

# Monitoring HIV/AIDS Programs: Participant 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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## Learning 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).

# Overview of Sexually Transmitted Infection Prevention and Care Programs

## 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

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.

- 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.

# What to Monitor

## Developing Monitoring Questions

Major components of STI programs that need to be monitored:

- 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

## Monitoring Methods and Tools

### Data Collection Methods and Tools

- *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
- *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
  
- 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

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

## Data Analysis and Use

### 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.

### 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