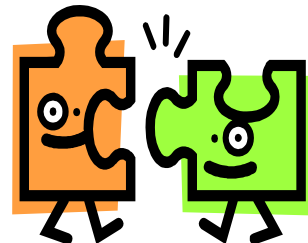
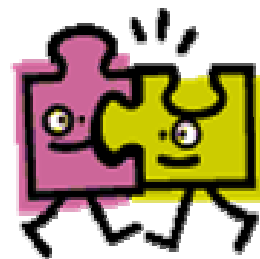


# **Monitoring Outcomes of HIV Prevention Programs:**

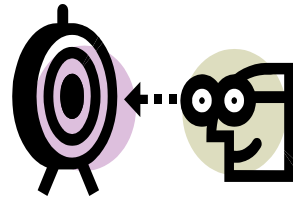


## **Module 1 – Evaluation Terminology and Logic Models**



*Draft - Participant's Manual*

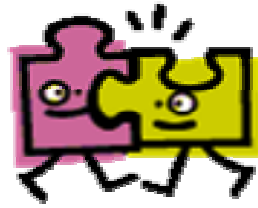
# Training Objectives



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

- Define common evaluation terms
- Describe reasons to evaluate
- Discuss the relationship between planning, implementation, and outcomes
- Identify the components of a logic model
- Create a logic model to describe an intervention
- Describe the benefits of logic models

# Training Agenda

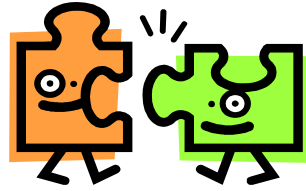


- 9:00-9:30      I. Setting the Stage
- A. Meet the trainers
  - B. Review training objectives, agenda, and manual
  - C. Meet the participants
  - D. Icebreaker *activity*
- 9:30-10:00      II. Deciding to Evaluate
- A. Howling wolves discussion
  - B. Definition of evaluation
  - C. Reasons to evaluate
  - D. Relationship between planning, implementation, and outcomes
- 10:00-11:00      III. Understanding Evaluation Language
- A. Evaluation related to planning, implementation, and outcomes
  - B. Evaluation terms and definitions
  - C. *Activity* – Distinguishing between different types of evaluation
  - D. Summary (process vs. outcome and monitoring vs. evaluation)
- 11:00-1:30      *Lunch*



*You cannot evaluate if you don't know what you're evaluating!*

## Training Agenda (cont.)



- 1:30-2:30      IV. Describing Interventions with Logic Models
- A. Definition and components of a logic model
  - B. *Activity* – Creating a simple logic model
  - C. Problem statements and influencing factors
  - D. *Activity* – Identifying a problem statement, risk behaviors, and influencing factors
- 2:30- 3:00      Intervention activities
- E. *Activity* – Identifying gaps between activities and influencing factors
  - F. Outcomes and impact
  - G. *Activity* – Putting it all together
- 3:00-3:30      V. Summing Up
- A. Definition of a logic model
  - B. Construction of a logic model
  - C. Benefits of a logic model
  - D. Suggestions from trainers and participants
  - E. *Activity* – Creating an original logic model

## I. Setting the Stage

*During this session participants will:*

- Meet the trainers
- Review the training objectives, agenda, and manual
- Introduce themselves
- Participate in an icebreaker activity

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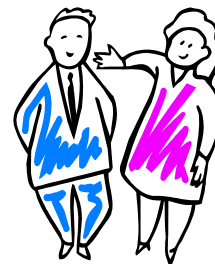
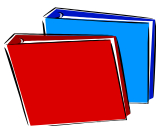
This training is the first in a three-part series to build the capacity of HIV prevention providers to implement outcome monitoring activities. *Outcome monitoring* is one of several types of evaluation. It refers to the systematic collection of information about the progress of clients participating in HIV interventions. At its most basic level, outcome monitoring answers the questions “*Did our intervention do what it said it was going to do?*” or “*Did our intervention meet its objectives?*” Answers to these questions not only highlight an intervention’s successes but also provide information that can be used to improve the parts of an intervention that are not working well.

This training will define common evaluation terms and provide a tool called a logic model that will help you define and describe the interventions that your agency delivers. A clearly described intervention is easier to evaluate and modify.

In the first section, you will have an opportunity to introduce yourself and meet your colleagues and facilitators. The facilitators will review the training objectives and go over the agenda and materials with you.

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*Participant notes:*



## II. Deciding to Evaluate

*During this session participants will:*

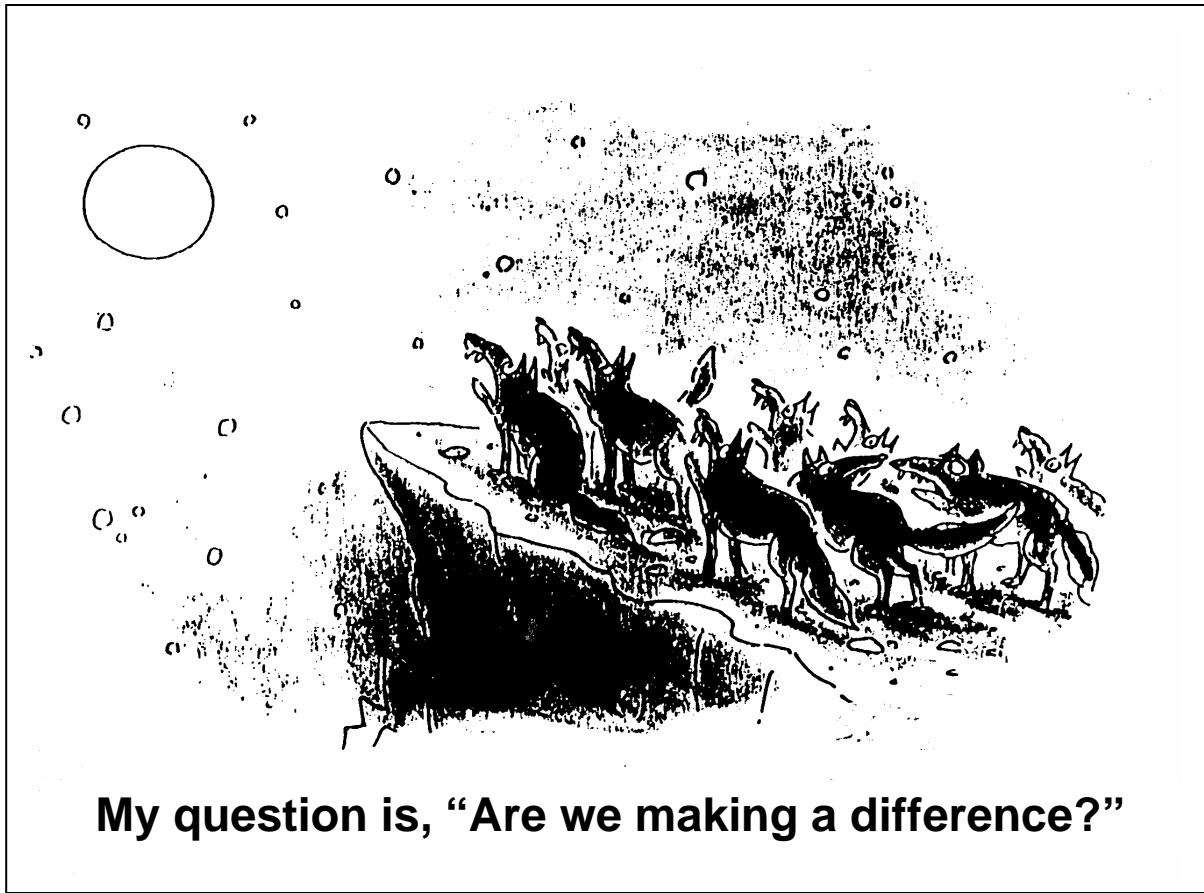
- Express their perspectives and experiences with evaluation
- Review a definition of evaluation
- Discuss reasons to evaluate
- Discuss the relationship between planning, implementation, and outcomes

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In this section, you will have a chance to express your feelings about evaluation in general and describe any experiences you have had evaluating HIV programs before now. We will consider a definition of evaluation and discuss how it compares to your perspectives and experiences. We will also brainstorm reasons to evaluate what we do. Then we will take a look at the importance of evaluation in each step of the process of planning, implementing, and assessing the outcomes of interventions.

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*Participant notes:*



Look at the cartoon of the howling wolves. What is happening in the picture? Who is speaking? What are they saying? What are the others doing? As you answer these questions and the others that the facilitator asks you, consider how this cartoon relates to the HIV prevention work that you do.

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*Participant notes:*

*Definition of evaluation:*

(from *Utilization Focused Evaluation*, Patton, 1997)

“.....the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming.”

How does this definition compare to your views on evaluation?

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*Participant notes:*

*Reasons to evaluate:*

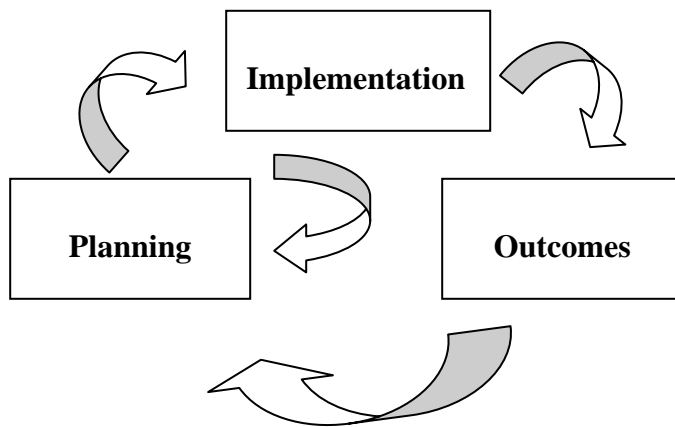
- Accountability: Accountability can be to any of a number of stakeholders (funder, program staff, clients, community, etc.).
- Program improvement: Evaluation helps us improve existing programs.
- Knowledge development: Evaluation helps plan future programs.
- Social justice: *Evaluation can tell us if the most vulnerable populations are receiving appropriate and effective services.*

There are many reasons to evaluate HIV prevention programs. How does the list that you produced compare to this one? One of the most important reasons to evaluate is to know if we are reaching the populations that need our services the most. Evaluation also tells us what parts of our programs work and do not work. With this type of information, program staff can make informed decisions about how to improve HIV prevention interventions.

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*Participant notes:*

## Relationship Between Planning, Implementation, and Outcomes



*A logic model is equally as important for planning, implementing, and evaluating your intervention. In fact, the arrows indicate that the process is not linear. There is always an opportunity to go back and revise based on what you learn during the process.*

This diagram is one way to illustrate the progression from planning an intervention to implementing the intervention to producing the desired results. Evaluation helps us to understand this process and the relationship between each step. Different types of evaluation are used throughout this process. What does this diagram tell you about the relationship between planning, implementation, and outcomes? What do the arrows say about this relationship?

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*Participant notes:*

### **III. Understanding Evaluation Language**

*During this session participants will:*

- Consider the relationship of evaluation to planning, implementation, and outcomes
- Review common evaluation terms and their definitions
- Practice distinguishing between different types of evaluation
- Discuss the difference between process vs. outcome and monitoring vs. evaluation

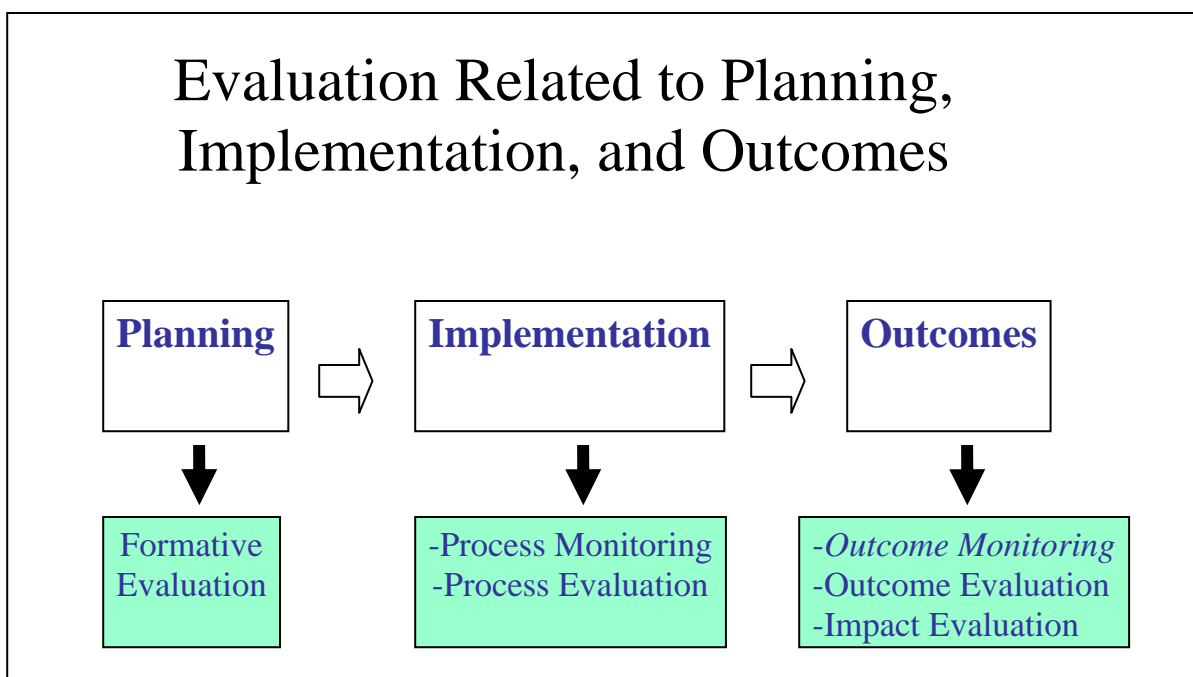
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Different types of evaluation are used throughout the program cycle. In this section, you will learn about the different types of evaluation, including how each one relates to a particular phase of the cycle – planning, implementation, and outcomes. You will participate in an activity to identify the different types of evaluation that an agency conducts as it researches, designs, delivers, and assesses an intervention.

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*Participant notes:*

## Evaluation Related to Planning, Implementation, and Outcomes



Evaluation is an integral part of HIV prevention programs. It occurs in all phases of the program cycle – planning, implementation, and outcomes. Notice the different types of evaluation. Which of these terms are you familiar with? What do the terms mean to you? People often use different terms to describe the same type of evaluation, and this can lead to confusion.

Not all organizations have the capacity to do every one of these evaluation activities and that is okay. We will focus on building your agency’s capacity to conduct *outcome monitoring* of HIV prevention interventions. Outcome monitoring is a logical extension of process monitoring and process evaluation, and many of you are already doing one or both of these evaluation activities.

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*Participant notes:*

# Evaluation Terminology

*Formative Evaluation:* collects data describing the needs of the population and the factors that put them at risk

*Answers questions such as:*

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

How do you learn about the populations that you serve? How do you know what their needs are? How do you know what their risky behaviors are and why they engage in those risky behaviors? What type of intervention best addresses those needs and behaviors? Formative evaluation focuses on the collection of information to answer these questions. It enables researchers and providers to design appropriate interventions and make changes in the early stages of implementation. Formative evaluation is a discovery and exploration phase.

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*Participant notes:*

# Evaluation Terminology

*Process Monitoring:* collects data describing the characteristics of the population served, the services provided, and the resources used to deliver those services

- *Answers questions such as:* What services were delivered? What population was served? What resources were used?

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

- *Answers questions such as:* Was the intervention implemented as intended? Did the intervention reach the intended audience? What barriers did clients experience in accessing the intervention?

Process monitoring and evaluation are critical first steps to other types of evaluation, and many of you are already doing one or both of these. Process monitoring is collecting information about the populations served, the services provided, and the resources used to deliver those services. Process monitoring data also tell us *how much* of an intervention (dosage) a client was exposed to or received. Without this information, it is impossible to determine if the intervention was delivered as planned, which is the concept behind process evaluation.

Process evaluation is an examination of the difference between what was planned and what actually happened. It answers the question: “*Did we do what we said we were going to do?*” A good intervention plan will reach its objectives if it is implemented as it was designed to be implemented.

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*Participant notes:*

# Evaluation Terminology

*Outcome Monitoring:* collects data about client outcomes before and after the intervention, such as knowledge, attitudes, skills, or behaviors

- *Answers the question:* Did the expected outcomes occur?

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

- *Answers the question:* Did the intervention cause the expected outcomes?

Outcome monitoring focuses on the collection of information about the progress of clients participating in HIV interventions. It answers the question: “*Did the expected outcomes occur?*” Data are usually collected immediately before and after the intervention and show changes in a client’s knowledge, attitudes, skills, and behavior. Pre- and post-intervention questionnaires or other relatively easy-to-use tools are suitable data collection methods. Outcome monitoring is appropriate for individual- and group-level interventions, prevention case management, and counseling, testing, and referral services.

Outcome evaluation compares the outcomes of participants in an intervention with a control group of individuals who did not receive the intervention. It answers the question: “*Did the intervention cause the expected outcomes?*” Data are typically collected immediately before and after the intervention and several times during the year following the intervention (e.g. at 3 months, 6 months, and 12 months). Outcome evaluation requires more time, resources, and expertise than outcome monitoring, and it is usually conducted by professional evaluators.

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*Participant notes:*

# Evaluation Terminology

*Impact Evaluation:* collects data about HIV infection at the jurisdictional, regional, and national levels

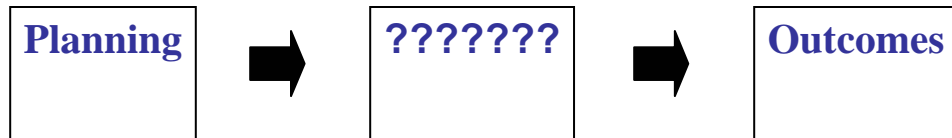
- *Answers the question:* What long-term effects do interventions have on HIV infection?

Impact evaluation is concerned with rising and falling disease rates and the association between the rates and program or community activities. It is the assessment of the long-term effects of HIV prevention activities in a community or larger jurisdiction. Impact evaluation often measures the combined effect of several interventions or programs in a jurisdiction. It is a long-term and costly form of evaluation.

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*Participant notes:*

# Implications of Not Knowing How an Intervention Was Implemented



During the implementation phase of the program cycle, process monitoring tells you *what* was delivered and *who* was served. Process evaluation tells you if you delivered what you said you were going to deliver to the population that you targeted. Suppose you did not conduct these two types of evaluation. What would happen if you did not know how an intervention was implemented? How would not knowing how an intervention was implemented affect an assessment of the outcomes?

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*Participant notes:*

## IV. Describing Interventions with Logic Models

*During this session participants will:*

- Define the components of a logic model
- Identify problem statements, risk behaviors, influencing factors, activities, outcomes, and impact
- Create simple and expanded logic models to describe an intervention

---

In this section, you will learn about a tool that will help you evaluate your HIV prevention work. This tool is called a logic model. Logic models help you clearly define and describe the HIV prevention interventions your agency delivers. A clearly described intervention is easier to evaluate and modify. You will learn about the different elements of a logic model and practice creating simple and expanded models.

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*Participant notes:*

## Logic Model Definition

- A logic model describes the main elements of an intervention and how they work together to prevent HIV in a specific population.
- Logic models are often displayed in flow charts, maps, or tables to show the sequence of steps leading to intervention outcomes.

Before you begin measuring an intervention's success in achieving outcomes, you must be able to describe the intervention in detail and define what the expected outcomes are. A clearly described intervention is easier to evaluate and modify. A logic model is a tool for defining and describing an intervention. It describes the main elements of an intervention and how they work together to achieve expected outcomes. It illustrates a program's theory of change (set of assumptions about why the program will work and why it is a good solution to an identified problem) and how specified activities connect to the results or expected outcomes. Logic models can be displayed in a number of different formats, such as flow charts, tables, and maps. We will present a framework for logic models that works well for HIV prevention interventions.

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*Participant notes:*

# Headache Logic Model

**Problem Statement:**

Stress and tension  
have produced a  
headache

**Intervention:**

Take two aspirin and  
rest for 30 minutes

**Outcome:**

Headache pain will  
be reduced



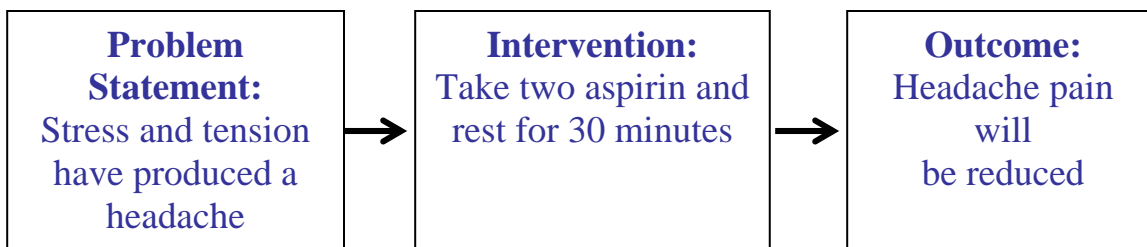
We use the concept behind logic models in our everyday lives. Models often start with a problem statement or condition. In this model, what is the problem or condition? What does the individual plan to do about the problem - i.e., what is his intervention? What outcome does he expect to happen as a result of his intervention?

What would happen if the headache were caused by allergies, not stress and tension?

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*Participant notes:*

## Logic Model Styles: Flow Chart and Table



<b>Problem statement:</b> Stress and tension have produced a headache
<b>Intervention:</b> Take two aspirin and rest for 30 minutes
<b>Outcome:</b> Headache pain will be reduced

Notice the logic model in a table format. Both styles are acceptable. Which one do you prefer? As we add more pieces to the models, your preferences may change.

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*Participant notes:*

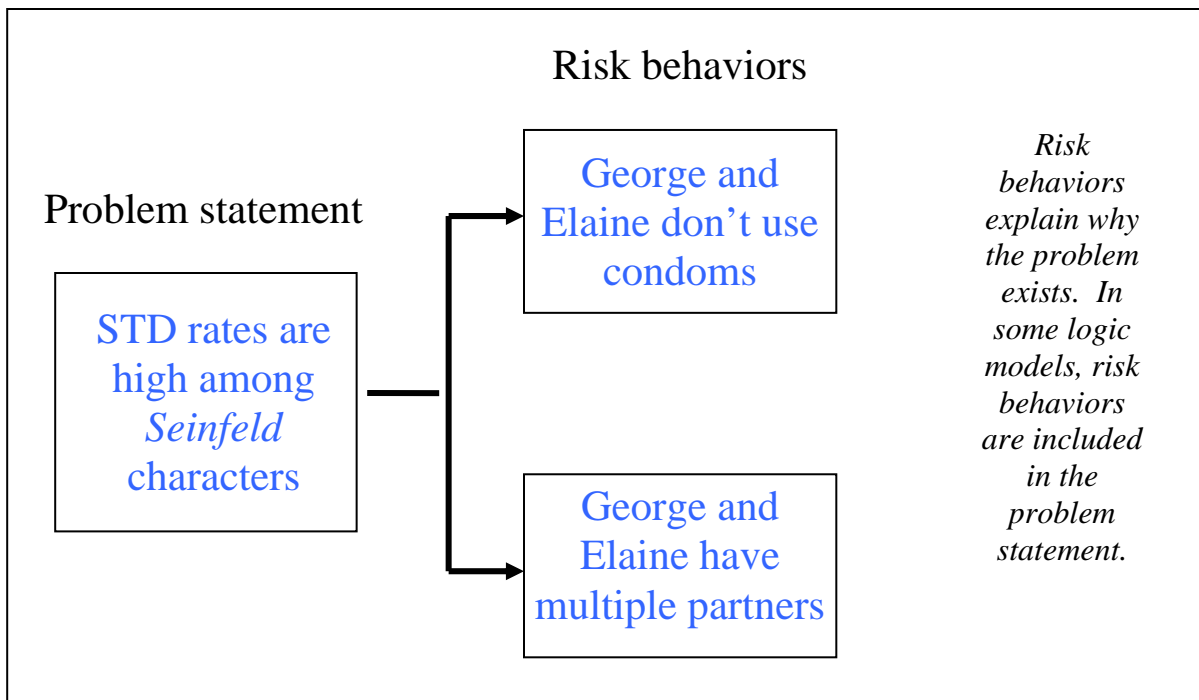
# Problem Statement

STD rates are high among  
*Seinfeld* characters

Logic models begin with a problem statement. What is the problem in this situation?

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*Participant notes:*

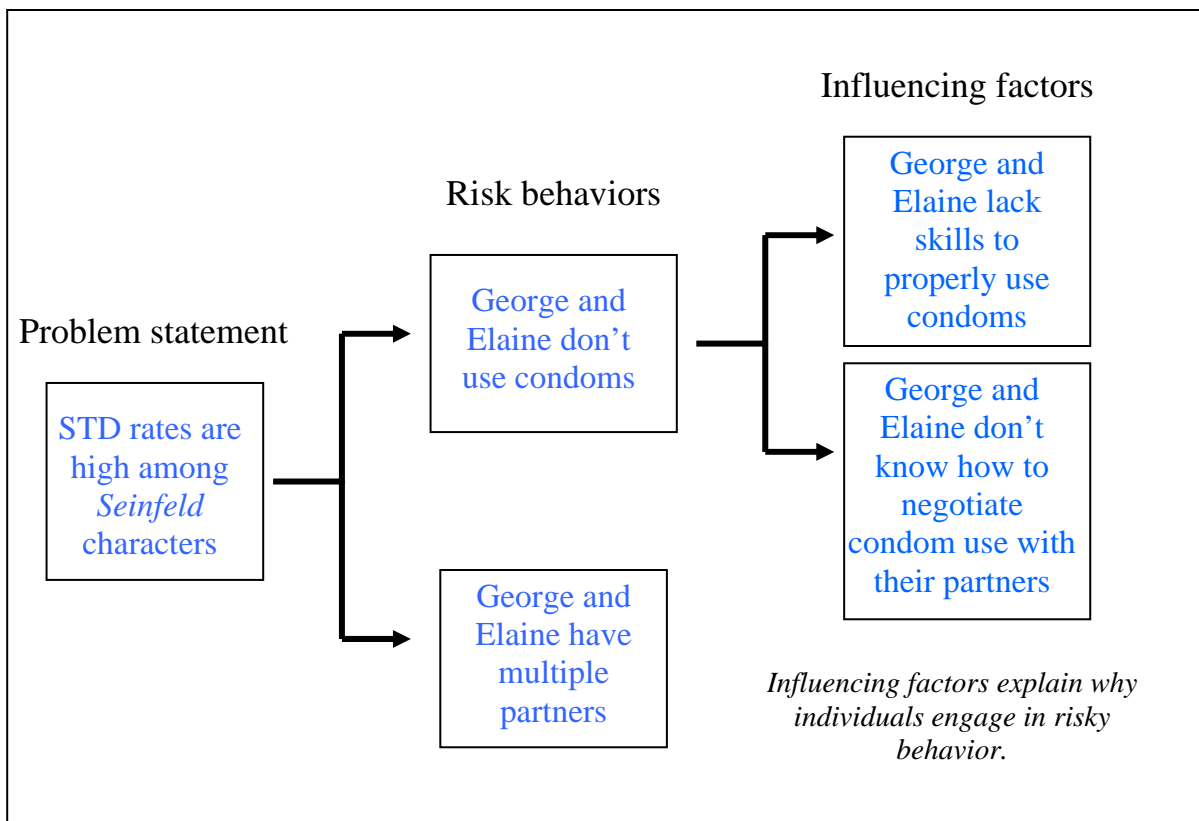


Risk behaviors are more specific parts of the condition, or problem statement. In some logic models, these two boxes are combined into the problem statement.

Why are STD rates high among *Seinfeld* characters?

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*Participant notes:*



Reasons people engage in risky behavior are called *factors that influence behavior* (FIBs). Why don't George and Elaine use condoms? What are some other reasons individuals do not use condoms?

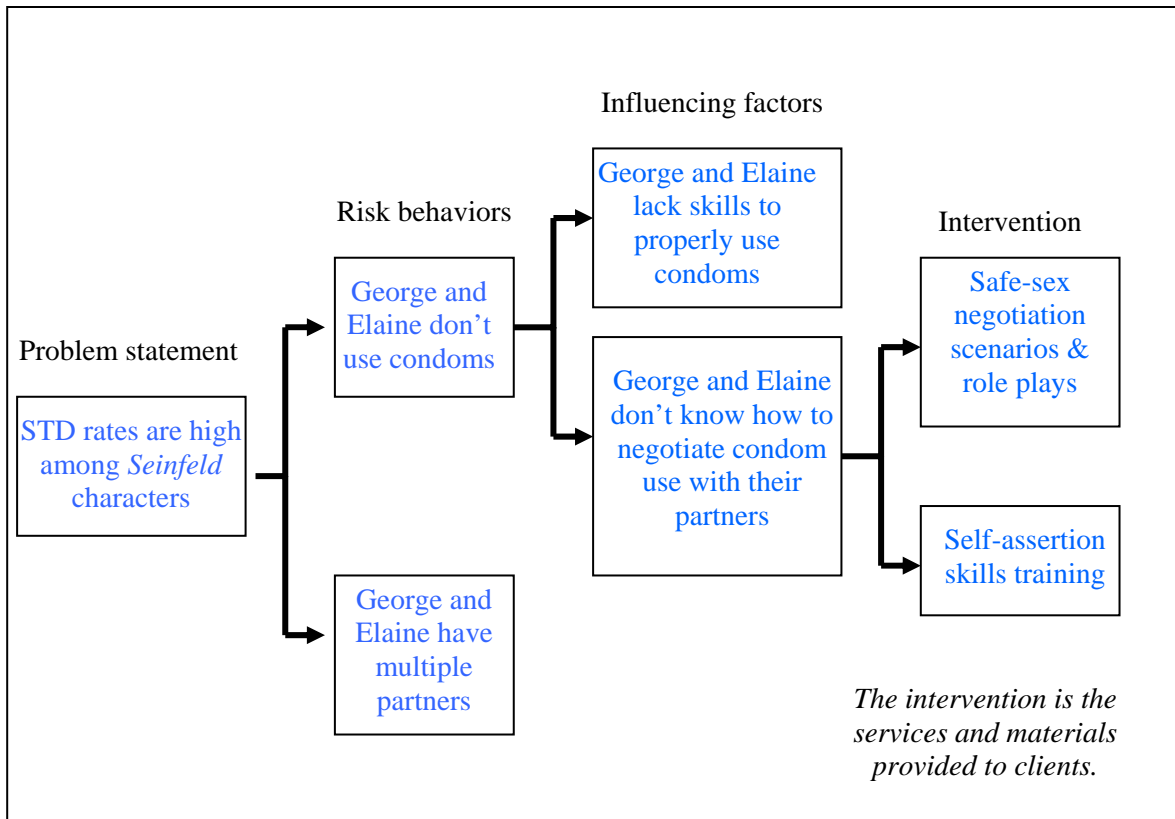
A primary task of prevention planning and implementation is determining which interventions have the best chance of reducing risk behaviors. To reduce risky behavior among a given population, an intervention has to address the influencing factors.

Look at the handout with the list of FIBs. Which of these terms are you familiar with? Ask the facilitator to explain any terms that you do not know.

Look at the box with the second risk behavior (George and Elaine have multiple partners). Why do you think they have multiple partners? How do you know this? What type of evaluation did you conduct to find out this information?

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*Participant notes:*

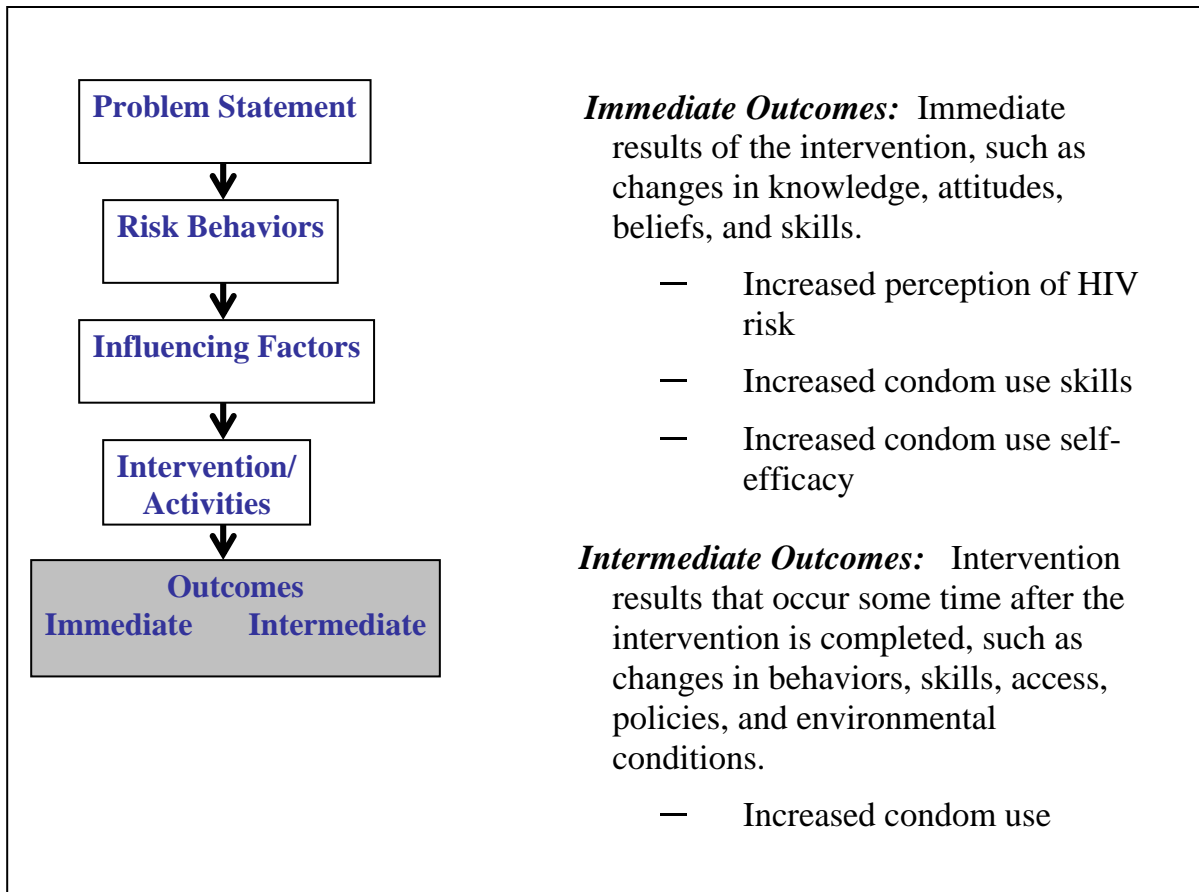


Activities are the services the intervention provides to accomplish its objectives. Activities can be delivered through outreach, materials distribution, counseling sessions, workshops, etc. What does this intervention do to address the problem of George and Elaine's lack of negotiation skills?

What are some activities that could be implemented to improve George and Elaine's condom use skills?

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*Participant notes:*

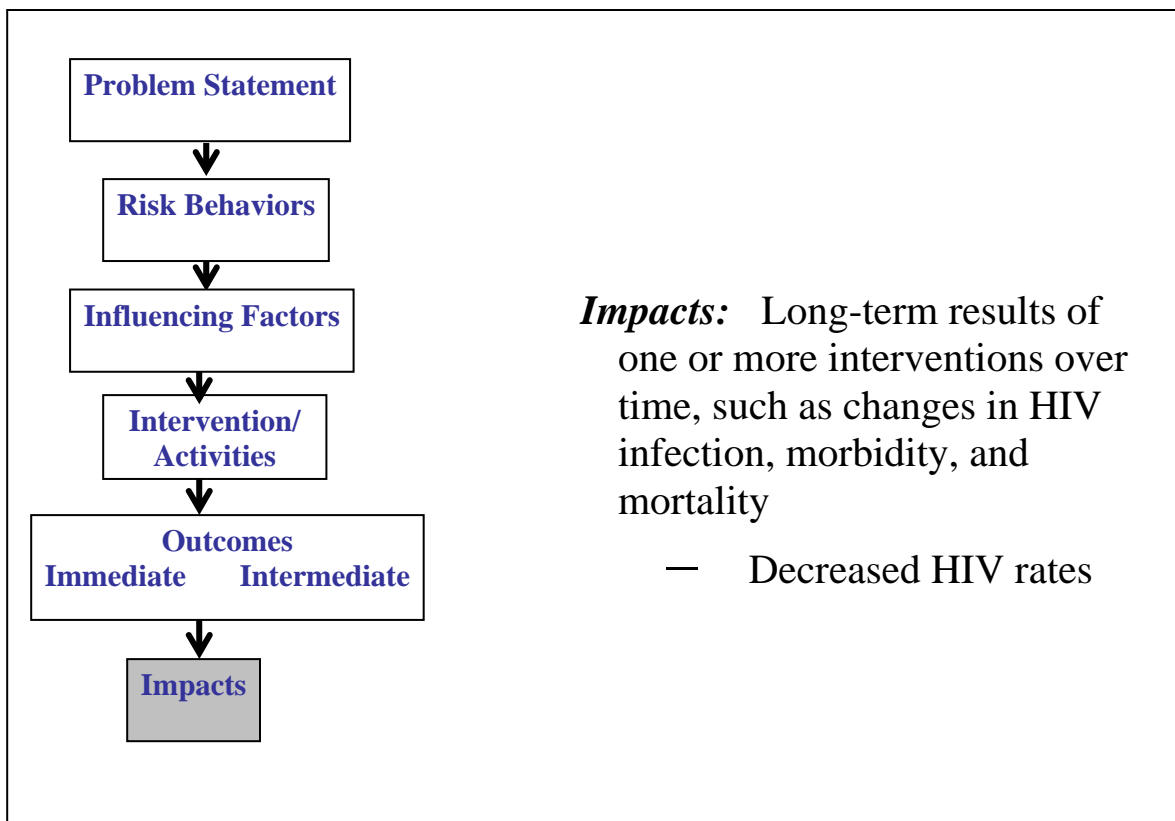


It is very important to include the expected outcomes in your logic model. What do you expect to happen to clients who participate in an intervention? Notice that some outcomes occur immediately after an intervention while others occur some time after the intervention is completed. What will the immediate outcomes be for George and Elaine?

The *Outcome Monitoring Project* will focus on collecting data to measure *immediate outcomes*, such as changes in a client’s knowledge, attitudes, beliefs, and skills.

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*Participant notes:*



Impacts are long-term results of one or more interventions over time, such as changes in HIV infection, morbidity, and mortality. Few agencies are able to conduct impact evaluation because of the time, costs, and personnel involved.

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*Participant notes:*

## Logic Model – Narrative Form

*Organization:* The Best HIV Prevention Project

*Targeted population:* MSM Youth

*Intervention:* Preventing HIV and AIDS Today

**Problem statement:** MSM youth do not perceive themselves to be at risk for HIV, lack condom use skills, and have low self-efficacy for condom use.

**Intervention/activities:** There are two components. The first is a series of 3 two-hour small group sessions emphasizing activities to increase perception of risk, skills building on condom use and negotiation, and role plays to increase condom use skills and build confidence in negotiation and efficacy for condom use. The second part is a condom distribution effort focusing on places where young MSM meet socially and sexually.

**Immediate outcomes:** Increased perception of risk, increased condom use skills, and increased condom self-efficacy.

**Behavior changes:** Increased condom use.

Logic models can be presented in different formats and styles. In this example, the information is given in a narrative form. How is this model different from the others in this manual? When might you want to use this style to describe your intervention? What are the advantages and disadvantages of the different formats?

---

*Participant notes:*

## IV. Summing Up

*During this session participants will:*

- Review the definition and construction of a logic model
- List the benefits of a logic model
- Make suggestions for applying a logic model to their work
- Create a logic model of an intervention implemented by their agency

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In the final section, you will review the fundamentals of logic model construction and use, list some benefits of logic models, and brainstorm suggestions and tips for applying logic models to HIV prevention work. In the final activity, you will create an original model based on an intervention your organization provides or is planning to implement.

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*Participant notes:*

# Logic Model Benefits

- Helps monitor progress by providing a clear plan for tracking changes to the intervention so that successes can be replicated and mistakes avoided.
- Makes explicit the expected outcomes of the intervention and help planners recognize when they are unrealistic.
- Shows the relationship between the different elements of the intervention and help identify gaps in the plan.
- Reveals assumptions about how the intervention leads to outcomes and help contractors be more deliberate about what they are doing.
- Promotes communication about the intervention among contractors, funders, community members, and other stakeholders.

What are other benefits of logic models that you can think of?

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*Participant notes:*

## Suggestions/Tips

- Involve a group of individuals/stakeholders in the creation of the logic model (i.e., not just the executive director or grant writer of the agency).
- Remember that a logic model is a work in progress. Revisit it often and make changes to reflect the shifting needs of an agency or intervention.
- It is not necessary to put everything you do in an organization on a logic model. Be reasonable.
- A logic model is ideally developed during the process of planning an intervention, before implementation, but it's never too late to go back and put a logic model in place.
- Use a logic model to orient new staff involved in implementing the prevention intervention.

What other suggestions do you have for using a logic model?

---

*Participant notes:*

*Thanks for your participation! Please complete this evaluation form and place it on the table at the front of the room.*

## **Evaluation Form**

### *Evaluating Outcomes of HIV Prevention Programs: Module 1- Evaluation Terminology and Logic Models*

Please complete this brief training evaluation. This information will help us improve future workshops. You do not have to put your name on this form, but please let us know in the space below if your affiliation is with a health department, community-based organization (CBO), or another type of agency.

Health Department

CBO

Other type of agency (please describe): \_\_\_\_\_

Then, please rank how well you think each of the following objectives was achieved. As a result of this training, I can...

	<b>Poor</b>			<b>Excellent</b>	
Define common evaluation terms	1	2	3	4	5
Describe reasons to evaluate	1	2	3	4	5
Discuss the relationship between planning, implementation, and outcomes	1	2	3	4	5
Identify the components of a logic model	1	2	3	4	5
Create a logic model to describe an intervention	1	2	3	4	5
Describe the benefits of logic models	1	2	3	4	5

Finally, please respond to the following items:

1. The most useful part of the training was:
2. The least useful part of the training was:
3. Something I would change to make the training better would be: