

# Monitoring HIV/AIDS Programs: A Facilitator's Training Guide

A USAID Resource for Prevention, Care and Treatment

## Module 5: Monitoring and Evaluating Sexually Transmitted Infection Prevention and Care Programs

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Family Health International



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## MODULE 5:

# Monitoring and Evaluating Sexually Transmitted Infection Prevention and Care Programs

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*The content of the modules in this Monitoring and Evaluation series is based on the assumption that Core Module 1 (Introduction to Monitoring and Evaluation) is always the first module, that it is followed directly by Core Module 2 (Collecting, Analyzing, and Using Monitoring Data), which is followed by one or more of the optional technical area modules (Modules 4 through 10), and that in all cases the final module is Core Module 3 (Developing a Monitoring and Evaluation Plan). The specified sequence is shown below:*

1. *Core Module 1: Introduction to Monitoring and Evaluation*
2. *Core Module 2: Collecting, Analyzing, and Using Monitoring Data*
3. *Optional Technical Area Modules 4 through 10*
4. *Core Module 3: Developing a Monitoring and Evaluation Plan*

### Learning Objectives

The goal of this workshop is to build the skills of participants in monitoring sexually transmitted infection prevention and care programs and in planning for program evaluation, with emphasis on sexually transmitted infection prevention and care program objectives.

*At the end of this session, participants will be able to:*

- Understand the key issues in monitoring and evaluating sexually transmitted infection (STI) prevention and care programs.
- Monitor the planning and implementation of sexually transmitted infection prevention and care programs with increased knowledge and skill.
- Formulate monitoring and evaluation questions for sexually transmitted infection prevention and care programs and use these to develop process indicators for program monitoring.
- Develop data collection and reporting tools as required for their sexually transmitted infection prevention and care programs.
- Analyze and use sexually transmitted infection prevention and care data for program improvement.
- Plan and implement evaluations of program-specific sexually transmitted infection prevention and care interventions as needed (with technical assistance).

### Session Overview and Schedule

TIME		TOPIC	TRAINING METHOD
8:30-9:00	30 min	A. Welcome and Review	<i>Facilitator Presentation</i>
9:00-9:20	20 min	B. Overview of Sexually Transmitted Infection Prevention and Care Programs	<i>Facilitator Presentation, Group Discussion</i>
9:20-10:10	50 min	C. Monitoring Sexually Transmitted Infection Prevention and Care Programs	<i>Group Discussion</i>
10:10-10:25	15 min	<b>BREAK</b>	

## Session Overview and Schedule

TIME		TOPIC	TRAINING METHOD
10:25-11:50	85 min	D. What to Monitor	<i>Group Discussion, Small Group Activity</i>
11:50-12:05	15 min	E. Monitoring Methods and Tools	<i>Small Group Activity, Group Discussion</i>
12:05-1:05	60 min	LUNCH	
1:05-2:00	55 min	E. Monitoring Methods and Tools (cont'd)	<i>Small Group Activity, Group Discussion</i>
2:00-3:00	60 min	F. Data Analysis and Use	<i>Group Discussion, Small Group Activity, Role Play</i>
3:00-3:15	15 min	BREAK	
3:15-3:45	30 min	G. Evaluating STI Prevention and Care Programs	<i>Group Discussion</i>
3:45-4:00	15 min	H. Wrap-Up	<i>Q &amp; A Session</i>

### Materials

- Flipchart paper and stand
- Markers
- Pens or pencils
- Tape or Blue-Tac
- Evaluation Form
- Handout: Illustrative Indicators List
- Worksheet: What to Monitor
- Worksheet: Selecting Indicators
- Handout: Mock Data and Graph
- Memory Sheet: Terminology, Abbreviations, and Definitions
- Handout: Monitoring and Evaluation Questions
- Handout: Monitoring Questions

## A. Welcome and Review

8:30-9:00	30 min	A. Welcome and Review	Facilitator Presentation
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8:30-8:45 (15 min)

Facilitator Note: Discuss this topic by encouraging participants to ask and then answer the questions. Facilitator should provide the answers when participants cannot.

### 1. Welcome and Review

Thank participants for coming on time and remind them (in a humorous way) that anyone who arrives late will be subject to shame and humiliation from the whole group.

Because this module is being delivered after Core Module 1 (Introduction to Monitoring and Evaluation) and Core Module 2 (Collecting, Analyzing, and Using Monitoring Data), participants will have become familiar with each other. Therefore, each morning during this time the facilitator can take about 15 minutes to review with the participants the material they learned in the preceding modules. This provides an excellent opportunity to generate energy among the group by asking participants to quiz each other. This review activity can be light, energetic, and even humorous. Encourage participants to stand up or do something else physical as they ask or answer their questions.

8:45-9:00 (15 min)

Facilitator Note: Facilitator should write the objectives and agenda for this module on flipcharts that will be spread throughout the room and then move from one to another. Ask the participants to read the objectives aloud from the charts.

### 2. Overview of Workshop Objectives and Agenda

The goal of this workshop is to build your skills in monitoring a sexually transmitted infection (STI) prevention and care program.

*At the end of this session, participants will be able to:*

- Understand the key issues in monitoring and evaluating sexually transmitted infection prevention and care programs.
- Monitor the planning and implementation of sexually transmitted infection prevention and care programs with increased knowledge and skill.
- Formulate monitoring and evaluation questions for STI prevention and care programs, and use these questions to develop process indicators for program monitoring.
- Develop and/or adapt STI prevention and care data collection tools.
- Analyze and use STI prevention and care data for program improvement.

There will be a 15-minute mid-morning break, lunch will be from 12:05 to 1:05, and there will be a 15-minute mid-afternoon break. We will finish the workshop by 5:00 p.m.

## B. Overview of Sexually Transmitted Infection Prevention and Care Programs

9:00-9:20	20 min	B. Overview of Sexually Transmitted Infection Prevention and Care Programs	Facilitator Presentation, Group Discussion
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### Materials

- Memory Sheet: Terminology, Abbreviations, and Definitions

Facilitator Note: Participants will be allowed to discuss the topic before the facilitator summarizes the material. Facilitator should hang flipchart paper with definitions on it on the wall.

### 1. Definitions of Terms for Sexually Transmitted Infection Prevention and Care Programming

- The term *sexually transmitted infection* (STI) refers to an infection that may or may not cause symptoms.
- The term *sexually transmitted disease* (STD) refers to an infection with sexually transmitted pathogens that cause recognized symptoms or clinical signs in individuals.
- STIs are among the most common and curable diseases; however, they are recognized as the major cause of reproductive and psychological morbidities and as facilitators of HIV transmission.
- Preventing and managing STIs contributes (to some degree) to preventing HIV/AIDS and to reducing the HIV incidence rate.

### 2. Monitoring and Evaluating STI Projects/Programs in Context of HIV

Facilitator Note: Facilitator will lead the discussions for this section.

Monitoring and evaluating an STI project/program in the context of HIV will achieve three goals:

1. Ensure that STI services are proficient in terms of clinical management as well as coverage
2. Use STI prevalence and incidence data (if available) as a way to project HIV risk and spread in a given population
3. Ensure linkages between STI services and other HIV/AIDS prevention and care services

Basic concepts/guiding principles that pertain to monitoring and evaluating STI prevention and care programs are discussed below.

Facilitator Note: Summaries of the content below should be written on flipchart paper and be discussed by the facilitator.

- Monitoring is a vital part of the learning process for FHI project/program managers, supervisors, staff, and the community to plan and implement effective STI prevention and control.
- Monitoring is needed to ensure that STI prevention and care services are clinically proficient and provide adequate coverage.

- Effective STI prevention and prompt treatment slow the spread of HIV by reducing an individual’s ability to transmit or acquire HIV. They also reduce the spread of HIV within communities when accessible and effective treatment is provided on a consistent, ongoing basis to all who are at risk.
- Women have a greater risk of contracting STIs than men due to physiological, social, cultural, and economic factors; STIs in women are often asymptomatic.
- Assuring high-risk groups’ access to quality STI services is critical to STI control and HIV prevention.

Monitoring and evaluation of STI prevention and care programs should take into account the following issues:

- Access to services (interventions at both the community and health facility level)
- The interventions’ coverage of geographic area and target population
- Integration of STI services into other HIV/AIDS and reproductive health services

STI program objectives can address awareness, improving health-seeking behavior, or quality of services, but a combination of all of these elements into a comprehensive program will have more impact.

## C. Monitoring Sexually Transmitted Infection Prevention and Care Programs

9:20-10:10	50 min	C. Monitoring Sexually Transmitted Infection Prevention and Care Programs	Group Discussion
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### Setting Program Objectives and Targets

Facilitator Note: Invite participants to brainstorm on how to establish objectives and targets. Ask participants who already have experience implementing STI programs to share some of their program objectives, and use them as the basis for discussion, critique, and improvement.

Without clear objectives and targets, monitoring and evaluation will be difficult, and in some cases impossible. Some objectives are so broad that it can be difficult to measure their achievement.

### What are the criteria for good objectives?

Facilitator should begin this discussion by giving participants the following example of an *incomplete* objective and writing it on the flipchart:

- Incomplete Objective: Increase the proportion of sex workers seeking STI treatment.

How could this be made into a good objective? The answer could be something like the following:

- Increase the number of sex workers seeking STI treatment in clinic A by 25% in five years.

Facilitator Note: The object of this exercise is not to put individuals who offered their objectives on the spot or to criticize them. It's important to maintain an atmosphere of support, affirming, for example, that the objective is good but would be better if it were even more specific in some way, and that that is an example of how we can all reflect on our programs' objectives.

Facilitator Note: Allow participants to generate their objectives and use the SMART acronym to correct the objectives.

- Are these objectives specific? If not, why?
- Are these objectives measurable? If not, can you make them so?
- Are these objectives achievable?
- Are these objectives reasonable? What may be the challenges to meeting these objectives?
- Are these objectives time-bound?
- Do these objectives contribute to attaining the overall goals of the program?

10:10-10:25	15 min	BREAK
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## D. What to Monitor

10:25-11:50	85 min	D. What to Monitor	<i>Group Discussion, Small Group Activity</i>
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### Materials

- Paper of different shapes
- Flipchart paper
- Handout: Monitoring Questions
- Worksheet: What to Monitor
- Handout: Monitoring and Evaluation Questions

Facilitator Note: Place pieces of paper of different shapes (e.g., cat, car, human being, house) on the center of each table. Tell participants to reflect on the issues that need to be monitored and then write them on the paper.

Place flipcharts containing the broad headings on the wall. Have participants walk with the facilitators from one chart to the other and state what monitoring issues need to be addressed under each heading.

Facilitator will then summarize the discussion.

### 1. Developing Monitoring Questions

Now that the program objectives are formed, it is time to develop monitoring and evaluation questions. If these questions are well defined, they will facilitate the development of the M&E system. M&E questions should focus on each component of the program.

Ask participants to list the major components of STI programs that need to be monitored. Write their responses down on flipchart paper. (Refer to the following list to ensure that all of the components are mentioned):

- Infrastructure and management information system (MIS)
  - Appropriate data management system: record-keeping and reporting system
  - Availability of appropriately trained staff
  - Adequate equipment, space, and so on
- Confidentiality practices
  - Adequate premises for protection of privacy and confidentiality
  - Issues of consent
  - Counselor and healthcare providers services
- Provision and delivery of services (including readiness of the clinic and quality of services)
  - Adequate essential drugs and diagnostics for the STI etiologies in the community
  - Appropriate and available treatment guidelines or standards and adherence to them
  - Clinical care
  - Laboratory testing
  - Access to services by target audience
  - Availability of male condoms and water-based lubricant (and female condoms if available in the country)
  - Availability of equipment to demonstrate correct condom use (e.g., penis models)
- Utilization of services
  - Accessible and acceptable services for high-risk populations
  - Demography of population benefiting from services
  - Client satisfaction
  - Referrals
  - Partner notification
- Human resources and capacity
  - Staff training
  - Communication issues
- Management and supervision
  - Training, support, and staff development
  - Supervision tools
  - Staff performance
  - Budgeting
  - Planning
- Primary prevention activities
  - Behavior change communication activities to increase knowledge and awareness
  - Referrals that promote STI services
  - Counseling
  - Availability of educational materials
- Community component of the intervention (as appropriate)
  - Policy
  - Community partnership

- Networking and collaboration
- Involvement of opinion leaders

The questions you develop should also consider the *inputs*, *outputs*, and *outcomes* for each component.

In addition, ethical and other special issues must also be considered:

- Confidentiality
- Cultural practices
- Privacy
- Partner notification, cultural factors, domestic violence, “do no harm,” voluntary services
- Targeting of populations and stigma (e.g., trucker projects)
- Unavailable, unaffordable, or inappropriate STI drugs
- Vulnerability of specific populations (e.g., female sex workers, adolescents, men who have sex with men), special needs, access issues, staff attitudes and knowledge, barriers to data collection, treatment, and follow-up
- Integration of STI services and outreach linkages

10:40-10:55 (15 min)

Facilitator Note: The monitoring issues that are developed will be used to create monitoring questions.

Invite participants to share some of their experiences and thoughts about program monitoring questions. Distribute the monitoring questions below to the participants to assist them in answering the next questions.

performance or attitude, lack of accessibility, affordability, acceptability, or awareness by the targeted population? Are the targets feasible and realistic?)

- How many people have been reached by the services?
- How many service providers have been trained? Is there a need for training?
- Is there an adequate and appropriate drug supply to treat STIs?
- Are the costs of the project within budget? If not, why?
- Are the reports (e.g., financial, narrative) being provided on time? If not, why?
- Are there activities being implemented that are not part of the workplan?
- Is there a need for technical assistance or other resources?
- Were there any unexpected events in the project area? If so, how did or do they affect the project?
- Were there any interesting results, new information, or innovations that need to be documented?
- How are relationships with stakeholders, donors, and beneficiaries?
- Is there a management information system (MIS)? If so, how well is it working?
- What are the rates of specific STIs being treated?
- Is there any mechanism for follow up with STI patients? What is the rate of cure?
- Is there any mechanism to encourage partner treatment?
- Are there any STI management guidelines? Do staff members follow them? If not, why?
- Is the commodity management system working? Are commodities available? If not, what could be the major reasons?
- Is there any referral system? (e.g., a system for referring STI clients to other services such as voluntary counseling and testing for HIV, to a laboratory for laboratory testing, to antenatal care services, or to prevention of mother-to-child transmission services)

10:55-11:10 (15 min)

### Small Group Activity

Break the group into five groups and distribute the worksheets to the groups. Ask for a show of hands of who has ongoing STI programs in their country. Be sure that each group has at least one such person among its members.

Review the steps for this activity (participants also have the directions on their activity sheets), and explain that participants are to develop a short presentation (five minutes or less) to present to the group at the end of the session.

Group 1: Your program trains service providers in STI management.

Step 1: List what to monitor.

Step 2: Generate monitoring questions.

Then, using everybody in your group in any sort of *creative* presentation style, take a few minutes to decide who is going to present what part. You will have five minutes to present to the group.

Group 2: Your program provides condom education, promotion, and distribution through a peer education program using traditional birth attendants.

Step 1: List what to monitor.

Step 2: Generate monitoring questions.

Then, using everybody in your group in any sort of *creative* presentation style, take a few minutes to decide who is going to present what part. You will have five minutes to present to the group.

Group 3: Your program deals with improving the referral system between clinic services and community-based peer educators for adolescent boys.

Step 1: List what to monitor.

Step 2: Generate monitoring questions.

Then, using everybody in your group in any sort of *creative* presentation style, take a few minutes to decide who is going to present what part. You will have five minutes to present to the group.

Group 4: Your program includes a health clinic for STI screening with counseling and treatment.

Step 1: List what to monitor.

Step 2: Generate monitoring questions.

Then, using everybody in your group in any sort of *creative* presentation style, take a few minutes to decide who is going to present what part. You will have five minutes to present to the group.

Group 5: Your program provides support groups for sex workers focusing on wellness and self-esteem.

Step 1: List what to monitor.

Step 2: Generate monitoring questions.

Then, using everybody in your group in any sort of *creative* presentation style, take a few minutes to decide who is going to present what part. You will have five minutes to present to the group.

Facilitator Note: You can help the groups create and prepare their presentations in a timely manner by walking around to the different groups and asking them questions like:

- Have you listed what you're monitoring?
- Have you generated your monitoring questions yet?
- Have you developed your process indicators yet?

If they are falling behind the other groups, encourage them to move onto the next step, reminding them that this is just an example of what they might include, but it is not necessary to provide an exhaustive or extensive list. When it is time for the groups to decide how they will present to the large group, ask them if they need markers to create signage or if they need anything else. Encourage creativity by letting them know that a song, skit, TV commercial, or anything else they may think of is entirely welcome. Keep them moving forward from concept to rehearsal or materials development so they are ready in time.

11:10-11:50 (40 min)

### Group Presentations

Facilitator Note: Write the answers provided by the participants on a flipchart and then discuss.

Give the whole group a one-minute warning, and then call time. When time is up, ask everyone to put down their preparation materials and give full attention to each group as it presents.

Facilitator Note: After completing the group exercise, pass out Handout: Monitoring and Evaluation Questions.

Facilitator Note: The items that are generated by groups might be useful for future revisions of this module (because of the evolving nature of STI programming), so please collect the worksheets for FHI's documentation.

## E. Monitoring Methods and Tools

11:50-12:05	15 min	E. Monitoring Methods and Tools	<i>Small Group Activity, Group Discussion</i>
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### Materials

- Handout: Illustrative Indicators List
- Worksheet: Selecting Indicators

### 1. Selecting Indicators

Facilitator Note: Give participants flipcharts to write on. During the presentation, they can hang the

flipcharts on the walls while they talk.

Indicators are very important for program monitoring and evaluation. Without good indicators, it would be difficult, perhaps even impossible, to do better work. There are specific criteria that are used to develop good indicators.

Divide the participants into small groups and give each group copies of the table of indicators.

Ask the groups to select the appropriate quantitative indicators and clarify the qualitative information needed.

**Group 1: Your program trains service providers in STI management.**

Step 1: Select indicators from the list provided.

Step 2: Discuss their appropriateness, measurement, and challenges in collecting them.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

**Group 2: Your program provides condom education, promotion, and distribution through a peer education program using traditional birth attendants.**

Step 1: Select indicators from the list provided.

Step 2: Discuss their appropriateness, measurement, and challenges in collecting them.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

**Group 3: Your program deals with improving the referral system between clinic services and community-based peer educators for adolescent boys.**

Step 1: Select indicators from the list given.

Step 2: Discuss their appropriateness, measurement, and challenges in collecting them.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

**Group 4: Your program includes a health clinic for STI screening with counseling and treatment.**

Step 1: Select indicators from the list given.

Step 2: Discuss their appropriateness, measurement, and challenges in collecting them.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

**Group 5: Your program provides support groups for sex workers, focusing on wellness and self-esteem.**

Step 1: Select indicators from the list given.

Step 2: Discuss their appropriateness, measurement, and challenges in collecting them.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few

minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

12:05-1:05	60 min	LUNCH
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## E. Monitoring Methods and Tools (cont'd)

1:05-2:00	55 min	E. Monitoring Methods and Tools (cont'd)	<i>Small Group Activity, Group Discussion</i>
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1:05-1:45 (40 min)

Call time and reconvene the full group. Invite each group to present to the class for five minutes. Encourage energy and applause. This can be an energetic and humorous way to learn from one another.

Lead a discussion about the indicators that addresses the following issues:

- Appropriateness
- Definition
- Measurement
- Challenges of collecting data

Facilitator Note: Pick one or two indicators and discuss the appropriateness, the definition, and the measurement and collection challenges with the group. Because of the evolving nature of STI programming, please collect these worksheets for documentation purposes.

1:45-2:00 (15 min)

### 2. Data Collection Methods and Tools

Give participants flipcharts with the headings “IA,” “CO,” and “National AIDS Committee.” Each group is to discuss and write down the following:

- Monitoring roles
- Monitoring activities
- Methods/tools

These will be presented by a member of the group.

The facilitator should summarize the session, including the following:

- Review *monitoring activities*:
  - Regular (monthly or quarterly) activity reports
  - Monthly financial reports
  - Feedback/monitoring meetings
  - Site visits
  - Regular meetings
  - Training sessions
  - Data analysis and management

- Report writing and dissemination
- Report review
- Review of inventories
- Baseline assessment
  
- Review *monitoring methods*:
  - Review of service records and regular reporting systems
  - Key informant interview
  - Exit interviews of STI service users
  - Direct observation of interaction between clients and providers
  - Quantitative population-based survey for assessing coverage and barriers to STI service use
  - Qualitative methods (e.g., focus groups, in-depth interviews)
  - Routine reporting forms
  - Time sheets
  - Treatment register
  
- Tell participants that they will focus on the following three additional methods:
  - Reporting system and format
  - Site visits, including interviews or meetings with staff and review of data-verifying records, registers, and patient records
  - Methods to measure quality of care: inventory, observation, exit interviews, mystery clients, prevention indicators surveys, observing interaction between providers and client, and interviews with clients and providers

Facilitator Note: As you review the monitoring methods, come back and discuss the reporting system and formation, meetings, and measurement of quality of services. What are the challenges associated with these three methods? Are the reporting formats the same for each country? Participants can use indicators from specific projects in their countries.

Tools include: questionnaires, guides, patient records, etc.

Facilitator Note: Start by asking for a show of hands of those who have experience monitoring an STI prevention and care program in their countries. Then ask them to share/describe the tools they use to monitor their programs, and ask other participants to contribute.

## F. Data Analysis and Use

2:00-3:00	60 min	F. Data Analysis and Use	<i>Group Discussion, Small Group Activity, Role Play</i>
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### Materials

- Handout: Mock Data and Graph

2:00-2:10 (10 min)

## 1. Managing Data

Managing and analyzing data is an important component of a monitoring and evaluation system. Collected data are often poorly handled. In addition, the use of data to improve programs and to inform decision-makers is sometimes poorly designed, especially for sensitive areas such as STIs.

Facilitator Note: Ask participants from implementing agencies to describe their data management systems by offering examples of their data collection, recording, and reporting.

2:10-2:20 (10 min)

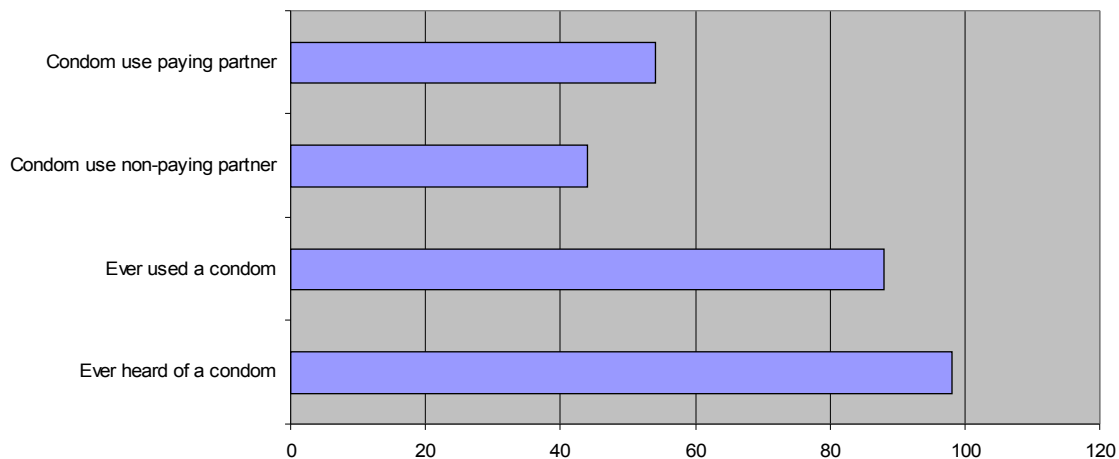
## 2. Analyzing Data

### Group Activity

#### Knowledge of and Condom Use

	Yes	No	Total	% Yes
Ever heard of a condom	614	7	621	98
Ever used a condom	544	69	613	88
Condom use at last sexual contact with non-paying partner	139	177	316	44
Condom use at last sexual contact with paying partner	336	287	623	54

Knowledge of Condoms and Condom Use %



Divide the participants into small groups. Give each group the Handout: Mock Data and Graph, and ask them to answer the following questions: (1) What do these data tell you about the strengths and weaknesses of the program? (2) What additional information would you need to confirm and/or to supplement the conclusions you reached in question 1? (3) What would you do to improve the program?

Facilitator Note: Make a table from imaginary data to assist in discussing the topic.

2:20-2:25 (5 min)

### 3. Using Data

What can data be used for?

Monitoring information can be used for multiple purposes. Following are some examples:

- Requesting more program funds
- Changing the direction of the program/project
- Making a case for changing or adding staff/support
- Disseminating information

2:25-2:35 (10 min)

### Group Discussion

With whom do you want to share these data and why?

Answers may include:

- Program managers/staff
- Community
- Funders

Ask participants for additional uses for the data. Also, ask participants to talk about their experiences in using such data, including problems encountered, shortcomings in their own programs that they are aware of, and possible solutions.

2:35-2:40 (5 min)

### Role-Play Activity

Using the same number of pieces of paper as there are participants in the session, write “Project Manager” on four pieces. Then roll all the pieces of paper up to make a ballot. Have participants each take a ballot. The people who pick the Project Manager ballots will play the role of project managers while they present to the group. The rest of the group will act as:

1. The president
2. Parents
3. Religious leaders
4. Prison authorities

How would those presentations be different for these different constituencies (e.g., program managers/staff, community, funders). Answers may include:

- Giving feedback to program staff (regular staff meetings, including field staff)
- Improving performance (hire more staff, train staff, buy more supplies)
- Scaling up services/expanding coverage (identify new geographical areas and/or other services to be added to program)
- Reporting to donors and policymakers (biannual/annual reports)
- Communicating program’s success and challenges to community (newspaper articles, press)

- conference, town hall meeting)
- Fundraising (proposal writing)

2:40-3:00 (20 min)

### Role-Play Activity

Have participants act out the following scenarios:

1. In the current STI program, you want the president to remove all taxes on the importation of drugs, as these taxes cause an increase in the price charged for STI services.
2. You have data from the STI clinic showing that 50 percent of people presenting with an STI are teenagers in school. You want to convince the parents that reproductive health messages should be incorporated into the secondary school curriculum.
3. You have data from the STI clinic showing that 30 percent of those presenting with STIs are members of a particular religion. You want to convince the religious leaders to incorporate STI/HIV/AIDS messages into regular religious activities.
4. In the last year, 200 prisoners contracted STIs. You want to convince prison authorities to incorporate STI prevention messages into educational sessions in the prison.

Congratulate the participants and finish this section by telling participants that they have just seen the benefit of adjusting messages/presentations for different audiences. This may include preparing different supporting visuals, written reports, or in-person conversations or presentations.

3:00-3:15	15 min	<b>BREAK</b>
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## G. Evaluating STI Prevention and Care Programs

3:15-3:45	30 min	<b>G. Evaluating STI Prevention and Care Programs</b>	<i>Group Discussion</i>
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**Evaluation** answers the questions: What outcomes are observed? What do the outcomes mean? Does the program make a difference?

1. Encourage participants to discuss whether an evaluation of their program is recommended. If the answer is yes, discuss the kinds of evaluation questions that should be asked and how, when, where, and by whom that evaluation will be conducted. Some of their answers may include:
  - Is the program cost-effective? What is the cost per unit of service?
  - Are the target groups reached, and what is the effect of the program on the target groups? If the target groups are not reached, why?
  - What is the quality of STI services provided to target groups?
  - What are the clients' perceptions of the services provided?
  - Are STI services integrated with other services? If so, which services, and how well is this integration working?
  - What is the effectiveness of syndromic management guidelines/algorithms? (Are syndromic management guidelines/algorithms used to diagnose and treat STIs? How are they working?)

## H. Wrap-Up

3:45-4:00	15 min	H. Wrap-Up	Q&A Session
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### Materials

- Evaluation Form

Ask participants for two major lessons they learned during the workshop.

Write each of the lessons mentioned on a flipchart (or ask a participant to do so).

Distribute the evaluation form on the workshop to participants and ask them to fill it out and submit it before leaving the classroom.

# Appendix

## Module 5: Monitoring and Evaluating Sexually Transmitted Infection Prevention and Care Programs

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## What to Monitor (cut these apart)

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Group 1: Your program trains service providers in STI management.

Step 1: List what to monitor.

Step 2: Generate monitoring questions.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

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Group 2: Your program provides condom education, promotion and distribution through peer education program using traditional birth attendants.

Step 1: List what to monitor.

Step 2: Generate monitoring questions.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

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Group 3: Your program deals with improving the referral system between clinic services and community-based peer educators for adolescent boys.

Step 1: List what to monitor.

Step 2: Generate monitoring questions.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

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Group 4: Your program includes a health clinic for STI screening with counseling and treatment.

Step 1: List what to monitor.

Step 2: Generate monitoring questions.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

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Group 5: Your program provides support groups for sex workers focusing on wellness and self-esteem.

Step 1: List what to monitor.

Step 2: Generate monitoring questions.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

## Selecting Indicators (cut these apart)

Group 1: Your program trains service providers in STI management.

Step 1: Select indicators from the list provided.

Step 2: Discuss their appropriateness, measurement, and challenges in collecting them.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

Group 2: Your program provides condom education, promotion, and distribution through peer a education program using traditional birth attendants.

Step 1: Select indicators from the list provided.

Step 2: Discuss their appropriateness, measurement, and challenges in collecting them.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

Group 3: Your program deals improving referral system between clinic services and community-based peer educators for adolescent boys.

Step 1: Select indicators from the list provided.

Step 2: Discuss their appropriateness, measurement, and challenges in collecting them.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

Group 4: Your program includes a health clinic for STI screening with counseling and treatment.

Step 1: Select indicators from the list provided.

Step 2: Discuss their appropriateness, measurement, and challenges in collecting them.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

Group 5: Your program provides support groups for sex workers focusing on wellness and self-esteem.

Step 1: Select indicators from the list provided.

Step 2: Discuss their appropriateness, measurement, and challenges in collecting them.

Then, using everybody in your group in any sort of *creative* presentation style you wish, take a few minutes to decide who is going to present what part. You will have five minutes to make a presentation to the group.

## Terminology, Abbreviations, and Definitions

**Abstinence:** Refraining from sexual intercourse

**Adolescents:** Youth, usually classified as ages 10-19 (WHO range is 15-24)

**Asymptomatic:** Without signs or any complaints of symptoms of disease or illness

**Domestic violence:** Violence that occurs within a family or an intimate relationship, including wife-beating and child abuse

**RTI:** Reproductive tract infection, including those that are not transmitted sexually

**Syndromic management of STIs:** Based on the identification of consistent groups of symptoms and easily recognized signs (syndromes) of sexually transmitted infections and the provision of treatment that will deal with the majority of or the most serious organisms responsible for producing a syndrome (WHO)

**GYN exam:** Gynecological examination that includes the use of a speculum to visually inspect the cervix

**Partner notification:** Contacting the sexual partners of a client diagnosed as having a STI (contact may be made by client, staff, or public health worker); contact tracing includes non-sexual contact, such as newborn children and recipients of blood donations

**Point of first encounter:** May be community outreach worker/peer educator, primary healthcare provider, pharmacist, traditional healer, STI clinic, or others to whom a client first goes for information or care

**Treatment-seeking behavior:** The act of a client going for health care

**Confidentiality:** Keeping information (e.g., STI complaint or diagnosis) protected from all others except those who need to know to provide quality care

**Unique identifier:** Code or name specific to an individual that is used instead of the person's name

**Prevalence:** Proportion of a defined population with a specific infection at a given point or over a given period in time

**Incidence:** Frequency of new infections expressed as percentage of the population at risk in a certain time period

**Universal precautions:** All blood and certain body fluids are considered potentially infectious; thus, healthcare providers are encouraged to use protective measures and practices to avoid exposure to such fluids

## Monitoring and Evaluation Questions (page 1 of 3)

### Adequacy of Inputs

1. Are the essential STI drugs available and affordable?
2. Are the necessary laboratory supplies and equipment available and functioning?
3. Is patient care well documented?
4. Are records well maintained?
5. Is the data management system/MIS able to provide needed clinical data reports?
6. Is client confidentiality protected?
7. Does the layout of the premises afford both physical and auditory privacy?

### Policy; Guidelines

1. Do national guideline(s) for syndromic, presumptive, or diagnostic management of STIs exist? When were they last updated?
2. Have the guidelines been validated and disseminated?
3. Are the guidelines accepted?
4. Are national guidelines being followed? If not, why?
5. If national guidelines are not in place, what standards are being used?

### Utilization of STI Services

1. Who is using the service (by sex, age, marital status, urban or rural)?
2. Is this the targeted population?
3. How many were diagnosed with STIs (by syndrome or disease)?
4. Are the STI services accessible to special groups and high-risk clients?
5. If the targeted population is not being reached, what are the barriers?
6. Is there an increasing demand for STI services?
7. Are the services affordable? How much does it cost for an initial STI consultation?

### Clinical (and Laboratory) Service Provision/Quality of Care

1. Are the services user-friendly?
2. Are some practitioners seeing more of the targeted population than others?
3. Is confidentiality of client records and risk assessment or disease status maintained?
4. Does the setting provide privacy for the examination and counseling?
5. Was an inventory of STI drugs conducted?
6. Is there an adequate drug supply?
7. What STIs were diagnosed and treated?
8. What risk assessment and history-taking are performed?
9. How are clients referred within the facility for STI care?
10. Is there any reason to be concerned about drug resistance? Is there much treatment failure?
11. What approach to partner notification is used (patient or partner referral)? Are partners being notified? How many partners were treated?
12. Are the STI services of quality, meeting minimal standards of care? Do the healthcare providers know the national guidelines? Do they accept them? Has care been improved?
13. Are the clinical flowcharts being followed?
14. How is the clinical visit documented?
15. Are services accessible for high-risk and/or special groups?
16. Are services effectively detecting and managing STIs? (including for adolescents, men who have sex with men, sex workers)
17. Are clients receiving instructions about taking medications and possible side effects per protocol?
18. Are clients receiving follow-up instructions?
19. Are all clients treated with respect?
20. Is training or other technical assistance needed?
21. What are the follow-up procedures?

## Monitoring and Evaluation Questions (page 2 of 3)

22. Is laboratory testing being provided per guidelines/protocols?
23. Are laboratory quality assurance procedures being followed?
24. Are universal precautions and infection-control policies and procedures being followed?
25. How many clients have been tested for syphilis?
26. How many clients have tested positive for syphilis?

### Counseling and Education

1. Is there a protocol for counseling and educating clients with STIs? Is this protocol being followed?
2. Does the protocol and practice include assessing behavioral risks?
3. How are patient needs and risks communicated where there is a separate counseling component?
4. Do the STI services promote HIV/STI preventive measures?
5. Are the counselors (or healthcare providers) promoting the use of condoms and lubricants for STI/HIV control (demonstrating proper condom use, distributing condoms), partner treatment and/or notification, and accurate information about STIs to each STI client? Are the counselors (or healthcare providers) advising HIV testing according to protocol?
6. Are the clients receiving prevention information and promotion (BCC) at each opportunity (community, client-provider, client-waiting room)?
7. Does the counseling session provide discussion, skill-building, and support to assist clients with partner notification?
8. Are counselors comfortable discussing sexuality issues with a diverse group of clients (e.g., men who have sex with men, adolescents, sex workers, women in abusive relationships)?
9. Are counselors able to personalize the prevention messages to communicate well with different groups (e.g., adolescents, men who have sex with men, sex workers)?

### Staff Development, Training, Support, and Supervision

1. How many healthcare practitioners have been trained? What type of training did they receive?
2. How many of the project or clinic staff have received the minimum needed training?
3. Are continuing education and training available to STI service staff at least annually?
4. Are staff well informed about other issues and services relevant to HIV/AIDS prevention, care, and support?
5. Has training of healthcare practitioners, pharmacists, and others been effective in increasing knowledge and skills? (**Remind participants that this is an output.**)
6. Do outreach workers have the knowledge, attitudes, and skills to enable them to work effectively with individuals and groups?
7. Are the peer educators or outreach workers retaining the skills and information from training?
8. Are supervisory activities and procedures occurring as planned?
9. What are the major supervisory issues?
10. If there are problems with staff performance, what action steps have been taken?
11. How often are staff meetings conducted?
12. What are the major issues or topics at the staff meetings?
13. If problems are identified, what actions are taken to solve them?
14. Are the identified problems solved?

### Outreach

1. What outreach activities are being implemented?
2. What services are the outreach workers providing?
3. How much of the targeted population are they reaching? Did they reach the targeted population with prevention messages, condoms, STI referrals, and so on? Are they facilitating clinical follow-up of the clients?
4. What is the distribution of STI information, education, and communication (IEC) materials?

## Monitoring and Evaluation Questions (page 3 of 3)

- Are the outreach activities cost-effective?

### Referral System

- Is there a referral service for clients who need care from a specialist?
- Are the available in-patient services accessible, affordable, and acceptable to high-risk groups?
- Is voluntary counseling and testing (VCT) available? Are patients being referred for VCT?
- What are the linkages with women's health services (e.g., family planning, obstetrics, and social services such as domestic abuse counseling)?

### Behavior Change Communication

- What information and messages are being conveyed in the IEC materials? Do they include:
  - Explanations of STIs in simple terms and the routes of transmission
  - Descriptions of recognizable signs and symptoms
  - That symptoms and signs may not be noticed in women
  - That STIs can be treated and generally cured
  - That managing STIs helps reduce the spread of HIV
  - That early treatment is necessary to avoid complications
  - Information about where to go for treatment
  - Assurance that clients who receive the services are guaranteed privacy, confidentiality, and respect
  - Advice on assessing one's personal risk for acquiring STI and HIV
  - ABCs of prevention
- What is the process for designing BCC?
- How many materials have been produced?
- How many materials have been distributed?
- Are the materials audience-focused?
- Are referrals for STI prevention and care being made at the first encounter?
- Is the targeted population well informed about STI signs, symptoms, and routes of transmission?
- Does the targeted population know where to get appropriate STI care?
- Does the targeted population know how to prevent STIs?
- Has there been an increase in treatment-seeking behavior? (outcome)
- Is there increased knowledge and awareness of STIs among the targeted population? (output)
- Is there a change in sexual behavior (e.g., abstinence or change [reduction] in number of partners, [increase in] in condom use, [decrease] in risky sexual acts)? (outcome)
- Are there missed opportunities for patient/client education and health promotion at the clinic?

### Condom Inventory, Distribution, and Promotion

- Are male and female condoms and water-based lubricants available (adequate and consistent supply), affordable, and accessible to STI clients and the targeted population?
- Do the condoms meet quality standards?
- Are the condoms acceptable to the targeted population (e.g., men who have sex with men)?
- Is condom education and promotion reaching the targeted population?
- Does the targeted population know how to use condoms correctly?
- Is there an increase in condom use (who, when, how much)?

### Participatory Approach and Involvement of Stakeholders

- How are stakeholders involved in the service or project?
- How many meetings have been held (e.g., technical working group, advisory group, district management team meetings)?
- What are the issues or topics discussed at these meetings?

## Illustrative Indicators List (page 1 of 2)

- # service providers trained in STI management
- # people referred for STI diagnosis and treatment (by referral source)
- # people served (STI diagnosis and treatment) (by age, sex, and rural/urban residence)
- # people reached by STI prevention and care IEC/BCC
- # STI-related IEC materials produced and disseminated (by channel)
- # condoms sold or distributed
- # tools produced
- # tools disseminated
- # strategies/guidelines/policies developed
- # STI-related TA provided
- # organizations receiving TA
- # HIV/AIDS materials and guidelines developed and produced
- # assessments conducted
- # STI education and training courses provided in medical or nursing schools with associated training materials developed, tested, and available according to national standards
- # trainings, workshops, study tours, in-services or other educational events provided (type and duration)
- Number (percent) of staff (by profession) trained (by type of training)
- # active peer educators (by target group) linked to STI services
- # new contacts by peer educators
- # peer educator contacts with targeted group per type of contact (e.g., STI referrals, condoms)
- Proportion of target population reached
- # peer educator referrals for STI care
- % peer educator referrals that accessed STI care (by targeted population)
- # supervisory visits with peer educators
- # staff and peer educator meetings with supervisors
- # drugs dispensed (by type); # drugs (that are not expired) left in inventory at end of month
- # condom demonstrations provided to STI clients
- % STI clients provided treatment for partners
- Partner referral rate or % partners receiving treatment at facility
- Proportion of STI patients given prevention advice (condom use, HIV testing) and advice on partner referral
- Proportion of pregnant women screened for syphilis at ANC clinics
- % pregnant women treated for syphilis
- Proportion of VCT clients screened for syphilis at VCT sites
- % STI patients who are treated according to national STI treatment guidelines (e.g. % patients with urethral discharge who were given the correct treatment)
- % STI clients given appropriate instructions regarding medications and follow-up
- % clients returning for unresolved or continued symptoms (by disease or syndrome)
- Quality assurance procedures followed, including retesting of 5-10% of specimens at a reference laboratory
- Proportion of persons with STI symptoms seeking care for STI complaints
- Decrease in time between onset of symptoms and seeking appropriate treatment
- Case reporting to national system (specific diseases or syndromes)
- STI prevalence and incidence
- Prevalence of selected STIs among sex workers in target area
- Men and women seeking treatment for STIs
- % young people ages 15-24 reporting the use of a condom with a non-regular sex partner

**Illustrative Indicators List** (page 2 of 2)

Proportion of targeted population with knowledge of STI symptoms and STI modes of transmission

Proportion of population that can name prevention measures

% target group correctly citing at least one service delivery point for care of STIs

Average waiting time

Average time spent with STI clients (by sex)

Standard operating procedures observed in laboratory for maintaining cold chain, calibration of instruments, and so on

# patients seen at STI clinic per day/week/month

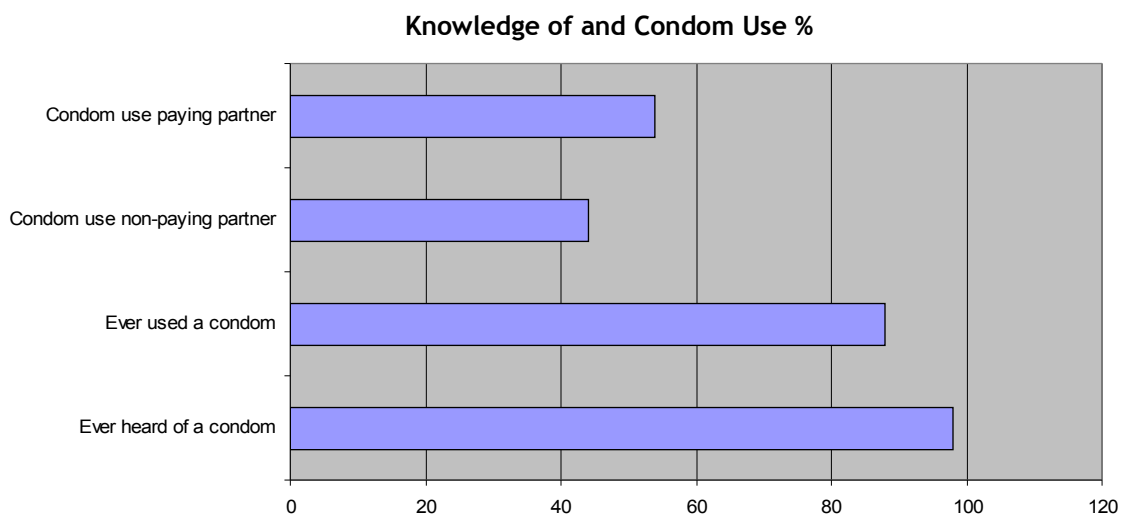
Staff to patient ratio

# targeted population receiving STI care at facility

% men and women reporting symptoms of STIs in the last 12 months who sought care at a service provider with personnel trained in STI care, of all respondents in a population-based or targeted survey ages 15-49

## Mock Data and Graph

Indicator	Yes	No	Total	% Yes
Ever heard of a condom	614	7	621	98
Ever used a condom	544	69	613	88
Used condom at last sexual contact with non-paying partner	139	177	316	44
Used condom at last sexual contact with paying partner	336	287	623	54



## Monitoring Questions

- Is there any M&E system at all? If so, how is it organized? Are there any staff members responsible for M&E?
- Are activities carried out in a timely fashion? Have the activities been carried out as planned? If not, why?
- Have the targets been met? If targets are not being met, what are the problems? ( lack of inputs; staff performance or attitude; lack of accessibility, affordability, acceptability, or awareness by the targeted population)? Are the targets feasible and realistic?
- How many people have been reached by the services?
- How many service providers have been trained? Is there a need for training?
- Is there an adequate and appropriate drug supply to treat STIs?
- Are the costs of the project within budget? If not, why?
- Are the reports (e.g., financial, narrative) being provided on time? If not, why?
- Are there activities being implemented that are not part of the work plan?
- Is there a need for technical assistance or other resources?
- Were there any unexpected events in the project area? If so, how did or do they affect the project?
- Were there any interesting results, new information, or innovations that need to be documented?
- How are relationships with stakeholders, donors, and beneficiaries?
- Is there a management information system (MIS)? If so, how well is it working?
- What are the rates of specific STIs being treated?
- Is there any mechanism for follow-up with STI patients? What is the rate of cure?
- Is there any mechanism to encourage partner treatment?
- Are there any STI management guidelines? Do staff members follow them? If not, why?
- Is the commodity management system working? Are commodities available? If not, what could be the major reasons?
- Is there any referral system? (e.g., a system for referring STI clients to other services such as voluntary counseling and testing for HIV, to a laboratory for laboratory testing, to antenatal care services, or to prevention of mother-to-child transmission (PMTCT) services)