

# THE **SIHLE** MONITORING AND EVALUATION FIELD GUIDE



**SISTERS INFORMING HEALING LIVING AND EMPOWERING**

A Peer-Led Group-Level Intervention to Prevent HIV  
among African-American Teenage Girls

## **ACKNOWLEDGMENTS**

The SIHLE Monitoring and Evaluation Field Guide was developed with funding from the Centers for Disease Control and Prevention (CDC). Dr. Aisha Gilliam of the Capacity Building Branch, Division of HIV/AIDS Prevention (DHAP), CDC, provided leadership on the conceptualization, development, and distribution of this document. Dr. Arlene Edwards reviewed the guide and provided valuable recommendations to the content.

We wish to acknowledge the project team at JSI Research and Training that developed this guide. In particular, we wish to acknowledge the authors, Andee Krasner, Dianne Perlmutter, and Elena Thomas Faulkner, and the support of JSI's Director of Research and Evaluation Dr. Susan Grantham, Regional Director Debra Olesen, and Program Manager Jacqueline Nolan.

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

# Table of Contents

<b>INTRODUCTION</b> .....	<b>1</b>
<b>CHAPTER 1: Monitoring and Evaluation – An Important Component of SIHLE</b> .....	<b>8</b>
<b>CHAPTER 2: Describe the Program</b> .....	<b>13</b>
<i>Step 1: Develop an Evaluation Logic Model</i> .....	<b>13</b>
<b>CHAPTER 3: Develop a Monitoring and Evaluation Plan</b> .....	<b>18</b>
<i>Step 2: Write Evaluation Questions</i> .....	<b>18</b>
<i>Step 3: Write SMART Objectives</i> .....	<b>21</b>
<i>Step 4: Determine Measures for SMART Objectives</i> .....	<b>23</b>
<b>CHAPTER 4: Gather Credible Evidence</b> .....	<b>28</b>
<i>Step 5: Collect Data</i> .....	<b>28</b>
<b>CHAPTER 5: Implement a Monitoring and Evaluation Plan</b> .....	<b>33</b>
<i>Step 6: Manage Data (Enter, Store, and Clean)</i> .....	<b>33</b>
<i>Step 7: Analyze Data (Compile Data and Calculate Measures)</i> .....	<b>35</b>
<b>CHAPTER 6: Use Results</b> .....	<b>39</b>
<i>Step 8: Use Data According to the Monitoring and Evaluation Plan</i> .....	<b>39</b>
<i>Step 9: Use Data for Advocacy and to Garner Support</i> .....	<b>43</b>
<b>Chapter 7: Report HIV Prevention Program Monitoring Data to CDC</b> .....	<b>45</b>
<i>Overview of the National HIV Prevention Program Monitoring and Evaluation Data Set</i> .....	<b>45</b>
<i>Use of PEMS Software for SIHLE Monitoring and Evaluation</i> .....	<b>48</b>
<b>CHAPTER 8: Overview and Summary of Tools</b> .....	<b>69</b>
<b>APPENDICES</b> .....	<b>72</b>
<b>Appendix A: SIHLE Monitoring and Evaluation Tools</b> .....	<b>73</b>
<b>Appendix B: 2008 National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&amp;E DS) Variable Requirements</b> .....	<b>124</b>
<b>Appendix C: References</b> .....	<b>132</b>



# INTRODUCTION

**T**his monitoring and evaluation (M&E) Field Guide was developed to provide a comprehensive M&E plan for the evidence-based intervention **Sisters Informing Healing Living and Empowering (SIHLE)**. M&E is used for determining the success of a program and whether it is implementing activities as planned. This guide will provide an introduction to basic M&E concepts and will introduce a suggested M&E plan for evaluating SIHLE that can be tailored to your agency's needs.

## **Purpose and Use of this Guide**

The purpose of this M&E Field Guide is to help you develop and implement a monitoring and evaluation plan for SIHLE.

This M&E Field Guide can be used to:

- assess capacity to conduct M&E
- identify staff to participate in M&E activities
- design a SIHLE M&E plan
- select tools for data collection and analysis
- develop and implement staff training on M&E
- use data for program improvement

There is no one way to implement M&E. M&E plans should always be tailored to the particular needs and characteristics of your agency. Some chapters and tools may be more pertinent to your work than others. All of the ideas and tools presented can be adapted to fit your particular agency's need and capacity.

### What is SIHLE?

SIHLE is a small-group, social skills training intervention for African-American, teenage (ages 14-18) females who are at high risk for contracting HIV. It is a behavioral intervention that is delivered in four three-hour sessions to groups of 10-12 teens. The sessions are facilitated by two peers (ages 18-21) and one adult in a community setting. All facilitators are female. The sessions are gender-specific and culturally relevant. They include group discussions, lectures, role-playing, and take-home exercises that teach teens skills and provide knowledge to help change the behaviors that put them at risk for contracting HIV.

### 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 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.

### Contents of the Guide

This M&E Field Guide is organized into eight chapters that outline nine steps to implementing your M&E plan. There are 16 tools that have been designed to assist you in executing each of the suggested steps.

**Chapter 1** describes the key components of M&E, including nine steps to successful M&E implementation. It discusses approaches to consider based on how SIHLE is conducted in your agency and reviews the core elements and key characteristics of SIHLE to provide a framework for your M&E plan.

**Chapter 2** introduces a process for developing an evaluation logic model, which is a visual description of how the SIHLE intervention is implemented. A sample evaluation logic model that can be adapted to fit your agency and the community and participant population you serve is included.

**Chapter 3** focuses on developing an evaluation plan for process and outcome monitoring. It guides you through the process of developing evaluation questions and SMART objectives, and identifying qualitative and quantitative measures and data sources you will use to measure your evaluation questions.

**Chapter 4** leads you through the development of a plan for collecting data, including identifying and testing data collection tools and determining how they will be used, and who will use them throughout the evaluation.

**Chapter 5** provides advice, information, and examples for managing and analyzing your M&E data, from data entry and cleaning to data analysis.

**Chapter 6** focuses on how to make the best use of the data you have gathered. This chapter discusses how data can be used for program improvement and planning, and then focuses on how to use data for advocacy efforts and for obtaining additional funding.

**Chapter 7** provides an overview of the National HIV Prevention Program Monitoring and Evaluation (NHM&E) data set and how the CDC database known as PEMS (Program Evaluation and Monitoring System) can be used to store data used for SIHLE M&E and reporting.

**Chapter 8** summarizes the tools that have been provided in this guide to assist you in implementing your SIHLE M&E plan. These tools are also introduced and explained throughout the guide depending on where they apply to each stage of the M&E process.

In **Appendix A** you will find the tools described in Chapter 8. The tools are suggested to assist you in implementing your evaluation plan and can be adapted to meet your needs.

**Tool 1** - Monitoring & Evaluation Task List

**Tool 2** - Sample Evaluation Logic Model

**Tool 3** - Behavior Change Logic Model

**Tool 4** - Implementation Planning Tool

**Tool 5** - SMART Table

**Tool 6** - Sample SMART Objectives for SIHLE

**Tool 7** - Sample Data Planning Matrix

**Tool 8** - Data Planning Matrix

**Tool 9** - Session Fidelity/Process Evaluation Forms

**Tool 10** - Session Evaluation Forms

**Tool 11** - Facilitator Observation Form

**Tool 12** - Sample Data Management Plan

**Tool 13** - Data Analysis Tool

**Tool 14** - Fidelity/Process Evaluation Excel Spreadsheet

**Tool 15** - Session Evaluation Excel Spreadsheet

**Tool 16** - Facilitator Observation Excel Spreadsheet

In **Appendix B**, there is a copy of the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) variable requirements. These variables are required to be collected by programs funded by the CDC to implement SIHLE.

**Appendix C** contains a list of references.

### How to Use this Guide

There are symbols and text flags throughout this guide to show you how to use it.



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



**TIME SAVER** - Signifies a “time-saver,” usually identifying a tool included in the guide that can be tailored to your agency’s needs.



**TIP** - Signifies a tip for how to approach an activity.

### Who Should Use this Guide?

This guide is intended for all staff who will be involved with any aspect of your agency’s SIHLE M&E plan. This includes staff directly involved in conducting the SIHLE intervention, program coordinators, and agency administrators, among others.

Ultimately, successful implementation of M&E of SIHLE depends on commitment from the staff at your agency. Therefore, it is important to involve your evaluation team in all aspects of M&E to ensure understanding of, and commitment to, M&E activities.

### This Guide Is...

This M&E Field Guide is intended to be used in conjunction with the *SIHLE Implementation Manual*. This manual includes instructions, tools, and materials related to M&E. This Field Guide uses or adapts many of the tools and materials from the SIHLE Implementation Manual and is intended to be a “how-to” manual that enables agencies implementing SIHLE to conduct their M&E plans and activities quickly and effectively.

### This Guide Is Not...

This guide is not intended to be a complete course on M&E. It does not provide information about how to conduct formative evaluation, as it is assumed that your organization has already conducted a formative evaluation prior to choosing and implementing SIHLE. This guide also does not discuss how to evaluate long-term outcomes or impact of the SIHLE intervention. Additional information on this topic can be found in the CDC Evaluation Capacity Building Guide and through the CDC Capacity Building Branch. For more information, visit <http://www.cdc.gov/hiv/cba>.

***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.***

— EVALUATION CAPACITY BUILDING GUIDE

### Additional Resources

Other resources, listed below, can help you plan and implement M&E activities for SIHLE. They include more detailed information on program evaluation. We will refer to these resources 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 has been designed to help organizations implementing Effective Behavioral Interventions (EBIs) like SIHLE develop their capacity to conduct program evaluation activities. It is intended to help you choose evaluation approaches and activities that make the most sense for your

agency and the programs you are conducting. It is a particularly useful resource for both the person overseeing your evaluation and those who are new to program evaluation. It also can be used to help you develop materials for training on evaluation for agency staff. Contact your Project Officer if you would like to request additional technical assistance to complement both the Capacity Building Guide and this Field Guide (CDC 2008a).

- **SIHLE Implementation Manual.** The *SIHLE Implementation Manual* provides detailed information about how to conduct the intervention. It provides handouts, session outlines, and information about how supervisors can provide feedback to facilitators.
- **Performance Indicators.** CDC has developed a series of performance indicators for each CDC-funded intervention, including SIHLE. You should refer to the most recent CDC guidance on required indicators for SIHLE to ensure that you are collecting the correct data.
- **NHM&E Resources.** 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 Data Set (NHM&E DS)* (CDC, 2008b). The NHM&E DS that 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 NHM&E Web site (<https://team.cdc.gov>). The *Program Evaluation and Monitoring System (PEMS) User Manual* (CDC, 2008c) 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 DS). It provides step-by-step instructions for each module in PEMS. Another resource is the *National HIV Prevention Program Monitoring and Evaluation Guidance (NHM&EG)* (CDC, 2008d). This manual provides a framework and specific guidance on using the NHM&E DS to monitor and evaluate HIV prevention programs. The *National HIV M&E Service Center* has staff available to answer NHM&E-related issues, requests, and questions, including those regarding the PEMS software. The Service Center also resolves concerns related to CT scanning and HIV test form requests; they can be reached at: [pemsservice@cdc.gov](mailto:pemsservice@cdc.gov) or call (888) 736-7311. The PEMS Help Desk is available to address questions or issues related to digital certificates and the Secure Data Network, e-mail [dhapsupport@cdc.gov](mailto:dhapsupport@cdc.gov) or call 877-659-7725.
- **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>.

- **The Diffusion of Effective Behavioral Interventions (DEBI) Project.** The DEBI Project was designed to bring science-based, community, group, and individual-level HIV prevention interventions to community-based service providers and state and local health departments. The goal is to enhance the capacity to implement effective interventions at the state and local levels, to reduce the spread of HIV and STDs, and to promote healthy behaviors. For more information about training on SIHLE, visit <http://www.effectiveinterventions.org>.

### Summary

The Introduction was an orientation to the purpose and content of the M&E Field Guide. This chapter introduced:

- An overview of the content of this guide
- Tips on how to use this guide
- Guidance on who should use this guide
- Additional resources for conducting SIHLE M&E

## MONITORING AND EVALUATION – AN IMPORTANT COMPONENT OF SIHLE

This chapter describes the essential components of a monitoring and evaluation (M&E) plan for SIHLE. Before a M&E plan can be developed, a clear description of the program that will be evaluated is needed. An evaluation logic model is a tool used to describe a program for the purpose of evaluation.<sup>1</sup> The next step is to put together a sound M&E plan. Every monitoring plan should include evaluation questions, measurable objectives, and clear measures. The M&E process has nine steps, each of which is described in subsequent chapters.

### The Monitoring & Evaluation Process - Nine Steps

- Step 1:** Develop an Evaluation Logic Model
- Step 2:** Write Evaluation Questions
- Step 3:** Write SMART Objectives
- Step 4:** Determine Measures for Smart Objectives
- Step 5:** Collect Data for Measuring Objectives
- Step 6:** Manage Data
- Step 7:** Analyze Data (Compile Data and Calculate Measures)
- Step 8:** Use Data According to the M&E Plan
- Step 9:** Use Data for Advocacy and to Garner Support

In order to develop a meaningful M&E plan, it is important to understand the key components of the program that you are implementing. Your agency should be familiar with the SIHLE core elements and key characteristics, as well as your approach to implementing the SIHLE intervention. This familiarity with the intervention will help your agency develop an evaluation logic model, and use this guide effectively to develop and carry out your M&E plan.

---

<sup>1</sup> Logic models are tools that can be used to indicate the logical process from resource input to obtaining a desired outcome or product. For this guide, a logic model is used to indicate the steps an organization will take to evaluate its implementation of the SIHLE intervention.

As presented in the *Implementation Manual*, SIHLE has already been proven to reduce risk for HIV infection, as long as the identified core elements of SIHLE are maintained. Your monitoring and evaluation activities, therefore, do not need to prove that the overall intervention is effective. Instead, your agency’s monitoring and evaluation efforts can focus on ensuring that the intervention is being implemented with fidelity, and identifying opportunities for program improvement. In doing so, it is critical to be familiar with SIHLE’s core elements and key characteristics.

**Remember that you cannot adapt or change any of the core elements of SIHLE when you implement SIHLE at your agency.** Otherwise, there is the potential that SIHLE may not be implemented as intended, and, therefore, may not prove to be as effective. **Changes in key characteristics require approval from your Project Officer.**

### SIHLE Core Elements

1. Conduct small group sessions that meet the session goals.
2. Implement SIHLE with female teens who have had sexual intercourse and are between the ages of 14-18 (inclusive).
3. Use one skilled adult female facilitator, who is knowledgeable about youth subculture, and two peer female facilitators (ages 18-21) to implement SIHLE group sessions. They should possess group facilitation skills and comprehensive knowledge of the intervention. Mastering co-facilitation is critical to implementation.
4. Use materials that are age, gender, and culturally appropriate to motivate gender and ethnic pride in teens, and to maintain interest throughout the sessions.
5. Train teens in assertive communication skills to demonstrate care for their partners and to negotiate abstinence or safer sex behaviors.
6. Teach teens proper condom use; SIHLE is designed to foster positive attitudes and norms towards consistent condom use and to instruct teens how to place condoms on their partners.
7. Discuss triggers that make negotiating safer sex for teens challenging.
8. Emphasize the importance of partner involvement in safer sex; the homework activities are designed to involve a male partner.
9. Deliver interventions to teens in community-based settings, not in school-based settings or during school hours.
10. Determine if your agency is required to obtain parental consent for teens’ participation by contacting your local health department HIV prevention office.

### SIHLE Key Characteristics

1. Include between 10-12 African-American female teens in the intervention.
2. New members should not join once the series of sessions has begun.
3. Each session should last approximately 3 hours.
4. Use facilitators who are from the same race/ethnicity and gender as the participants.
5. SIHLE can be adapted for different groups of African-American, female teens.
6. SIHLE must be implemented with passion, high-energy, and a charismatic approach.
7. SIHLE should be publicized as a program that was developed by African-American females for African-American females.
8. SIHLE should include HIV prevention discussions that address relationships, dating, and sexual health within the context of the female, African-American, teenage experience.

Any adaptations to the SIHLE key characteristics should be documented in your logic model (to be introduced in Chapter 2). You may want to write specific SMART objectives for each adaptation to monitor whether it is implemented as planned. For example, if your organization adapts SIHLE to target pregnant teens, your organization may want to provide information about the community resources available to new mothers. In the logic model, you would change your target population to “African-American, pregnant teens” and you might expand “gender/culturally appropriate resources” in the inputs, to include detailed information about family resources in the community, or you might want to add a discussion about what it means to become a mother. **It is important that any adaptations you make to SIHLE be documented and approved by your Project Officer.**



#### TIME SAVER

The Monitoring and Evaluation Task List (Tool 1) lists the tasks associated with development of a M&E plan. You can use this tool to create a work plan that identifies the responsible person(s) and time line for each task, and to track your progress as you develop and implement your M&E plan.

## Laying the Foundation for M&E

Key to successful implementation of an M&E plan is an assessment of your agency's capacity to conduct program M&E. Monitoring and evaluation 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 staff or program weaknesses rather than program accomplishments. Taking stock of your current experience and ability to conduct M&E will help you determine a realistic plan and develop strategies you may need to build capacity and commitment among staff.

**Most importantly, develop an M&E plan that is consistent with your agency's capacity to collect, store, analyze, and report data.** For example, if you have only a few staff familiar with M&E, you may want to collect data for the minimum requirements for reporting.

It is important to involve the right staff in M&E activities. Conducting effective SIHLE M&E will require the participation of a variety of staff in your agency. 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.

- **SIHLE facilitators** record information about each session, using suggested tools available in this guide.
- **Supervisors** conduct observations of facilitators and SIHLE sessions and record information about observations in a database, and participate in data analysis.
- **Data entry staff and/or facilitators** collect and enter data from each session.
- **Program coordinators** oversee implementation of the evaluation plan, participate in data analysis, and use data for reporting, program improvement and planning, and advocacy on behalf of the target population.

Some agencies retain consultants to assist them with program M&E. The consultant can serve as an evaluation leader and provide technical support on all aspects of the M&E plan. If you choose to work with consultants, make sure their roles and responsibilities are clearly defined and included in their contract. The consultant should also be fully informed about the program's goals and objectives and any evaluation plans that may have already been developed.



### TIP

#### Practical and useful steps to engage staff in M&E:

- Involve staff in the development of your M&E plan
- Provide training on M&E
- Identify additional resources you may need to implement the M&E plan

Participants and community members may also 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 or age-appropriate, and comments about the intervention and the facilitators - that might not be known or documented otherwise.

## Tools

As noted in the Introduction, this guide includes tools that were created to help your organization develop plans for implementing M&E, organize data collection activities, analyze data, and make the best use of data. These tools include a logic model, a data planning matrix, a sample data management plan, and a data analysis tool, among others. They can be found in Appendix A and will be discussed in detail as they are introduced.

## Summary

Chapter 1 described how to develop a monitoring and evaluation plan and makes suggestions about who should be involved.

This chapter introduced:

- Nine steps of a M&E plan
- The core elements and key characteristics of SIHLE
- Involving staff in the M&E process
- Tool 1 - The Monitoring and Evaluation Task List

# 2

## DESCRIBE THE PROGRAM

**T**he first step in preparing the SIHLE monitoring and evaluation (M&E) plan is to develop an evaluation logic model. The evaluation logic model provides a visual description of an intervention or program, and drives the development of the M&E plan.

### STEP 1: DEVELOP AN EVALUATION LOGIC MODEL

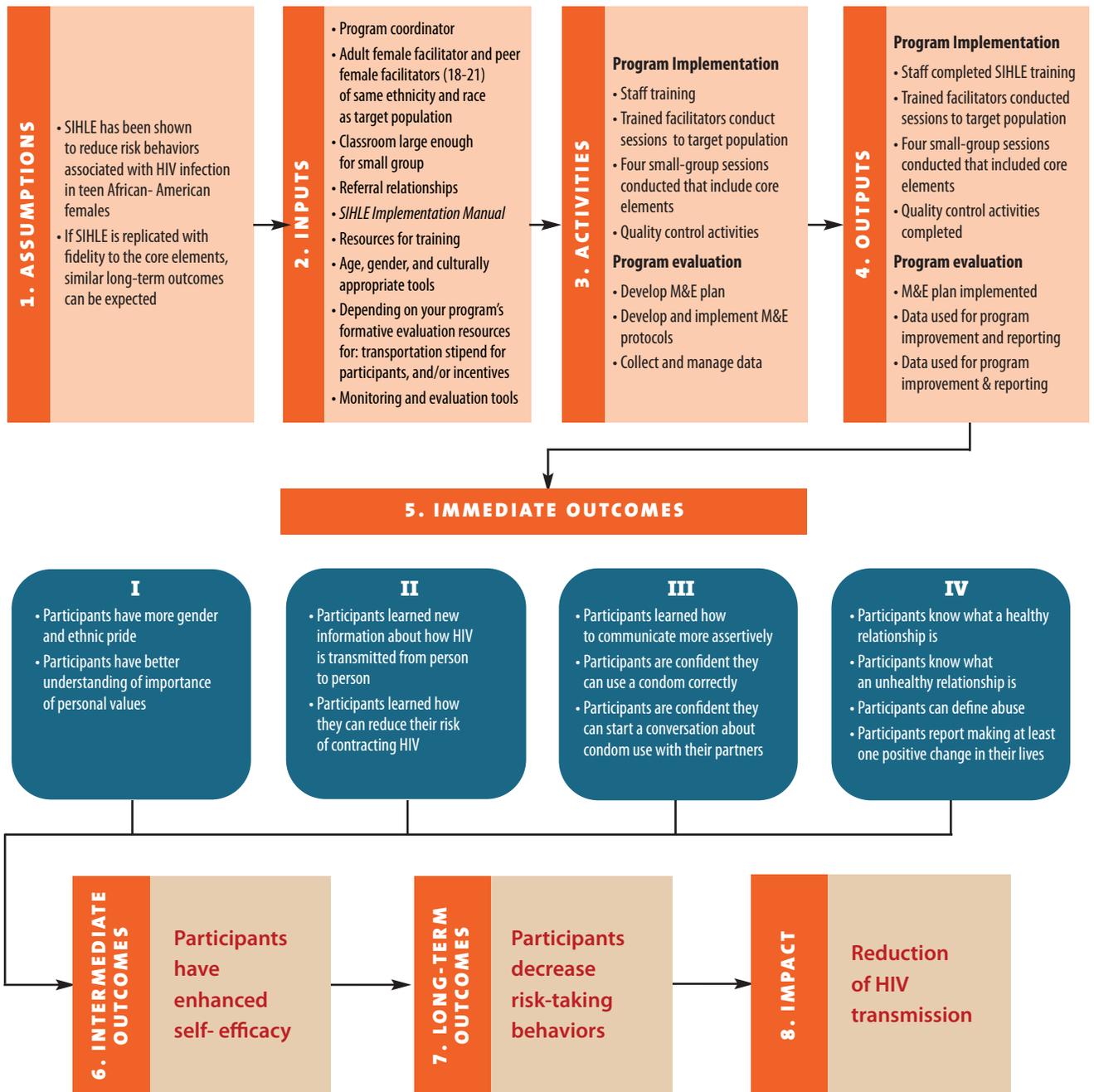
An evaluation logic model for SIHLE will provide a common language and understanding of the SIHLE intervention for staff in your agency. It identifies the critical assumptions, inputs, activities, outputs, and outcomes of SIHLE. It is based on the *SIHLE Implementation Manual* and the research that was conducted on the intervention. The logic model depicts the “logical” pathway through which the SIHLE intervention leads to accomplishing the intended impact of a reduction in HIV transmission. Your agency’s logic model describes how you are implementing SIHLE for your participant population and agency. It reflects the program implementation model that your agency has chosen.

***A Logic Model is “a tool used to visually describe the main elements of an intervention and illustrate the linkages between the components.”***

— Evaluation Capacity Building Guide

### EXAMPLE LOGIC MODEL FOR SIHLE

*This intervention is targeted at teen (ages 14-18 inclusive) females.*



### Assumptions

SIHLE is an evidence-based intervention (EBI), meaning that it has been scientifically evaluated and found to reduce risk behaviors that are associated with contracting HIV. As an EBI, it is assumed that if SIHLE is implemented with fidelity, (that is, if the core elements are maintained and implemented as intended) it will reduce risk behaviors among your participants that are associated with HIV transmission. **Your agency is not required to demonstrate that the intervention reduces risky behaviors associated with HIV transmission since this has already been established.** However, your agency will need to demonstrate that the basic assumptions of the logic model have been met, namely, that SIHLE has been implemented with fidelity to the core elements and key characteristics. This assumption is noted in the first column of the logic model.

### Inputs

The Inputs column describes the resources your agency will need to implement the SIHLE intervention. The meaning of “replicate with fidelity” (see Assumptions column) is that all the SIHLE core elements are implemented by your agency.

### Activities

The Activities column is derived primarily from the core elements of the SIHLE intervention. It describes the activities the agency will undertake to deliver the core elements of SIHLE. These will later be compared to the outputs in order to answer one of the two critical M&E questions: *“Are we doing what we said we would do?”*

### Outputs

Each activity is related to an output. Comparing the activities to the Outputs column helps develop the process monitoring questions and answers the question, *“Are we doing what we said we would do?”* For example, is your agency implementing SIHLE with four sessions? If not, why not?

### Outcomes

Outcomes measure the expected changes seen in participants. Outputs are linked to immediate outcomes. Participants in SIHLE should report that they feel more pride, know more about HIV infection, sexually transmitted diseases (STDs), using communication and negotiation skills and using a condom, and that they can identify healthy and unhealthy relationships. These, in turn, based on the SIHLE study (DiClemente, 2004), should lead to the longer-term outcomes of participants practicing safer sex more often.

The Outcomes column relates directly to the second critical M&E question: *“Is what we are doing having its intended effect?”*

Finally, the impact, “reduction of HIV transmission” flows directly from the immediate, intermediate, and long-term outcome of safer sex practices. The intermediate and long-term outcomes boxes are shaded a different color from the immediate outcomes boxes because they are more difficult and resource-intensive to monitor and evaluate. The research done on SIHLE has already demonstrated the links between the intervention and the long-term outcomes (DiClemente, 2004). It is not necessary for your organization to demonstrate the links again. However, if you have the resources, you can choose to monitor and evaluate intermediate outcomes by administering the pre- and post-test found in the *SIHLE Implementation Manual*.

In addition to the Sample Evaluation Logic Model, you can also use the Behavior Change Logic Model (Tool 3) and Implementation Planning Tool (Tool 4) (also available at <http://www.effectiveinterventions.org/go/interventions/sihle>) for understanding the SIHLE program. The Behavior Change Logic Model describes the intent of the SIHLE intervention, including which behaviors it aims to change, the behavioral determinants of risk, the activities in SIHLE that help participants change behaviors, and the outcomes the program is anticipated to affect. The Implementation Planning Tool is a guide to planning the pre-implementation, implementation, maintenance, and monitoring and evaluation activities. All of these tools will assist you in developing evaluation questions.



### RECOMMENDED ACTIVITY

Review the Sample Evaluation Logic Model (Tool 2), the Behavior Change Logic Model (Tool 3), and Implementation Planning Tool (Tool 4).

Tailor the evaluation logic model as needed to fit:

- your agency
- the community you serve
- the specific characteristics of the participant population that will receive SIHLE
- your agency’s implementation model for SIHLE

**TIME SAVER**

The Sample Evaluation Logic Model (Tool 2), the Behavior Change Logic Model (Tool 3), and Implementation Planning Tool (Tool 4) are included In Appendix A.

The Implementation Planning Tool is also available at the Diffusion of Effective Behavior Interventions at the Web site <http://www.effectiveinterventions.org/go/interventions/sihle>.

**Summary**

Chapter 2 introduced an evaluation logic model and described how it can be used to develop an M&E plan.

This chapter introduced:

- Components of an evaluation logic model
- An example SIHLE evaluation logic model
- Discussion of how to use the SIHLE Behavior Change Logic Model and the Implementation Planning Tool
- Tool 2 - Sample Evaluation Logic Model
- Tool 3 - Behavior Change Logic Model
- Tool 4 - Implementation Planning Tool

# 3

## DEVELOP A MONITORING AND EVALUATION PLAN

**T**he purpose of a monitoring and evaluation (M&E) plan is to provide meaningful feedback about the program that is being implemented. In order to gather the information you want, it is helpful to develop evaluation questions that describe “what you want to know” about your program. After you have asked a question, you need to describe how that question will be answered; measurable objectives describe “how you will know it.”

In this chapter, you will learn how to design your M&E plan by completing the following:

**Step 2:** Write evaluation questions

**Step 3:** Write SMART objectives

**Step 4:** Identify measures for SMART objectives

### STEP 2: WRITE EVALUATION QUESTIONS

The SIHLE evaluation logic model provides the conceptual framework for creating evaluation questions. These questions should focus on how the program is being implemented, including whether you have reached your target population (**process**), and on what changes (**outcomes**) occur for teens who participate in SIHLE.

Here are some evaluation questions to keep in mind as you write questions for your M&E plan:

- What activities are being done as a part of the intervention?
- Who is being reached by the intervention?
- Is the intervention being delivered as planned?
- Is the intervention reaching the target population?
- Is the intervention achieving its intended outcomes?

## Process Monitoring

The evaluation questions related to process come primarily from the “Activities” and “Outputs” columns of the logic model.

***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.***

— Evaluation Capacity Building Guide

Questions addressing **process monitoring** may include:

- Have implementation, M&E, and quality assurance plans been developed?
- Are problems with implementation being addressed?
- Are staff appropriately trained and supported to implement SIHLE?
- Are facilitators following the protocol for delivery of SIHLE?
- Are quality assurance activities being completed?
- How many participants have been served by SIHLE and what are their characteristics?

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

— Evaluation Capacity Building Guide

Questions addressing **process evaluation** may include:

- Is the *intended* target population being reached?
- Are the expected numbers of participants being reached?
- Do participants who start SIHLE complete the intervention?
- What are the differences between participants who complete the intervention and those who do not?
- Is the program being implemented as planned?
- What are the differences between how SIHLE was planned and how it was actually implemented?
- Are participants satisfied with SIHLE?

## Outcome Monitoring

The evaluation questions related to outcomes come from the “Outputs” and “Outcomes” columns of the logic model.

***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.***

— Evaluation Capacity Building Guide

Questions addressing **outcome monitoring** may include:

- After participating in SIHLE, do participants have more gender pride and knowledge about HIV infection, condom use, and healthy and unhealthy relationships?
- Do participants returning for a second, third, or fourth session report that they made a positive change in their behavior as a result of the previous session?
- Are participants accessing a service they are referred to?

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

There may be additional questions your agency wants to answer about SIHLE, and those should be included as well. For example, if you are implementing SIHLE with only one segment of your participant population that your agency serves, you may want to ask whether participants receiving SIHLE are more likely to use condoms than participants who do not receive SIHLE.

Process M&E activities will help you ensure that you are delivering the intervention as intended. Through **outcome monitoring** you will assess whether SIHLE is having its intended effect.

**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 3: WRITE SMART OBJECTIVES**

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

**SMART objectives are:****S**PECIFIC**M**EASURABLE**A**PPROPRIATE**R**EALISTIC**T**IME-PHASED

Your M&E plan will focus on collecting data related to process objectives and immediate outcome objectives. While the initial SIHLE research included intermediate outcome objectives related to decreased STD infection and fewer episodes of unprotected vaginal intercourse, **tracking of intermediate or long-term outcomes is not a required part of the SIHLE intervention.** You may track intermediate outcomes if you have the resources and you want to, but you are not required to monitor or evaluate them.

**TIME SAVER**

- To assist you in writing your own SMART objectives, there is a SMART Table (Tool 5), that breaks down the components of the objectives and suggests words and phrases to use.
- Tool 6 provides sample SMART objectives specific to SIHLE. Remember to tailor your SMART objectives to meet your agency's implementation of SIHLE.

Sample Data Planning Matrix (Tool 7) organizes the M&E plan into one document. It includes:

- Evaluation questions
- SMART objectives and measures
- Data collection tools, and
- Staff who will implement the M&E plan

The data planning matrix is organized into two sections: one for process monitoring and one for outcome monitoring. Tool 8 is a blank data planning matrix that you can use for your own plan.

**RECOMMENDED ACTIVITY****Complete a data planning matrix**

A data planning matrix, described in the Evaluation Capacity Building Guide, can help you organize your evaluation questions, SMART objectives, and the information needed to complete your evaluation plan.

The rest of this discussion will take you through the process of developing your own matrix, using information from the Sample Data Planning Matrix (Tool 7) as examples.

After you have written your evaluation questions and their related SMART objectives, you will want to put them into your data planning matrix. As you continue to develop your plan, you will 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 the process evaluation question *“Do participants who start SIHLE complete the intervention?”* would be presented in a data planning matrix. A SMART process objective (Objective #10 from the Sample Data Planning Matrix) can be entered in the matrix.

**TABLE 1:** EXAMPLE OF AN EVALUATION QUESTION AND SMART OBJECTIVE FROM THE SAMPLE DATA PLANNING MATRIX (TOOL 7)

<b>Evaluation Question: Do participants who start SIHLE complete the intervention?</b>				
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who will Collect/ Enter the Data?</b>	<b>Time Frame For Collection</b>
10.By the end of the program year, X percent of SIHLE participants who attended the first SIHLE session will have participated in all four of the sessions.				

Be sure to modify the examples from the Sample Data Planning Matrix to reflect the specific questions you have identified.

#### **STEP 4: DETERMINE MEASURES FOR SMART OBJECTIVES**

Each SMART objective should have a corresponding measure that can be either qualitative or quantitative in nature.

##### **Quantitative Measures**

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

The following example of a quantitative measure is a proportion. It was developed to address SMART objective #10 in the example: “By the end of the program year, X percent of SIHLE participants who attend the first SIHLE session will have participated in all four of the sessions.” This process evaluation example from the Sample Data Planning Matrix focuses on the first three columns of the Data Planning Matrix: Process Objectives, Measures, and Data Collection Methods/Source.

**TABLE 2:** EXAMPLE OF AN EVALUATION QUESTION AND SMART OBJECTIVE WITH MEASURES AND DATA COLLECTION SOURCE

<b>Evaluation Question: Do participants who start SIHLE complete the intervention?</b>		
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>
10. By the end of the program year, X percent of SIHLE participants who attended the first SIHLE session will have participated in all four of the sessions.	Total number of participants who completed all four sessions/Total number of participants who attended the first session	Attendance forms from all four sessions

The “measure” in this example is the *proportion* of participants who complete SIHLE (receive sessions one through four).

### **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 facilitator observations, narratives from focus groups, or answers to open-ended questions.

The following example of a qualitative measure is documentation of observations. It addresses the process evaluation question “*Are problems with program implementation being addressed?*” and measures achievement of process objective #17 in the Sample Data Planning Matrix. The process objective is written to be measurable, but it requires a step that utilizes qualitative data. This example focuses on the first three columns of the Data Planning Matrix: Process Objectives, Measures, and Data Collection Methods/Source.

**TABLE 3:** EXAMPLE OF AN EVALUATION QUESTION AND SMART OBJECTIVE WITH QUALITATIVE AND QUANTITATIVE MEASURES

<b>Evaluation Question: Are problems with program implementation being addressed?</b>		
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method / Source</b>
17. After every fifth cycle, the program coordinator will obtain and assess responses from key staff and stakeholders about what improvements should be made to the program.	Input is gathered from key staff and stakeholders? Yes/No	Documentation of staff feedback/Meeting notes, stakeholder, interviews, focus groups, etc.  *Assessing feedback: Can order according to what is said the most often or will have the greatest impact

In this example, staff discussion about barriers provides qualitative information about ways to better support the staff and the participants during the intervention.

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

The example evaluation questions and SMART objectives provided in this chapter are not comprehensive. As a part of the M&E planning process, your agency will need to develop additional evaluation questions and SMART objectives for pre-implementation, implementation, program improvement, and outcome monitoring tailored to the SIHLE intervention your agency is implementing.

Following is another example of an evaluation question and SMART objectives for outcome monitoring:

**Evaluation Question:** “Do participants report increased knowledge about partner communication and improved condom use skills?”

**Corresponding SMART Objectives:**

1. At the end of each quarter, X percent of participants completing the Evaluation for Session 3 will report they “agree” or “strongly agree” that they learned how to communicate more assertively.
2. At the end of each quarter, X percent of participants completing the Evaluation for Session 3 will report they “agree” or “strongly agree” that they are confident they can start a discussion about condom use with their partners.
3. At the end of each quarter, X percent of participants completing the Evaluation for Session 3 will report they “agree” or “strongly agree” that they can use a condom correctly.

In addition to the data used to measure your SMART objectives, you will need to include data required by funding agencies. Remember, there is a required National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS). Be sure to incorporate these variables into the data collection plan. CDC’s Program Evaluation and Monitoring System (PEMS) is a database available to CDC HIV Prevention funded-grantees to collect and store the NHM&E DS. More information about PEMS and the NHM&E DS is provided in Chapter 7, Reporting HIV Prevention Program Monitoring Data to CDC.

**RECOMMENDED ACTIVITY**

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

**TIME SAVER**

The Sample Data Planning Matrix (Tool 7) has measures for each evaluation question and its corresponding SMART objective for SIHLE. Use these as appropriate for your agency’s implementation of SIHLE. There is a blank Data Planning Matrix (Tool 8) that you can use for your own plan.

## Summary

Chapter 3 discussed the key components of a monitoring and evaluation plan, including evaluation questions, SMART objectives and measures. Through an M&E plan, you will determine what you want to know and how you will know it.

This chapter introduced:

- Definitions of process and outcome monitoring
- A list of evaluation questions pertaining to SIHLE
- A description of how to write SMART objectives
- A demonstration of how to complete a data planning matrix
- Definitions of qualitative and quantitative measures
- Tool 5 - SMART Table
- Tool 6 - Sample SMART Objectives
- Tool 7 - Sample Data Planning Matrix
- Tool 8 - Data Planning Matrix

# 4

## GATHER CREDIBLE EVIDENCE



### TIP

There are two steps to data collection: data capture and data entry. Data capture is the process of documenting information on a paper form, while data entry is the process of entering data into the database.

#### Data Capture

You will need to identify what paper forms you plan to use. This Field Guide provides all the forms you will need to monitor SIHLE. There is no need to create new forms, however you may choose to tailor them or combine them with forms your organization is already using.

#### Data Entry

You will need to choose a database or spreadsheet to collect and compile your data. Programs funded by the CDC will have access to a database called the Program Evaluation and Monitoring System (PEMS). If you do not have access to PEMS, you may use the Excel spreadsheets included in this guide or choose another type of database that suits your organization's data storage needs.

**D**ata collection is a very important step and is often overlooked. Implementing good data collection procedures will ensure that the data you collect are complete and consistent, and representative of the program you are implementing. Pay close attention to the process of collecting data and you will have data, reflective of the work that you have done, for analysis, program improvement, and reporting.

### STEP 5: COLLECT DATA

Now that you have organized your evaluation questions and objectives and identified the measures and data collection sources needed to address them, the next step is to determine how you will collect the data to measure the objectives.

The quality of your data is influenced by multiple factors: your forms, the people who use your forms, and where you store the data from your forms. One of your program goals will be to make sure that the forms you use to collect data have all the variables you need for reporting and program improvement. You also want to make sure that forms are easy to use and understand, and that they are used consistently by all your staff and participants.

Here are a few suggested activities for ensuring you have forms that collect the information you want and that your participants and staff know how to fill them out correctly.

- Identify the data you want to collect.
- Develop or revise data collection tools as needed.
- Develop a process for using data collection tools.
- Pilot-test data collection tools.
- Train staff on how to use data collection tools.

## Identify the Data You Want to Collect

Before you begin collecting data, consider what data needs to be captured on the forms you are using. Your forms should include the required variables from the NHM&E DS (see Appendix B for a list of variable requirements), variables you need to calculate the required CDC performance indicators, data required for monitoring SIHLE locally, and/or any data required by other funding.



### TIME SAVER

- The Sample Data Planning Matrix (Tool 7) can help organize your data collection plan. It includes columns for entering a “Measure” for each SMART objective, and for entering the methods and forms to use for data collection (“Data Collection Method(s)/Sources”), as well as the responsible person and time frame.
- You can find a sample intake form and sample referral tracking form on the NHM&E Web site <https://team.cdc.gov>. The site contains valuable information, tools, and training materials on the NHM&E DS.
- Sample data collection forms in Appendix A include:
  - ▶ Session Fidelity/Process Evaluation Forms (Tool 9)
  - ▶ Session Evaluation Forms (Tool 10)
  - ▶ Facilitator Observation Form (Tool 11)

## Develop or Revise Data Collection Tools as Needed

When drafting or tailoring data collection tools, be sure that they include required data variables. For example, your agency may already have an intake form, but after reviewing the NHM&E DS, you realize that your intake form doesn’t have the required variables, “race” and “ethnicity.” Rather than creating a new form, you can add the variables “race” and “ethnicity” to your existing intake form. You should not have to develop any new data collection tools for SIHLE; remember that this guide includes sample data collection tools that you can tailor to your agency’s data collection needs.

Before a form is implemented, it is important to think about its purpose and how it fits into the flow of serving participants. Remember to:

- Identify its purpose.
- Determine at what point in the intervention the form will be used (for example, at intake, at the end of the session, etc.).
- Decide who will fill out the form and who will enter the information on the form into your database.



### TIP

Think about how you want to use your data for program monitoring and improvement.

For example: If your agency has multiple locations where it is providing SIHLE, you may be interested in comparing client retention rates across the multiple sites. If so, it is important to include a location identification number on the data collection forms. The identification number will allow you to compare data from one facility to another.

**TIP**

Consider your staffing capacity and staff work patterns.

- What are the current staffing roles? Do staff members have the appropriate training and time to carry out their M&E roles? For example, with the current workload that facilitators have, can they be expected to fill out the Session Fidelity/Process Evaluation Form (Tool 9) AND enter it into a database? If not, is there another staff person who can be trained to enter the data into a database? Or are there ways the agency can reduce the workload to accommodate the new emphasis on M&E? For example, maybe you can find an intern from a local college to do data entry for your agency.
- Based on staff workloads, what is the amount of data your agency can reasonably collect? If your data collection goals are too broad for your staff capacity, revise your evaluation questions and SMART objectives.

## Develop a Process for Using Data Collection Tools

The process for using each data collection tool should include all the steps from obtaining the form to destroying it. It should include how the form will be used in the agency, who will use the form, and how it will get from one person to another within the agency, as well as outside the agency if necessary.

The process should include information about:

- Where the user will obtain the form
- Who will fill out the form and how often
- How and where the completed form is or will be stored. (This is especially important if the form contains confidential participant information. For example, if the form contains a participant name, date of birth, or other identifying information it should be stored in a locked file cabinet in a locked room.)
- Who should have access to the form
- How the form will be transported from place to place, if needed. (Does it need to be sent to the state health department or to a central office for data entry?)
- Who will enter data from the form into a database and how often
- How long the form will be stored after data entry
- What security procedures are in place to protect the data
- When and how the form will be destroyed

**TIME SAVER**

The Sample Data Management Plan (Tool 12) 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.

## Pilot-Test Data Collection Tools

Before implementing the data collection tools, it is important to test them. This can be done in a number of ways. You could have a few facilitators familiar with SIHLE review the forms. Or you could pilot the forms during the first cycle of the intervention, being sure to track how well the form works from its origin through its disposal. Another technique is to hold focus groups with people who will use the forms. You may want to use a combination of these methods. It is important to pilot-test all tools developed. This step helps to ensure

that they are suitable for your particular agency and participant base, and that staff understand and can easily collect data using the data collection tools. Some of the things to check for are:

- Are the instructions on the form clear?
- Are the questions on the form clear?
- Is there enough space to document the information?
- Is the form too long for the amount of time given to fill it out?
- Is any information missing from the form?
- Will participants understand the questions on the form?
- Will staff know how to explain the form to others?



Make sure that the database that is used corresponds to the forms; the database should contain data fields to match the fields on the form. The response options should also be the same on the form as in the database.

### Train Staff on How to Use Data Collection Tools

All staff using a data collection tool, whether for data capture or data entry, should be trained on use of the form. They should receive training on all the definitions for each field on the form. Even for fields that seem obvious, it is important that everyone understand the definition to avoid mistakes in data capture. For example, the Session Fidelity/Process Evaluation Forms (Tool 9) have three options for each activity: “Taught as suggested,” “Taught with changes,” and “Did not teach.” Each facilitator may interpret what “Taught with changes” means differently. One facilitator may check this option only if she added something to the curriculum, while another may check this option only if she omitted something. Be sure to communicate to the facilitators what your agency means by the various response options, so that they are used consistently.



### TIME SAVER

- The Sample Data Planning Matrix (Tool 7) can help organize your data collection plan. It includes a column for tracking the responsible person for data collection.

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.

### Summary

Chapter 4 discussed how to collect good, quality data to inform your program evaluation. Implementing good data collection procedures will ensure that the data you collect are complete and consistent, and representative of the program you are implementing.

This chapter introduced:

- A discussion of how to develop data collection forms and procedures
- Tool 9 - Session Fidelity/Process Evaluation Forms
- Tool 10 - Session Evaluation Forms
- Tool 11 - Facilitator Observation Form
- Tool 12 - Sample Data Management Plan

# 5

## IMPLEMENT A MONITORING AND EVALUATION PLAN

**N**ow that you have collected the data on forms, they need to be entered into a database, cleaned, compiled, and analyzed. This chapter will discuss:

**Step 6:** Manage data (enter, store, and clean)

**Step 7:** Analyze data (compile data and calculate measures)

### STEP 6: MANAGE (ENTER, STORE, AND CLEAN)

After you have developed 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 data from forms into a database, making sure the necessary security measures are in place to ensure that data are stored securely, and cleaning data. While each of these components is important to managing data, this discussion focuses on data entry and data cleaning.

#### Data Entry

It is important to develop standardized protocols for entering data into a database. For example, some forms will have participant names or identifying information. For forms with identifying information, you may want to enter data only at certain times or in certain locations, like in a private office. The data entry protocol should also address how missing data will be handled.



**TIP**

#### Data entry rules

Think through the instructions your staff will need to be consistent and accurate in their data entry. 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, it is a good idea to write a description of how it is tallied to ensure uniformity of the process over time and across staff.

**Clean Data**

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. Data cleaning must identify if data are missing from forms and from the database. 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.

A third way to clean data is to compare variables that have clear relationships. For example, if the data show that one of your SIHLE participants is male, 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 participant 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.

For agencies that are not funded by CDC to conduct SIHLE and that do not have access to PEMS, the Excel spreadsheets provided in this guide may be useful for data management. However, Excel does not have the capability to run missing data reports. The Excel spreadsheets are optional and are meant to be complementary to PEMS. More detail is provided in Chapter 7 on the use of Excel spreadsheets. Remember, if you are not funded by CDC and do not have access to PEMS, you may wish to use another database for data management that has the capability to run missing data reports.

**RECOMMENDED ACTIVITY**

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

**Identify staff resources to manage data.**

- Do staff have the necessary training to carry out their role in managing the data?
- Have staff been trained on the agency's policies and procedures for maintaining participant confidentiality?
- If there is not enough staff capacity to compile the data, do you need an outside evaluator or quality assurance monitor?



## TIME SAVER

- *The Program Evaluation and Monitoring (PEMS) User Manual* describes which reports can be run to retrieve compiled data in PEMS. You can download this manual at the NHM&E Web site (<https://team.cdc.gov>) under Trainings/PEMS User Manual (CDC, 2008c).
- The Monitoring and Evaluation Task List (Tool 1) can be used to make sure that all the steps leading up to data compilation and analysis are complete.

## STEP 7: ANALYZE DATA (COMPILE DATA AND CALCULATE MEASURES)

### Compile Data

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

Agencies funded by CDC will use 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 complementary to PEMS, it is important to make sure that it meets your data management needs. The database should:

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

## Analyze Data

Data analysis is the process of calculating quantitative data and summarizing and organizing qualitative data. Data analysis aims to answer evaluation questions and to identify gaps in data (e.g., are there questions the data do not answer?).

**Data analysis does not have to involve complicated statistics.** It can mean calculating the measures you identified for the evaluation questions and SMART objectives. The following are examples of how to analyze data. If you are collecting **qualitative** data to understand what improvements should be made to your program, you may collect that data at a meeting and list all the ideas for improving your program. One approach to analyzing that data is to identify which ideas are the most feasible and appropriate. For a **quantitative** measure example, look to Step 4 (Chapter 3) where the need to calculate the proportion of participants who completed all the SIHLE sessions was identified. Those measures are:

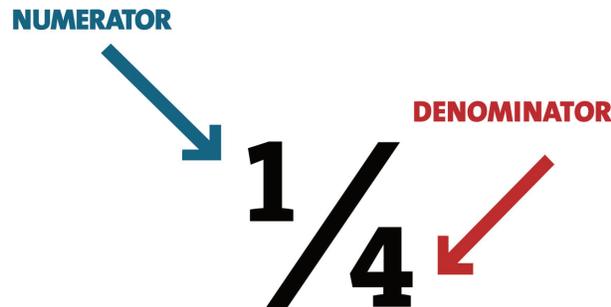
- Total number of participants who completed all four sessions of SIHLE
- Total number of participants who attended the first session

To analyze this data quantitatively, we divide the total number of participants who attended all four sessions of SIHLE by the total number of participants who attended the first session during the identified time frame. The Data Analysis Tool (Tool 13) can be used to conduct this calculation.

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

An example of this is looking at the data according to age group. Your agency may want to know if younger teens (14-to-15 year-olds) are completing SIHLE as often as older teens (16-18 year-olds) are. The data in our quantitative example are organized by age.

First, identify all the teens ages 14 to 15 years enrolled in SIHLE. The numerator is the total number of teens between the ages of 14 and 15 who attended all four sessions of SIHLE; the denominator is the total number of teens between the ages of 14 and 15 who attended the first SIHLE session. Next, identify all teens ages 16 to 18 years and do the same calculation for that age group. The resulting proportion for the young teens can be compared to the proportion for the older teens to see if younger teens are attending SIHLE sessions as often as the older teens.

**FIGURE 1:** EXAMPLE OF NUMERATOR AND DENOMINATOR

### RECOMMENDED ACTIVITY

#### Identify staff resources to analyze data

- Does the agency have the expertise on staff to carry out data analysis?
- Is it possible to train staff to carry out this task?
- What training will staff need?
- Do you need an outside evaluator, and, if so, in what capacity?

#### Develop a plan for how often data will be analyzed

- What are the reporting requirements? Does your plan for analyzing data correspond to reporting deadlines?
- How often do you want to analyze data to consider program improvements? If it is your first year implementing the program, you will want to analyze data for feedback on service delivery more often than during your fifth year implementing the program.

Minimally, data should be analyzed and interpreted often enough to make program improvements and meet reporting requirements. A good rule of thumb is to compile data once per SIHLE cycle to look for missing data. Analysis can be done less often, usually once per quarter. However, if you are providing only one cycle of SIHLE each quarter, then compiling data once a month, is too often. Be sure that your data analysis plan is consistent with your implementation of SIHLE.

**TIP****Analyzing Data:  
Choosing the time frame**

When choosing a time frame for data analysis, a rule of thumb is to pick a time frame that will include data from multiple cycles. However, the period of time should be short enough that the data will give an agency feedback in a timely manner to be able to use findings to make needed changes. For example, if an agency is planning four cycles of SIHLE in the calendar year, look at the data after one or two cycles to make sure that the core elements are being implemented, rather than waiting until the end of the year to do the analysis.

After a time frame has been chosen, decide what data to include and exclude in the analysis. It is recommended that only data from sessions that belong to a completed cycle be included in the analysis. For example, data from the time frame January 1 through March 31, 2009 are to be analyzed by the program coordinator. The first session of the third cycle of SIHLE started on March 28, 2009. Therefore, data from this first session in cycle three should be excluded because it's from an incomplete cycle.

**TIME SAVER**

- The Sample Data Management Plan (Tool 12) 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 to your participants and to ensure ongoing data quality.
- The Data Analysis Tool (Tool 13) is an Excel spreadsheet that can be used to capture the measures for the required CDC performance indicators and SIHLE outcomes. Compiled data can be entered into the tool, and the measures will be calculated automatically.

Once the analysis is complete, the data are ready to be utilized for reporting, program improvement, and feedback to staff and participants.

**REMEMBER, IT IS IMPORTANT TO SHARE SUCCESSES!****Summary**

Chapter 5 talked about how to manage data once it has been collected. After data have been collected, they are entered into a database, stored securely, cleaned, compiled and analyzed.

This chapter introduced:

- Data management
- PEMS and other databases
- Cleaning data
- Compiling data
- Analyzing data
- Tool 13 - Data Analysis Tool

# 6

## USE RESULTS

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:

**Step 8:** Use Data According to the Monitoring and Evaluation Plan and

**Step 9:** Use Data for Advocacy and to Garner Support

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.

### STEP 8: USE DATA ACCORDING TO THE MONITORING AND EVALUATION PLAN

Now that you have put in place the systems to capture and analyze your data, it is time to **use it!**

Your monitoring and evaluation (M&E) plan will help ensure that you are maximizing your resources and obtaining the results you want. While one person, likely the program coordinator, may have overall responsibility for the M&E plan, stakeholders should also be involved, from program planning to determining the use of data for program improvement. The data analysis you conduct will help you identify trends, limitations, and gaps in your program implementation. Your agency's plan for collecting, managing, and analyzing data should describe how often you will use the results of your analysis to make changes and who will be involved in the program planning and improvement activities that result from the data analysis.



#### TIME SAVER

The Monitoring and Evaluation Task List (Tool 1) can be helpful to remind you of the steps involved in planning and carrying out your M&E plan.

## Use Data for Program Monitoring

Your **process objectives** form the basis for identifying whether or not you are implementing your program as planned.

Your agency's own Data Planning Matrix will provide you with the data variables you want to track related to each evaluation question you are measuring. The Data Analysis Tool (Tool 13) will provide suggested data variables and formulas to assist you in calculating the results related to SIHLE-specific objectives and CDC performance indicators.



### RECOMMENDED ACTIVITY

During the first several months of implementing SIHLE and your M&E plan, you should review data frequently (perhaps 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 (monthly or quarterly, depending on the data element).

Through analysis of your data you can determine if an objective was met and what helped or held back progress toward the objective.

If an objective was met, you need to understand what is contributing to the success so you can keep doing it. You may need additional data to understand what is working well.

If an objective was not met, you should ask what data will help you understand what to change. You may already have an idea of what information you need and have ready access to the data that will provide that information. Or you might have to ask staff, participants, or other stakeholders to help you identify what is keeping you from succeeding.

If you find that you don't have the data to determine whether or not you reached the objective, you'll need to figure out why the data are missing and address the reason they are missing.

In Table 1 below, there is an example of how to interpret data that has been collected for a SMART objective. The valuation question "*Do participants who start SIHLE complete the intervention?*" and its corresponding SMART objective, "By (date), X percent of SIHLE participants who attend the first SIHLE session will have participated in all four of the sessions" is used in the example. Table 1 provides three scenarios of data that might be collected for the objective, the implications for meeting or not meeting the objective, and some things to consider when reading the data. This example is adapted from the *Evaluation Capacity Building Guide* referenced in the Introduction.

**TABLE 1:** EXAMPLE OF HOW TO INTERPRET AND UNDERSTAND DATA

<b>Evaluation Question: Do participants who start SIHLE complete the intervention?</b>		
<b>Process Objective 10: By (date), X percent of SIHLE participants who attended the first SIHLE session will have participated in all four of the sessions.</b>		
<b>Evaluation Findings</b>	<b>Implications (additional data that may be needed)</b>	<b>Potential ways to gain insight</b>
<p><b>Scenario One:</b> <b>Objective met:</b> 92% of SIHLE participants attending the first session completed all four sessions.</p>	<p>Is there something specific we're doing that helps our participants finish all four sessions? What contributes to participation in all four sessions? What are we doing that reinforces attendance at the second, third, and fourth sessions? What are the characteristics of those who completed the sessions and those who did not?</p>	<p>Review of processes for encouraging participants to attend all sessions; conversations with facilitators about how they encourage participants to continue their participation in all the sessions.</p> <p>Analysis of intake and attendance records for participants attending all the sessions compared to those not completing all the sessions.</p>
<p><b>Scenario Two:</b> <b>Objective met:</b> 70% of SIHLE participants who attend the first session participated in all four sessions.</p>	<p>Is an outreach worker or intake person appropriately describing the time commitment? Is there any difference between the teens who attend all the sessions and those who don't? Do some facilitators have higher rates of completion than others?</p>	<p>Supervisor observations about how the SIHLE intervention is introduced to a participant; comparison of participant demographic and/or risk profiles for those who attend all the sessions versus those not completing all the sessions; comparison of session completion rates by facilitator.</p>
<p><b>Scenario Three:</b> <b>Do not know if objective was met:</b></p> <p>Data were not compiled.</p>	<p>Were intake forms and attendance forms completed? Were forms entered into the data collection system (PEMS or other database)? If not, what inhibited completion/entry? If so, why weren't the data compiled?</p>	<p>Review of forms and/or a sample of forms in the data collection system; report from PEMS on incomplete records; survey or conversation with data entry staff and/or provider staff about barriers to form completion and/or data entry.</p>

## Use Data for Program Improvement

It is important to use the data you collect for monitoring to improve your program. Your data can also tell you whether the outcomes your agency is achieving are what you expected. Your agency may be carrying out SIHLE largely as planned, but you find that participants aren't attaining the outcome objectives you expected. In that case, consider whether you need additional information about your participant population, and if you modify your agency's implementation to better meet participant needs.



### RECOMMENDED ACTIVITY

#### Examine data to determine if objectives are met

Over the first few months of implementation the program coordinator should examine all of the process objectives outlined in your agency's Data Planning Matrix and the Data Analysis Tool (Tool 13). The program coordinator should identify any areas where the objectives are not being met. If your agency isn't meeting its goals for SIHLE, barriers to meeting them should be identified and corrected.

For example, you may find that you are enrolling many more participants than you expected, but that they aren't from the neighborhood or school you most wanted to serve with SIHLE. You'll want to figure out why you aren't successfully enrolling eligible participants, and whether you need more targeted outreach, additional staff training, or some other effort to improve your enrollment of eligible participants.



### RECOMMENDED ACTIVITY

#### Share results

Sharing the results of the analysis with facilitators, outreach staff, and supervisors, or with other staff who influence the SIHLE intervention (such as scheduling or data entry staff) may heighten awareness of any shortfalls that need to be addressed and identify adjustments that will allow your agency to better meet its implementation goals.

## Use Data for Program Planning

Your M&E data may also help you budget the resources you need for your next intervention cycle. For example, you may discover a need for staff training on SIHLE that will require funds for training or travel. Or you may want to increase the available time of a supervisor who seems most capable of helping facilitators present SIHLE most effectively.

**RECOMMENDED ACTIVITY**

At least annually or semi-annually, 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. For example, the data may show that teens who go to a particular school are less likely to complete all four sessions of SIHLE than other teens. If this is true, you may need to modify the outreach to that school or provide travel vouchers, because teens who attend that school tend to live the farthest from the community center where your agency implements SIHLE.

Your data can also help you allocate existing resources. If you find that you are having trouble enrolling teens in SIHLE, you may plan to increase your outreach or to employ an alternative enrollment strategy. Or if you don't know how to address the problem, you may plan to ask some additional questions that will provide the information you need. For example, you may want to ask potential SIHLE participants if they would be more likely to participate in SIHLE if they were offered a pizza party following the fourth session.

**RECOMMENDED ACTIVITY**

At regular intervals (after your agency's first few months of SIHLE implementation and then at least annually), review your evaluation documents to incorporate what you have learned. These include the logic model, evaluation questions, and the SMART objectives.

**STEP 9: USE DATA FOR ADVOCACY AND TO GARNER SUPPORT**

Most programs routinely report data to CDC or other funders. It is not as common to use data for advocacy or for promoting programs locally. This step lists other ways you can use your data for advocacy and support by:

- Identifying trends or changes in participant characteristics (such as risk factors). This may help you build a case for additional funding from a new source.
- Sharing with stakeholders how you used program data to make improvements. This may lead to increased credibility for your agency in the community and with funders.

- Developing a profile of your agency’s typical participant and to “paint a picture” of what your agency’s program allows participants to achieve. Data about goals met may be shared in your agency’s marketing materials and in subsequent grant proposals.
- Forging partnerships with other organizations, or renegotiating existing partnerships, with data about participants’ needs.
- Increasing morale and retention by sharing data with staff about program achievements.
- Remembering that data may be used as a marketing tool to promote existing programs or to conduct SIHLE with new target populations.

For example, your agency is the only agency in a metropolitan area that is providing peer-led HIV prevention programs to African-American teens in a community setting. Your agency currently provides SIHLE to 100 teens a year, but you would like to expand your reach across the metro area. In this example, data demonstrating that your agency successfully recruited and served teen girls may help you garner support from the city and state for additional funding. If data illustrating that the teens who participated in your programs showed changes in knowledge and attitudes about HIV risk behaviors, you may be able to garner support from youth organizations providing other types of services to teens. Use the data to help forge new partnerships with existing community organizations in the city.

### Summary

Chapter 6 discussed how to interpret the data you have collected and analyzed. It also gives suggestions for how to use your data for program improvement and to garner support.

This chapter introduced:

- An example for how to interpret the results from your data collection and analysis
- Suggestions for how to use your data for program monitoring, program improvement, advocacy, and to garner additional support

# 7

## REPORT HIV PREVENTION PROGRAM MONITORING DATA TO CDC

### OVERVIEW OF THE NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET

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 Data Set (NHM&E DS) is a major component of this strategy.

The NHM&E DS is the complete set of CDC's HIV prevention program 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 DS makes it possible for CDC to answer critical national questions about the following:

- Demographic and risk behavior of participants being served by its grantees
- Resources used to provide these services
- Effectiveness of these services in preventing HIV infection and transmission

Implementation of the NHM&E Data Set makes it possible for CDC to answer questions such as:

- How many people are being served by HIV prevention interventions?
- What populations are participating in HIV prevention interventions?
- What services have been planned for and subsequently provided?
- What resources have been allocated for HIV prevention programs?
- Have the anticipated outcomes been achieved?
- What are the demographics, risk behaviors, and risk characteristics of participants served by SIHLE?

The NHM&E Data Set consists of the following components:

- Information that is uniformly collected by all funded HIV prevention programs, known as the NHM&E DS. The variables you will be expected to collect and report to CDC for SIHLE will be described in this chapter.
- **National Monitoring and Evaluating Guidance for HIV Prevention Programs (NMEG)**—describes how to use the NHM&E DS to improve program, inform programmatic decisions, and answer local M&E questions (CDC, 2008d).
- **Program Evaluation and Monitoring System (PEMS) software**—an optional, secure, browser-based software that allows for data management and reporting. PEMS includes all required and optional NHM&E DS variables (CDC, 2008c).
- Access to technical assistance and training on all aspects of NHM&E implementation provided by CDC and its partners, contractors who have been enlisted to work directly with CDC-funded grantees to provide support on implementation of NHM&E requirements. This assistance is provided to the NHM&E Implementation Coordinator (discussed below) your agency designates, who is then responsible for training and assisting other staff.

Implementation of NHM&E at your agency will help you conduct activities associated with your M&E plan for SIHLE. 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 CDC performance indicators for SIHLE.

**Note:** It may be necessary to use complementary data collection systems for other aspects of your M&E plan such as the Session Evaluations and Session Fidelity/Process Evaluation Forms that have information about activities that cannot be captured in the PEMS software.

### Preparing for NHM&E Implementation

There are a variety of things you should have in place at your agency for implementation of NHM&E. Someone on staff should be designated as the Implementation Coordinator. This individual is responsible for coordinating all aspects of activities associated with NHM&E, including establishment of a NHM&E implementation team.

Members of the NHM&E team will have responsibility for such activities as:

- Review of the NHM&E data set for required variables
- Modification and/or creation of data collection forms to make sure the program is capturing required variables
- Training of prevention staff on collection of required variables

- 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 prevention program staff on reporting and utilization of the NHM&E data set to support ongoing M&E activities

Here are some tips for getting ready to implement NHM&E data collection for SIHLE:

- If your agency already receives HIV prevention funds from CDC, find out who in your agency is serving as the NHM&E Implementation Coordinator. This individual may work with you to plan for integration of SIHLE into all aspects of NHM&E activities.
- If this is the first time you are receiving funds from CDC for HIV prevention, contact your Project Officer, who will help you identify your technical assistance provider who will begin by giving you an overview and orientation to the NHM&E Data Set. The technical assistance provider will also make sure you have all relevant PEMS materials, develop a training plan to meet your needs, and assist you in getting access to the PEMS software.

The following NHM&E resources are available to all grantees implementing NHM&E activities:

- **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 DS variables to monitor and evaluate HIV prevention programs (CDC, 2008d).
- **Program Evaluation and Monitoring (PEMS) User Manual.** This how-to manual describes the functionality within the PEMS application and provides step-by-step instructions for each module within the web-based software tool. Screenshots, example extracts of data, and reports are used to illustrate key features included in the PEMS software. You can download this manual at the NHM&E Web site (<https://team.cdc.gov>) under Trainings/PEMS User Manual (CDC, 2008c).
- **National HIV Prevention Program Monitoring and Evaluation Data Set.** This is a complete list and description of all M&E variables required for reporting to CDC, optional for local M&E, and specific to certain interventions (CDC, 2008d).
- **The National HIV M&E Service Center.** Service Center staff are available to answer PEMS-related questions, concerns, and requests, and can be reached at [pemsservice@cdc.gov](mailto:pemsservice@cdc.gov) or call (888) 736-7311. The Service Center also resolves issues related to counseling and testing scanning forms and HIV test form requests. The PEMS Help Desk is available to address questions or issues related to digital certificates and the Secure Data Network: e-mail [dhapsupport@cdc.gov](mailto:dhapsupport@cdc.gov) or call 877-659-7725.

## USE OF PEMS SOFTWARE FOR SIHLE MONITORING AND EVALUATION

### National HIV Prevention Program M&E Data Set

The NHM&E DS is organized in a series of data tables. The PEMS software captures these variables in different modules, or components, of the PEMS software according to categories, such as information about your agency, your HIV prevention programs, and the participants you serve. The NHM&E DS document should be available from the NHM&E Implementation Coordinator in your agency, or from your Project Officer. The NHM&E DS provides the number, name, definition, instructions, value choices, and codes for each variable.

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



### RECOMMENDED ACTIVITY

Review your agency’s intake form and referral form, as well as the Session Fidelity/Process Evaluation Forms (Tool 9), and Session Evaluation Forms (Tool 10) to ensure that you are gathering all the variables required for contract monitoring, CDC performance indicators, the NHM&E DS, and your program needs. The data elements you need to collect may be required for the NHM&E DS but may not be core elements of SIHLE. For example, referrals are not part of the CDC performance indicators for SIHLE, nor are they core elements of SIHLE. However, if referrals are made as a part of the SIHLE intervention, information about them must be collected and reported in PEMS because referrals and referral outcomes are required variables in the NHM&E DS. *Be sure you are collecting and reporting ALL required variables.*

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

## Agency Information Module in PEMS

The following tables in the Agency Information Module apply to all interventions, including SIHLE, 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 SIHLE)

The Agency Information module in the PEMS software also describes the infrastructure, including delivery sites, network agencies, and workers (e.g., facilitators) that will be used to deliver SIHLE. Correct setup of this information before program implementation will facilitate entry of client-level data, as well as the generation of reports helpful for program M&E and progress reports.

- Table S: Site Information (*Agency Information Module, Sites Sub-module*). Each service delivery site (i.e., location) where the SIHLE intervention is delivered should be entered into PEMS. When client-level data are entered, you may indicate the site where the site where the SIHLE session was delivered.
- Table N: Network Agencies (*Agency Information Module, Network Agency Sub-module*). The variables in this table are not required. However, use of this table will help with tracking and verification of client referrals to services outside of your organization. Referrals to other programs within your agency, known as internal referrals, can also be tracked here. Because referral outcomes are important process measures for SIHLE, use of this table is recommended.
- Table P: Worker Information (*Agency Information Module, Worker 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 SIHLE facilitator, as well as whether or not they provided certain activities of the intervention as planned.

## Program Information Module

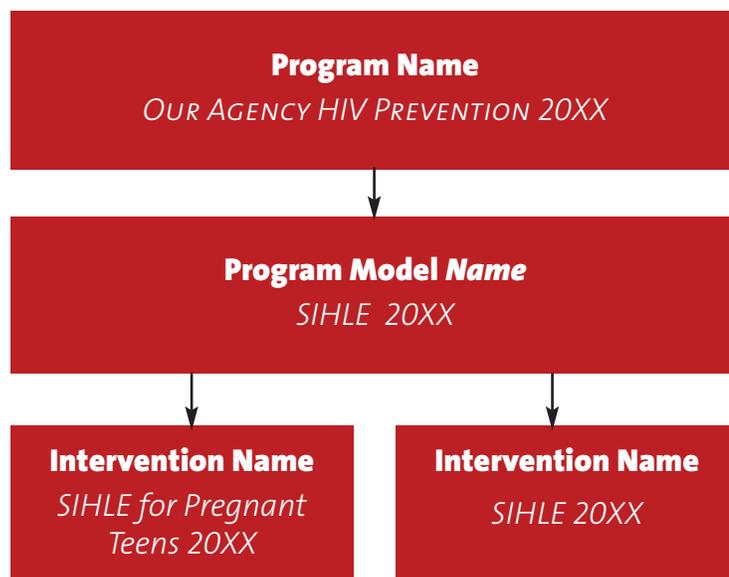
The Program Information Module in the PEMS software is where information is captured on how SIHLE will be implemented, including where it fits into the overall structure of your agency, the target population to be served, and the activities to be included in SIHLE sessions. Correct setup of this information before program implementation is essential to the accurate capturing of client-level data, as well as the generation of reports helpful for program M&E and progress reports. The PEMS Information Module includes the following modules:

- Table D: Program Name (Planning)
- Table E1: 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 SIHLE is a part), the *Program Model*, which identifies the evidence base (scientific or operational basis for a program), and the *Intervention Plan* (how the intervention is delivered as part of the program model). An intervention may have multiple sessions, as in the case of SIHLE.

If your agency is delivering SIHLE to two distinct target populations that you want to track separately, you can create two distinct interventions under the SIHLE program model, each with unique names. When you add clients to PEMS, the clients will be associated with the intervention name, program model and program name. In the example shown in Figure 1, there are two interventions entered. Clients served by each intervention can be tracked separately.

**FIGURE 1:** AN EXAMPLE OF SIHLE IN PEMS - TRACKING SIHLE PROVIDED TO TWO DIFFERENT POPULATIONS



## Sample PEMS Setup

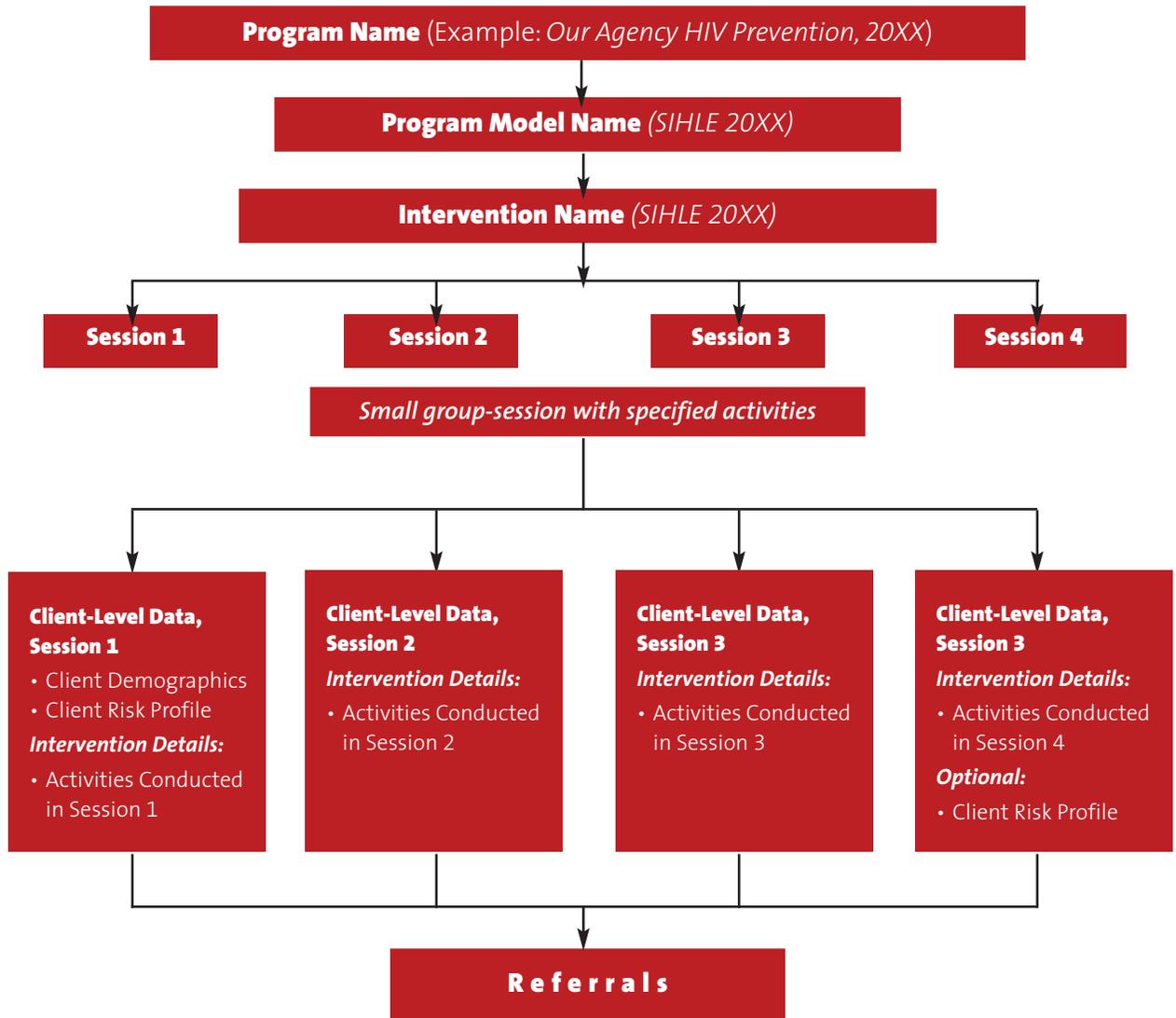
The following figure illustrates how SIHLE may be set up as a PEMS program. Before any clients are entered into PEMS, the Program Name, Program Model Name, Intervention Name, and Session information, including activities, are entered (the first three lines in Figure 2). Once the required variables for the program information have been entered, clients participating in the program may be entered into PEMS. In the figure below, the fourth line illustrates information entered for each client, including client demographics, a risk profile, and specific activities the client participated in as a part of Session 1 of SIHLE. When a client completes subsequent sessions, information about those sessions may be entered for the client. If any referrals are made for the client, those may also be entered (represented by the sixth line.)



### TIME SAVER

Sample intake and referral tracking forms can be found on the NHM&E Web site <https://team.cdc.gov>. The intake and referral tracking forms that your agency chooses to use should include all the required variables from the National HIV Prevention Program M&E Data Set (see Appendix B for a complete list of required variables).

**FIGURE 2:** A CONCEPTUAL MODEL FOR ENTERING SIHLE INTO PEMS



After you have thought through how the intervention will be set up in PEMS, it is time to begin entering data into PEMS. Below is a discussion of the required and optional variables from PEMS and how to enter SIHLE program information in PEMS for each variable. In Tables 1, 2, and 3 there is guidance on how to enter SIHLE Program Information into PEMS for each required variable from PEMS Tables D, E, and F.

**TABLE 1:** HOW TO ENTER SIHLE INTO PEMS TABLE D

PEMS SOFTWARE MODULE AND SUB-MODULE	VARIABLE NUMBER	VARIABLE NAME	GUIDANCE
<b>PEMS TABLE D: PROGRAM NAME - PLANNING</b>			
Variable NameProgram Information/ Program Details	D01	Program Name	<p>Enter the name your organization uses to identify the overarching program under which SIHLE resides. This may be your program with multiple Health Education/ Risk Reduction interventions, or SIHLE may be its own program.</p> <p>It is a good idea to <b>add the year</b> to the Program Name, since programs must be set up annually and you'll want to be able to distinguish them easily.</p>
	D02	Community Planning Jurisdiction	Enter the CDC directly funded state, territory, or city health department Community Planning Jurisdiction in which SIHLE 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 SIHLE will be implemented. Usually this is the same year in which you begin program implementation.

**TABLE 2: HOW TO ENTER SIHLE INTO PEMS TABLE E**

PEMS SOFTWARE MODULE AND SUB-MODULE	VARIABLE NUMBER	VARIABLE NAME	GUIDANCE
<b>TABLE E1: PROGRAM MODEL AND BUDGET - PLANNING</b>			
Program Information/ Program Model Details	E101	Program Model Name	Enter the name your agency uses for the SIHLE intervention. It may be the same as the program name you entered for D01, Program Name, or different.
	E102	Evidence Base	The evidence base is the research study that has proven an intervention is effective. For SIHLE, choose Code 1.14.
	E103	CDC Recom- mended Guide- lines	In PEMS you choose between Evidence Base (E102), CDC Recommended Guidelines (E103), and Other Basis for Program Model (E104). Because you have chosen SIHLE in E102, you will not select E103.
	E104	Other Basis for Program Model	In PEMS you choose between Evidence Base (E102), CDC Recommended Guidelines (E103), and Other Basis for Program Model (E104). Because you have chosen SIHLE in E102, you will not select E104.
	E105	Target Population	Enter the population (or populations) you have decided will be eligible to receive SIHLE. Select 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 (month and year) of the annual funding period for this program model.
	E108	Program Model End Date	Enter the end date (month and year) of the annual funding period for this program model.
	E109	Proposed Annual Budget	Enter the annual budget for SIHLE using CDC/DHAP funds.

**TABLE 3: HOW TO ENTER SIHLE INTO PEMS TABLE F**

PEMS SOFTWARE MODULE AND SUB-MODULE	VARIABLE NUMBER	VARIABLE NAME	GUIDANCE
<b>TABLE F: INTERVENTION PLAN CHARACTERISTICS</b>			
Program Information/ Intervention Details	F01	Intervention Type	This field identifies a type of intervention. Choose Code 06, Health Education/Risk Reduction.
	F02	Intervention Name/ID	Enter the unique name of the intervention. This name may be SIHLE, or whatever name you use for SIHLE within your agency. This name may be the same name you used for Program Model Name.  Note: If you are delivering SIHLE to two distinct target populations that you want to track separately, you can create two distinct interventions with unique names.
	F03	HIV+ Intervention	Choose "no."
	F04	Perinatal Intervention	Choose "yes" if your eligible population for this SIHLE 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 this SIHLE 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 SIHLE intervention cycle during the funding cycle. (A cycle of SIHLE usually consists of four sessions.)
	F08	Number of Sessions	A session consists of one or more activities delivered to a SIHLE client on a given date. Enter "4," as SIHLE should have four sessions.

PEMS SOFTWARE MODULE AND SUB-MODULE	VARIABLE NUMBER	VARIABLE NAME	GUIDANCE
	F09	Unit of Delivery	This variable describes how clients are grouped and how the intervention is delivered during each session. Since you know the number of sessions, don't specify this here but rather specify under each individual session.
	F11	Delivery Method	This variable describes how the intervention is delivered. For SIHLE, choose "In person" (Code 01.00).
	F14	Level of Data Collection	This variable indicates whether individual or aggregate-level data will be collected during the session. For SIHLE, choose "Individual" (Code 1).
<b>TABLE E: OPTIONAL VARIABLES</b>			
	F10	Activity	<p>You are not required to collect information on session activities and should choose variable 1.00 (not collected) if you do not collect that information. However, by including activities in the intervention characteristics you will be able to compare what you planned with what actually happens, and thus have information to inform program improvement.</p> <p>PEMS allows you to select activities that you plan as part of the SIHLE session. A lot of the activities expected to be part of a SIHLE session, such as discussing "Gender Pride," are not included in the PEMS list of response options, but generic activities, such as "discussion- other" or "other, specify" are, and can be used to capture the activities specific to SIHLE.</p> <p>By including activities in the intervention characteristics you will be able to compare what you planned with what actually happens.</p> <p><b>Session 1:</b> 08.66 Information - Other; 11.66 Discussion - Other; 10.66 Practice- Other; 10.04 Practice - Decision making</p> <p><b>Session 2:</b> 08.66 Information - Other; 08.15 Information - Decision making; 08.01 Information - HIV/AIDS Transmission; 8.03 Information - Other Sexually Transmitted Diseases; 11.10 Discussion - HIV/AIDS transmission; 11.04 Discussion - Other sexually transmitted diseases; 09.01 Demonstration - Condom/barrier use</p>

TABLE E: OPTIONAL VARIABLES (CONT.)			
	F10 Continued	Activity	<p><b>Session 3:</b> 08.66 Information - Other; 08.10 Information - Sexual risk reduction; 08.01 Information - HIV/AIDS Transmission; 8:13 Information - Condom/barrier use; 8.14 Information - Negotiation/Communication; 11.19 Discussion - Decision Making; 10.03 Practice - Negotiation/Communication; 09.01 Demonstration - Condom/barrier use; 10.01 Practice - Condom/barrier use; 08.21 Information - Alcohol and drug use prevention; 10.66 Practice - Other</p> <p><b>Session 4:</b> 08.22 Information - Sexual Health, 08.66 Information - Other; 11.22 Discussion - Sexual Health, 11.66 Discussion - Other, 11.18 Discussion - Negotiation/Communication, 08.08 Information - Availability of social services; 10.03 Practice - Negotiation/Communication;</p> <p><b>Note:</b> Review the full list in the Data Variable Set to determine which other activities should be included.</p>
	F15	Duration of Intervention Cycle	<p>If you know the total number of SIHLE cycles you plan to deliver and the time frame in which you expect a SIHLE cycle to be completed, indicate the total time you expect it to take to complete the cycle in months or days.</p> <p><b>For Example:</b> If you plan to conduct SIHLE every Saturday for four consecutive Saturdays, enter "1" in F15 and choose "Months" in F16.</p>
	F16	Unit of Duration	<p>Specify the time frame you expect it to take to complete the cycle in Month(s) or Day(s).</p> <p><b>For Example:</b> If you plan to conduct SIHLE every Saturday for four consecutive Saturdays, enter "1" in F15 and choose "Months" in F16.</p>

Within the Program Information Module, PEMS allows you to select the activities that are part of each SIHLE session. Because the NHM&E variables were 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 SIHLE sessions:

- Talking about gender pride
- Discussing values
- Visualization
- Learning assertive communication
- Recognizing healthy and unhealthy relationships
- Recognizing abuse
- Implication of partner selection
- Identifying if a change was made as a result of the session

PEMS does, however, have an activity value choice for “discussion, other,” which could be used to indicate that some or all of the SIHLE components listed above were completed.

If you wish to capture the specific activities that are not part of the existing value list, PEMS allows you to define your own local variables and value choices, which can be entered into PEMS when information is entered about a client session that was delivered. Your NHM&E technical assistance provider can provide more information about how to do this. Alternatively, you can track the activities listed above in the Fidelity/Process Evaluation Excel spreadsheet (Tool 14), the Session Evaluation Excel spreadsheet (Tool 15), Facilitator Observation Excel spreadsheet (Tool 16) and Data Analysis Tool (Tool 13).

### **Client Information Module**

In the section above, you learned how to enter program information into PEMS. Now you will learn how to enter data that pertains to individual clients participating in your program.

The Client Information Module includes Tables G1 and G2.

#### Table G1: Client Characteristics - Demographics

For every client who receives the SIHLE intervention, a demographic profile must be included. The profile includes some required variables (including race, gender, and year of birth, among others), and a number of optional variables.

#### Table G2: Client Characteristics - Risk Profile

Risk profile information is also captured in this module, and again can include both optional and required variables. Risk profile information may be linked to the SIHLE intervention, and may be captured for every session if desired. Alternatively, it may be captured before the first SIHLE session and after the fourth session.

When client information is entered, it is linked to the program, program model, and intervention that was created as described above. Risk profile information may be entered multiple times for the same client.

In Table 4, information is provided for how to enter SIHLE into PEMS Table G.

**TABLE 4:** HOW TO ENTER SIHLE INTO PEMS TABLE G

PEMS SOFTWARE MODULE AND SUB-MODULE	VARIABLE NUMBER	VARIABLE NAME	GUIDANCE
<b>TABLE G: CLIENT CHARACTERISTICS - DEMOGRAPHIC</b>			
Client Level Services/ Interventions	G101	Date Collected	Enter the date you collected client demographic data from the client - usually the date of intake.
	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.
	G113	Calculated Age	This value does not have to be entered. It is calculated by the system.
	G114	Ethnicity	Enter the client's self-report of whether they are of Hispanic or Latino origin, using standard OMB codes. This variable is particularly important if ethnicity is an eligibility criterion for your SIHLE program.
	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. This variable is particularly important if race is an eligibility criterion for your SIHLE program.
	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	Enter the client's self-reported sexual identity.

<b>TABLE G: OPTIONAL VARIABLES</b>			
	G103	Local Client Unique Key	This field may be used to enter client IDs you generate and utilize locally.
	G105 G106 G107 G108 G109	Last Name First Name Middle Initial Nick Name Aliases	These fields <i>may</i> be used to enter the client's name or nickname to more readily identify the client. They are not required.
	G110	Date of Birth - Month	Enter the calendar month in which the client was born.
	G111	Date of Birth - Day	Enter the calendar day in which the client was born.
	G 128 - G 136	Locating Information	These variables may be used to capture the current address and phone number of the client.

**TABLE G: CLIENT CHARACTERISTICS – RISK PROFILE**

Client Level Services/ Interventions	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	If the client reports having a previous HIV test, enter the client’s self-reported result.
	G208	In HIV Medical Care/Treatment (Only if HIV+)	If a client reports having tested HIV positive, enter his/her self-report of whether 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 self-reported pregnancy status.
	G210	In Prenatal Care (Only if pregnant)	If a woman is pregnant and HIV positive, enter her self-report of whether she is receiving regular health care during pregnancy.
	G211	Client Risk Factors	All of the 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 can be entered here. 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 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.

<b>TABLE G: OPTIONAL VARIABLES</b>			
Client Level Services/ Interventions	G201	Incarcerated	This variable captures whether or not the client is or has been imprisoned (in jail or in a penitentiary).
	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 housing status in the 12 months prior to data collection.
	G210a	Local Recall Period	The default recall period (time that a client is asked to recall his/her risk behaviors) is 12 months. If a different recall period is used locally, that period can be indicated here, and all of the risk indicators for both the default and local recall periods will be captured.
	G214	Injection Drugs/ Substances	This variable allows you to indicate which drugs/ substances the client reports having injected during the recall period.

### Session Information

#### Table H: Client Intervention Characteristics

After a client has participated in a SIHLE session, information about that session will be entered into PEMS. Once the client and SIHLE program are chosen, PEMS will prompt for 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 from which you can choose those activities that were completed. You may also add any activities that were provided 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. When session information is entered for a client, there is also an option to enter an updated risk profile for the client.

In the following table, Table 5, instructions are provided for entering data for PEMS Table H.

**TABLE 5: HOW TO ENTER SIHLE INTO PEMS TABLE H**

Variable Number	Variable Name	Guidance
<b>TABLE H: CLIENT INTERVENTION CHARACTERISTICS</b>		
H01	Intervention Name/ID	Select the intervention name that you created for SIHLE in the Program Information Module (F02, Intervention Name/ID).
H03	Cycle	Enter the cycle number that the client is participating in.
H05	Session Number	Indicate whether the client is participating in Session 1, 2, 3, or 4 of SIHLE.
H06	Session Date	Enter the calendar date in which the session was delivered to the client.
H10	Site Name/ID	Enter the official name of your agency's site where SIHLE was delivered.
H13	Recruitment Source	This variable allows you to track how clients become aware of and enroll in SIHLE, including from agency referral, health information/public information campaigns, 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, such as counseling and testing, outreach, etc., the client was referred from.
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 SIHLE, "Small group (Code 03)" should be selected.
H23	Delivery Method	This variable captures how the session was delivered. For SIHLE, "In Person (Code 01.00)" should be selected. Additional modes of delivery can also be selected.
<b>TABLE H: CLIENT INTERVENTION CHARACTERISTICS</b>		
H109	Worker ID	This variable allows you to choose from a list of workers to indicate the facilitator who conducted the SIHLE session. Workers must be entered into the Agency Information module, Workers sub-module, to appear on the list. If this variable is completed, you will be able to run reports by Workers. However, variables pertaining to Workers are not required and are not presented in this document.
H20	Activity	This variable allows you to capture the activities in which the client participated, and compare the activities provided to those planned. In addition to planned activities, you may choose activities which were provided but not planned.

In addition to client information in the PEMS G and H Tables, there is an opportunity to enter information for a client on up to 32 local variables, for which you define the variable and the value choices. PEMS does not have variables for some of the activities included in SIHLE sessions. You may choose to create local variables for them.

- Talking about gender pride
- Discussing values
- Discussing gender portrayals in society
- Visualization
- Learning assertive communication
- Recognizing healthy and unhealthy relationships
- Recognizing abuse
- Implication of partner selection
- Identifying if a change was made as a result of the session

Tracking of these activities is not part of the required NHM&E variables or CDC performance indicators, but is an important part of local M&E. These activities may be captured through the PEMS local variables or through a complementary tracking database like the Fidelity/Process Evaluation Excel spreadsheet (Tool 14). In the next table, Table 6, instructions for using local variables are provided.

**TABLE 6:** ENTERING LOCAL VARIABLES INTO PEMS

Variable Number	Variable Name	Guidance
LV01-LV32	Local Variables	<p>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.</p> <p>For SIHLE, local variables may be used to capture information such as whether or not a client reported at least one positive change in her life, or any of the outcome objectives your organization wishes to track.</p> <p>Information entered into the local variable fields may be alphabetic and/or numeric and may be up to 2000 characters per Local Variable.</p> <p>Some suggested variables for SIHLE are:</p> <ul style="list-style-type: none"> <li>■ Increased gender pride</li> <li>■ Better visualization skills</li> <li>■ Can communicate more assertively</li> <li>■ Can recognize healthy and unhealthy relationships</li> <li>■ Can recognize abuse</li> <li>■ Identifying if a change was made as a result of the session</li> </ul>

Any time a client receives a referral, the referral and subsequent follow-up information about the referral can be entered in PEMS. The referral does not have to be made during a SIHLE session. In Table 6, instructions are provided for how to enter SIHLE into PEMS Table X7, Referrals.

**TABLE 7: HOW TO ENTER SIHLE INTO PEMS TABLE X7, REFERRALS**

Table X7: Referrals			
Client Level Services/Referrals	X702	Referral Date	Enter the date on which the referral was made for the client, typically the date of one of the SIHLE sessions.
	X703	Referral Service Type	Select the service to which the client was referred. Internal or external referrals can be tracked.
	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” 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.
Table X7: Optional Variable			
	X701 or X701a	PEMS Referral Code or Local Referral Code	The PEMS system may 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 may also be used.

If you want additional information on the NHM&E DS requirements, there is a copy of the 2008 National HIV Prevention Program M&E Data Set variable requirements in Appendix B. Additional information is also available on the NHM&E Web site: <https://team.cdc.gov>.

### Program Monitoring via PEMS

Reports can be run on client-level data that allow you to see how many SIHLE participants have completed all the SIHLE sessions, which program activities they have engaged in, and how their risk profiles have changed over time.

**It is critical that your agency’s forms include the required NHM&E data variables.**

## Obtaining Data from PEMS

Data can be obtained from PEMS in two ways:

- A data extract may be used to obtain all data points in a particular PEMS table or set of tables. The data may be imported into a spreadsheet or database for further analysis. If you have used the “local variables,” you must use a data extract to see them; there is no pre-defined report for them.
- Pre-defined PEMS reports can be generated on specific data elements such as
  - ▶ the characteristics of SIHLE participants
  - ▶ the characteristics of SIHLE sessions
  - ▶ details on referrals made and their outcomes
  - ▶ SIHLE sessions with incomplete information in PEMS
  - ▶ participant risk behaviors



### TIME SAVER

The Data Analysis Tool (Tool 13) identifies PEMS reports that will be useful in SIHLE M&E.

## SIHLE Variables not Captured in PEMS

For SIHLE variables not captured in PEMS, your agency may choose to create local variables in PEMS or you may use the Excel Spreadsheets included in this guide to collect and compile data from the Fidelity/Process Evaluation Forms or the Session Evaluation Forms.



### TIME SAVER

Two Excel spreadsheets have been developed for this guide to help capture, store, and compile SIHLE-specific data for program monitoring for variables not collected in PEMS.

- The Fidelity/Process Evaluation Excel spreadsheet (Tool 14) is formatted to match the Session Fidelity/Process Evaluation Forms (Tool 9) and will compile the process monitoring data needed to complete the Data Analysis Tool (Tool 13).
- The Session Evaluation Excel Spreadsheet (Tool 15) matches the Session Evaluation Form (Tool 10). It will compile outcome monitoring data needed to complete the Data Analysis Tool (Tool 13).
- The Facilitator Observation Spreadsheet (Tool 16) was developed to capture and compile data from the Observation Form (Tool 11).

**Disclaimer:** The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Data Set presented in this document are current as of September 2008. Please refer to the NHM&E Web site (<https://team.cdc.gov>) for the most current reporting requirements.

## Summary

Chapter 7 introduced the National HIV Prevention Program Monitoring and Evaluation Data Set requirements, how to prepare your organization for using the Program Evaluation and Monitoring System (PEMS), and illustrated how to enter SIHLE into PEMS.

This chapter introduced:

- The National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS)
- Preparing your agency for implementing PEMS
- Entering the SIHLE intervention into PEMS
- Tool 14 - Fidelity/Process Evaluation Excel Spreadsheet
- Tool 15 - Session Evaluation Excel Spreadsheet
- Tool 16 - Facilitator Observation Excel Spreadsheet

# 8

## OVERVIEW AND SUMMARY OF TOOLS

A variety of tools are included in Appendix A to assist you in developing and implementing your monitoring and evaluation (M&E) plan. Following is a brief summary of each of these tools. As you review what is here, you can choose those tools that work best for you. They should be modified to reflect the unique features of SIHLE in your agency and can be used alone or to supplement tools you are currently using for M&E.

Monitoring and evaluation may involve staff from a variety of departments and disciplines with varying experience and attitudes towards evaluation. Consider developing an evaluation team consisting of the program coordinator, lead evaluator (if appropriate), facilitator, and data entry staff person to work together to develop and implement an M&E plan. Remember, that technical assistance for M&E can be requested through your Project Officer or 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>.

It is our hope that including these tools in this M&E Field Guide will address one of the most frequent requests providers of evaluation technical assistance receive from community-based organizations: assistance with development of data collection tools for program evaluation. Use of these tools is not a requirement.

- **Monitoring & Evaluation Task List (Tool 1)** – The M&E task list provides an overview and summary of all tasks associated with your M&E plan. It may be used to create a work plan to track implementation of the M&E plan. Periodic review of this task list will allow you to track progress as you proceed through each of the steps of your M&E plan. **For Use By:** program coordinator and/or lead evaluator
- **Sample Evaluation Logic Model (Tool 2)** – This sample evaluation logic model illustrates implementation of the SIHLE model with participants and includes components of a M&E plan. Be sure to tailor this model to reflect your agency's implementation of SIHLE. **For Use By:** program coordinator and/or lead evaluator

- **Behavior Change Logic Model (Tool 3)** – This logic model describes the intent of the SIHLE intervention, including which behaviors it aims to change, the behavioral determinants of risk, the activities in SIHLE that help participants change behaviors, and the outcomes the program is anticipated to affect. This logic model is presented in the *SIHLE Implementation Manual*. It is provided here for your reference.  
*For Use By: program coordinator and/or lead evaluator*
- **Implementation Planning Tool (Tool 4)** – This tool illustrates inputs (or resources needed to implement SIHLE), the activities to prepare for and conduct SIHLE, and the outputs (products resulting from implementation activities). The summary sheet can be found on at [www.effectiveinterventions.org](http://www.effectiveinterventions.org). *For Use By: program coordinator and/or lead evaluator*
- **SMART Table (Tool 5)** – This table is designed to assist you in writing your own SMART objectives. The SMART Table provides suggestions of words and phrases to use for each component of a SMART objective. *For Use By: program coordinator and/or lead evaluator*
- **Sample SMART Objectives for SIHLE (Tool 6)** – Your M&E plan will focus on collecting process objectives and immediate outcomes. Sample SMART objectives for SIHLE are presented in this tool for your reference. These should be tailored to meet your agency’s implementation of SIHLE. It is a useful overview to share with staff as part of training on evaluation. *For Use By: program coordinator and/or lead evaluator*
- **Sample Data Planning Matrix (Tool 7) and Blank Data Planning Matrix (Tool 8)** – The Sample Data Planning Matrix links sample SMART objectives with evaluation questions. The blank matrix is included for use in your agency. The matrix can be completed to document the SMART objectives, measures, and data sources you will use to answer each evaluation question you develop. You can also include the person responsible for collection of the data and the time frame for data collection. *For Use By: program coordinator and/or lead evaluator*
- **Session Fidelity/Process Evaluation Forms (Tool 9)** - This form is designed to monitor the activities presented in each session. The version in this guide has been modified from the version in the *SIHLE implementation Manual*. *For Use By: facilitator*
- **Session Evaluation Forms (Tool 10)** - This form captures immediate outcome information about your participants and your participants’ perceptions about the quality of the intervention. The version in this guide has not been modified from the *SIHLE implementation Manual*. *For Use By: facilitator*

- **Facilitator Observation Form (Tool 11)** – This form collects information about how well facilitators are conducting sessions. Observations are important to identify facilitator training needs or common obstacles to conducting sessions. This tool should be used as part of quality assurance activities. This tool is presented in the *SIHLE Implementation Manual* and has not been modified. **For Use By: supervisor**
- **Sample Data Management Plan (Tool 12)** – A data management plan describes your methods for collecting, entering, and storing data, conducting quality assurance, and analyzing the data. It also describes who is responsible for each of these steps. This sample plan is for a fictitious agency and can be used as a training tool for staff learning about M&E for the first time. **For Use By: program coordinator and/or lead evaluator**
- **Data Analysis Tool (Tool 13)** – This tool summarizes the data variables you will need to collect for the CDC reporting requirements and data variables you can choose to collect that may be useful for local program monitoring and outcome monitoring. The tool is in an Excel spreadsheet and provides formulas to assist you in calculating the outcomes for your program. For example, you will report on the percentage of participants served who are from the target population you are trying to reach and engage in SIHLE. Likewise, you will report on the number of SIHLE participants who completed the intended number of sessions. **For Use By: program coordinator and/or lead evaluator**
- **Fidelity/Process Evaluation Excel Spreadsheet (Tool 14)** – This spreadsheet has been designed to store and compile data from the Session Fidelity/Process Evaluation Forms. It will calculate the process monitoring data needed to complete the SIHLE Data Analysis Tool (Tool 13). **For Use By: program coordinator and/or lead evaluator**
- **Session Evaluation Excel Spreadsheet (Tool 15)** – This spreadsheet has been designed to store and compile data from the Session Evaluation Forms (Tool 10). It will calculate the outcome monitoring data needed to complete the SIHLE Data Analysis Tool (Tool 13). **For Use By: program coordinator and/or lead evaluator**
- **Facilitator Observation Schedule Excel Spreadsheet (Tool 16)** – This spreadsheet can be used to track implementation of provider observations for each facilitator. Upon completion, it will automatically calculate the percent of observations conducted per cycle. Supervisors can assess the extent to which they are following the required observation protocol detailed in the *SIHLE implementation Manual*. **For Use By: supervisor.**

# APPENDICES

**APPENDIX A:**  
**SIHLE Monitoring and Evaluation Tools**

**TOOL 1: MONITORING AND EVALUATION TASK LIST**

**Instructions:** The M&E Task List is a suggested list of steps for creating an M&E Plan for your agency. By filling out the information in the columns – Responsible Staff Person, Time line, Achieved, and CBA Required – your agency will be able to manage the development and implementation of an M&E plan.

<b>DEVELOPING A MONITORING AND EVALUATION PLAN <sup>1</sup></b>					
<b>ACTIVITY</b>	<b>RESPONSIBLE STAFF PERSON</b>	<b>TIME LINE</b>	<b>ACHIEVED</b>	<b>CBA REQUIRED</b>	<b>COMMENTS</b>
Develop an evaluation logic model (Tool 2)			Yes/No/NA	Yes/No/NA	
Develop evaluation questions			Yes/No/NA	Yes/No/NA	
Write SMART objectives (Tools 5 & 6)			Yes/No/NA	Yes/No/NA	
Complete a data planning matrix with your evaluation questions, objectives, measures, etc., including QA activities required for SIHLE (Tools 7 & 8)			Yes/No/NA	Yes/No/NA	
Develop and/or revise data collection forms (Tools 9,10 and11)			Yes/No/NA	Yes/No/NA	
Write SMART objectives (Tools 5 & 6)			Yes/No/NA	Yes/No/NA	
Complete a data planning matrix with your evaluation questions, objectives, measures, etc., including QA activities required for SIHLE (Tools 7 & 8)			Yes/No/NA	Yes/No/NA	
Develop and/or revise data collection forms (Tools 9,10 and 11)			Yes/No/NA	Yes/No/NA	
Develop a data management plan to guide data entry, cleaning, and generation of reports (Tool 12)			Yes/No/NA	Yes/No/NA	
Develop data analysis plan (determine what data will be analyzed, who will analyze it, and when) (Tool 13)			Yes/No/NA	Yes/No/NA	

<sup>1</sup>Tools to assist with each task are available in Appendix A. Please note that additional tools may be needed, or that you may need to modify the tool to fit your needs.

DEVELOPING A MONITORING AND EVALUATION PLAN					
ACTIVITY	RESPONSIBLE STAFF PERSON	TIME LINE	ACHIEVED	CBA REQUIRED	COMMENTS
Monitor completion of facilitator training and development			Yes/No/NA	Yes/No/NA	
Complete an intake form <sup>2</sup> for all participants			Yes/No/NA	Yes/No/NA	
Complete Fidelity/Process Evaluation Form (Tool 9) and referral tracking forms <sup>3</sup>			Yes/No/NA	Yes/No/NA	
Fill in attendance sheet and Session Evaluation Form (Tool 10) at each session			Yes/No/NA	Yes/No/NA	
Completes Facilitator Observation Form (Tool 11) once per cycle <sup>4</sup>			Yes/No/NA	Yes/No/NA	
Enter data from all forms into PEMS and/or other database			Yes/No/NA	Yes/No/NA	
Aggregate data/Run PEMS Reports (Tools 14, 15, and 16)			Yes/No/NA	Yes/No/NA	
Conduct data analysis (Tool 13)			Yes/No/NA	Yes/No/NA	

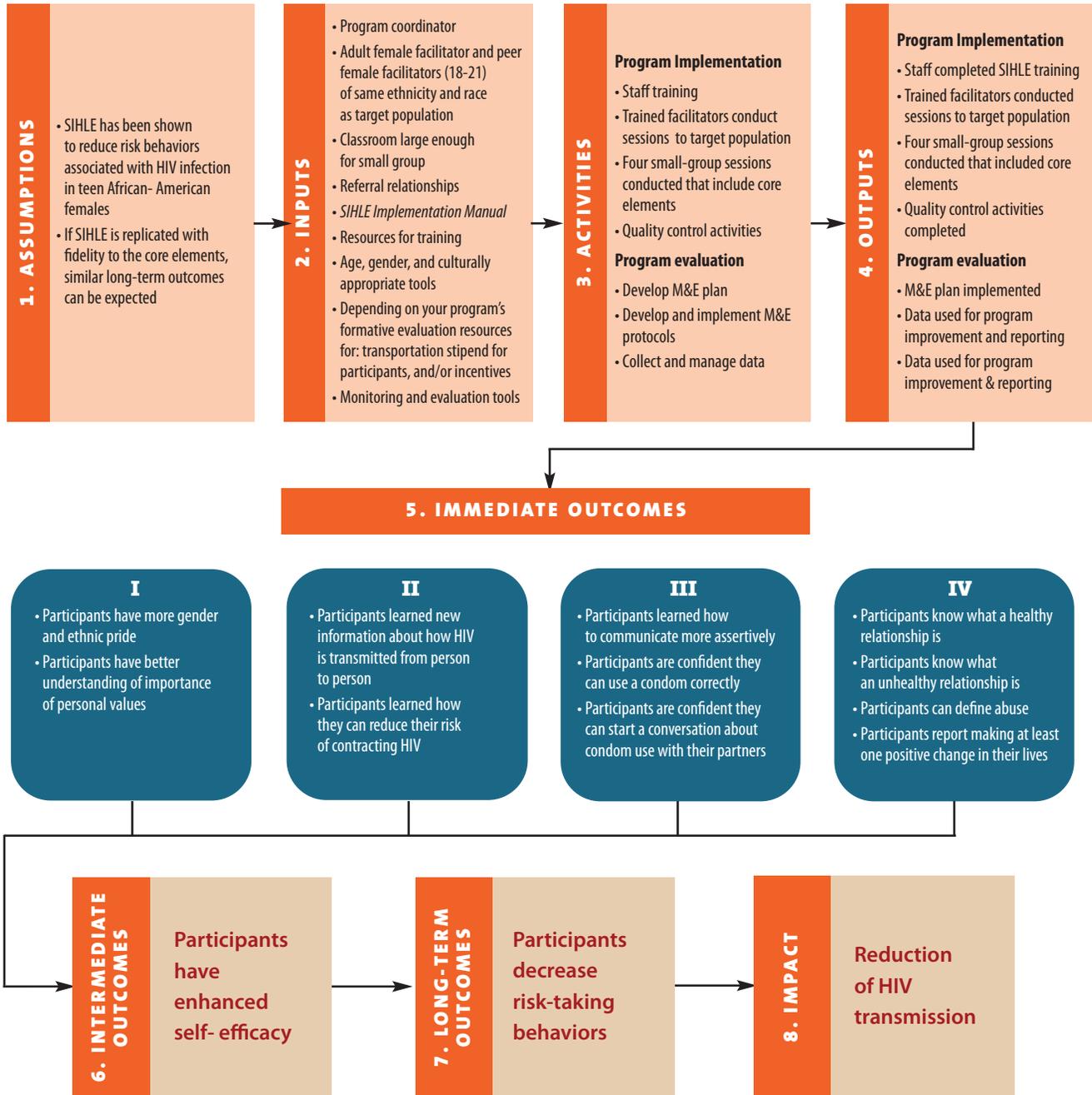
<sup>2</sup> See NHM&E Web site <https://team.cdc.gov> for sample intake form.

<sup>3</sup> See NHM&E Web site <https://team.cdc.gov> for sample referral tracking form.

<sup>4</sup> A cycle is the number of times a complete delivery of an intervention is made. A cycle is the entire SIHLE intervention (four sessions) delivered to one group of participants.

**TOOL 2: EVALUATION LOGIC MODEL**

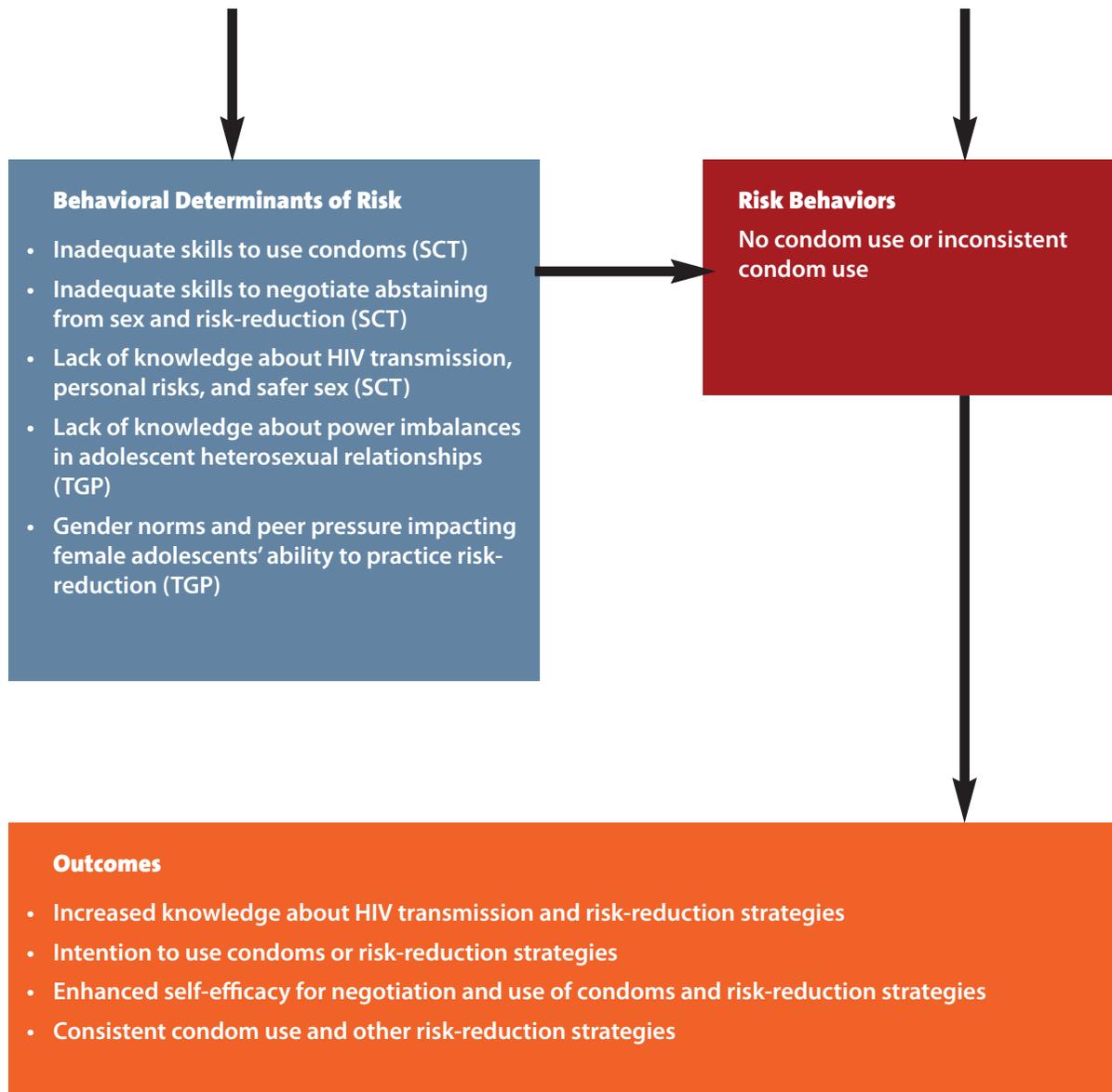
This intervention is targeted at teen (ages 14-18 inclusive) females.



**TOOL 3: BEHAVIOR CHANGE LOGIC MODEL**

(Copied from SIHLE Implementation Manual)





## **TOOL 4: SIHLE – SISTERS INFORMING HEALING LIVING AND EMPOWERING IMPLEMENTATION PLANNING TOOL**

(This tool has been reformatted. Original available on <http://www.effectiveinterventions.org/go/interventions/sihle>)

This SIHLE Implementation Planning and Program Objectives Tool is for use when planning to implement the intervention. This tool is composed of two worksheets:

- A. The SIHLE Implementation Planning Worksheet** - indicates key implementation tasks in each area of SIHLE: pre-implementation, implementation, maintenance, and monitoring and evaluation. The worksheet provides an opportunity for agency staff to develop and implement specific plans for completing each of the key tasks and activities, designate responsible staff, and identify time lines. Keep in mind that the tasks listed within the areas of implementation practice on the implementation planning worksheet are in approximate but not exact order. Many of the tasks within an area overlap or occur simultaneously with other tasks within that area.
- B. The Program Objectives Worksheet** - suggests developing program objectives using the CDC SMART objectives (i.e., specific, measurable, appropriate, relevant, time-based) model and process. Specific SMART program objectives should be developed for major tasks identified on the implementation planning worksheet in each of the four areas of the intervention practice.

This *Implementation Planning Tool* should be used in conjunction with knowledge acquired in the SIHLE Training of Facilitators (TOF) and drawn from other SIHLE intervention resources like the behavior change logic model, Implementation Summary Sheet, and SIHLE Implementation Manual.

### **Steps for using the tool:**

1. Form a team to work on SIHLE program planning and implementation.
2. Review the SIHLE materials provided in the TOF and available on-line.
3. Review the SIHLE Implementation Planning Tool.
4. Conduct meetings with key staff to develop specific plans and timelines for completing each of the key tasks and activities of your SIHLE intervention. Document these plans using the Implementation Planning Worksheet and develop key program objectives (using the Program Objectives Worksheet).
5. Begin implementing SIHLE by completing tasks and activities in relation to the implementation plan and intervention objectives developed using the implementation planning and program objectives tool.
6. Periodically hold meetings and review progress in implementing SIHLE, making adjustments to intervention plans and objectives as needed.

## SIHLE IMPLEMENTATION PLANNING WORKSHEET

TASKS AND ACTIVITIES	PLANS FOR COMPLETING TASKS AND ACTIVITIES (i.e., the steps my organization needs to take)	STAFF RESPONSIBLE FOR TASKS AND ACTIVITIES	TIME LINE FOR COMPLETION OF TASKS AND ACTIVITIES	START AND END DATES
<b>A. Pre-implementation</b>				
Recruit, hire or secure, and train agency staff who will be responsible for implementation of SIHLE. Use screening tools that are included in the SIHLE documents as needed.				
Complete the SIHLE Implementation Planning Worksheet and SIHLE Program Objectives Worksheet (Be consistent with the instructions for these worksheets and the intent, logic model and core elements of the SIHLE intervention).				
Assess available resources and probable costs. Use the suggested budget listed in the SIHLE Implementation Manual to develop an initial budget. (Remember that the SIHLE core elements indicate that two (2) peer facilitators conduct session.) Estimate of the size of the target population available to participate in the SIHLE intervention, including their demographic characteristics, and geographic and social locations.				
Create a plan to enlist support and involvement from appropriate gatekeepers and begin recruitment and enlistment of gatekeepers.				

TASKS AND ACTIVITIES	PLANS FOR COMPLETING TASKS AND ACTIVITIES (i.e., the steps my organization needs to take)	STAFF RESPONSIBLE FOR TASKS AND ACTIVITIES	TIME LINE FOR COMPLETION OF TASKS AND ACTIVITIES	START AND END DATES
<p>Design and develop all systems, plans, materials and activities for preparing to implement SIHLE.</p> <ul style="list-style-type: none"> <li>• Identify, recruit and hire SIHLE staff</li> <li>• Access SIHLE information and make training plans (develop plan for training peer facilitators if they are unable to attend a TOF)</li> <li>• Locate recruitment venues</li> <li>• Contact key sources with access to target population</li> <li>• Begin accessing information regarding the cultural norms and behaviors of the target population</li> <li>• Locate possible sources of information and artifacts reflective of the target population with specific application to the <b>local target population</b>.</li> <li>• Develop retention plan</li> </ul>				
<p>Develop a SIHLE Monitoring and Evaluation plan to monitor and evaluate key SIHLE implementation and intervention tasks and activities (consistent with SMART process objectives you define on your SIHLE program objectives worksheet).</p>				
<p><b>B. Implementation</b></p>				
<p>Train near peer and adult facilitators, and identify training strategy for near peer facilitators if required. Include system to augment near peer training since they are likely to have less experience facilitating groups or working as co-facilitators with an adult. This system should include practice sessions for near peer and mock facilitating to identify potential areas of concern.</p>				
<p>Complete hiring of facilitators.</p>				
<p>Train all facilitators.</p>				
<p>Practice facilitation to ensure smooth delivery.</p>				

TASKS AND ACTIVITIES	PLANS FOR COMPLETING TASKS AND ACTIVITIES (i.e., the steps my organization needs to take)	STAFF RESPONSIBLE FOR TASKS AND ACTIVITIES	TIME LINE FOR COMPLETION OF TASKS AND ACTIVITIES	START AND END DATES
Conduct all preparatory activities for implementing SIHLE including the creation of the community referral handout and the dating violence brochure.				
Implement plan to conduct SIHLE sessions and ensure retention of participants.  Ensure sessions are conducted with fidelity to the intervention and that debriefings are held consistently with requisite attention to the experience and reactions of the near peer facilitators.				
Conduct SIHLE sessions				
Monitor presentation of near peer facilitators.				
Engage retention strategies.				
<b>C. Maintenance</b>				
Maintain ongoing communications/contact with community organizations who are in contact with potential participants.				
Ensure continued training for replacements as near peers “age out” as facilitators.				
<b>D. Monitoring and Evaluation: Complete the attached SIHLE M&amp;E Key Activities table for your application (following the program objectives table)</b>				

## PROGRAM OBJECTIVES WORKSHEET FOR THE SIHLE INTERVENTION

The **Program Objectives** worksheet is for use in developing program objectives using the CDC SMART objectives (i.e., specific, measurable, appropriate, relevant, time-based) model and process. Specific SMART objectives should be developed for major tasks identified on the implementation planning worksheet in each of the areas of intervention: Pre-Implementation, Implementation, Maintenance and Evaluation.

Those using this tool should refer to the SIHLE Implementation Manual for details on SIHLE tasks and activities. It would be wise to request technical assistance to help with planning and use of this tool as early in the SIHLE implementation process as possible.

SIHLE INTERVENTION	S.M.A.R.T. PROGRAM OBJECTIVES
<p><b>Pre-Implementation</b> Engage and become familiar with local target population to ensure availability. Become aware of their unique characteristics and how these may be included in preparing for SIHLE, plan training logistics and materials; plan recruitment, retention, training of facilitators to include augmenting their training and preparation for intervention activities, plan program monitoring and evaluation, etc.</p>	
<p><b>Implementation</b> Ongoing identification, recruitment, retention, training, and deployment of opinion leaders, etc.</p>	
<p><b>Maintenance</b> Ongoing contact and collaboration with community leaders to maintain support for SIHLE and focused assistance with adaptation when required. Near peers may function as recruiters; may also be used as adult facilitators as they age out as peer facilitators.</p>	
<p><b>Monitoring and Evaluation</b> Conduct process monitoring of key elements of SIHLE implementation; plan and conduct outcome monitoring or outcome evaluation if resources permit, etc.</p>	

## SIHLE MONITORING AND EVALUATION (M&E) KEY ACTIVITIES

Complete the table below using *projected numbers for a fully-implemented program year*. Complete SMART objectives for each target population.

Provide information on the data sources, analysis frequency, and staff responsible for each SMART objective (and for each target population). Use definitions provided to ensure consistency with CDC requirements for these activities. CDC will provide support for developing a complete M&E plan for each intervention after awards are made to successful applicants. *Fill in boxes for SMART objectives, data source, analysis frequency, and staff responsible.*

**Fully Implemented** – Program staff hired and trained on SIHLE, program resources are available (e.g., adult female facilitator and two near-peer facilitators hired and trained; community-based group location secured; condoms and age, gender, and culturally appropriate materials available)

**Program Year** – 12-month funding period (e.g., 7/1/10 – 6/30/11, 7/1/11 – 6/30/12)

**SMART Objectives** – Program objectives that are Specific, Measurable, Appropriate, Realistic, and Time-phased

**Measure** – The information or data needed to monitor progress towards meeting SMART objectives for program activities

**Analysis** – The process of collecting, assessing, and using information or data to monitor program activities

**Data Source** – The document or process used to obtain information or data needed for monitoring program activities (e.g., enrollment form, group attendance log)

**Analysis Frequency** – The intervals at which program monitoring activities will occur (e.g., weekly, monthly, after each cycle); that is, how often will the staff responsible for program M&E at your agency review and consider the information and its implications for the work of your agency.

**Staff Responsible** – The program-identified staff member who is responsible for monitoring a program activity

**Session** – One or more of the SIHLE set of activities delivered to clients on a given date (e.g., one of the four group sessions)

- Recommended frequency of group sessions: weekly

**Cycle** – The complete delivery of all four SIHLE group sessions

**Enroll** – Client participates in at least one of the four SIHLE group sessions

- Eligibility Criteria:

1. SIHLE was designed to target sexually-active, heterosexual African-American teenage females ages 14-18 and at risk for HIV through sexual behavior
2. Target Population (TP) – The program-defined, intended recipients of the intervention described by risk, demographic and/or setting characteristics (e.g., African-American female adolescents with a history of STDs; African-American teen mothers in a community with high STD/HIV rates); TP should be based on a prioritized population identified in the program's state or local HIV prevention plan

- Recommended number of clients enrolled per cycle: 10 to 12 African-American female adolescents enrolled in each SIHLE cycle

**Complete** – Client attends each of the four group sessions of a SIHLE cycle

<b>A. Recruit and enroll clients for project</b>		
<b>SMART Objective #1: __ (number) heterosexual African-American teenage females recruited</b>		
<b>MEASURE</b>	<b>ANALYSIS</b>	
Number of heterosexual African-American teenage females recruited.	Count number of heterosexual African-American teenage females recruited.	
<b>DATA SOURCE</b>	<b>ANALYSIS FREQUENCY</b>	<b>STAFF RESPONSIBLE</b>
<b>SMART Objective #2: __ (number) heterosexual African-American teenage females who will be eligible</b>		
<b>MEASURE</b>	<b>ANALYSIS</b>	
Number of heterosexual African-American teenage females who will be eligible.	Count number of heterosexual African-American teenage females who will be eligible.	
<b>DATA SOURCE</b>	<b>ANALYSIS FREQUENCY</b>	<b>STAFF RESPONSIBLE</b>
<b>SMART Objective #3: __ (number) heterosexual African-American teenage females who will be enrolled (will participate in at least one group session)</b>		
<b>MEASURE</b>	<b>ANALYSIS</b>	
Number of heterosexual African-American teenage females who will be enrolled.	Count number of heterosexual African-American teenage females who will be enrolled.	
<b>DATA SOURCE</b>	<b>ANALYSIS FREQUENCY</b>	<b>STAFF RESPONSIBLE</b>

**B. Deliver the intervention to enrolled, eligible clients****SMART Objective #4: \_\_\_\_ (number) heterosexual African-American teenage females who will participate in all four group sessions**

<b>MEASURE</b>	<b>ANALYSIS</b>	
Number of heterosexual African-American teenage females who will participate in all sessions.	Count number of heterosexual African-American teenage females who will participate in all sessions.	
<b>DATA SOURCE</b>	<b>ANALYSIS FREQUENCY</b>	<b>STAFF RESPONSIBLE</b>

**TOOL 5: SMART TABLE**

The table below contains a number of prompts that will assist you in developing SMART objectives. The list of terms shown in each column is not exhaustive.

1	2	3	4	5
<b>Specific</b>	<b>Measurable</b>	<b>Appropriate</b> Ask yourself the following questions:	<b>Realistic</b> Ask yourself the following questions:	<b>Time-phased</b>
<ul style="list-style-type: none"> <li>• Provide</li> <li>• Recruit</li> <li>• Train</li> <li>• Deliver</li> <li>• Refer</li> <li>• Increase</li> <li>• Improve</li> <li>• Implement</li> <li>• Observe</li> <li>• Enhance</li> <li>• Raise</li> <li>• Develop</li> <li>• Revise</li> <li>• Complete</li> <li>• Decrease</li> <li>• Obtain</li> </ul>	<ul style="list-style-type: none"> <li>• Number</li> <li>• Average</li> <li>• Percentage (proportion)</li> <li>• Change over time of ____ compared with _____</li> <li>• Sessions</li> <li>• Referrals</li> <li>• Participant's knowledge, skills, or self-perception.</li> <li>• Program improvement</li> <li>• Facilitator skill</li> </ul>	<ul style="list-style-type: none"> <li>• Is this objective related to the intervention goals?</li> <li>• Is this objective congruent with the target population's characteristics?</li> <li>• Is this objective in line with the core elements and key characteristics of SIHLE</li> </ul>	<ul style="list-style-type: none"> <li>• Do your staff have the skill set/training to carry out the objective?</li> <li>• Do you have the resources to attain the objective?</li> <li>• Have you set achievable goals (reasonably high, but not impossible)?</li> <li>• Have other programs attained similar results?</li> <li>• Is your network of service providers adequate to support attaining this objective?</li> </ul>	By the beginning/end of <ul style="list-style-type: none"> <li>• the ____ session</li> <li>• the ____ week</li> <li>• the ____ month</li> <li>• the ____ quarter</li> <li>• the ____ year</li> </ul>

**Instructions:** Use phrases from the table above to help you develop your SMART objectives and complete your data planning matrix.

**Examples:**

- 10 facilitators will complete the SIHLE training by the end of the first quarter of this year.
- 80 percent of clients who complete Session One of SIHLE will complete all four sessions.

## TOOL 6: SAMPLE SMART OBJECTIVES

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

**Note:** Objectives marked (CORE) refer to SIHLE core elements.

### ASSUMPTIONS

- The implementing agency has already assessed that SIHLE is appropriate for its setting/population.
- Core elements will be retained.
- Using formative evaluation methods and instruments, the implementing agency has already identified key characteristics that need to be adapted to address target population needs, setting and resources, and has sought Project Officer approval as needed/required.

### PROCESS OBJECTIVES

#### Pre-Implementation Objectives

##### *Developing a roll-out plan*

1. By (date), an implementation plan for enrolling X percent of eligible participants will be developed.

##### *Developing quality assurance, monitoring, and evaluation plan and systems*

2. By (date), the SIHLE team will develop a monitoring and evaluation plan.
3. By (date), a quality assurance plan will be developed.

##### *Planning Staff Training*

4. By (date), X number of adult facilitators<sup>1</sup> and X number of peer facilitators will be hired/contracted.
5. By (date), X number of facilitators will attend the SIHLE Training of Facilitators (TOF).
6. By (date), X number of peer facilitators who cannot attend TOF are trained by adult facilitator.

##### *Content Development (if you plan to adapt the content for your specific target population)*

7. By (date) the adapted materials to be used for SIHLE will be approved by the Project Officer for age, gender and cultural appropriateness. (CORE).

---

<sup>1</sup>Facilitators should be female and of the same race/ethnicity as the target population.

## Full Implementation Objectives

### *Client Participation*

8. By (date), X percent of projected participants will be enrolled<sup>2</sup> in SIHLE.
9. By (date), X percent of enrolled participants will meet the established eligibility criteria (heterosexual female teens age 14-18). (CORE)
10. By the end of the program year, X percent of SIHLE teens who attend the first SIHLE session of a completed cycle will have participated in all four of the sessions.
11. On a semi-annual basis, the demographic (age, income level, neighborhood) differences between clients who complete all four sessions of completed cycles and those who do not will be assessed.
12. On a semi-annual basis, the intervention characteristic differences (time of year, fidelity to the core elements, etc.) between clients who complete all four sessions of completed cycles and those who do not will be assessed.

### *Program Implemented as Intended*

13. By (date), X percent of sessions are facilitated by an adult female facilitator and two female peer (age 18-21) facilitators who are from the same race/ethnicity as target population. (CORE)
14. By (date), X percent of cycles include four sessions. (CORE)
15. By (date), X percent of SIHLE activities are “taught as suggested”. (CORE)
16. By (date), X percent of SIHLE sessions are conducted in a community-based setting. (CORE)

### *Program Improvement*

17. Every fifth cycle, the program coordinator will obtain and assess responses from key staff and stakeholders about what improvements should be made to the program.
18. Every fifth cycle, the project team will make necessary changes/enhancements to implementation based on data gathered from key staff and stakeholders.

### Related Evaluation Questions

- *Are we reaching the number of clients we expected to?*
- *Are we reaching our intended target population?*
- *Do participants who start SIHLE complete the intervention?*
- *Are staff appropriately trained and supported to implement SIHLE?*
- *Is the program being implemented as intended?*
- *Are quality assurance activities being completed?*
- *Are problems with implementation being addressed?*
- *Do participants report increased knowledge, confidence, and skills?*

**Note:** See Data Planning Matrix for how evaluation questions are linked to SMART objectives.

<sup>2</sup>Enrolled is defined as having attended the first session.

19. Every fifth cycle, the program coordinator will obtain and assess feedback from clients and staff about barriers to *reaching and retaining* the target population for the intervention.
20. Every fifth cycle, the program coordinator, in conjunction with the SIHLE team, will make changes/ enhancements to the SIHLE recruitment and enrollment strategies based on the assessment of barriers to *reaching and retaining* the target population.

### **Quality Assurance**

21. Each quarter, the facilitators and supervisor will have a debriefing meeting at least one session per cycle to discuss how well facilitators are meeting session goals and facilitating the sessions.
22. Each quarter, participants completing the session feedback forms will rate facilitators' performance in all the sessions with at least an average ranking of four on a scale of one to five.
23. Each quarter, participants completing the session feedback forms will rate all sessions with at least an average of four on a scale of one to five.

## **IMMEDIATE OUTCOME OBJECTIVES**

### **Session 3:<sup>3</sup>**

1. At the end of each quarter, X percent of participants completing the Evaluation for Session 3 will report they "agree" or "strongly agree" that they learned how to communicate assertively.
2. At the end of each quarter, X percent of participants completing the Evaluation for Session 3 will report they "agree" or "strongly agree" that they are confident they can start a discussion about condom use with their partners.
3. At the end of each quarter, X percent of participants completing the Evaluation for Session 3 will report they "agree" or "strongly agree" that they can use a condom correctly.

### **Sessions 2-4:**

4. At the end of each quarter, an average of X percent of participants completing Evaluations for Sessions 2-4 will report making at least one positive change in their lives as a result of the prior week session.

### **Referrals:**

5. By the end of each quarter, X percent of participants referred to services will access those services within X days of the referral.

<sup>3</sup>SMART objectives for immediate outcomes from Session 3 are presented in this document and the Sample Data Planning Matrix. If your agency has the financial and staff capacity to collect additional data, you may choose to collect additional immediate outcomes. The data for immediate outcomes can be collected from the Session Evaluation Forms 1-4.

**TOOL 7: SAMPLE DATA PLANNING MATRIX**

The data planning matrix links SMART objectives with the evaluation questions. For each evaluation question that has been developed, the matrix can be completed to identify the measures and data sources that will be used to answer each question, the person responsible for collecting the data, and the time frame for data collection. This is a sample Data Planning Matrix and should be modified as appropriate for the implementing agency.

**I. PROCESS MONITORING AND EVALUATION**

<b>D A T A P L A N N I N G M A T R I X</b>				
<b>Evaluation Question: <i>Were implementation, M&amp;E, and quality assurance plans developed?</i></b>				
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data? <sup>1</sup></b>	<b>Time Frame for Collection</b>
<b>1.</b> By (date), an implementation plan for enrolling X percent of eligible participants will be developed.	Was plan developed? Yes/No	Document review/ Copy of the plan	Program Coordinator	First month
<b>2.</b> By (date), a monitoring and evaluation plan will be developed.	Was M&E plan developed? Yes/ No	Document review/ Copy of the plan	Program Coordinator	First month.
<b>3.</b> By (date), a quality assurance plan will be developed.	Was quality assurance plan developed? Yes/ No	Document review/ Copy of the plan	Program Coordinator	First month

<sup>1</sup>The person who collects the data may or may not be the same person who enters the data into a database. If there are staff dedicated to data entry, this column can be split to reflect who will collect the data and who will enter the data. This SAMPLE data planning matrix assumes that the program coordinator will be responsible for analyzing all data, and therefore doesn't specify who will analyze the data. If responsibility for analysis varies by objective, this column may be modified to indicate both who will collect the data and who will analyze it.

<b>DATA PLANNING MATRIX</b>				
<b>Evaluation Question: Are staff appropriately trained?</b>				
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?</b>	<b>Time Frame for Collection</b>
4. By (date), X number of adult facilitators and X number of peer facilitators will be hired/contracted.	Number adult and peer facilitators hired/contracted	Document review/Staff employment records	Program Coordinator	Pre-implementation phase
5. By (date), X number of facilitators will attend the SIHLE Training of Facilitators (TOF).	Staff attending SIHLE TOF	Document review/ Staff TOF completion certificates	Program Coordinator	Pre-implementation and annually or after new staff are hired.
6. By (date), X number of peer facilitators who cannot attend Training of Facilitators are trained by adult facilitator.	Number of peer facilitators trained on-site by adult facilitator	Document review/ Staff training records	Program Coordinator	Pre-implementation and annually or after new staff are hired.
<b>Evaluation Question: Are the materials appropriate for the intervention?</b>				
7. By (date), the adapted materials that will be used for SIHLE will be approved by the project officer for age, gender, and cultural appropriateness. (CORE) <sup>2</sup>	Approved? Yes/No	Document review/ Correspondence with project officer	Program Coordinator	At the end of first quarter. Any time materials are altered.
<b>Evaluation Question: Is the program reaching its intended target population?</b>				
8. By (date), X percent of projected participants will be enrolled in SIHLE.	Total number of participants enrolled/ Projected participants	Document review/ Grant proposal and Intake Forms <sup>3</sup>	Program Coordinator and staff member(s) who complete(s) Intake Form	Quarterly

<sup>2</sup> Objectives marked "(CORE)" refer to SIHLE core elements.

<sup>3</sup> Intake forms are synonymous with enrollment forms in this example.

<b>DATA PLANNING MATRIX</b>				
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?</b>	<b>Time Frame for Collection</b>
<b>9.</b> By (date), X percent of enrolled participants will meet the established eligibility criteria (female teens age 14-18). (CORE)	Total number of participants who meet eligibility criteria/Total number of participants enrolled	Intake Forms	Program Coordinator and staff member who complete Intake Form	Quarterly
<b>Evaluation Question: Do participants who start SIHLE complete the intervention?</b>				
<b>10.</b> By the end of the program year, X percent of SIHLE participants who attended the first SIHLE session will have participated in all four of the sessions.	Total number of participants who participated in all four sessions/Total number of participants who attended first session	Attendance forms from all four sessions	Staff member who completes Intake Form and facilitator	Quarterly <sup>4</sup>
<b>Evaluation Question: What are the differences between the participants who complete the intervention and those that don't?</b>				
<b>11.</b> On a semi-annual basis, the demographic (age, income level, neighborhood <sup>5</sup> ) differences between participants who complete all four sessions of completed cycles and those who do not will be assessed.	Average age, average income, neighborhood where participants live of those who complete all four sessions; vs average age, average income, average distance traveled of those who did not complete all four sessions	Attendance forms from all four sessions and Intake Forms	Staff member who completes Intake Form	Quarterly

<sup>4</sup>When quarterly reporting is done, it will be necessary to choose a cut-off date for data collection. For example, if your fiscal year is from July-June, you may want to report data from July 1-September 30. When considering data cut-off dates, it is necessary to decide ahead of time which data will be included in the data set. For example, if the time period between Session 1 and Session 4 is one month, you may not want to include any Session 1 data for the last week in September because the data for Sessions 2, 3, and 4 will not be available, even though Session 1 may have been completed.

<sup>5</sup>If you want to know what neighborhood participants are from, be sure to add it to your Intake Form.

**D A T A P L A N N I N G M A T R I X**

**Evaluation Question:** *What are the differences between the participants who complete the intervention and those that don't? (cont.)*

<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?</b>	<b>Time Frame for Collection</b>
<b>12.</b> On a semi-annual basis, the intervention characteristics differences (time of year, fidelity to the core elements, etc.) between clients who complete all four sessions of completed cycles and those who do not will be assessed.	Session characteristics of participants who complete four sessions Vs. Session characteristics of participants who do not complete four sessions	Session Fidelity/Process Evaluation Forms and attendance forms	Facilitators	Semi-annually

**Evaluation Question:** *Is the intervention being implemented as intended?*

<b>13.</b> By (date), X percent of sessions are facilitated by one adult female facilitator and two female peers (age 18-21) facilitator, who are from the same race/ethnicity as target population. (CORE)	Number of sessions that were facilitated by one female adult and two female peer/Total number of sessions	Session Fidelity/Process Evaluation Form	Facilitator	Ongoing
<b>14.</b> By (date), X percent of cycles include four sessions. (CORE)	Number of cycles that included four sessions/ Total number of cycles	Session Fidelity/Process Evaluation Form	Facilitator	Ongoing
<b>15.</b> By (date), X percent of SIHLE activities were "taught as suggested." (CORE)	Number of activities in four sessions taught as suggested or "taught with changes"/Total activities in four sessions	Session Fidelity/Process Evaluation Form	Facilitator	Ongoing
<b>16.</b> By (date), X percent of SIHLE sessions were conducted in a community-based setting. (CORE)	Number of sessions conducted in a community-based setting/ Total number of sessions	Session Fidelity/Process Evaluation Form	Facilitator	Ongoing

## DATA PLANNING MATRIX

**Evaluation Question:** *Are problems with program implementation being addressed?*

<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?</b>	<b>Time Frame for Collection</b>
<b>17.</b> Every fifth cycle, the Program Coordinator will obtain and assess responses from key staff and stakeholders about what improvements should be made to the program.	Input is gathered from key staff and stakeholders? Yes/No	Documentation of staff feedback/Meeting notes, stakeholder interviews, focus groups, etc.	Program Coordinator	Every fifth cycle
<b>18.</b> Every fifth cycle, the project team will make necessary changes/enhancements to implementation based on data gathered from key staff and stakeholders.	Changes are made to SIHLE implementation based on feedback gathered? Yes/No	List recommended changes and enhancements and changes made/ Meeting notes or Program Coordinator notes	Program Coordinator	Every fifth cycle

**Evaluation Question:** *Are barriers to reaching and retaining participants being addressed?*

<b>19.</b> Every fifth cycle, the Program Coordinator will obtain and assess feedback from participants and staff about barriers to reaching and retaining the target population for the intervention.	Accomplished? Yes/No	Documentation of staff feedback/ Meeting notes, key informant interviews, focus groups, etc.	Program Coordinator	Every fifth cycle
<b>20.</b> Every fifth cycle, the Program Coordinator will make changes/enhancements to the SIHLE recruitment and enrollment strategies based on the assessment of barriers to <i>reaching and retaining</i> the target population.	Changes made? Yes/No	Document review/ Meeting notes	Program Coordinator	Every fifth cycle

**D A T A P L A N N I N G M A T R I X**

**Evaluation Question:** *Have the quality assurance activities been completed?*

<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?</b>	<b>Time Frame for Collection</b>
<b>21.</b> Each quarter, the facilitators and supervisor will hold a debriefing session after at least one session per cycle to discuss how well facilitators are meeting session goals and facilitating the sessions.	Total number of cycles with at least one debriefing session/ Total number of cycles	SIHLE Facilitator Observation Form	Program Coordinator	Quarterly
<b>22.</b> Each quarter, participants will rate facilitators' performance for all sessions with at least an average ranking of four on a scale of one to five.	Average of facilitator performance	Session Evaluation Forms for all four sessions	Facilitators collect forms completed by participants	Ongoing
<b>23.</b> Each quarter, participants completing the session feedback form will rate all the sessions with at least an average ranking of four on a scale of one to five.	Average of session performance	Session Evaluation Forms for all four sessions	Facilitators collect forms completed by participants	Ongoing

## II. OUTCOME MONITORING AND EVALUATION

## DATA PLANNING MATRIX

**Evaluation Question: Do our participants report increased knowledge and skills?**

<b>Outcome Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?</b>	<b>Time Frame for Collection</b>
<b>1.</b> At the end of each quarter, X percent of participants completing a Session 3 Evaluation will report they “agree” or “strongly agree” that they learned how to communicate more assertively.	Number of participants reported they “agree” or “strongly agree” that they learned how to communicate more assertively/Total number of participants completing Session Evaluation for Session 3	Evaluation for Session 3	Facilitator	Ongoing
<b>2.</b> At the end of each quarter, X percent of participants completing a Session 3 Evaluation will report they “agree” or “strongly agree” that they are confident they can start a discussion about condom use with their partners.	Number of participants reported they “agree” or “strongly agree” that they are confident they can start a discussion about condom use with their partners/ Total number of participants completing Session Evaluation for Session 3	Evaluation for Session 3	Facilitator	Ongoing
<b>3.</b> At the end of each quarter, X percent of participants completing a Session 3 Evaluation will report they “agree” or “strongly agree” that they can use a condom correctly.	Number of participants reported they “agree” or “strongly agree” that they can use a condom correctly/Total number of participants completing Session	Evaluation for Session 3	Facilitator	Ongoing
<b>4.</b> At the end of each quarter, an average of X percent of participants completing Evaluations for Sessions 2-4 will report making at least one positive change in their lives as a result of the prior week session.	Number of participants who reported making at least one positive change in their lives in Sessions 2, 3, and 4/Total number of participants who attended each session	Evaluations for Sessions 2, 3, and 4	Facilitator	Ongoing
<b>Evaluation Question: Are participants who are referred to a service, accessing it?</b>				
<b>5.</b> At the end of each quarter, X percent of participants referred to services will access those services within X days of the referral.	Number of participants who accessed services/ Total number of participants referred to services	Referral forms	Facilitator	Ongoing

**TOOL 8: DATA PLANNING MATRIX**

The data planning matrix links SMART objectives with the evaluation questions. For each evaluation question that has been developed, the matrix can be completed to identify the measures and data sources needed to answer each question, the person responsible for collecting the data, and the time frame for data collection.

**Instructions:** All process and outcome objectives should be written as SMART objectives. Some evaluation questions will have more than one associated process or outcome objective.

## I. PROCESS MONITORING AND EVALUATION

DATA PLANNING MATRIX				
<b>Evaluation Question:</b>				
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?<sup>1</sup></b>	<b>Time Frame for Collection</b>
<b>Evaluation Question:</b>				
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?</b>	<b>Time Frame for Collection</b>

<sup>1</sup>The person who collects the data may or may not be the same person who enters the data into a database. If there are staff dedicated to data entry, this column can be split to reflect who will collect the data and who will enter the data. This template assumes that the program coordinator will be responsible for analyzing all data, and therefore doesn't specify who will analyze the data. If responsibility for analysis will vary by objective, this column could be modified to indicate both who will collect the data and who will analyze it.

<b>D A T A P L A N N I N G M A T R I X</b>				
<b>Evaluation Question:</b>				
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?</b>	<b>Time Frame for Collection</b>
<b>Evaluation Question:</b>				
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?<sup>1</sup></b>	<b>Time Frame for Collection</b>
<b>Evaluation Question:</b>				
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?</b>	<b>Time Frame for Collection</b>
<b>Evaluation Question:</b>				
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?<sup>1</sup></b>	<b>Time Frame for Collection</b>

## II. OUTCOME MONITORING AND EVALUATION

<b>DATA PLANNING MATRIX</b>				
<b>Evaluation Question:</b>				
<b>Outcome Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?</b>	<b>Time Frame for Collection</b>
<b>Evaluation Question:</b>				
<b>Outcome Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?<sup>1</sup></b>	<b>Time Frame for Collection</b>
<b>Evaluation Question:</b>				
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?<sup>1</sup></b>	<b>Time Frame for Collection</b>
<b>Evaluation Question:</b>				
<b>Process Objective</b>	<b>Measure(s)</b>	<b>Data Collection Method(s)/Source</b>	<b>Who Will Collect the Data?</b>	<b>Time Frame for Collection</b>

### TOOL 9: FIDELITY/PROCESS EVALUATION FORM INSTRUCTIONS FOR FACILITATORS.

*Adapted from SIHLE Implementation Manual<sup>1</sup>*

- **Do not distribute this instrument to the participants.** This *SIHLE Fidelity/Process Evaluation Form* is for **you**, the program facilitator. This evaluation instrument asks for feedback on the ways you implemented each component or activity within the program.
- **There is an evaluation page for each session.** The SIHLE evaluation includes an “activity grid,” which provides an opportunity for you to give feedback on each activity within the session. For each program activity, indicate whether you *taught the activity as suggested*, *taught the activity with changes*, or *did not teach* the activity.
- **Complete the form promptly.** Complete the form while you are teaching the session, or within 2 days of presenting the material, so that your experiences are fresh in your mind.
- **Provide as much feedback as possible.** The more feedback you provide, the more helpful this evaluation tool will be in future implementations of the program. Please explain any changes made to the session in the *Session Notes* section as well as ways in which the session can be enhanced. Comments and suggestions concerning the program content, structure, and clarity of the materials are particularly helpful and should be shared with your supervisor.
- **Create your own form.** You may create your own form if you have significantly tailored or modified the sessions to meet your target population needs.

---

<sup>1</sup> SISTA, SIHLE, WILLOW Diffusion Team. (2009). *SIHLE Implementation Manual*. Atlanta, GA: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, Capacity Building Branch.

**SESSION 1: MY SISTAS, MY GIRLS**

Adult Facilitator: \_\_\_\_\_ Peer Facilitators: 1. \_\_\_\_\_

2. \_\_\_\_\_

Date Session Presented: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

Number of Participants in Attendance: \_\_\_\_\_

Presented in community setting?  YES  NO

SESSION ACTIVITIES: Check one box for each activity	
<p><b>Session Notes:</b></p> <p>Describe here reasons for eliminating, adding or modifying activities; and suggested changes</p> <p>_____</p>	<p><b>Activity 1.1 Greetings and Icebreaker</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
	<p><b>Activity 1.5 Strong Black Women</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
	<p><b>Activity 1.2 Introduction</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
	<p><b>Activity 1.6 Media Masquerade</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
<p><b>Activity 1.3 Young, Black and Female</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>	<p><b>Activity 1.7 Values-What Matters Most</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
<p><b>Activity 1.4 A Room Full of Sisters</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>	<p><b>Activity 1.8 Thought Works</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>

Total Number of Activities "Taught as suggested": \_\_\_/8

Total Number of Activities "Taught with changes": \_\_\_/8

Total Number of Activities "Did not teach": \_\_\_/8

SESSION 2: IT'S MY BODY

Adult Facilitator: \_\_\_\_\_ Peer Facilitators: 1. \_\_\_\_\_

2. \_\_\_\_\_

Date Session Presented: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

Number of Participants in Attendance: \_\_\_\_\_

Presented in community setting?  YES  NO

SESSION ACTIVITIES: Check one box for each activity	
<p><b>Session Notes:</b></p> <p>Describe here reasons for eliminating, adding or modifying activities; and suggested changes</p> <p>_____</p>	<p><b>Activity 2.1 Greetings &amp; Icebreaker</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
	<p><b>Activity 2.6 Name Game</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
	<p><b>Activity 2.2 Call Me Black Woman</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
	<p><b>Activity 2.7 HIV/AIDS-What Every SIHLE Sista Should Know</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
	<p><b>Activity 2.3 Thought Works-Visualize 25</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
	<p><b>Activity 2.8 R U at Risk?</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
<p><b>Activity 2.4 SIHLE Sistas are Special</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>	
<p><b>Activity 2.9 Consider This... the Penetrating Question</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>	
<p><b>Activity 2.5 Speaking of STI's</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>	
<p><b>Activity 2.10 Taking Care of You</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>	

## SESSION 2: IT'S MY BODY (Continued)

SESSION ACTIVITIES: Check one box for each activity		
<b>Session Notes:</b> Describe here reasons for eliminating, adding or modifying activities; and suggested changes. _____ _____ _____ _____ _____ _____	<b>Activity 2.1 1 Introducing LIPSTICK</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	
	<b>Activity 2.12 SIHLE Quiz Show</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	

Total Number of Activities "Taught as suggested": \_\_\_/12

Total Number of Activities "Taught with changes": \_\_\_/12

Total Number of Activities "Did not teach": \_\_\_/12

SESSION 3: SIHLE SKILLS

Adult Facilitator: \_\_\_\_\_ Peer Facilitators: 1. \_\_\_\_\_

2. \_\_\_\_\_

Date Session Presented: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

Number of Participants in Attendance: \_\_\_\_\_

Presented in community setting?  YES  NO

SESSION ACTIVITIES: Check one box for each activity		
<p><b>Session Notes:</b></p> <p>Describe here reasons for eliminating, adding or modifying activities; and suggested changes</p> <p>_____</p>	<p><b>Activity 3.1 Greeting &amp; Icebreaker</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>	<p><b>Activity 3.6 K.I.S.S. (Keep It Simple Sista)</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
	<p><b>Activity 3.2 Phenomenal Woman</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>	<p><b>Activity 3.7 3 Ways to Say It</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
	<p><b>Activity 3.3 Love &amp; Kisses</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>	<p><b>Activity 3.8 Talking the Talk</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
	<p><b>Activity 3.4 What's in it For You?</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>	<p><b>Activity 3.9 LIPSTICK "Rehearsal"</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>
	<p><b>Activity 3.5 Why Don't People Use Condoms</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>	<p><b>Activity 3.10 RING: The Female Condom</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks: _____</p>

## SESSION 3: SIHLE SKILLS (Continued)

SESSION ACTIVITIES: Check one box for each activity		
<b>Session Notes:</b> Describe here reasons for eliminating, adding or modifying activities; and suggested changes. _____ _____ _____ _____ _____ _____	<b>Activity 3.11 Alcohol &amp; Sex</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	<b>Activity 3.13 ThoughtWorks Assignment</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:
	<b>Activity 3.12 Condom Consumer Report</b> <input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught with changes <input type="checkbox"/> Did not teach Remarks:	

Total Number of Activities "Taught as suggested": \_\_\_/13

Total Number of Activities "Taught with changes": \_\_\_/13

Total Number of Activities "Did not teach": \_\_\_/13

**SESSION 4: POWER AND RELATIONSHIPS**

Adult Facilitator: \_\_\_\_\_ Peer Facilitators: 1. \_\_\_\_\_

2. \_\_\_\_\_

Date Session Presented: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_

Number of Participants in Attendance: \_\_\_\_\_

Presented in community setting?  YES  NO

SESSION ACTIVITIES: Check one box for each activity		
<p><b>Session Notes:</b></p> <p>Describe here reasons for eliminating, adding or modifying activities; and suggested changes</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Activity 4.1 Greeting &amp; Icebreakers</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks:</p>	<p><b>Activity 4.6 What Does Abuse Look Like?</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks:</p>
	<p><b>Activity 4.2 Still I Rise</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks:</p>	<p><b>Activity 4.7 Partner Types</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks:</p>
	<p><b>Activity 4.3 What Have We Learned</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks:</p>	<p><b>Activity 4.8 Your Options for Self Care</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks:</p>
	<p><b>Activity 4.4 What Do Healthy and Unhealthy Relationships Look Like</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks:</p>	<p><b>Activity 4.9 Your Time to Shine</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks:</p>
	<p><b>Activity 4.5 Pieces and Parts</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks:</p>	<p><b>Activity 4.10 Graduation</b></p> <p><input type="checkbox"/> Taught as suggested</p> <p><input type="checkbox"/> Taught with changes</p> <p><input type="checkbox"/> Did not teach</p> <p>Remarks:</p>

Total Number of Activities "Taught as suggested": \_\_\_/10

Total Number of Activities "Taught with changes": \_\_\_/10

Total Number of Activities "Did not teach": \_\_\_/10

## EVALUATION FOR SESSION 1: MY SISTAS, MY GIRLS

*Adapted from SIHLE Implementation Manual<sup>1</sup>*

Please take the time to share your thoughts with us by completing this form. Your opinion is very important. Your input helps us improve our trainings.

Below are six statements. Please rate each statement on a scale from 1-5, where 1 = "Strongly Disagree," 2 = "Disagree," 3 = "Neutral," 4 = "Agree," and 5 = "Strongly Agree."

STATEMENT		RATING				
		Circle One				
1.	I feel more pride in myself.	1	2	3	4	5
2.	I have a better understanding of the importance of my personal values.	1	2	3	4	5
3.	I liked the in-class games/exercises we did today.	1	2	3	4	5
4.	My questions were answered clearly.	1	2	3	4	5
5.	The handouts were helpful.	1	2	3	4	5
6.	The group discussions were informative.	1	2	3	4	5

For the next two statements. Please respond using a scale from 1-5, where 1 = "Poor," 2 = "Fair," 3 = "OK," 4 = "Good," 5 = "Excellent."

7.	Overall, how would you rate the performance of the group leaders?	1	2	3	4	5
8.	Overall, how would you rate today's session?	1	2	3	4	5
9.	How could this session be improved?					
10.	Any other comments?					

**THANK YOU!**

<sup>1</sup> SISTA, SIHLE, WILLOW Diffusion Team. (2009). SIHLE Implementation Manual. Atlanta, GA: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, Capacity Building Branch.

## EVALUATION FOR SESSION 2: IT'S MY BODY

*Adapted from SIHLE Implementation Manual<sup>1</sup>*

Please take the time to share your thoughts with us by completing this form. Your opinion is very important. Your input helps us improve our trainings.

Below are six statements. Please rate each statement on a scale from 1-5, where 1 = "Strongly Disagree," 2 = "Disagree," 3 = "Neutral," 4 = "Agree," and 5 = "Strongly Agree."

STATEMENT		RATING				
		Circle One				
1.	I learned <i>new</i> information about how HIV is passed from person to person.	1	2	3	4	5
2.	I learned how I can reduce <i>my</i> risk of contracting HIV.	1	2	3	4	5
3.	I liked the in-class games and exercises we did today.	1	2	3	4	5
4.	My questions were answered clearly.	1	2	3	4	5
5.	The handouts were helpful.	1	2	3	4	5
6.	The group discussions were informative.	1	2	3	4	5

For the next two statements. Please respond using a scale from 1-5, where 1 = "Poor," 2 = "Fair," 3 = "OK," 4 = "Good," 5 = "Excellent."

7.	Overall, how would you rate the performance of the group leaders?	1	2	3	4	5
8.	Overall, how would you rate today's session?	1	2	3	4	5
9.	How could this session be improved?					
10.	Any other comments?					

TURN OVER

<sup>1</sup> SISTA, SIHLE, WILLOW Diffusion Team. (2009). SIHLE Implementation Manual. Atlanta, GA: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, Capacity Building Branch.

**STATEMENT**

11.

As a result of last week's session, I made at least one positive change in my life.

Yes     No     Did not attend last week's session.

If you checked yes, please describe the changes you made below:

**THANK YOU!**

## EVALUATION FOR SESSION 3: SIHLE SKILLS

*Adapted from SIHLE Implementation Manual<sup>1</sup>*

Please take the time to share your thoughts with us by completing this form. Your opinion is very important. Your input helps us improve our trainings.

Below are six statements. Please rate each statement on a scale from 1-5, where 1 = "Strongly Disagree," 2 = "Disagree," 3 = "Neutral," 4 = "Agree," and 5 = "Strongly Agree."

STATEMENT		RATING				
		Circle One				
1.	I learned how to communicate more assertively.	1	2	3	4	5
2.	I am confident I can start a discussion about condom use with my partner.	1	2	3	4	5
3.	I can use a condom correctly.	1	2	3	4	5
4.	I got a lot out of the role play situations.	1	2	3	4	5
5.	My questions were answered clearly.	1	2	3	4	5
6.	The handouts were helpful.	1	2	3	4	5

For the next two statements. Please respond using a scale from 1-5, where 1 = "Poor," 2 = "Fair," 3 = "OK," 4 = "Good," 5 = "Excellent."

7.	Overall, how would you rate the performance of the group leaders?	1	2	3	4	5
8.	Overall, how would you rate today's session?	1	2	3	4	5
9.	How could this session be improved?					
10.	Any other comments?					

TURN OVER

<sup>1</sup> SISTA, SIHLE, WILLOW Diffusion Team. (2009). SIHLE Implementation Manual. Atlanta, GA: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, Capacity Building Branch.

**STATEMENT**

11.

As a result of last week's session, I made at least one positive change in my life.

Yes     No     Did not attend last week's session.

If you checked yes, please describe the changes you made below:

**THANK YOU!**

## EVALUATION FOR SESSION 4: HEALTHY RELATIONSHIPS

*Adapted from SIHLE Implementation Manual<sup>1</sup>*

Please take the time to share your thoughts with us by completing this form. Your opinion is very important. Your input helps us improve our trainings.

Below are six statements. Please rate each statement on a scale from 1-5, where 1 = "Strongly Disagree," 2 = "Disagree," 3 = "Neutral," 4 = "Agree," and 5 = "Strongly Agree."

STATEMENT		RATING				
		Circle One				
1.	I know what a healthy relationship looks like.	1	2	3	4	5
2.	I know what an unhealthy relationship looks like.	1	2	3	4	5
3.	I can recognize abuse when it happens to me.	1	2	3	4	5
4.	I got a lot out of the role play situations.	1	2	3	4	5
5.	My questions were answered clearly.	1	2	3	4	5
6.	The handouts were helpful.	1	2	3	4	5

For the next two statements. Please respond using a scale from 1-5, where 1 = "Poor," 2 = "Fair," 3 = "OK," 4 = "Good," 5 = "Excellent."

7.	Overall, how would you rate the group leaders?	1	2	3	4	5
8.	Overall, how would you rate today's session?	1	2	3	4	5
9.	How could this session be improved?					
10.	Any other comments?					

TURN OVER

<sup>1</sup> SISTA, SIHLE, WILLOW Diffusion Team. (2009). SIHLE Implementation Manual. Atlanta, GA: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, Capacity Building Branch.

**STATEMENT**

11. As a result of last week's session, I made at least one positive change in my life.  
 Yes     No     Did not attend last week's session.  
If you checked yes, please describe the changes you made below:

**THANK YOU!**

**TOOL 11: SIHLE FACILITATOR OBSERVATION FORM**

*(Copied from the SIHLE Implementation Manual<sup>1</sup>)*

**Instructions:** This form should be used at least once during each cycle of SIHLE. A cycle of SIHLE is Sessions 1 through 4. It is administered and completed by the supervisor.

Facilitator: \_\_\_\_\_ Monitor: \_\_\_\_\_ Date: \_\_\_\_\_

Session: \_\_\_\_\_ Location: \_\_\_\_\_

Session start time –  
 Scheduled: \_\_\_\_\_ Actual: \_\_\_\_\_ # of agenda items monitored: \_\_\_\_\_ out of \_\_\_\_\_

# of agenda items presented by facilitator: \_\_\_\_\_ out of \_\_\_\_\_ # of agenda items covered: \_\_\_\_\_ out of \_\_\_\_\_

\_\_\_\_\_ NO

# of women completing home activity \_\_\_\_\_

Please circle the number that best represents your response to the questions.

- 1 – Not very well done**                      **2 – OK, improve delivery; strengthen message**    **3 – Good**
- 4 – Very well done**                      **5 – Not applicable or not observed**

<sup>1</sup>SISTA, SIHLE, WILLOW Diffusion Team. (2009). WILLOW Implementation Manual. Atlanta, GA: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, Capacity Building Branch.

HOW DID THE FACILITATOR:						
Behavioral (Client)						
1.	Control the group's behavior?	1	2	3	4	5
2.	Empathize with participants?	1	2	3	4	5
3.	Maintain neutral judgment?	1	2	3	4	5
4.	Redirect the group?	1	2	3	4	5
5.	Provide positive reinforcement?	1	2	3	4	5
6.	Provide corrective feedback?	1	2	3	4	5
7.	Encourage total group participation?	1	2	3	4	5
8.	Respond to the group (i.e., address questions)?	1	2	3	4	5
9.	Explain the didactic portions of the session?	1	2	3	4	5
10.	Engage the group in role-playing negotiation scenarios?	1	2	3	4	5
11.	Demonstrate SIHLE and appreciation for cultural, racial, gender, and class diversity?	1	2	3	4	5
12.	Maintain their degree of professionalism?	1	2	3	4	5
13.	Presentation of key concepts? (read only or define, give examples)	1	2	3	4	5
14.	Adhere to the agenda and fidelity forms?	1	2	3	4	5
15.	Use a combination of kinesthetic, audio, and visual instruction?	1	2	3	4	5
16.	Conduct condom use role modeling?	1	2	3	4	5
17.	Conduct sexual negotiation modeling?	1	2	3	4	5
18.	Topics and activities on the agenda match the fidelity form?	1	2	3	4	5
19.	Topics and activities on the agenda match the fidelity form?	1	2	3	4	5

HOW DID THE FACILITATOR:						
Environment						
20.	Organize a pleasant setting (e.g., tablecloth, refreshment setup, room arrangement)?	1	2	3	4	5
21.	Select space with separate adult and child rooms; provided child activities?	1	2	3	4	5

**Observation Comments:**

Facilitator strengths

Areas to be improved

## TOOL 12: SAMPLE DATA MANAGEMENT PLAN

**Instructions:** *This sample data management plan has been created for a fictitious agency. This plan MUST be adapted to fit your agency. Your data management plan may also include a plan for formative evaluation, qualitative data collection and analysis, and/or client satisfaction data collection and analysis.*

### Data Collection and Data Entry

*Data collection of process and outcome variables:* All clients will complete an intake form (not included in this Guide)<sup>1</sup> that will contain the client's PEMS Client Unique Identifier (UID). The form will also contain demographic and risk behavior information required by the National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS). After the intake form is completed, it will be entered into PEMS by data entry staff.

At the beginning of each session, the facilitator will take attendance using an attendance form (included in the SIHLE Implementation Manual). After each session, clients will fill out a Session Evaluation Form (Tool 10). After each session, the facilitators will complete a Fidelity/Process Evaluation Form (Tool 9). If a referral is made, the facilitator will fill out a referral tracking form (not included in this Guide). Information from the intake and attendance forms will be entered into PEMS. Information from the Fidelity/Process Evaluation Form and the Evaluation Form will be entered into the corresponding spreadsheets, the Fidelity/Process Evaluation Excel spreadsheet (Tool 14), and the Session Evaluation Excel spreadsheet (Tool 15) by data entry staff bi-monthly, according to the agency's data entry rules.

*Data collection of SIHLE quality assurance measures:* Each supervisor will complete a Facilitator Observation Form (Tool 11) following a scheduled observation of once per cycle and enter the data into the Facilitator Observation Excel spreadsheet (Tool 16).

**TIP**

### Data Management Plan and Data Management Protocols

A data management plan is one component of the data management protocols you will 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; for guaranteeing confidentiality; and for ensuring ongoing data quality. (See the *Evaluation Capacity Building Guide* for more information).

<sup>1</sup> Sample intake and referral tracking forms can be found on the NHM&E Web site <https://team.cdc.gov>. The intake and referral tracking forms that your agency chooses to use should include all the required variables from the National HIV Prevention Program M&E Data Set (see Appendix B for a complete list of required variables).

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

*Data quality:* All administrative staff, facilitators, and data entry staff will be trained on how to use all data collection forms. Staff who interview clients will fill out the intake forms and make sure that there are no incomplete fields. Data entry staff will check the Fidelity/Process Evaluation Form (Tool 9) for missing data and confer with the appropriate facilitator to complete the data. Monthly QA reports will be run using PEMS reports to identify incomplete required data variables in the database and every effort will be made to enter missing data from completed forms.

### **Quantitative Data Analysis**

*Data analysis plan:* The program coordinator will conduct data analysis monthly. Data from PEMS on intervention details, client characteristics, and referrals made, as well as data from the Fidelity/Process Evaluation Excel spreadsheet (Tool 14), the Session Evaluation Excel spreadsheet (Tool 15), and the Facilitator Observation Excel spreadsheet (Tool 16) will be hand-keyed in the Data Analysis Tool (Tool 13) to calculate and report SMART objective measures.

### **Reporting Data**

Data in PEMS will be submitted according to CDC guidelines. Appropriate data from PEMS and the Data Analysis Tool (Tool 13) will be included in the CDC Interim Progress Report and Annual Progress Report.

### **Data Utilization for Program Improvement**

Quarterly, data from the Data Analysis Tool (Tool 13) and qualitative data will be shared with all SIHLE staff. The data will answer the evaluation 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 coordinator and data entry staff will 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 coordinator's desktop computer (not a portable laptop) that is in a locked office. Backup files will be made quarterly on a CD, marked and filed in the locked file cabinet along with paper files. The spreadsheets and computer will be password protected. After five years, all Excel spreadsheets with client-identifying information will be deleted, and all backup files will be destroyed.

**TOOL 13: DATA ANALYSIS TOOL**

This tool summarizes the data variables you will need to collect for the CDC reporting requirements and data variables you can choose to collect that may be useful for local program monitoring and outcome monitoring. The tool is in an Excel spreadsheet and provides formulas to assist you in calculating the outcomes for your program. For example, you will report on the percentage of participants served who are from the target population you are trying to reach and engage in SIHLE. Likewise, you will report on the number of SIHLE participants who completed the intended number of sessions. **For Use By: program coordinator and/or lead evaluator**

**This tool is a spreadsheet, and does not lend itself to presentation in this document. It is included on the CD that is enclosed in this Guide.**

**TOOL 14:** FIDELITY/PROCESS EVALUATION EXCEL SPREADSHEET

This spreadsheet has been designed to store and compile data from the Session Fidelity/Process Evaluation Forms. It will calculate the process monitoring data needed to complete the SIHLE Data Analysis Tool (Tool 13).

**For Use By:** program coordinator and/or lead evaluator

**This tool is a spreadsheet, and does not lend itself to presentation in this document. It is included on the CD that is enclosed in this Guide.**

**TOOL 15:** SESSION EVALUATION EXCEL SPREADSHEET

This spreadsheet has been designed to store and compile data from the Session Evaluation Forms (Tool 10). It will calculate the outcome monitoring data needed to complete the SIHLE Data Analysis Tool (Tool 13).

**For Use By:** program coordinator and/or lead evaluator

**This tool is a spreadsheet, and does not lend itself to presentation in this document. It is included on the CD that is enclosed in this Guide.**

**TOOL 16: FACILITATOR OBSERVATION SCHEDULE EXCEL SPREADSHEET**

This spreadsheet can be used to track implementation of provider observations for each facilitator. Upon completion, it will automatically calculate the percent of observations conducted per cycle. Supervisors can assess the extent to which they are following the required observation protocol detailed in the SIHLE implementation Manual. **For Use By: supervisor**

**This tool is a spreadsheet, and does not lend itself to presentation in this document. It is included on the CD that is enclosed in this Guide.**

## APPENDIX B:

### 2008 National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variable Requirements

This document provides a summary of the variable requirements for the January 1 and July 1, 2008 data collection periods, excluding variable requirements for HIV Testing and Partner Counseling and Referral Services (PCRS). Please refer to the NHM&E DS for a more detailed description of definitions and value choices.

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

## CDC PROGRAM ANNOUNCEMENT AWARD INFORMATION (TABLE 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
B10A	Amount Allocated for Capacity Building	Required

## CONTRACTOR INFORMATION (TABLE C)

C01	Agency Name	Required
C04	City	Required
C06	State	Required
C07	Zip Code	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

**SITE INFORMATION (TABLE S)**

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

**PROGRAM NAME - PLANNING (TABLE D)**

D01	Program Name	Required
D02	Community Planning Jurisdiction	Required
D03	Community Planning Year	Required

**PROGRAM MODEL AND BUDGET - PLANNING (TABLE E1)**

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

**INTERVENTION PLAN CHARACTERISTICS (TABLE F)**

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

#### CLIENT CHARACTERISTICS (TABLE G)

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

\*\*\*Note: The recall period for client risk factors is 12 months.

^^^ Note: Additional value choices for risk factors added:

Sex without using a condom

Sharing drug injection equipment

**CLIENT INTERVENTION CHARACTERISTICS (TABLE H)**

H01	Intervention ID	Required
H01a	Intervention Name	Required
H03	Cycle	Required
H04a	Form ID (Counseling & Testing Only)	Required
H05	Session Number	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

**REFERRAL (TABLE X7)**

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

**AGGREGATE HE/RR AND OUTREACH (TABLE AG)**

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
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
AG14h	Materials Distributed - Other (specify)	Required
AG15	Aggregate Data Collection Method	Required

#### HEALTH COMMUNICATION / PUBLIC INFORMATION (TABLE HC)

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
HC20	Distribution - Other	Required
HC21	Site Name/ID	Required

## COMMUNITY PLANNING LEVEL (TABLE CP-A/B/C)

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	Activity	HD only

## APPENDIX C: References

- Centers for Disease Control and Prevention (2006). *Provisional procedural guidance for community-based organizations*: Revised April 2006. Atlanta, GA: Author. Retrieved March 14, 2007, from [http://www.cdc.gov/hiv/topics/prev\\_prog/AHP/resources/guidelines/pro\\_guidance.pdf](http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/pro_guidance.pdf)
- Centers for Disease Control and Prevention (2008a). *Evaluation capacity building guide*. Draft in preparation. Developed for the Centers for Disease Control and Prevention under contract number 200-2006-18987. Atlanta, GA: Author.
- Centers for Disease Control and Prevention. (2008b). National HIV Prevention Program Monitoring and Evaluation Data Set. Retrieved September 16, 2008, from <http://team.cdc.gov>.
- Centers for Disease Control and Prevention (2008c). *Program Evaluation and Monitoring System (PEMS) user manual*. Atlanta, GA: Author.
- Centers for Disease Control and Prevention (2008d). *National monitoring and evaluation guidance for HIV prevention programs*. Draft in preparation. Developed for the Centers for Disease Control and Prevention under contract number 200-2003-01926. Atlanta, GA: Author.
- DiClemente, Ralph J.; Wingood, Gina M.; Harrington, Kathy F.; et al. (2004). Efficacy of an HIV Prevention Intervention for African-American Adolescent Girls: A Randomized Controlled Trial. *JAMA*. 292(2):171-179.
- SISTA, SIHLE, SIHLE Diffusion Team. (2009). *SIHLE Implementation Manual*. Atlanta, GA: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, Capacity Building Branch.