Counts Objectives on wall and leave up throughout the training.**

**Slide 5**

**Objectives of the Safety Counts intervention:**

- Introduce methods of reducing HIV and viral hepatitis risk to drug-using clients.
- Assist clients to receive counseling and testing for HIV and viral hepatitis.
- Motivate and help clients to choose and commit to specific behavioral goals to reduce their risk of transmitting HIV and viral hepatitis.
- Assist clients in defining concrete steps toward achieving their personal risk reduction goals.
- Provide social support and problem solving in individual and group settings to assist clients to achieve their risk reduction goals.



**Post diagram “How a client moves through Safety Counts” on wall and leave up throughout the training.**



The elements in the blue boxes are the core elements of Safety Counts:

- Group sessions one and two (one session each)
- Individual counseling session (one or more)
- Social events (two or more)
- Follow-up contacts (two or more)
- HIV/Hepatitis counseling and testing.



**SAFETY COUNTS**

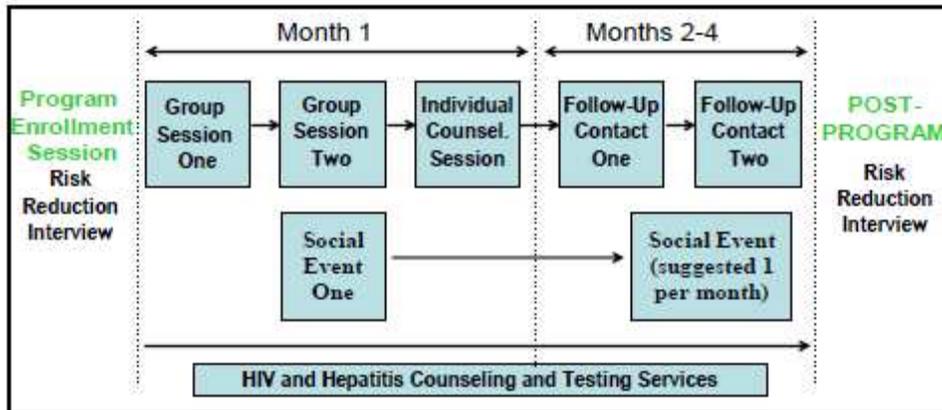
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**Slide 6**

**How a client moves through Safety Counts:**



Each client stays in *Safety Counts* for at least four months, and may participate in additional Social Events, Follow-up Contacts, and Individual Counseling Sessions.

**III. Introduction to Monitoring and Evaluation (20 minutes)**

<b>Time</b>	20 minutes
<b>Materials</b>	<ul style="list-style-type: none"> <li>• PowerPoint Slides</li> <li>• Newsprint and markers</li> <li>• Prepared newsprint– Process Monitoring, Process Evaluation, Outcome Monitoring</li> <li>• Handout 1: Types of Evaluation</li> </ul>
<b>Session type</b>	Plenary – discussion and brainstorming

**Slide 7**

**Introduction to Monitoring and Evaluation**





We (funders, agency staff, and TA providers) use words like monitoring and evaluation and assume that everyone knows exactly what we are talking about. Some of you may feel more comfortable with these concepts than others of you. However, even if we are unable to articulate formal definitions, we all conduct some aspect of monitoring and evaluation every day in our own lives. Before we delve into program monitoring and evaluation, we want to think about activities that we conduct in our own lives.

**Ask the participants the following questions and facilitate a discussion:**



**“What are some examples of things we monitor in our daily lives?”**

- *Bank accounts and household spending*
- *Cell phone usage*
- *Price of groceries*
- *Children’s homework or performance in school*



**“What happens as a result of monitoring these things?”**

- *We make decisions (what to buy, how often to use our cell phones, if our children need to spend more time doing homework and less time watching TV, etc.)*

**Ask the participants the following questions and facilitate a discussion:**



**“Now thinking about evaluation, what are some examples of things we evaluate in our daily lives?”**

- *Cell phone plans*
- *Quality of doctors*
- *Restaurants*



**“What happens as a result of evaluating these things?”**

- *We make decisions (what cell phone plan to use, what doctor to see, where to go out to eat, etc.)*



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### Slide 8

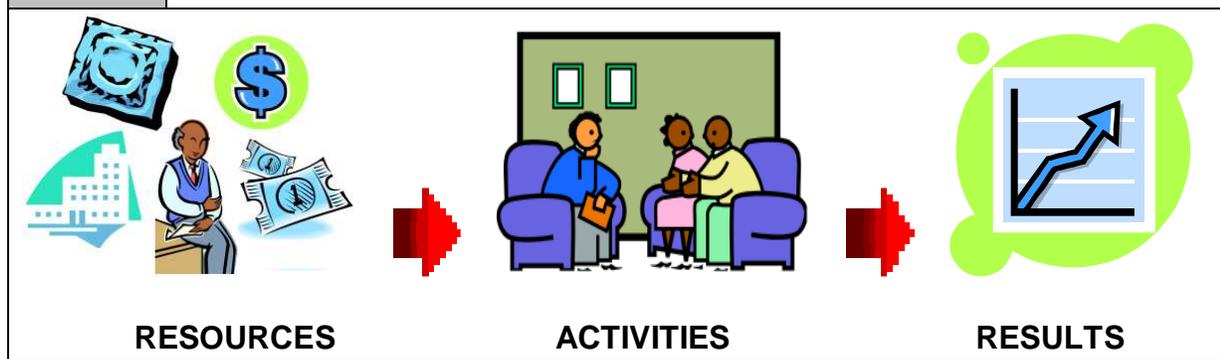
- **Monitoring** is a way to find out if we are doing what we are supposed to do. It shows us to what extent we are reaching our goals and targets.
- **Evaluation** is a way of finding out what we achieved. It is a way to compare predetermined goals with what was actually accomplished throughout a project and at the end of the implementation period.



Monitoring and evaluation provide a way to look at:

- **Resources:** Things that you put into your program – such as staff, money, supplies, etc.
- **Activities:** Things you do in your program - such as group sessions, individual sessions, referrals, etc.
- **Results:** Things that happen as a result of what you put in and what you do in your program – such as changes in client knowledge or attitudes

### Slide 9



Together, monitoring and evaluation provide a way to answer:

- What have you done?
- How well have you done it?
- How much have you done?
- How effective have you been?

## Types of Evaluation



There are several types of evaluation that help answer these questions. Those that we will be discussing today, and those that CDC is focusing on for HIV prevention programs, include: **process monitoring, outcome monitoring, and process evaluation**. We will be describing these in more detail as we talk about the steps of program evaluation later in the day.



Refer to the definitions posted on the wall and distribute “Handout 1: Types of Evaluation.”

### Process Monitoring

- Documents the characteristics of people served, services provided, and resources used to provide services.
- What services were delivered? What population was served? What resources were used?

### Process Evaluation

- Collects data about how the intervention was delivered as compared to the intervention plan.
- Was the intervention implemented as intended?

### Outcome Monitoring

- Measures outcomes by collecting data about client attitudes, skills, or behaviors before and after the intervention. Cannot show that the intervention caused the outcomes.
- Did the expected outcomes occur?



Ask the participants the following question and record answers on newsprint:



**“Now thinking about all types of evaluation, why do we conduct M&E?”**

*Examples include:*

- *Enable you to tell your story*
- *Program improvement*
- *Bolster recruitment and retention*
- *Increase funding opportunities*
- *Accountability*
- *Knowledge development*
- *Professional development*
- *Reduce uncertainties*
- *Improve effectiveness*
- *Make decisions about the program*
- *Social justice*
- *Garner support*

Share slides and indicate any benefits not previously mentioned:

**Slide 11**

**Why do we conduct monitoring and evaluation?**

- **Accountability** - To funding agencies, staff, clients, community
- **Program Improvement** - Improve the implementation of the program; bolster recruitment and retention
- **Knowledge development** - Helps with replication and future planning
- **Social justice** - Can tell if the most vulnerable populations are receiving the intervention and effective services.
- **Advocacy and Support** – Identify trends and share data with key stakeholders
- **Contractual Mandate** – Responsibilities outlined in funding agreement
- **Future funding** – can use data for grant writing and to obtain additional funding



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Despite all of these benefits to M&E, we know it is not always easy to conduct M&E activities. Before we move on, we do want to acknowledge and discuss the barriers that may exist.



**Ask the participants the following question and record answers on newsprint:**



**“What are some potential barriers to M&E?”**

*Examples include:*

- *Staff capacity*
- *Lack of training*
- *Lack of buy-in*
- *Staff turnover*
- *Lack of M&E tools or instruments*
- *Lack of standardized systems*
- *Funding*
- *Hierarchy within organization*



M&E does not just happen, but rather is a culture that must be developed at the organization. Part of this process includes the acknowledgement of barriers and finding ways to address them. CBA providers can also help agencies address many of these barriers.

Agencies have reported that when they see the results from M&E activities, it builds their motivation to expand their M&E efforts and further increase their capacity to conduct M&E. Throughout the rest of the day, we will be discussing tools and approaches that can help you conduct M&E for Safety Counts at your agency.



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## IV. Introduction to the Safety Counts Evaluation Field Guide (10 minutes)

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<b>Time</b>	10 minutes
<b>Materials</b>	<ul style="list-style-type: none"><li>• Safety Counts Evaluation Field Guide</li><li>• PowerPoint Slides</li></ul>
<b>Session type</b>	Plenary



Before we discuss the specifics of the CDC evaluation framework, we will review the content of the Safety Counts Evaluation Field Guide. We will be referencing the information and instruments contained in the Field Guide as we develop our M&E plan throughout the day.

### Review Safety Counts Evaluation Field Guide with participants.

#### Slide 12

##### **The Safety Counts Evaluation Field Guide**

The SC Evaluation Field Guide is divided into four sections, plus appendices:

- Reporting HIV Prevention Program Information to CDC
- Safety Counts Objectives and Evaluation Questions
- Data Collection Activities and Schedule
- Data Collection Protocols



The guide and all of the data collection instruments (forms) from the guide are available on the Effective Interventions website. The forms listed here have been adapted from the Safety Counts program manual to incorporate the NHM&E required variables. The forms therefore are not identical to those in the program manual. They are available in Word format on the website and can be modified as needed. Consult your CBA provider for assistance.



Slide 13

<http://www.effectiveinterventions.org/go/interventions/safety-counts/safety-counts-resources-and-tools/safety-counts-resources-and-tools>

The screenshot shows the DEBI (Diffusion of Effective Behavioral Interventions) website. The header includes the DEBI logo, navigation links (Home, About DEBI, Interventions, Training Calendar, Related Links, What's New, Apply for Training, DEBI FAQs), and a search bar. The main content area is titled 'Interventions' and features a sub-section 'Safety Counts Resources & Tools'. A list of resources is displayed, with one item circled in red: 'To download the Safety Counts Evaluation Field Guide & Instruments, please [click here](#).' Other resources include 'Safety Counts Implementation Planning Tool and M&E Key Activities', 'Web cast materials (11/29/2006) (1) Safety Counts Presentation and (2) Program Monitoring Summary', 'Sample Process Monitoring & Evaluation Plan', and 'Guidelines for Adapting Safety Counts'.



As we discuss the process to create your M&E plan for Safety Counts, we will incorporate the materials from this guide and make sure you are clear how to use them. You will see that there are many tools to assist you in data collection and we will discuss them in detail when we talk about the steps involved in data collection.



**Slide 14**

The screenshot shows the DEBI (Diffusion of Effective Behavioral Interventions) website. The header includes the DEBI logo, navigation links (Home, About DEBI, Interventions, Training Calendar, Related Links, What's New, Apply for Training, DEBI FAQs), and a search bar. The main content area is titled 'Interventions' and features a banner for 'Safety Counts Evaluation Field Guide & Instruments'. Below this, there is a paragraph explaining the DEBI Evaluation Field Guides. A list of links follows, including 'Safety Counts Evaluation Field Guide (PDF - 1.38 MB)', 'Client Participation Record', 'Group Session One Activity Log', 'Individual Counseling Session Interview Guide', 'Program Enrollment Form', 'Referral Tracking Form', 'Social Event Sign', 'Follow up Contact Form', 'Group Session Sign', 'Personal Risk Reduction', 'Program Monitoring Summary', and 'Social Event Activity Log'. In the left sidebar, under the 'Interventions' heading, the word 'Instruments' is circled in red.

**V. The CDC Framework for Program Evaluation in Public Health  
( 4 hours and 5 minutes)**

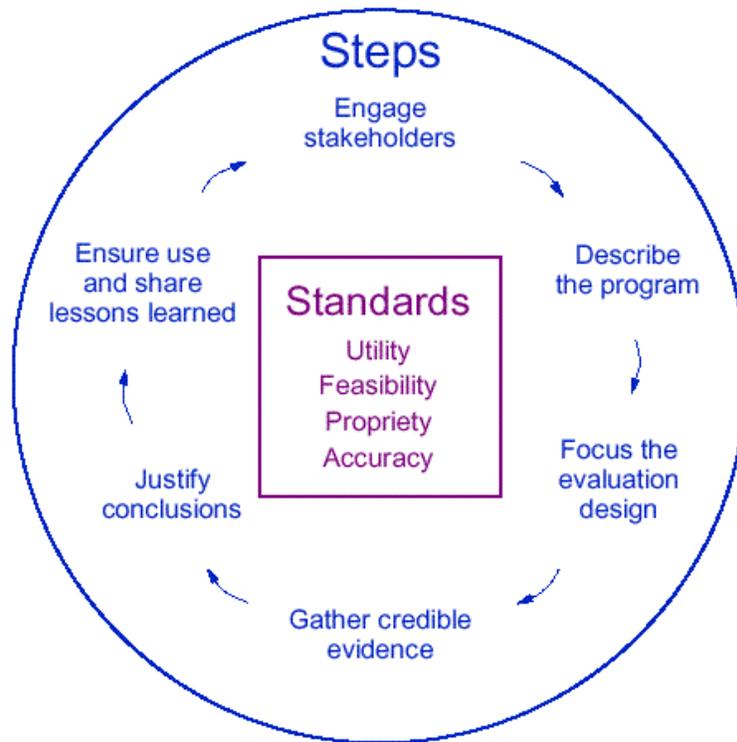
<b>Time</b>	10 minutes
<b>Materials</b>	<ul style="list-style-type: none"> <li>• PowerPoint Slides</li> <li>• Handout 2: The CDC Framework for Program Evaluation in Public Health</li> <li>• Prepared newsprint – CDC Framework for Program Evaluation in Public Health</li> </ul>
<b>Session type</b>	Plenary



Distribute “Handout 2: The CDC Framework for Program Evaluation in Public Health” and share slides as you discuss each step:

Slide 15

The CDC Framework for Program Evaluation in Public Health



CDC published the Framework for Program Evaluation in Public Health in 1999<sup>1</sup>. Through a year-long collaborative process, CDC and its stakeholders developed a generic approach to evaluation that can be utilized across public health programs and interventions. We will be using the CDC framework as a way to walk us through the process of developing an M&E plan for Safety Counts.

<sup>1</sup> <http://www.cdc.gov/eval/framework.htm>

The website has links to other resources related to the framework including a self-study manual that is organized around the steps in the framework: “*Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide.*”



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The framework stresses a practical approach to evaluation and involves six basic steps:

- Step 1: Engage Stakeholders
- Step 2: Describe the Program
- Step 3: Focus the Evaluation Design
- Step 4: Gather Credible Evidence
- Step 5: Justify Conclusions
- Step 6: Ensure Use and Share Lessons Learned

We will be using these steps to create an M&E plan for Safety Counts. Your M&E plan will be customized for your organization. We will be discussing each component of the M&E plan as we discuss the CDC framework.

In the center of the diagram, is a set of standards that will help ensure that your evaluation is practical. In the planning phase, you must consider if your evaluation is useful, feasible, proper and accurate.



Throughout the rest of the day, as we describe the different elements in the Framework for Program Evaluation, we are going to use one everyday example to illustrate the components of the framework before we discuss how it fits with the implementation of Safety Counts.

Our example is something that everybody knows something about – planning a meal. In our scenario, we are the mother of a very busy family of four. We have a teenage daughter, teenage son, and partner, who all have very specific food needs and likes. We will see how this scenario evolves with each step of the evaluation process.



**Post prepared newsprint of Framework to reference throughout the remaining steps.**

## A. STEP 1: ENGAGE STAKEHOLDERS

<b>Time</b>	10 minutes
<b>Materials</b>	<ul style="list-style-type: none"><li>• PowerPoint Slides</li></ul>
<b>Session type</b>	Plenary - discussion and brainstorming



## Step 1: Engage Stakeholders

Facilitate a discussion with the participants by asking each of the following questions in turn. After each question, share any items not previously mentioned.



### **“What/who is a stakeholder?”**

- Stakeholders are people who have an interest in what you are doing.
- Stakeholders may be inside or outside of your program or organization.
- With respect to Safety Counts, they are interested in your program and who may be affected by the results of the evaluation.



### **“In our family dinner scenario, who are the stakeholders?”**

- The family members
- The kids’ friends who might join the family for dinner – wouldn’t necessarily engage them in the beginning, but they may be interested in the outcome before they decide to join us for dinner.



### **“Who are examples of stakeholders for your Safety Counts program?”**

- Staff involved in the Safety Counts program, whether or not they are providing direct services to clients
  - Counselors
  - Group facilitators
  - Outreach workers
  - Program Assistant
  - Data entry staff
- Decision makers
  - Executive Director
  - Program Managers
- Partners
  - Substance abuse treatment programs
  - HIV testing programs
  - Health service organizations
  - Social service organizations
  - Other community partners
  - Contractors
- Participants



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- Clients
- Peer Advisory Board
- Community members



**“Why would it be important to engage stakeholders in a program evaluation?”**

- Create buy-in
- Increase likelihood that they will support your evaluation efforts
- Build credibility
- Can provide insight into the needs of the target population
- Can help ensure that
  - There is an ongoing, participatory process for providing and receiving feedback related to program implementation and evaluation activities
  - Evaluation questions are appropriate and feasible
  - Evaluation tools are culturally competent
  - The evaluation methodology is appropriate for the target population
  - Multiple perspectives are involved in the interpretation of results
  - Results of the evaluation are communicated and disseminated to the appropriate parties



Some stakeholders may only be interested in the results of the evaluation or have limited involvement and only be engaged in M&E at particular points in the process; others may be more active throughout the implementation of the intervention and the entire M&E process.

However, it is important to bring key stakeholders together at the beginning of the evaluation process to: **1) obtain buy-in; 2) understand needs and concerns related to program implementation and evaluation; 3) establish the process to keep stakeholders involved and informed throughout the evaluation process; and 4) Review of implementation and evaluation materials.** You may decide to engage your stakeholders through a workshop or series of meetings.



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## Slide 17

### Step 1: Engage Stakeholders

- Obtain buy-in
- Understand needs and concerns related to program implementation and evaluation
- Involve and inform stakeholders throughout evaluation process
- Review of implementation and evaluation materials

## B. STEP 2: DESCRIBE THE PROGRAM

<b>Time</b>	30 minutes
<b>Materials</b>	<ul style="list-style-type: none"><li>• PowerPoint Slides</li><li>• Handout 3: Sample Implementation Model for Safety Counts</li><li>• Logic model headings and components printed on individual cards</li></ul>
<b>Session type</b>	Plenary Group Activity

## Slide 18

### Step 2: Describe the Program

The Safety Counts Logic Model and SMART Objectives



The next step in the CDC program evaluation framework is to describe your program. Your description should include the expectations, scope and activities of the program. It is also important to note the need for the program and the context in which it operates. We will describe the program using a logic model and the creation of program objectives.

### 1. Logic Model



We will begin with the logic model. There are several different versions and types of logic models included in the program manual and evaluation field guide. For



monitoring and evaluation, your logic model should provide a picture of the implementation of the intervention and illustrate how the different pieces connect.

**Slide 19**

**Logic Model**

Tool used to visually describe the main elements of an intervention and illustrate the linkages between components.

**Slide 20**

**Components of a Logic Model for Monitoring and Evaluation**

Assumptions	Inputs (Resources)	Activities	Outputs	Outcomes
<b>Impact</b>				



We will use our dinner example to illustrate how to create a logic model for M&E.

**Slide 21**

**Components of a Logic Model for Monitoring and Evaluation**

Assumptions	Inputs	Activities	Outputs	Outcomes
What is known about the problem or situation  <ul style="list-style-type: none"> <li>• Need to feed a family of 4 for the week</li> <li>• Partner has high blood pressure and high cholesterol</li> <li>• Daughter is a vegetarian</li> <li>• Son is allergic to eggs and does not like mushrooms or tomatoes</li> </ul>				



<ul style="list-style-type: none"> <li>• Individual family members have been eating out a lot on their own</li> <li>• Mom wants to lower the family's food costs</li> </ul>				
Impact				

**Slide 22**

**Components of a Logic Model for Monitoring and Evaluation**

Assumptions	Inputs	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> <li>• <i>Need to feed a family of 4 for the week</i></li> <li>• <i>Partner has high blood pressure and high cholesterol</i></li> <li>• <i>Daughter is a vegetarian</i></li> <li>• <i>Son is allergic to eggs and does not like mushrooms or tomatoes</i></li> <li>• <i>Individual family members have been eating out a lot on their own</i></li> <li>• <i>Mom wants to lower the family's food costs</i></li> </ul>	<p>Resources needed to support program activities</p> <ul style="list-style-type: none"> <li>• Time</li> <li>• \$ for groceries</li> <li>• Recipes</li> <li>• Pots/pans/ cookware</li> <li>• Kitchen utensils</li> <li>• Internet</li> </ul>			
Impact				



**Slide 23**

**Components of a Logic Model for Monitoring and Evaluation**

Assumptions	Inputs	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> <li>• <i>Need to feed a family of 4 for the week</i></li> <li>• <i>Partner has high blood pressure and high cholesterol</i></li> <li>• <i>Daughter is a vegetarian</i></li> <li>• <i>Son is allergic to eggs and does not like mushrooms or tomatoes</i></li> <li>• <i>Individual family members have been eating out a lot on their own</i></li> <li>• <i>Mom wants to lower the family's food costs</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Time</i></li> <li>• <i>\$ for groceries</i></li> <li>• <i>Recipes</i></li> <li>• <i>Pots/pans/ cookware</i></li> <li>• <i>Kitchen utensils</i></li> <li>• <i>Internet</i></li> </ul>	<p>What the program does with the resources</p> <ul style="list-style-type: none"> <li>• <i>Conduct needs assessment (ask family about weekly schedule)</i></li> <li>• <i>Research eligible recipes</i></li> <li>• <i>Based on selected recipes, conduct inventory (pantry, freezer, refrigerator)</i></li> <li>• <i>Go grocery shopping</i></li> <li>• <i>Select Monday night recipe</i></li> <li>• <i>Prepare ingredients</i></li> <li>• <i>Cook the meal</i></li> <li>• <i>Serve the meal</i></li> <li>• <i>Clean up and wash dishes</i></li> </ul>		

Impact

**Slide 24**

**Components of a Logic Model for Monitoring and Evaluation**

Assumptions	Inputs	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> <li>• <i>Need to feed a family of 4 for the week</i></li> <li>• <i>Partner has high blood pressure and high cholesterol</i></li> <li>• <i>Daughter is a</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Time</i></li> <li>• <i>\$ for groceries</i></li> <li>• <i>Recipes</i></li> <li>• <i>Pots/pans/ cookware</i></li> <li>• <i>Kitchen utensils</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Conduct needs assessment (ask family about</i></li> </ul>	<p>Tangible products or results produced by the activities</p> <ul style="list-style-type: none"> <li>• <i>Mom determined who would be eating at home</i></li> </ul>	



**SAFETY COUNTS**

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<p><i>vegetarian</i></p> <ul style="list-style-type: none"> <li>• <i>Son is allergic to eggs and does not like mushrooms or tomatoes</i></li> <li>• <i>Individual family members have been eating out a lot on their own</i></li> <li>• <i>Mom wants to lower the family's food costs</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Internet</i></li> </ul>	<p><i>weekly schedule).</i></p> <ul style="list-style-type: none"> <li>• <i>Research eligible recipes.</i></li> <li>• <i>Based on selected recipes, conduct inventory (pantry, freezer, and refrigerator).</i></li> <li>• <i>Go grocery shopping.</i></li> <li>• <i>Select Monday night recipe.</i></li> <li>• <i>Prepare ingredients.</i></li> <li>• <i>Cook the meal.</i></li> <li>• <i>Serve the meal.</i></li> <li>• <i>Clean up and wash dishes.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Identified recipes for the week.</i></li> <li>• <i>Compiled grocery list.</i></li> <li>• <i>All necessary ingredients were purchased.</i></li> <li>• <i>Mom identified recipes for Monday night's meal.</i></li> <li>• <i>Ingredients were sliced, diced, and chopped.</i></li> <li>• <i>Dinner was prepared.</i></li> <li>• <i>Dinner was consumed.</i></li> <li>• <i>Dining room and kitchen were cleaned.</i></li> </ul>	
<p><b>Impact</b></p>				

**Slide 25**

**Components of a Logic Model for Monitoring and Evaluation**

<b>Assumptions</b>	<b>Inputs</b>	<b>Activities</b>	<b>Outputs</b>	<b>Outcomes</b>
<ul style="list-style-type: none"> <li>• <i>Need to feed a family of 4 for the week</i></li> <li>• <i>Partner has high blood pressure and high cholesterol</i></li> <li>• <i>Daughter is a vegetarian</i></li> <li>• <i>Son is allergic</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Time</i></li> <li>• <i>\$ for groceries</i></li> <li>• <i>Recipes</i></li> <li>• <i>Pots/pans/ cookware</i></li> <li>• <i>Kitchen utensils</i></li> <li>• <i>Internet</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Conduct needs assessment (ask family about weekly schedule).</i></li> <li>• <i>Research eligible recipes.</i></li> <li>• <i>Based on selected recipes, conduct inventory (pantry, freezer,</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Mom determined who would be eating at home for the week.</i></li> <li>• <i>Identified recipes for the week.</i></li> <li>• <i>Compiled grocery list.</i></li> </ul>	<p>Change in behavior, attitude, knowledge and skills that result in participants</p> <p><b>Short-term</b></p>



<p>to eggs and does not like mushrooms or tomatoes</p> <ul style="list-style-type: none"> <li>• Individual family members have been eating out a lot on their own</li> <li>• Mom wants to lower the family's food costs</li> </ul>		<p>and refrigerator).</p> <ul style="list-style-type: none"> <li>• Go grocery shopping.</li> <li>• Select Monday night recipe.</li> <li>• Prepare ingredients.</li> <li>• Cook the meal.</li> <li>• Serve the meal.</li> <li>• Clean up and wash dishes.</li> </ul>	<ul style="list-style-type: none"> <li>• All necessary ingredients were purchased.</li> <li>• Mom identified recipes for Monday night's meal.</li> <li>• Ingredients were sliced, diced, and chopped.</li> <li>• Dinner was prepared.</li> <li>• Dinner was consumed.</li> <li>• Dining room and kitchen were cleaned.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy menu planned for the week</li> <li>• Decreased cost of eating out</li> <li>• Increased vegetable intake</li> </ul> <p><b>Intermediate</b></p> <ul style="list-style-type: none"> <li>• Increased number of family dinners</li> <li>• Lowered bp and cholesterol</li> </ul> <p><b>Long-term</b></p> <ul style="list-style-type: none"> <li>• Increased budget for family outings</li> </ul>
Impact				



There are several types of outcomes as seen in our example: short-term outcomes, intermediate outcomes, and long-term outcomes.

<b>Outcomes</b>	
<b>Short-term outcomes</b>	<i>Immediate results of the intervention, such as changes in knowledge, attitude, beliefs, or skills</i>
<b>Intermediate outcomes</b>	<i>Results that occur some time after the intervention is completed, such as changes in behaviors, skills, access, and people reached</i>
<b>Long-term outcomes</b>	<i>Behavior change and the application of skills that are</i>



*maintained over time, changes in norms and practices of target population*

**Slide 26**

**Components of a Logic Model for Monitoring and Evaluation**

Assumptions	Inputs	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> <li>• Need to feed a family of 4 for the week</li> <li>• Partner has high blood pressure and high cholesterol</li> <li>• Daughter is a vegetarian</li> <li>• Son is allergic to eggs and does not like mushrooms or tomatoes</li> <li>• Individual family members have been eating out a lot on their own</li> <li>• Mom wants to lower the family's food costs</li> </ul>	<ul style="list-style-type: none"> <li>• Time</li> <li>• \$ for groceries</li> <li>• Recipes</li> <li>• Pots/pans/ cookware</li> <li>• Kitchen utensils</li> <li>• Internet</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct needs assessment (ask family about weekly schedule).</li> <li>• Research eligible recipes.</li> <li>• Based on selected recipes, conduct inventory (pantry, freezer, and refrigerator).</li> <li>• Go grocery shopping.</li> <li>• Select Monday night recipe.</li> <li>• Prepare ingredients.</li> <li>• Cook the meal.</li> <li>• Serve the meal.</li> <li>• Clean up and wash dishes.</li> </ul>	<ul style="list-style-type: none"> <li>• Mom determined who would be eating at home for the week.</li> <li>• Identified recipes for the week.</li> <li>• Compiled grocery list.</li> <li>• All necessary ingredients were purchased.</li> <li>• Mom identified recipes for Monday night's meal.</li> <li>• Ingredients were sliced, diced, and chopped.</li> <li>• Dinner was prepared.</li> <li>• Dinner was consumed.</li> <li>• Dining room and kitchen were cleaned.</li> </ul>	<p>Short-term</p> <ul style="list-style-type: none"> <li>• Healthy menu planned for the week</li> <li>• Decreased cost of eating out</li> <li>• Increased vegetable intake</li> </ul> <p>Intermediate</p> <ul style="list-style-type: none"> <li>• Increased number of family dinners</li> <li>• Lowered bp and cholesterol</li> </ul> <p>Long-term</p> <ul style="list-style-type: none"> <li>• Increased budget for family outings</li> </ul>

**Impact** - intended change that takes place in the community as a result of the intervention

- Improved overall health
- Improved family communication





Now that we have seen an example of a logic model, let's look at the components of the Safety Counts logic model for monitoring and evaluation.

## Slide 27



### Activity: Reviewing the Safety Counts Logic Model

Post headings on the wall:

- Inputs
- Activities
- Outputs
- Outcomes
  - Short-term
  - Intermediate
  - Long-term

Explain that the participants are going to create a sample Safety Counts logic model that can be used to help drive the development of the M&E plan.

#### **Explain:**

The components of the logic model (inputs, activities, outputs and outcomes) are linked to create a logical flow that describes the program. Think of the logic model as a series of “If – Then” statements. If you contribute these resources, then you can conduct these activities. If you conduct these activities, then this is what happens, etc. It is important to involve your stakeholders in this process to describe your program. Given the if-then statements, it is easy to see how activities link to outputs.

Explain that each participant will receive one (or more) pieces of the Safety Counts logic model. Participants will post their card beneath the appropriate logic model heading.

**Give participants 5 minutes to post all logic model components on the wall.**

Beginning with inputs, ask for volunteers to read the cards in turn to illustrate how the different components link together. Ask participants if everyone agrees with the placement of the logic model components.



**Ask participants:**

- *Does everyone agree with the placement of the components? (Move components if necessary and discuss why they belong under another heading. discuss different types of outcomes if necessary).*
- *Is it clear how the logic model can be used to describe your program and how the different components of the logic model are related?*

**Slide 28**

<b>Outcomes</b>	
<b>Short-term outcomes</b>	<i>Immediate results of the intervention, such as changes in knowledge, attitude, beliefs, or skills</i>
<b>Intermediate outcomes</b>	<i>Results that occur some time after the intervention is completed, such as changes in behaviors, skills, access, and people reached</i>
<b>Long-term outcomes</b>	<i>Behavior change and the application of skills that are maintained over time, changes in norms and practices of target population</i>

**Distribute “Handout 3: Sample Implementation Model for Safety Counts.”**

This is an example of an implementation logic model for Safety Counts. This logic model is taken from the Safety Counts Program Manual (draft 12/14/07; page 148) and does not include assumptions or impact. This logic model can be used as a guide if you would like, but it is essential that your logic model describe **your program**. You may need to modify the sample logic model for your agency. For further assistance, contact your CBA provider.



**SAFETY COUNTS**

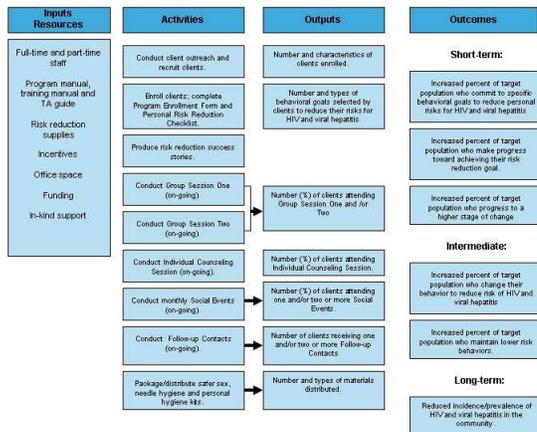
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## Slide 29

Handout 3: Sample Implementation Model for Safety Counts



Source: Safety Counts Program Manual Draft 12/14/2007

## 2. Objectives

<b>Time</b>	45 minutes
<b>Materials</b>	<ul style="list-style-type: none"> <li>• PowerPoint Slides</li> <li>• Handout 4: Writing SMART Objectives</li> <li>• Handout 4A: Examples of SMART Objectives</li> <li>• Prepared newsprint: "Process Objectives" and Outcome Objectives" with brackets (see slide 31)</li> <li>• Newsprint and markers</li> </ul>
<b>Session type</b>	Plenary Small group activity



We have just completed the logic model to describe the program. We are now going to further describe the program by creating objectives.

## Slide 30

### Objective

An objective is a measurable step toward a larger goal. It provides a framework for the evaluation.



We will use the logic model we have created to help develop our objectives. There are two types of objectives that we will discuss: **process objectives**, which link to the activities and outputs columns in the logic model; and **outcome objectives**, which link to the outcomes in the logic model.

Our process objectives reflect the activities and interventions that we will do and relate to our definitions of process monitoring and evaluation that we looked at earlier today (reference definitions posted on the wall).

### Process Monitoring

- Documents the characteristics of people served, services provided, and resources used to provide services.
- What services were delivered? What population was served? What resources were used?

### Process Evaluation

- Collects data about how the intervention was delivered as compared to the intervention plan.
- Was the intervention implemented as intended?



Our outcome objectives reflect the results of those activities and relate to our definition of outcome monitoring – did the expected outcomes occur? (reference definition posted on the wall.)

### Outcome Monitoring

- Measures outcomes by collecting data about client attitudes, skills, or behaviors before and after the intervention. Cannot show that the intervention caused the outcomes.
- Did the expected outcomes occur?

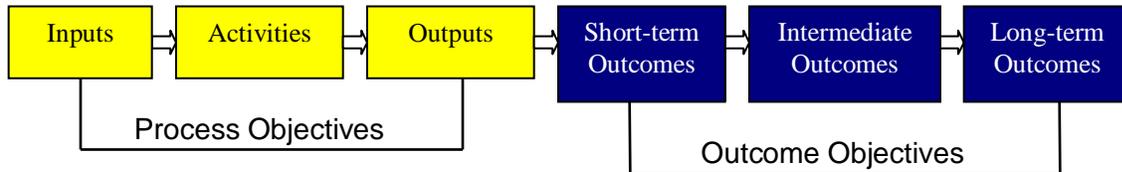


**Slide 31**

**Two Kinds of Objectives**

Process Objectives - describe what you plan to do, with whom, and to what extent

Outcome Objectives - describe what client changes you hope to see after clients participate in the intervention



**Add newsprint with “Process Objectives” and “Outcome Objectives” (with brackets as indicated in slide 31) to the Safety Counts logic model posted on the wall.**

Both types of objectives should be Specific, Measurable, Achievable, Realistic and Time-phased.

**Slide 32**

**SMART Objectives**

**Specific**

**Measurable**

**Achievable**

**Realistic**

**Time-phased**



### Slide 33

#### Specific

A specific objective is concrete, detailed, focused, and well-defined.

- What exactly are we doing and to whom?
- Specify target population
- Observable action, behavior or achievement that is linked to a rate, number, percentage or frequency

#### **Example:**

By the end of the school year, our family will increase the **average number of weekly dinners with all members present** from one per week to three dinners per calendar week.

60% of clients **enrolled in Safety Counts who begin the program will complete the intervention** by December 2010.

### Slide 34

#### Measurable

Be able to determine how much of the action or behavior has been accomplished.

- How much? How many? How will I know when it is accomplished?
- A system or method is in place that can track behavior change or action taken
- Existing tracking system or new one

#### **Example:**

By the end of the school year, our family will increase the **average number of weekly dinners with all members present** from **one per week to three dinners per calendar week**.

**60% of clients enrolled** in Safety Counts who begin the program will complete the intervention by December 2010.

### Slide 35

#### Achievable

The objective is attainable within the program constraints and available resources.

- Can we get it done within the proposed time frame?



- What barriers or challenges may arise?

**Example:**

**By the end of the school year**, our family will increase the average number of weekly dinners with all members present from **one per week to three dinners per calendar week**.

**60%** of clients enrolled in Safety Counts who begin the program will complete the intervention by **December 2010**.

**Slide 36**

Realistic

The objective is practical and reasonable.

An objective may be achievable but not realistic.

- Can you realistically achieve the objective given the resources (funding, skills and staff) available to you?

**Example:**

**By the end of the school year**, our family will increase the average number of weekly dinners with all members present **from one per week to three dinners per calendar week**.

**60%** of clients enrolled in Safety Counts who begin the program will complete the intervention by December 2010.

**Facilitate a discussion with participants.**



***“How do you balance what is realistic for a funder versus the agency?”***

**Slide 37**

Time-phased

The objective has a set timeframe for achievement.

- Does the objective have a proposed timeline for when it will be met?

**Example:**

**By the end of the school year**, our family will increase the average number of



weekly dinners with all members present from one per week to three dinners per calendar week.

60% of clients enrolled in Safety Counts who begin the program will complete the intervention by **December 2010**.

### Slide 38



#### Activity: Writing SMART Objectives

Objectives that do not have these characteristics will be difficult to monitor. Let's practice turning some general objectives into SMART objectives.

#### Distribute "Handout 4: Writing SMART Objectives."

Review the key components of creating SMART Objectives and the example provided. Explain that the process and outcome objectives listed on Page 2 of the handout come from the Safety Counts Evaluation Field Guide and that they will practice revising these general objectives to make them SMART objectives. If participants have brought their own program objectives, they may choose to work on revising their own objectives to make them SMART.



**Distribute newspaper for groups to write down two examples. Divide participants into groups of three and give groups 15 minutes to complete their handouts.**

Ask for some volunteers to share the SMART objectives they have created.

For each example provided, ask the participants to determine if it meets each of the SMART characteristics.

Are they: **Specific, Measurable, Achievable, Realistic, Time-phased?**

It is easier to write objectives that do not meet these characteristics; however you will find that by creating SMART objectives, it will be much easier to monitor your progress and evaluate your program activities. Remember, you want your evaluation plan to be useful and feasible. SMART objectives will help ensure that you can successfully carry out your evaluation.



Distribute “Handout 4A: Examples of SMART Objectives.”

### C. STEP 3: FOCUS THE EVALUATION DESIGN: DEVELOPING EVALUATION QUESTIONS

<b>Time</b>	30 minutes
<b>Materials</b>	<ul style="list-style-type: none"><li>• PowerPoint Slides</li><li>• Handout 5: Writing Evaluation Questions</li><li>• Prepared newsprint for each group – Data planning matrix (SMART Objective/Evaluation Question)</li></ul>
<b>Session type</b>	Plenary - discussion Small group activity

#### Slide 39

### Step 3: Focus the Evaluation design

Developing Evaluation Questions



Some of you may have been taught to ask evaluation questions before developing the objectives. In the CDC Framework for Program Evaluation for Public Health, we define the questions after developing the objectives in order to further focus the evaluation. Questions help determine what is most useful and feasible for the evaluation.

An evaluation could be designed to measure any aspect of the program presented in the logic model, including short-term, intermediate, and long term outcomes. However, due to limited resources and time, it is important to focus the evaluation on what will be most meaningful for your organization, your program, and your stakeholders. One way to narrow your focus is by developing evaluation questions. You should develop your questions with your stakeholders in order to ensure you are asking the appropriate questions. If you do not articulate the questions you want answered, you will not know which data you need to collect.



## Slide 40

### Evaluation questions should reflect:

- the needs and priorities of stakeholders
- the purpose of the evaluation (what you want to evaluate)
- key elements of your program logic model
- key goals and objectives of your program



You will use your logic model and SMART objectives to help you ask your evaluation questions. We will use our dinner scenario to see how asking a question can help focus the evaluation.

We will look at the outcome column of our logic model and the following SMART objective to focus our evaluation question.

## Slide 41

### Outcomes from Logic Model

#### Short-term

- *Healthy menu planned for the week*
- *Decreased cost of eating out*
- *Increased vegetable intake*

#### Intermediate

- **Increased number of family dinners**
- *Lowered blood pressure and cholesterol*

#### Long-term

- *Increased budget for family outings*

### SMART objective:

*By the end of the school year, our family will increase the average number of weekly dinners with all members present from one per week to three dinners per calendar week.*

### Evaluation question:

Are all family members at home more often during dinner hour during the 1<sup>st</sup> semester



or during the 2<sup>nd</sup> semester?



This question considers the fact that the two teenage children are active in fall sports. However, mom does not know if other activities will keep everyone as busy and away from the dinner table in the spring. By specifying the semesters, the evaluation is focused on specific times during the school year and enables mom to compare fall and spring. Similarly, your funder may ask questions that require you to look at how you implement different cycles of Safety Counts with your clients.



**What type of evaluation question is this example (process or outcome)?**  
*Outcome (monitoring) question*



The two types of objectives (process and outcome) will produce process-related questions and outcome-related questions.

Process-related questions pertain to implementation of the intervention and the populations served, services provided and resources used. They will help you ensure that you are delivering the intervention as intended. Process evaluation questions come from the “activities” and “outputs” columns of the logic model.

#### Slide 42

**Process-related questions** will examine the development and delivery of services and activities, as well as operations and administrative functions.

Process-related questions come from the “activities” and “outputs” columns of the logic model.

**Example:**

*What were the demographic characteristics of the individuals served?*



Outcome-related questions will pertain to changes in the client’s knowledge, attitudes, practices, behavior, beliefs and norms after the intervention. They will help you determine what changes occur for clients who participate in Safety Counts and come from the “outcomes” column of the logic model.



### Slide 43

**Outcome-related questions** will pertain to changes in the client’s knowledge, attitudes, practices, behavior, beliefs, and norms after the intervention.

They will help you determine what changes occur for clients who participate in Safety Counts and come from the “Outcomes” column of the logic model

**Example:**

*What proportion of clients made progress toward achieving their risk reduction goal?*



Sample questions can be found in the Safety Counts Evaluation Guide on pages 21-29

### Slide 44



#### Activity: Writing Evaluation Questions



**Prior to training, prepare a newsprint for each group. Draw 2 columns and 2 rows on each page (blank data planning matrix). Label the first column: SMART Objective. Label the second column: Evaluation question. Leave the rows blank.**

Let’s practice creating evaluation questions for the objectives from the SMART Objectives activity (Handout 4). Note – depending on the questions asked, you could potentially have one evaluation question that is answered by several objectives.

In this activity, you are going to focus your evaluation by creating evaluation questions. You will work in the same groups as before to create evaluation questions for the SMART objectives you developed previously.

For each question, indicate whether it is a process question or an outcome question. Try to choose at least one of each. Each group should choose two objectives and questions to share with the larger group. Write these objectives and questions in the appropriate columns on the newsprint paper provided.



**Distribute “Handout 5: Writing Evaluation Questions” and the prepared newsprint. Give groups 10 minutes to complete their handouts and the newsprint.**

Ask for some volunteers to share the SMART objectives they have created.

#### **D. STEP 4: GATHER CREDIBLE EVIDENCE – DATA COLLECTION**

<b>Time</b>	45 minutes
<b>Materials</b>	<ul style="list-style-type: none"> <li>• PowerPoint Slides</li> <li>• Handout 6: Data Planning Matrix</li> <li>• Newsprint and markers</li> <li>• Prepared newsprint for each group – Data planning matrix (Measure/blank column)</li> </ul>
<b>Session type</b>	Plenary Small group activity

#### **Slide 45**

#### **Step 4: Gather Credible Evidence** Data Collection

#### **1. Data Planning Matrix**



We have discussed three components of the evaluation process: creating your logic model, creating SMART objectives, and developing evaluation questions. In order to keep track of this information and what you need to implement your evaluation, we will utilize a tool called the Data Planning Matrix. Essentially, it is just a way to organize the information needed to conduct your evaluation activities.

**Distribute “Handout 6: Data Planning Matrix.” Show slides while you describe below.**



**Slide 46**

**Data Planning Matrix**

Table that captures evaluation questions, SMART objectives, measures, and how, when, and by whom data will be collected.

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
-----------	---------------------	---------	-------------	----------------------------	--------------------------------



At this point, you have already begun completing the first two columns of the matrix by entering the SMART objective and corresponding evaluation question. We will walk through the process of completing the entire data planning matrix by entering the dinner example and one Safety Counts example.

**Slide 47**

**SMART Objective**

- A specific and measurable step

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By the end of the school year, our family will increase the average number of weekly dinners with all members present from one per week to three dinners per calendar week.					



**Slide 48**

**Evaluation Question**

- The question mom is interested in answering.

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By the end of the school year, our family will increase the average number of weekly dinners with all members present from one per week to three dinners per week.	Are all family members at home more often during dinner hour during the 1st semester or during the 2nd semester?				



We now need to determine what you need to know to answer your questions. The next step is to determine the data element(s) necessary to answer your questions. Each evaluation question should have a corresponding “measure of success.”

**Slide 49**

**Measure**

- Tells you the extent to which an output or outcome has been achieved
- Is specific and measurable
- Measures can be quantitative (counts, proportions or percentages, Likert scale scores, etc.) or qualitative (i.e., narratives).

**Slide 50**

**Measure**

- Quantitative or qualitative means to gauge progress toward an objective.

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By the end of the school year, our family will increase the average number of weekly dinners with all members present from one per week to three dinners per calendar week.	Are all family members at home more often during dinner hour during the 1st semester or during the 2nd semester?	<p>1) Total # of calendar days that all family members are present at dinner during the school year / 294 days</p> <p>2) Total # of days that all family members are present at dinner during the 1st semester / 147 days</p> <p>3) Total # of days that all family members are present at dinner during the 2nd semester / 147 days</p>			



Notice that the first measure will help us determine whether we have met our objective. However, in order to answer our evaluation question, we need more specific information and have included the second and third measure. Because we specified a calendar week in our objective, the measure takes into account all seven days and does not exclude school vacation days.

Now let's look at an example using Safety Counts.

**Slide 51**

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By December 31, 2010, 60% of those clients who attend Group Session 1 will complete the remaining required sessions.					

**Slide 52**

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By December 31, 2010, 60% of those clients who attend Group Session 1 will complete the remaining required sessions.	What is our completion rate?				



**Slide 53**

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By December 31, 2010, 60% of those clients who attend Group Session 1 will complete the remaining required sessions.	What is our completion rate?	# clients who completed all required sessions (7) / # clients who attended the first group session			



In the next activity, you will identify measures for each of the objectives and questions developed in the previous exercises. Remember that sometimes a measure can be a simple count or tally: *total number of clients who attended group session one during the reporting period.*

However, in order to answer the evaluation question and determine if the objective has been met, measures are often expressed as proportions or percentages. A proportion is just a relationship between two quantities and is expressed with a numerator and denominator. There will be a numerator (the smaller number) that is divided by the denominator (the larger number). In the example, if all of your clients completed the sessions, you would have a proportion of one and a completion rate of 100%. Otherwise your proportion will be less than one.

**Slide 54**

**Measures**

- When expressed as a proportion, measures include two data elements to provide the necessary information:

<u>Numerator</u>	Number of clients who completed all <u>required sessions</u>	<u>56</u>	56/80 =
Denominator	Number of clients who attended the first group session	80	0.70 x 100 = 70%





### Activity: Identifying Measures

After walking through the first example together, instruct the participants to work in their same small groups to identify the measures that correspond to the SMART objectives and evaluation questions that they have previously developed using Handouts 4 and 5.



**Prior to training, prepare a second newsprint for each group. Draw 2 columns and 2 rows on each page (blank data planning matrix). Label the first column “Measure” and leave the second column blank. Leave the rows blank.**

**Allow 10 minutes for participants to complete the measures column.**

Participants may complete the first three columns of the data planning matrix (Handout 6) in addition to the group’s newsprint.

Inform participants that they will continue to develop their matrices and they will have time to share their responses as they complete more columns but entertain any questions or comments that participants may have at this time.

## 2. Identify forms needed



This brings us to the next column in the data planning matrix. The next step in completing the matrix is to determine the appropriate source for your data. How and from where will you obtain the information needed for each of your measures of success? Remember that we need these measures because they will be used to answer your evaluation questions and determine whether you have met your SMART objectives.

In our Safety Counts example, we will cite forms from the Safety Counts Evaluation Field Guide.

**Slide 56**

**Data Source**

- Data source for the measure
- Reliable and easy to collect

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By the end of the school year, our family will increase the average number of weekly dinners with all members present from one per week to three dinners per calendar week.	Are all family members at home more often during dinner hour during the 1st semester or during the 2nd semester?	1) Total # of calendar days that all family members are present at dinner during the school year / 294 days  2) Total # of days that all family members are present at dinner during the 1st semester / 147 days  3) Total # of days that all family members are present at dinner during the 2nd semester / 147 days	Stickers on calendar		



**Slide 57**

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By December 31, 2010, 60% of those clients who attend Group Session 1 will complete the remaining required sessions.	What is our completion rate?	# clients who completed all required sessions (7) / # clients who attended the first group session	Program Monitoring Summary; Client Participation Records		



You may find that you already capture the data elements that you need on your current forms at your agency. Or you may discover that you have to revise your existing forms or adopt new forms.

Remember that you must follow all local protocols and policies regarding data storage and client confidentiality.



**Ask participants by a show of hands:**

- *How many of you are using the forms from the Safety Counts Program Manual exactly as they were written?*
- *How many of you have adapted the forms to include additional information for your agency?*
- *How many of you have compared your Safety Counts data collection forms with the CDC required NHM&E variables (those that have to be entered in PEMS)?*



There are several data collection forms in the Evaluation Field Guide that have been adapted from the Safety Counts Program Manual forms. If you are using the program manual forms as they are written or if you have not compared your data collection forms with the NHM&E required variables, these data collection forms may help you. Each of them has been reviewed to ensure they include the NHM&E required data variables.



## Slide 58



### Activity: Identifying Data Sources

For each of your SMART objectives and Measures listed in your data planning matrix (Handout 6), look through the Evaluation Field Guide to identify the form or forms (also referred to as “instruments” in the Field Guide) that would provide the information you need and complete the “Data Source” column. The forms can be found in Section 4: Data Collection Protocols, page 38.

**Allow participants 15 minutes to identify their forms and have a discussion at their table.**



**Instruct the participants to add the heading “Data Source” to the fourth column of their group matrix and prepare to present the data sources that correspond to their previous two examples of objectives/evaluation questions/measures.**

In their small groups, participants should discuss the following questions:

## Slide 59

### Discussion Questions

- *Do any of the forms contain information you are not currently collecting?*
- *What differences do you see between the forms you have been using and the forms in the Field Guide?*
- *What challenges do you currently face in data collection? How do you address these challenges?*

### Facilitator notes:

Reconvene and facilitate a discussion with the entire group asking for their impressions of the data collection forms and their responses to the following:

- ***Does anyone have a measure that requires data not included on any of the data collection forms in the Safety Counts Evaluation Field Guide?***
- ***Are there any new forms that you saw? Do you see them as being useful?***
- ***What did you like about these forms?***
- ***What did you not like about these forms?***



- **Do you see any challenges to using any of these forms for data collection?**

You may also have noticed that for each of the evaluation questions outlined in the Evaluation Field Guide, there is a table that lists the required data (measure of success), data source, and analysis summary. The data source corresponds to the data source column on the data planning matrix.

### 3. Who should collect data and when should data be collected?



The next two columns in our data planning matrix ask you to specify who will collect the data and the timeline for data collection. Section 3 of the Field Guide (page 30) includes a Data Collection Activities and Schedule table for Safety Counts.

#### Slide 60

#### Who will collect the data?

- Person who is responsible for collecting the data during implementation

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By the end of the school year, our family will increase the average number of weekly dinners with all members present from one per week to three dinners per calendar week.	Are all family members at home more often during dinner hour during the 1st semester or during the 2nd semester?	1) Total # of calendar days that all family members are present at dinner during the school year / 294 days  2) Total # of days that all family members are present at dinner during the 1st semester / 147 days  3) Total # of days that all family members are present at dinner during the 2nd semester / 147 days	Stickers on calendar	<b>Mom</b>	



**Slide 61**

**Time frame for Data Collection**

When the data will be collected.

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By the end of the school year, our family will increase the average number of weekly dinners with all members present from one per week to three dinners per calendar week.	Are all family members at home more often during dinner hour during the 1st semester or during the 2nd semester?	1) Total # of calendar days that all family members are present at dinner during the school year / 294 days  2) Total # of days that all family members are present at dinner during the 1st semester / 147 days  3) Total # of days that all family members are present at dinner during the 2nd semester / 147 days	Stickers on calendar	Mom	<b>Nightly</b>  <b>Count monthly</b>



In our Safety Counts example, the data source column includes a form that is used for program reporting and M&E (Program Monitoring Summary). In this case, the person responsible for collecting the data may also include the Program Manager, who may compile data from implementation forms. Section 3 of the Evaluation Field Guide contains a Data Collection Activities and Schedule table. For each of the forms (or instruments) included in the guide, it lists when the data should be collected and by whom. You can adapt this table to reflect program implementation at your agency.



**Slide 62**

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By December 31, 2010, 60% of those clients who attend Group Session 1 will complete the remaining required sessions.	What is our completion rate?	# clients who completed all required sessions (7) / # clients who attended the first group session	Program Monitoring Summary; Client Participation Records	Facilitator; Counselor; Program Manager	

**Slide 63**

Objective	Evaluation question	Measure	Data source	Who will collect the data?	Time frame for data collection
By December 31, 2010, 60% of those clients who attend Group Session 1 will complete the remaining required sessions.	What is our completion rate?	# clients who completed all required sessions (7) / # clients who attended the first group session	1. Client Participation Records 2. Program Monitoring Summary	Facilitator; Counselor; Program Manager	1. Updated after each session for each client 2. Monthly, quarterly and at the end of each intervention cycle



In addition to thinking about who is collecting the data and when data are collected, it is important to develop policies and procedures at your agency that stipulate how data are handled. These may be part of a formal data management plan or your agency's standard operating procedures. Regardless, it is critical that issues of client confidentiality and data security are addressed and formally recorded. It will also ensure continuity and sustainability if there is staff turnover.



Although we are not discussing it in detail, remember that it is also important to provide staff training anytime you modify your data collection instruments, you begin a new program, or new staff join your program. Annual data security and confidentiality updates are highly encouraged. Additionally, ongoing opportunities for continuing education, feedback, and learning are important for staff development.

We have now completed each of the columns in the data planning matrix. Remember, this is all in the planning phase. So our next question is what will we do with the data once we have them?

**E. STEP 5: JUSTIFY CONCLUSIONS – COMPILE DATA, ENSURE DATA INTEGRITY, AND ANALYZE DATA**

<b>Time</b>	45 minutes
<b>Materials</b>	<ul style="list-style-type: none"> <li>• PowerPoint Slides</li> <li>• Handout 7: Using Data to Determine if Objectives Were Met</li> <li>• Handout 7A: Using Data to Determine if Objectives Were Met</li> <li>• Handout 8: CDC NHM&amp;E Data Collection and Submission</li> <li>• Newsprint and markers</li> </ul>
<b>Session type</b>	Plenary Small Group Activity

**Slide 64**

**Step 5: Justify Conclusions Gather Credible Evidence**  
Data Collection



The fifth step in the CDC program evaluation framework is to compile data, ensure data integrity, and analyze the data. To help you, you could also expand the Data Planning Matrix and include additional columns related to data analysis – how will data be analyzed, who will analyze the data and the timeline for data analysis.



### Slide 65

#### Before we can use data to draw conclusions we must:

1. Compile the data
2. Ensure data integrity
3. Analyze the data
4. Present data in a clear understandable form



Data compilation involves aggregating all the data collection forms and tallying the data. The Evaluation Field Guide includes the Safety Counts Program Monitoring Summary that records tallied process data.

### Slide 66

#### Compiling Data

- Tallying data
- Decide who will aggregate the data



By ensuring data integrity, you are looking to see that data were not omitted and that the data were entered correctly in the database. The Quality Assurance report in PEMS can also assist you with this process. Some of the steps to ensure data integrity may happen in conjunction with or prior to data compilation (e.g., inspect forms).

### Slide 67

#### Ensuring data integrity

- Inspect forms
- Check for errors on data collection forms and in the database
- Ensure no data were omitted



Data analysis is the process of calculating quantitative data and summarizing qualitative data that will identify trends, gaps and answer evaluation questions. In Section 2 on pages 21- 29 of the Safety Counts Evaluation Field Guide, there are examples of data analysis calculations for various evaluation questions.

### Slide 68

#### Data Analysis

- Identify trends and gaps
- Calculation of data: tally or proportion
- Proportion is simple division of two data sets

### Slide 69

#### Calculating a Proportion

What proportion of clients who inject drugs received training on safer injection practices?

Divide the number of clients who inject drugs and who received training on safer injection practices by the total number of clients who reported that they inject drugs.

## 1. Using your data to determine if objectives were met

### Slide 70



#### Activity: Using Data to Determine if Objectives Were Met

Distribute “Handout 7 and 7A: Using Data to Determine if Objectives Were Met”.

We are going to practice calculating some data from a Safety Counts program.

ABC House is in Year 1 of their new CDC funding for Safety Counts and staff are examining data from the previous funding cycle.

The agency planned to implement two cycles of Safety Counts within the fiscal year July 2009- June 2010. Cycle one took place from August 2009 through November 2009 and Cycle two took place from Jan 2010 to April 2010. ABC House planned to reach 25 IDU clients, ages 25 to 55.

ABC House planned to implement the Safety Counts curriculum without any modifications, which included conducting a minimum of seven sessions: Group Session One, Group Session Two, Individual Counseling Session, Follow-up



Contact One, Follow-up Contact Two, Social One, and Social Two. Although clients may have completed additional individual counseling sessions, follow-up sessions, and social events, ABC House determined that a client had “completed the Safety Counts intervention” if he or she attended the minimum required seven sessions.

ABC House also planned to conduct a risk reduction interview for each client at the end of the intervention.

Using the excerpt of the Data Planning Matrix developed by the ABC House staff for Year 5 implementation of Safety Counts, ask the participants to use the supplemental data collection forms with mock data to answer each of the following evaluation questions:

1. **Which of the core elements were implemented with fidelity?**
2. **What proportion of clients who participated in Group Session One were members of the target population?**
3. **What proportion of clients who completed the Safety Counts intervention completed the risk reduction interview?**

**Allow participants 15 minutes to calculate the measures and have a discussion at their table to answer the evaluation questions.**

Ask for volunteers to share their calculations.

Facilitate a discussion about what their results tell them about the delivery of the intervention and what conclusions they can reach based on these data.

For each objective, ask the participants:

***Did this program meet the objective?***

- ***If the objective was met:***
  - ***What does this tell you about the delivery of the intervention?***
  - ***What other conclusions can you reach based on these data?***
  - ***What else would you want to know?***
    - Example questions for objective 3 include:*
      - *Is there something specific that counselors do to ensure that a client returns for the risk reduction interview?*
      - *What are staff members doing to reinforce attendance at*



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*the additional risk reduction interview, even though it is not a required session?*

- *When is the risk reduction interview conducted?*
- **How could you gain insight?**
  - Examples for objective 3 include:*
  - *Reviewing: Activity logs, participation records, incentives provided, process for scheduling/reminding clients of risk reduction interview.*
  - *Conduct client surveys with those who complete the risk reduction interview.*
  - *Hold discussions with counselors to understand how clients are encouraged to attend the risk reduction interview.*
- **If the objective was not met:**
  - **What else would you want to ask?**
    - *Why did we not reach our objectives?*
    - *Did we deliver the intervention according to our plan?*
    - *Was something left out or was the intervention changed that may have made it less effective than originally demonstrated?*
  - Example questions for objective 3 include:*
    - *Does retention have to do with the characteristics of our population of current drug users?*
    - *Do clients respond to incentives?*
    - *Is there a difference between the clients who complete the intervention and those who attend the risk reduction interview?*
  - **How could you gain insight?**
    - Examples for objective 3 include:*
    - *Ask counselors what they believe are the factors that encourage clients to complete the risk reduction interview.*
- **What if you could not determine if the objective was met? What would you want to know?**
  - *Were session records completed for each client? If not, why?*
  - *Were session records entered into the database? If not, why?*



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During the first few months of program implementation, you should examine each of the process objectives (outlined in your Data Planning Matrix) as we just demonstrated and identify any areas in which the objectives are not being met. This process will ensure that you identify the objectives that are not on target and the reasons why they are not being met. If you are not on track to meet your objectives, you can identify barriers and make corrections if appropriate.

For example, you may find that the clients you are enrolling in Safety Counts do not return for subsequent sessions and are not completing the intervention. You will want to determine if modifications to the enrollment process, providing reminders to clients, staff training, provision of incentives, or some other effort is needed to help correct client retention.

You will want to go through the same process for all of your objectives according to the appropriate timeline (monthly, quarterly, annually, etc.) and determine if you are meeting your objectives. At that point, you can determine if you need to obtain additional information or if you need to make changes to some element of your program. The most important part of the evaluation process is that you are able to use the data you collect to make informed programmatic decisions.



## 2. Planning for CDC National HIV Prevention Program Monitoring and Evaluation (NHM&E) data collection and submission

Distribute “Handout 8: CDC NHM&E Data Collection and Submission” for participants own use.

### Slide 71

#### Planning for Safety Counts Data Reporting

Specify Time Frames, Due Dates, and/or Activities for Each of the Following Categories				
CDC Submission Deadline	QA Activities	Reports	Data Entry	Data Collection Forms
February 15 Includes 4 <sup>th</sup> quarter data (October 1 – December 31)				
May 15 Includes 1 <sup>st</sup> quarter data (January 1 – March 31)				
August 15 Includes 2 <sup>nd</sup> quarter data (April 1 – June 30)				
November 15 Includes 3 <sup>rd</sup> quarter data (July 1 – September 30)				



Now that you can see all the steps involved in data analysis, it is important to manage your time efficiently in preparation for Safety Counts data reporting. CDC data submission takes place on a quarterly basis. In addition, you will want to consider timelines for other reports and requirements such as: Interim Progress Reports (IPRs) and Annual Progress Reports (APRs), Board reports, state/local health department reports, Community Planning Group (CPG) reports, etc. Prior to data submission, there are activities that you will need to conduct, such as ensuring data collection forms are complete, ensuring data have been entered into your database, running reports, conducting QA, and submitting the data.

This handout can be used as a worksheet to plan your M&E activities and ensure that all activities are complete in time for NHM&E data submission. You can create similar



spreadsheets or modify the columns as needed to help you organize your evaluation activities and meet other reporting deadlines.

## F: STEP 6: ENSURE USE & SHARE LESSONS LEARNED

<b>Time</b>	45 minutes
<b>Materials</b>	<ul style="list-style-type: none"> <li>• PowerPoint Slides</li> <li>• Handout 9: Using Data for Program Planning and Improvement</li> <li>• Newsprint and markers</li> </ul>
<b>Session type</b>	Plenary Small Group Discussion

### Slide 72

#### Step 6: Ensure Use and Share Lessons Learned



The last step in the CDC framework is to ensure use of the evaluation results to improve your program and share the lessons learned from the evaluation process. There is no use conducting an evaluation if you do not use the information you have gathered or share the results.

#### Facilitate a discussion with participants.



*“What are some ways that you could (or currently do) share evaluation results and information about your program with your stakeholders?”*



Remember that the way you disseminate your evaluation results will depend on the audience and how the results will be used. It is important that information about the evaluation is shared in a timely manner.

### Slide 73

#### Sharing Lesson Learned with Community Stakeholders

- Written reports
- Oral presentations



- Fact sheets
- Mass media – newspapers, press release
- New media – blogs, Twitter, Facebook



So this is our big pay-off. How can we use our evaluation findings? We talked about the benefits of monitoring and evaluation when we started this training. Now we can speak specifically how the evaluation findings can be used to improve your Safety Counts program.

Now that we have already discussed how to determine if you met your objectives and what additional questions you might want to ask, we are going to examine a case study to further explore how our evaluation findings can be used to help improve our program.

#### Slide 74



#### Activity

Explain that participants should read the scenario, review the accompanying data and discuss the answers to the questions in their small groups.

**Distribute “Handout 9: Using Data for Program Planning and Improvement” and the accompanying summary reports to each participant.**

ABC House is a community-based organization that provides HIV prevention services to high-risk individuals in their community, including injection drug users. ABC House received funding from CDC to implement Safety Counts and has been implementing the intervention for the last five years.

Recently, a new Program Manager joined the staff. This Program Manager has previous experience with the Safety Counts intervention and has received training on monitoring and evaluating HIV prevention programs. This Program Manager wants to know how Safety Counts has been implemented at ABC House, whether changes need to be made, and if the organization should apply for additional funding when it becomes available.

The Program Manager is aware that Safety Counts was implemented as designed and adaptation was deemed not necessary. Staff members have collected process



data for the last five years and began conducting the four month risk reduction interview to collect outcome data two years ago.

As part of the agency's monitoring and evaluation plan for Safety Counts, ABC House decided to focus on two key questions:

- *Did the Safety Counts intervention reach its intended audience?*
- *Is Safety Counts having an effect on its clients?*

**Your job is to look at the summary reports as if you are the new Program Manager and consider the following questions:**

- What do these data tell you about the implementation of Safety Counts?
- Can you answer the ABC House's evaluation questions with the data you have?
- What do you want to know more about?
- What recommendations do you have for changes that may need to be made?

**Allow 15 minutes for participants to discuss the scenario. Reconvene the group and facilitate a discussion asking:**

**Slide 75**



We have now seen several examples of how data can be used to make educated decisions about your program and provide you with the information needed to make changes and/or improvements to your program.



Although this is not a comprehensive list, evaluation findings can be used to:

- **Understand how your program is implemented.** Results pertaining to process evaluation allow you to determine whether or not program activities are conducted as planned. If not, you have the information to make changes or ask additional questions.
- **Get an idea about your program effectiveness.** Are there changes in the target population?
- **Identify training and TA needs.** Do staff members need additional training to help ensure fidelity, retention, etc?
- **Allocate program resources.** Do you need to allocate additional resources to training, incentives, etc.?

**Slide 76**

**Summary**

Evaluation findings can be used to:

- **Understand how your program is implemented**
- **Get an idea about your program effectiveness**
- **Identify training and TA needs**
- **Allocate program resources**

**VI. Recap, Closing, and Evaluation**

<b>Time</b>	15 minutes
<b>Materials</b>	• Training Evaluation
<b>Session type</b>	Plenary

- Provide a brief recap of the information covered during the day.
- Address any outstanding questions.
- Remind participants of the ongoing resources they have available to them.
- Thank participants.
- Distribute training evaluation.



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