

Acknowledgments

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It is hoped that this guide will prove useful to those implementing the Mpowerment Project across the Nation. It is our goal to keep this guide and its information as current as possible. To achieve this, we welcome your comments. Please contact Dr. Gilliam via electronic mail at aisha.gilliam@cdc.hhs.gov with any comments or concerns.

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Introduction

The Mpowerment Project is a community-level intervention developed with and for communities of young gay and bisexual men. The intervention is run by a core group of 10–15 young gay male community volunteers and paid staff. Mpowerment is designed to empower young gay and bisexual males to create positive and healthy changes individually and throughout their community. Ideally, the project has its own physical space where social events and meetings are held and which serves as a center where young men can meet and socialize (Centers for Disease Control and Prevention [CDC], 2003; Kegeles, Hays, & Coates, 1996; Kegeles, Hays, Pollack, & Coates, 1999; Kegeles, Rebchook, Zovod, Tebbetts, & Sweeney, 2002).

Purpose of Document

The Mpowerment Monitoring and Evaluation Field Guide was developed to provide community-based organizations implementing Mpowerment with systematic methods and tools to conduct evaluation processes and activities that will inform, guide, and assess their Mpowerment activities and their effectiveness. The field guide recommends staff responsibilities; indicates how an agency should track intervention activities and collect and manage data; states how data could be analyzed; and suggests plans for the dissemination of the information to Mpowerment stakeholders. This field guide is designed as a supplement to the *Evaluation Capacity Building Guide* developed for the Capacity Building Branch (CBB), Division of HIV/AIDS Prevention (DHAP), National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP), CDC, under a contract with Macro International (CDC, 2008a) and the Mpowerment implementation manual (Kegeles et al., 2002).

This manual is one of several documents disseminated by DHAP to provide information and guidance on HIV prevention program evaluation, data collection, data utilization, and to help HIV prevention service providers collect the variables included in CDC's National HIV Prevention Program Monitoring and Evaluation Data Set NHM&E DS). Related documents include:

- ***Evaluation Capacity Building Guide***. This guide provides an overview of monitoring and evaluating evidence-based interventions, with particular focus on process monitoring and evaluation activities, tools, and templates (CDC, 2008a).

- **National Monitoring and Evaluation Guidance for HIV Prevention Programs (NMEG).** This manual provides a framework and specific guidance on using NHM&E DS variables to monitor and evaluate HIV prevention programs (CDC, 2008b).
- **Program Monitoring and Evaluation System (PEMS) User Manual.** This how-to manual describes the functionality within the application and provides step-by-step instructions for each module within the Web-based software tool. Screenshots, example extracts of data, and reports are used to illustrate key features included in the PEMS software. You can download this manual at the PEMS Web site (<http://team.cdc.gov>) under Trainings/PEMS User Manual (CDC, 2008c).
- **National HIV Prevention Program Monitoring and Evaluation Data Set.** The complete list and description of all M&E variables required for reporting to CDC and optional for local M&E and specific to certain interventions (CDC, 2008d).

Disclaimer:

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

These documents provide a foundation for monitoring and evaluating HIV prevention programs and reporting required data using PEMS software. Health departments and organizations directly funded by CDC can request monitoring and evaluation technical assistance through the Capacity Building Branch's Web-based system, Capacity Request Information System (CRIS). For more information about and access to CRIS, visit <http://www.cdc.gov/hiv/cba>. Additional information or technical assistance for the National HIV Prevention Program Monitoring and Evaluation Plan and the PEMS software may be accessed through the Program Evaluation Branch's National HIV Prevention Program Monitoring and Evaluation Service Center, which you can reach by calling 1-888-PEMS-311 (1-888-736-7311) or e-mailing pemsservice@cdc.gov; visiting the PEMS Web site (<https://team.cdc.gov>); or contacting the DHAP Help Desk (1-877-659-7725 or dhapsupport@cdc.gov).

Modifying Materials

The evaluation questions and data collection forms contained in this document are very general. The forms are designed to collect data for use toward program planning, implementation, monitoring, and improvement. They reflect the reporting requirements of CDC¹ and the basic monitoring and evaluation requirements of Mpowerment. Your agency may have additional reporting requirements or you may have information needs within your organization that are not reflected in the evaluation questions or data collection forms. The data collection forms and questions in this manual can be modified to reflect the needs of your organization or a specific target population. The *Evaluation Capacity Building Guide* (CDC, 2008a) provides additional information on developing an agency-specific evaluation plan.

Organization of This Document

Section One briefly discusses the role and importance of conducting monitoring and evaluation (M&E) activities for Mpowerment, and reviews the intervention's theoretical basis, logic, structure, activities, and guiding principles. Section Two includes evaluation objectives and questions for each phase of M&E—formative evaluation, process monitoring and evaluation, and outcome monitoring. A brief narrative follows each evaluation question that describes the relevance of the question to a particular objective. The table below each question provides a list of data that would answer the question, methods that can be used to obtain the data, and provides recommendations on how to analyze the data in order to use the information. Section Three recommends data collection activities arranged by Mpowerment's primary activities. This section also recommend data collection schedules, provides a brief description of agency resources needed, and suggests ways to use the data. Section Four provides an overview of CDC's reporting requirements for Mpowerment. Section Five includes suggested data collection templates and protocols arranged by Mpowerment activity. The appendices consist of the Mpowerment behavioral risk analysis (Appendix A), conceptual framework (Appendix B), and Mpowerment logic models (Appendix C)—a program implementation logic model, which bears strong resemblance to the model in the Mpowerment implementation manual (Kegeles et al., 2002), as well as a

¹ CDC requirements include the IPR and annual reporting of program objectives. NHM&E DS program planning, HIV testing, and agency data variables were finalized for January 1, 2008 reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating the Mpowerment in its entirety. They are also designed to capture most program planning and client services NHM&E DS variables. Agencies should check with their CDC Project Officer or other contract monitors specific Mpowerment reporting requirements.

theoretical logic model are included. The appendices also include a list of the required NHM&E DS variables (Appendix D).²

The development of the *Mpowerment Evaluation Field Guide* was guided by the development of a behavioral risk analysis, conceptual framework, and logic model. The risk analysis explores possible circumstances that may place members of the target population at risk for acquiring or transmitting HIV and factors that may contribute to that risk. The conceptual framework links the types of intervention activities to the risk and protective factors identified in the behavioral risk analysis. The logic model describes the relationships between risk behaviors, the activities of the intervention, and the intended outcomes. These appendices are based on the Mpowerment program materials and consultations with members of the Science Application Team within CBB.

² The variable requirements in Appendix D are for the January 1 and July 1, 2008, data collection periods, excluding variable requirements for HIV Testing and Partner Counseling and Referral Services (PCRS). Since this document only provides a summary of the requirements, please refer to the NHM&E DS (CDC, 2008d) for a more detailed description of definitions and value choices.

Section One: Monitoring and Evaluating Mpowerment

Understanding Monitoring and Evaluation

It is important for your organization to monitor and evaluate your implementation of Mpowerment. Program monitoring and evaluation activities will help you track *how* and *how well* you implemented your Mpowerment plan, maintained the logic of Mpowerment, and achieved program goals and objectives. As noted in the *Evaluation Capacity Building Guide* (CDC, 2008a), there are five stages or types of monitoring and evaluation (Exhibit 1).

Exhibit 1. Types of Monitoring and Evaluation	
1. Formative Evaluation	<p>Formative evaluation questions can be used to better understand the needs of the population and/or community being targeted by the intervention. Answers to formative evaluation questions can be used to guide the development of your program plan. Formative evaluation questions address issues such as:</p> <ul style="list-style-type: none">• What are community members' attitudes about condom use?• Where do members of the target population go to receive HIV prevention information?• What factors influence the risk behaviors of the target population?
2. Process Monitoring	<p>Process monitoring information allows you to get a picture of the activities implemented, populations served, services provided, or resources used. This information can be used to inform program improvement and to conduct process evaluation. Process monitoring information often answers questions such as:</p> <ul style="list-style-type: none">• What are the characteristics of the population served?• What intervention activities were implemented?• What resources were used to deliver those activities?
3. Process Evaluation	<p>Process evaluation involves an analysis of process data that facilitates comparison between what was planned and what actually occurred during implementation. Process evaluation allows you to determine if your process objectives can be met and provides information that guides planning and improvement. Process evaluation questions address issues such as:</p> <ul style="list-style-type: none">• Was the intervention implemented as planned?

Exhibit 1. Types of Monitoring and Evaluation (continued)

	<ul style="list-style-type: none"> • Did the intervention reach the intended audience? • What barriers were experienced by clients and staff during the course of the intervention?
<p>4. Outcome Monitoring</p>	<p>Outcome monitoring involves reviewing and assessing changes that occurred after exposure to the intervention, such as changes in the knowledge, attitudes, behaviors, or service access of individuals who participated in the intervention; or changes in community norms or structural factors. Answers to outcome monitoring questions allow you to determine if your outcome objectives were met. Outcomes include changes in knowledge, attitudes, skills, or behaviors. Outcome monitoring answers the question, “Did the expected outcomes occur?”</p>
<p>5. Outcome Evaluation</p>	<p>Outcome evaluation assesses whether the intervention caused the change in behaviors, attitudes, skills, intentions, and beliefs of individuals who participated in the intervention or communities in which the intervention was implemented. A comparison group of individuals who did not participate in the intervention or communities that did not have a similar intervention and matched in characteristics to those who did is needed to show that the changes that occurred were because of the intervention and not just “by chance.”</p>

These M&E activities can provide your organization with valuable information that you can use to monitor and improve your program. Below is a list of sample M&E questions and how they would inform an agency’s implementation of Mpowerment:

- **What are the community norms regarding safer sex?** These norms would inform the development of prevention messages, to ensure that they are sex positive and culturally relevant to the targeted gay community.
- **What areas are frequented by which groups of young gay/bisexual men?** This would inform where you recruit, what groups are targeted, and what strategies are employed.
- **How many M-groups were delivered?** This would help you determine how close you are to involving 20% of that targeted network.
- **Are young gay/bisexual men more likely to know about ways to eroticize safer sex?** This would allow you to gauge the intervention’s success in promoting sex positive messages about safer sex.
- **How many men consistently engage in protected sex?** This would help you gauge whether you are making a difference with Mpowerment.

It would be ideal for your organization to undertake comprehensive evaluation and assess Mpowerment’s activities and components across all five stages of evaluation; however, we recognize that it can be difficult and impractical for many community organizations to do so. For example, it can be challenging

to collect accurate data on community-level changes in condom use given the nature of the activity and resources required to conduct community-level assessments. Additionally, most organizations do not have the capacity to conduct formal outcome evaluations, which require extensive resources, expertise, and time. Therefore, most of your M&E activities will focus on formative evaluation, process monitoring and evaluation, and—to a lesser extent—outcomes monitoring. Conducting these activities will provide your organization with valuable programmatic information that you cannot only use to report to your funders, but also to improve your current implementation of Mpowerment.

Theoretical Basis

Mpowerment is based on the empowerment theory, social cognitive theory, and social diffusion theory. These theories, serve as the foundation for the logic model and other evaluation tools and instruments included in this field guide, all of which will guide your M&E activities.

Mpowerment incorporates elements from empowerment theory, which is generally defined as a process wherein individuals and communities gain access to resources and control of their lives through mutual collaboration and active participation (Perkins & Zimmerman, 1995). Access to resources includes tangibles such as money and transportation as well as intangibles such as social support and education. Desired behavior change is more likely to be achieved and sustained when an individual is personally involved in resolving a problem or accomplishing a goal. By encouraging and soliciting the active involvement of young gay and bisexual men in the project, particularly through the Core Group and volunteer activities, Mpowerment fosters a sense of ownership toward the project and personal commitment to HIV prevention (Kegeles et al., 2002). Considering that Mpowerment is a community-level intervention, the project will empower young gay and bisexual males to create positive and healthy changes individually and throughout their community.

The M-group, a project component of Mpowerment, is based on cognitive behavioral theory that states that individuals are more likely to adopt a behavior if given the opportunity to learn about the behavior, which can be accomplished through modeling, practice, and performance feedback. According to this theory, behavior change is dependent on the following: (1) obtaining correct information to increase awareness of risks; (2) acquiring social and self-management skills to implement the behavior; (3) improving skills and developing self-efficacy; and (4) anticipating and receiving supportive reinforcements for performing the behavior. The theory considers the interaction between behaviors, environments, attitudes, and beliefs in relation to engaging in a particular behavior (Bandura, 1994; Kalichman,

1998, 2005). M-groups provide young gay and bisexual men opportunities to discuss sexual health issues and learn, observe, and practice communication, and sexual risk-reduction skills. The primary function and intent of M-Groups is to support 20% of the network members to communicate safer sex to their peer networks. The M-groups include activities and discussions, which build each individual's buy-in (norm), intention, and skills for communication of safer sex messages to their peers.

Once an individual completes an M-group, he is ready and able to communicate safer sex messages to friends. Based on the diffusion of innovations theory, Mpowerment seeks to develop a process by which young gay and bisexual men will encourage each other through Informal outreach about the need to practice safer sex so that safer sex would become the mutually accepted norm (Kegeles, Rebchook, Zovod, Ralston, & Pollack, 2003). Diffusion of innovations posits that people are most likely to adopt new behaviors (i.e., safer sex) based on favorable evaluations of the ideas conveyed to them by peers they respect. Mpowerment creates community change through a process of informal communication and modeling by peers within their interpersonal networks.

Guiding Principles, Structures, and Activities

From their research, the original developers of Mpowerment identified several Guiding Principles, operating structures, and activity components that would serve as the foundation for the intervention. The operating structure includes the Core Group, Project Coordinators, Volunteers, Project Space, and a Community Advisory Board. The activity components consist of the Publicity Campaign, Social Events and Outreach Team Performances, M-Groups, and Informal Outreach Events. The Guiding Principles capture the purpose and rationale of these operating structures and activity components (Exhibit 2).

Exhibit 2. Mpowerment's Guiding Principles	
1 Peer-Based	<ul style="list-style-type: none"> Peer influence is very powerful The Mpowerment project mobilizes peers to act as agents of change within their social network
2 Diffusion of Innovations	<ul style="list-style-type: none"> Young gay/bisexual men talk with and encourage their friends to be safe They spread their messages throughout the community A norm of safer sex is established and reinforced

Exhibit 2. Mpowerment's Guiding Principles (continued)	
3 Social Focus	<ul style="list-style-type: none"> • Address young gay/bisexual men's social needs • Link HIV prevention to fulfillment of these needs • Infuse HIV prevention into all activities
4 Community-Building	<ul style="list-style-type: none"> • Create a healthy community • Promote supportive friendship networks • Disseminate a norm of safer sex throughout the community
5 Multi-Level/ Multi-Component	<ul style="list-style-type: none"> • Young gay/bisexual men engage in high-risk sex for a variety of reasons: <ul style="list-style-type: none"> ○ Individual factors (e.g., perception that safer sex is dull) ○ Interpersonal factors (e.g., unable to negotiate safer sex with partner) ○ Societal factors (e.g., "risky venues, no targeted programs for young gay/bisexual men) • The Mpowerment project operates at all of these levels and addresses multiple predictors of risk
6 Sex- and Gay-Positive Approaches	<ul style="list-style-type: none"> • Enrich and strengthen young gay/bisexual men's sexual identity and pride in being gay/bisexual • Eroticize safer sex – not just focused on condoms • Images reflect diversity of the community
7 Personal and Community Empowerment	<ul style="list-style-type: none"> • Behavior change is most lasting when the target group is actively involved in creating and implementing solutions to their own problems • Young gay/bisexual men are the decision makers of the project • It is their own project

These principles guide all parts of the intervention process and are essential for putting program structures and activities into practice. The evaluation of your Mpowerment program should include assessing your implementation of Mpowerment's structures and activities, and the extent to which you incorporated the Guiding Principles of Mpowerment into them. Exhibits 3 and 4 below list Mpowerment's five structures and four activity components, which map onto the intervention's nine core elements. The exhibits also list how the Guiding Principles are woven in.

Exhibit 3. Mpowerment's Program Structures	
Structure/Component	Related Guiding Principles
1. Project Space	<ul style="list-style-type: none"> • Safe and comfortable • Accessible and appealing location • Displays safer sex posters and literature • Condoms and lubricants available • Referral information available

Exhibit 3. Mpowerment's Program Structures, (continued)	
Structure/Component	Related Guiding Principles
2. Coordinators	<ul style="list-style-type: none"> • Understand HIV prevention and community building • Knowledgeable about local young gay/bisexual men's community • Demonstrate leadership • Oversee all project activities • Promote diverse racial, ethnic, and socioeconomic involvement • Support Core Group and volunteers to develop and implement activities • Begin the safer sex diffusion process • Engage in reflective analysis of all parts of the project, own role in project, and issues facing young gay/bisexual men
3. Core Group	<ul style="list-style-type: none"> • Makes important decisions • Bases decisions on the project's guiding principles • Membership has racial, ethnic, and socioeconomic diversity • Meetings are fun, social, productive, and scheduled regularly • Engages in reflective analysis of all parts of Project, own role in project, and issues facing young gay/bisexual men
4. Volunteers	<ul style="list-style-type: none"> • Represent diverse racial, ethnic, and socioeconomic backgrounds • Make important decisions • Learn new skills and conduct meaningful/interesting work • Support and encourage each other about safer sex • Encounter warm, appreciative, social, and welcoming atmosphere
5. Community Advisory Board – Optional	<ul style="list-style-type: none"> • Serves as resource for core group • Does not have day-to-day decision-making power • Uses available local expertise

Exhibit 4. Mpowerment's Activity Components

Structure/Component	Related Guiding Principles
1. Publicity Campaign	<ul style="list-style-type: none"> • Creates attractive and informative materials • Raises awareness of the intervention and its events • Reminds young gay/bisexual men of safer sex • Reaches all young gay/bisexual men in community • Is specifically tailored for and focused on young gay/bisexual men
2. Formal Outreach	<ul style="list-style-type: none"> • Promotes safer sex • Sponsors fun and appealing events and engaging performances • Helps build community • Provides social opportunities • Creates opportunities for positive peer influence • Recruits for M-groups and other project activities • Empowers project volunteers • Scheduled regularly
3. M-Groups	<ul style="list-style-type: none"> • Facilitated by well-trained and skilled project staff and/or volunteers • Address young gay/bisexual men's important issues • Create social opportunities • Eroticize safer sex • Teach and motivate informal outreach • Teach sexual negotiation skills • Encourage project involvement and volunteerism • Scheduled regularly
4. Informal Outreach Events	<ul style="list-style-type: none"> • Diffuses a norm of safer sex • Uses peer influence to change behavior • Achieved through non-judgmental and supportive peer interactions • Reinforced through other project activities

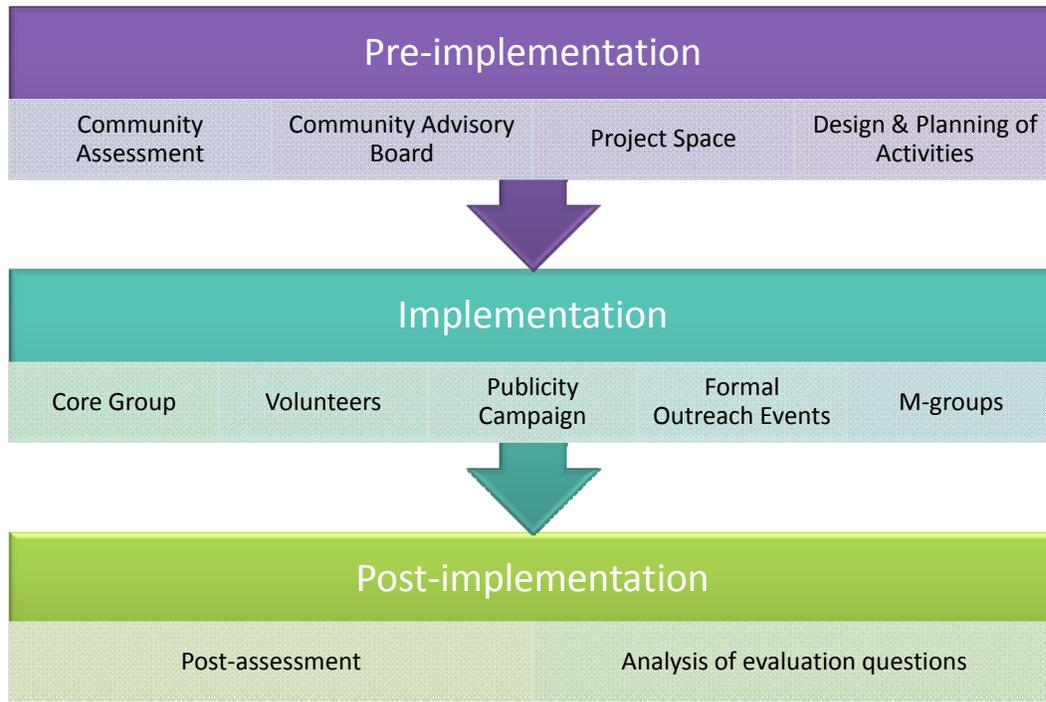
Section Two: Developing an Evaluation Plan

An evaluation plan allows you to document the intent of your organization's evaluation of Mpowerment and provides a framework for the evaluation. Ideally, the evaluation plan is incorporated into the implementation plan so that evaluation becomes a seamless part of your program's work. The evaluation plan should address all aspects of the intervention, from formative evaluation to implementation through outcomes. With a detailed plan, you will have a record of each stage of the process that identifies which aspects of your program work well and which need improvement. Mpowerment's Program Logic Model, which can be found in the Mpowerment manual, may help with this integration process, as it provides a larger picture of the project's components and associated outcomes. An evaluation plan should include:

- **Schedules and processes** – when and how your intervention will be developed, implemented, and evaluated
- **Accountability** – who will be responsible for various aspects of the work
- **Data management** – which instruments will be used to collect data and how data collection activities will be tracked and monitored
- **Data analysis plans and schedules** – how and when the data will be analyzed
- **Report development** – how and when reports will be developed and disseminated to stakeholders
- **Dissemination plans and schedules** – when reports, data analysis, and other deliverables will be disseminated to stakeholders

Your evaluation plan for Mpowerment should be organized around each phase of the intervention (pre-implementation, implementation, post-implementation) and the relevant intervention structures (Core Group, Project Coordinators, Volunteers, Project Space, and Community Advisory Board) and activity components (M-Group; Formal Outreach; Informal Outreach; Publicity Campaign) within each phase (see Figure 1). The logic models included in this guide as well as in your Mpowerment manual can help you determine the intervention activities and corresponding results you will need to monitor and evaluate. Furthermore, your organization's goals and objectives will guide the development of your evaluation plan, so it is important to have clearly defined SMART (Specific; Measurable; Appropriate; Realistic; Time-based) objectives to work with during this process. These objectives will help you clarify and generate relevant evaluation questions to include in your plan.

Figure 1. Phases of Mpowerment



SMART process objectives address what needs to happen (i.e., what key “processes” or activities need to take place) to achieve the intervention outcome objectives. Your process objectives allow you to (a) document your implementation plans, (b) evaluate the extent to which you implemented the activities in the plan, and (c) gauge intervention fidelity by assessing how well you incorporated and followed Mpowerment’s Guiding Principles (see Section One).

- The key program processes are the main program actions required to implement Mpowerment.
- SMART process objectives are the specific plans for the program actions. They are statements of what actions need to take place, when, where, by whom, how, and how much.

Ask yourself, “What are the key or major program processes of Mpowerment at each stage of implementation?”

Your evaluation plan should also outline what data to collect, when and how the data will be collected, and how the data are analyzed. Decisions about data collection methods should be based on your agency’s data needs and availability of resources. Thinking about how your agency will use these data

will help in justifying the importance of data collection and for developing a data analysis and reporting plan.

Selecting Data Collection Methods

When deciding on the most appropriate methods of data collection for the organization, it is important to understand the purpose for collecting the data, the differences among methods, and the related advantages and disadvantages of each. In addition to understanding which methods are most appropriate for the kind of information needed, it is also important to assess what resources are available either within organizations or externally. You can and should use a variety of data collection methods and tools to conduct your community assessment. Please see the *Evaluation Capacity Building Guide* (CDC, 2008a) for a complete description of data collection methods, advantages and disadvantages of each method, and protocols for implementation.

The following pages are designed to help you develop an evaluation plan for each Mpowerment component and structure. It includes a list of possible information to collect, data collection tools, data collection methods, approximately when in the overall process these data should be collected, the agency resources needed, and possible uses of the data for planning, implementing, and improving Mpowerment. Also included are examples of evaluation planning tables. These tables are organized by intervention structures or activity components and program phase. They include examples of process and outcome objectives and corresponding evaluation questions, data collection methods, and analyses.

You may use the objectives and questions in this field guide as a foundation for your Mpowerment evaluation plan; however, these examples are by no means exhaustive and only serve as a guideline for structuring your own evaluation plan. You should tailor your evaluation plan, including objectives and questions, to match your organization's implementation of Mpowerment and to meet your organization's information needs. Additionally, you need to alter specific numbers in each objective in order to make them "realistic" and "appropriate" for your program (these numbers are italicized and underlined within the objective statement).

Pre-Implementation

Pre-implementation involves conducting a Community Assessment, securing a dedicated Project Space, and forming the Core Group and the Community Advisory Board. Examples of formative and process objectives for the pre-implementation phase of Mpowerment include:

Formative objectives:

- During the 6 months prior to implementation, program staff will identify key characteristics of the target YMSM community using the Community Assessment process.

- During the 6 months prior to implementation, program staff will develop and finalize a recruitment and retention plan for the target YMSM community using the Community Assessment process.
- During the 6 months prior to implementation, program staff will adapt the Mpowerment intervention to ensure that it is culturally and developmentally appropriate for the target YMSM community.

Process objectives:

- During the 6 months prior to implementation, program staff will secure and set up a dedicated, accessible Project Space.
- During the 6 months prior to implementation, program staff will recruit a demographically representative group of 12-20 YMSM to serve on the Core Group.
- During the 6 months prior to implementation, program staff will recruit a cross-section of 10-12 individuals to serve on the Community Advisory Board.

Following you will find examples of formative and process evaluation questions for each of the sample objectives. Below each question is a brief rationale for its importance. Following the rationale is a table which describes the types of data needed (i.e., measures), potential data collection methods, and how data may be analyzed to answer each question.

Formative Objectives

Formative Objective 1		
During the 6 months prior to implementation, program staff will identify key characteristics of the target YMSM community using the Community Assessment process.		
Formative Evaluation Question:		
What are the sociodemographic characteristics of the target YMSM community and its members?		
<i>Rationale:</i> Data on the make-up of the target YMSM community will help ensure that the organization's recruitment efforts and events reach a representative cross-section of the risk population.		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Sociodemographic characteristics (age, race, ethnicity, gender, sexual orientation) of the broad risk population 	<ul style="list-style-type: none"> Spot surveys Spot interviews 	For each sociodemographic category: <ul style="list-style-type: none"> Calculate the total number of YMSM who fall within each question's category (e.g. Hispanic/Latino for race) Divide that number by the total number who responded to that category (e.g. total who provided their ethnic/racial information)
Formative Evaluation Question:		
What are community members' levels of HIV risk?		
<i>Rationale:</i> To implement Mpowerment, organizations need to understand the types of risky sexual behaviors that are undertaken by members of the target YMSM community, and which are most prevalent.		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Sexual risk behaviors Knowledge of serostatus 	<ul style="list-style-type: none"> Spot surveys Spot interviews Mpowerment Focus groups 	For each sexual risk indicator: <ul style="list-style-type: none"> For each sexual risk indicator, count the total number of YMSM who reported that it applied to them (e.g. insertive anal sex with a non-boyfriend) Rank-order all of the indicators based on how many endorsed each one.

Formative Objective 2

During the 6 months prior to implementation, program staff will develop a descriptive inventory of the groups of YMSM within the target community using the Community Assessment process.

Formative Evaluation Question:

Where do members of the YMSM community socialize?

Rationale: In order to target recruitment, publicity campaigns, and events to the community, knowledge of their most common and popular convening places is essential.

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Names of Groups Demographic information Convening places Group norms and beliefs Group interests and activities 	<ul style="list-style-type: none"> Mpowerment Community Observation Form Spot interviews 	<p>For each group, review data collected for common themes related to:</p> <ul style="list-style-type: none"> Customs, norms, and beliefs Interests and activities

Formative Objective 3

During the 6 months prior to implementation, program staff will adapt the Mpowerment intervention to ensure that it is culturally and developmentally appropriate for the target YMSM community.

Formative Evaluation Question:

What are the YMSM community's attitudes toward HIV and its impact on their community?

Rationale: As described in the Behavioral Risk Analysis Model, YMSM communities can be mistrusting of HIV prevention efforts. In order to better understand the target YMSM community's unique needs and challenges, Mpowerment organizations must use the Community Assessment process to identify the most common attitudes toward HIV—and by extension toward HIV prevention efforts. This information is used to adapt the intervention (e.g. best angles for the publicity campaign; hot topics for M-groups).

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Group norms and beliefs Group interests and activities 	<ul style="list-style-type: none"> Mpowerment Community Observation Form Spot interviews 	<ul style="list-style-type: none"> Review the findings from Formative Objective 2 Identify the most common myths and misconceptions about HIV/AIDS Identify the most common attitudes that increase the YMSM community's risk for HIV infection and transmission

Formative Objective 3 (continued)

Formative Evaluation Question:

What are the YMSM community's beliefs and norms regarding safer sex behaviors?
Rationale: As described in the Behavioral Risk Analysis Model, YMSM communities are particularly vulnerable to misinformation about HIV/AIDS and about safer sex. Mpowerment organizations must use the Community Assessment process to identify the most common attitudes toward safer sex—and by extension toward HIV prevention efforts. This information is used to adapt the intervention (e.g., how to eroticize safer sex; ways to increase the appeal of Outreach Team Performances).

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> • Group norms and beliefs • Group interests and activities 	<ul style="list-style-type: none"> • Mpowerment Community Observation Form • Spot interviews 	<ul style="list-style-type: none"> • Review the findings from Formative Objective 2 • Identify the most common myths and misconceptions about safer sex • Identify the most common negative attitudes toward safer sex

Process Objectives

Process Objective 1		
During the 6 months prior to implementation, program staff will recruit a demographically representative group of 12-20 YMSM to serve on the Core Group.		
Process Evaluation Question:		
How many YMSM were successfully recruited to serve on the Core Group? <i>Rationale:</i> Because the Core Group will be charged with designing and carrying out all project activities, recruiting them early on is an important step. Additionally, the first core element of Mpowerment states, "Recruit and maintain a core group of 12-20 young gay and bisexual men to design and carry out project activities."		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Number of YMSM recruited to the Core Group 	<ul style="list-style-type: none"> Mpowerment Community Observation Form Programmatic records 	<ul style="list-style-type: none"> Count the number of YMSM who were recruited to the Core Group
Process Evaluation Question:		
How many Core Group members attended the first meeting of the Core Group? <i>Rationale:</i> Because the Core Group will be charged with designing and carrying out all project activities, ensuring that 12-20 are retained and active at all times is essential to the program's success. Additionally, the first core element of Mpowerment states, "Recruit and maintain a core group of 12-20 young gay and bisexual men to design and carry out project activities."		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Number of YMSM who attended the first meeting 	<ul style="list-style-type: none"> Mpowerment Community Observation Form Programmatic records 	<ul style="list-style-type: none"> Count the number of YMSM who attended the first Core Group meeting
Process Evaluation Question:		
Is the demographic make-up of the Core Group representative of the YMSM community? <i>Rationale:</i> Because the Core Group will be charged with designing and carrying out all project activities, ensuring that it is demographically representative of the target YMSM community will likely increase the quality of the project activities, their cultural relevance, and their perception/reception by the broader YMSM community.		

Process Objective 1 (continued)		
Process Evaluation Question: (continued)		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Sociodemographic characteristics (age, race, ethnicity, gender, sexual orientation) of the Core Group 	<ul style="list-style-type: none"> Spot surveys Mpowerment Community Observation Form 	<p>For each sociodemographic category:</p> <ul style="list-style-type: none"> Calculate the percentage of Core Group members who fall within each question's category (e.g., Hispanic/Latino for race) Compare the findings for each category to the data for the target YMSM community (Formative Question 1)

Process Objective 2		
<p>During the 6 months prior to implementation, program staff will recruit a cross section of 5-10 individuals to serve on the Community Advisory Board.</p>		
<p>Process Evaluation Question:</p>		
<p>How many individuals were recruited to serve on the Community Advisory Board? <i>Rationale:</i> Because the Community Advisory Board will serve as a resource to the core group and to the coordinators, recruiting its 5-10 members early on is an important step. Additionally, the ninth core element states "Convene a Community Advisory Board."</p>		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Number of individuals recruited to the CAB 	<ul style="list-style-type: none"> Mpowerment Community Observation Form Programmatic records 	<ul style="list-style-type: none"> Count the number of individuals who were recruited to the CAB
<p>Process Evaluation Question:</p>		
<p>How many individuals attended the first meeting of the Community Advisory Board? <i>Rationale:</i> Because the Community Advisory Board will serve as a resource to the core group and to the coordinators, ensuring that 5-10 are retained and active at all times is important to the program's success.</p>		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Number of individuals who attended the first meeting 	<ul style="list-style-type: none"> Mpowerment Community Observation Form Programmatic records 	<ul style="list-style-type: none"> Count the number of individuals who attended the first CAB meeting

Implementation

Implementation involves engaging the Core Group, recruiting and engaging volunteers, conducting Outreach Team Performances and peer-led M-groups, and launching the Publicity Campaign. Examples of process and outcome objectives for the implementation phase of Mpowerment include:

Process objectives:

- During the project year, 12-20 YMSM will be successfully engaged and retained in the Core Group.
- During the project year, 30-40 Volunteers will be successfully recruited, engaged, and retained.
- By the end of the project year, Outreach Team Performances will reach 250 YMSM, 90% of whom will rate the event positively.
- By the end of the project year, M-groups will reach 200 YMSM, 90% of whom will rate the M-group positively.
- By the end of the project year, the publicity campaign will have reached 40% of the YMSM community.

Outcome objectives:

- Within 1 year of joining, Core Group members' HIV-related attitudes and abilities will improve.
- M-group participants will show improvement in their HIV-related attitudes and abilities after attending an M-group.
- Within 1 year of being trained, Project Volunteers will show improvement in their HIV-related attitudes and abilities.

The following are examples of process monitoring, process evaluation, and outcome monitoring questions for each of the sample objectives. Below each question is a brief rationale for why the question is important. Following the rationale is a table which describes the types of data needed (measures), potential data collection methods, and how data may be analyzed to answer the question.

Process Objectives

Process Objective 1		
During the project year, 12-20 YMSM will be successfully engaged and retained in the Core Group.		
Process Evaluation Question:		
How many Core Group members attended at least 75% of the meetings? <i>Rationale:</i> Because the Core Group will be charged with designing and carrying out all project activities, engaging them on an ongoing basis is an important element of Mpowerment. Additionally, the first core element of Mpowerment states “Recruit and maintain a core group of 12-20 young gay and bisexual men to design and carry out project activities.”		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Core Group meeting attendance 	<ul style="list-style-type: none"> Core Group notes or sign-in sheets 	For each Core Group member: <ul style="list-style-type: none"> Count the number of meetings attended Divide that number by the total number of meetings
Process Evaluation Question:		
How many Core Group members played an active role in at least three Mpowerment events? <i>Rationale:</i> Because the Core Group will be charged with designing and carrying out all project activities, engaging them on an ongoing basis is an important element of Mpowerment. The first core element states “Recruit and maintain a core group of 12-20 young gay and bisexual men to design and carry out project activities.”		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Core Group participation in planning and implementing Mpowerment events 	<ul style="list-style-type: none"> Core Group notes or sign-in sheets 	For each Core Group member: <ul style="list-style-type: none"> Count the number of events s/he participated in actively Count the number of those members who participated in 3 or more events

Process Objective 2		
During the project year, 30-40 Volunteers will be successfully engaged, and retained, 80% of who will rate their engagement positively.		
Process Evaluation Question:		
How many individuals were engaged to serve as project Volunteers? <i>Rationale:</i> Because Volunteers are charged with supporting the planning and delivery of Mpowerment Components, recruiting a sufficient number is an important step in Mpowerment. The second core element states “Recruit volunteers to help deliver services and to make important decisions about the program.”		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> • Volunteer engagement 	<ul style="list-style-type: none"> • Mpowerment Event Record Form 	<ul style="list-style-type: none"> • Count the number of unique volunteers who participated in at least one event • Do not double-count volunteers
Process Evaluation Question:		
How many Volunteers assisted with at least 3 events? <i>Rationale:</i> Because Volunteers are charged with supporting the planning and delivery of Mpowerment Components, it is important to engage them on an ongoing basis. The second core element states “Recruit volunteers to help deliver services and to make important decisions about the program.”		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> • Volunteer participation in planning and implementing Mpowerment events 	<ul style="list-style-type: none"> • Mpowerment Event Record Form 	For each Volunteer: <ul style="list-style-type: none"> • Count the number of events s/he participated in • Count the number of those volunteers who participated in 3 or more events
Process Evaluation Question:		
What percentage of the volunteer surveys rated their involvement in and satisfaction with an event positively? <i>Rationale:</i> Because Volunteers are giving their time to support the intervention, providing them with satisfactory and fulfilling experiences is essential to retain them and prevent turnover, burnout, or disillusionment.		

Process Objective 2 (continued)		
Process Evaluation Question: (continued)		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> • Volunteer level of involvement in events • Volunteer level of involvement with their role 	<ul style="list-style-type: none"> • Mpowerment Volunteer Satisfaction Survey 	<ul style="list-style-type: none"> • Involvement: count the number of surveys where volunteers checked off any of the options in the Involvement question. • Satisfaction: count the number of surveys in which “Very satisfied” and “Satisfied” were selected for the Satisfaction question. • Calculate the percentage by dividing each number by the total number of surveys, and multiplying by 100.

Process Objective 3
By the end of the project year, Outreach Team Performances will reach 250 YMSM, 90% of whom will rate the event positively.
Process Evaluation Question:
<p>After 1 year, how many YMSM were reached by Outreach Team Performances?</p> <p><i>Rationale:</i> The purpose of Outreach Team Performances is to reach as many members of the YMSM community as possible through education activities and events that raise their awareness of HIV/AIDS and increase their commitment to engage in and encourage safer sex behaviors. Additionally, the fifth core element states “Conduct formal outreach, including educational activities and social events.”</p> <p>(Note: aggregate numbers may reflect duplicate counts.)</p>

Process Objective 3 (continued)		
Process Evaluation Question: (continued)		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Estimated total number of Formal Outreach Event participants 	<ul style="list-style-type: none"> Mpowerment Event Record Form 	<ul style="list-style-type: none"> Add up the numbers of participants that are listed in all of the Event Record Forms. Note that because these numbers do not include identifying information for each participant (e.g., name) it is not possible to count the number of unique individuals. Rather, you will be counting the number of “warm bodies” across all events.
Process Evaluation Question:		
<p>After 1 year, what percentage of the surveyed participants rated the event as “Fabulous” or Good”?</p> <p><i>Rationale:</i> Given the purpose of Outreach Team Performances, it is important that they be perceived as engaging and well organized.</p>		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Event quality rating 	<ul style="list-style-type: none"> Mpowerment Event Satisfaction Survey 	<ul style="list-style-type: none"> Count the number of surveys where “Fabulous” and “good” were selected for the Satisfaction question. Calculate percentages by dividing each number by the total number of responses for each question, and multiplying by 100. Note: in your denominator, do not include surveys where the question was skipped or the answer was illegible.

Process Objective 4

By the end of the project year, M-groups will reach 200 YMSM, 90% of whom will rate the M-group positively.

Process Evaluation Question:

After 1 year, how many unique YMSM attended M-groups? (duplicated count)

Rationale: The purpose of M-groups is to reach as many members of the YMSM community as possible through interactive, peer-led discussion groups that raise their awareness of HIV/AIDS and of safer sex practices, and to increase their commitment to engage in and encourage safer sex behaviors. Additionally, the seventh core element states “Conduct peer-led, one-time discussion groups (M-groups).”

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Total number of M-Group participants 	<ul style="list-style-type: none"> M-group Fidelity Form 	<ul style="list-style-type: none"> Add up the numbers of participants that are listed in all of the M-group Fidelity Forms. Note that because these numbers do not include identifying information for each participant (e.g., name), it is not possible to count the number of unique individuals. Rather, you will be counting the number of “warm bodies” across all events.

Process Evaluation Question:

After 1 year, what percentage of the surveyed participants rated the M-group positively?

Rationale: Given the purpose of M-groups, it is important that they be perceived as well led, well organized, and engaging.

Process Objective 4 (continued)		
Process Evaluation Question: (continued)		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> • Average rating of the performance of group leaders • Average rating of the M-group session's quality 	<ul style="list-style-type: none"> • M-group evaluation form 	<ul style="list-style-type: none"> • Performance: add up all of the responses to the question about the leaders' performance (each response can range from 1 to 10) • Rating: add up all of the responses to the question about how they would rate the session (each response can range from 1 to 10) • Divide each number by the total number of responses to compute the average rating for each question. The average will also range from 1 to 10, with higher values indicating representing more positive ratings. • Note: in your denominator, do not include surveys where the question was skipped or the answer was illegible.
Process Evaluation Question:		
<p>After 1 year, what percentage of the surveyed participants rated that they learned a significant amount at the M-group?</p> <p><i>Rationale:</i> Given the purpose of M-groups, and especially given that members of the YMSM community are only expected to participate in one of them, it is important that they be perceived as interesting, informative, relevant, and responsive.</p>		

Process Objective 4 (continued)		
Process Evaluation Question: (continued)		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> • Clear answers to participants' questions • Interesting/informative group discussions 	<ul style="list-style-type: none"> • M-group evaluation form 	<ul style="list-style-type: none"> • Answers: count the number of surveys where volunteers selected "agree" or "strongly agree" in response to the statement "Any questions I had were clearly answered". • Discussions: count the number of surveys where volunteers selected "agree" or "strongly agree" in response to the statement "The group discussions were interesting and informative" • Calculate percentages by dividing each number by the total number of responses for each question, and multiplying by 100. • Note: in your denominator, do not include surveys where the question was skipped or the answer was illegible.

Process Objective 5
By the end of the project year, the publicity campaign will have reached 40% of the YMSM community.
Process Evaluation Question:
After 1 year, what percentage of the spot interviewed YMSM heard of the Mpowerment project? <i>Rationale:</i> The purpose of Publicity Campaigns is to raise awareness and visibility of the Mpowerment intervention within the targeted YMSM community. The eighth core element states "Conduct a publicity campaign about the project within the community."

Process Objective 5 (continued)		
Process Evaluation Question: (continued)		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Percentage of surveyed/interviewed YMSM who heard about Mpowerment. 	<ul style="list-style-type: none"> Mpowerment Spot Survey Mpowerment Spot Interview 	<ul style="list-style-type: none"> Using the appropriate questions that you generate for the Spot interview/survey: Count the number of respondents who report that they have heard of Mpowerment Divide that number by the total number of people who responded to that question. Note: in your denominator, do not include surveys where the question was skipped or the answer was illegible.

Outcome Objectives

Outcome Objective 1
<p>Within 1 year of joining, Core Group members' HIV-related attitudes and abilities will improve.</p>
Process Evaluation Question:
<p>After 1 year, what percentage of Core Group members showed an increase in their score on the "Attitudes toward Enjoyment of Safer Sex" scale?</p> <p><i>Rationale:</i> Although Core Group members are engaged to support and implement the project; it is also likely that they themselves will reap benefits from their participation, particularly as it relates to their attitudes toward safer sex, their sexual self-efficacy, and their commitment to HIV prevention within their YMSM community.</p>

Outcome Objective 1 (continued)		
Process Evaluation Question: (continued)		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Score on the “Attitudes toward Enjoyment of Safer Sex” scale 	<ul style="list-style-type: none"> Adaptation of the M-Group Pre- and Post-Test Assessments (for Core Group members) 	<ul style="list-style-type: none"> For each respondent, calculate their pre-test and post-test score on the scale using the instructions provided with the survey Subtract their post-test score from their pre-test score. Count the number of respondents who have a positive (not negative) difference score Divide that number by the total number of respondents for whom you were able to calculate a difference score Multiply by 100.
Process Evaluation Question:		
<p>After 1 year, what percentage of Core Group members showed an increase in their score on the “Sexual Self-Efficacy” scale?</p> <p><i>Rationale:</i> Although Core Group members are engaged to support and implement the project it is likely that they themselves will reap benefits from their participation, particularly as it relates to their attitudes toward safer sex, their sexual self-efficacy, and their commitment to HIV prevention within their YMSM community.</p>		

Outcome Objective 1 (continued)		
Process Evaluation Question: (continued)		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Score on the “Sexual Self-Efficacy” scale 	<ul style="list-style-type: none"> Adaptation of the M-Group Pre- and Post-Test Assessments (for Core Group members) 	<ul style="list-style-type: none"> For each respondent, calculate their pre-test and post-test score on the scale using the instructions provided with the survey Subtract their post-test score from their pre-test score. Count the number of respondents who have a positive (not negative) difference score Divide that number by the total number of respondents for whom you were able to calculate a difference score Multiply by 100.
Process Evaluation Question:		
<p>After 1 year, what percentage of Core Group members reported that they feel an increased sense of commitment to the health of their YMSM community?</p> <p><i>Rationale:</i> Although Core Group members are engaged to support and implement the project it is likely that they themselves will reap benefits from their participation, particularly as it relates to their attitudes toward safer sex, their sexual self-efficacy, and their commitment to HIV prevention within their YMSM community.</p>		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Increased sense of commitment to the health of the YMSM community 	<ul style="list-style-type: none"> Adaptation of the M-Group Pre- and Post-test Assessments (for Core Group members) OR: Core Group member interviews 	<ul style="list-style-type: none"> Count the number of respondents who report that they are committed to the health of the YMSM community Divide that number by the total number of people who responded to that question.

Outcome Objective 2

Within 1 year of being trained, Project Volunteers will show improvement in their HIV-related attitudes and abilities.

Process Evaluation Question:

After 1 year, what percentage of volunteers showed an increase in their score on the “Attitudes toward Enjoyment of Safer Sex” scale?

Rationale: Although Volunteers are engaged to support the project, it is also likely that they themselves will reap benefits from their participation, particularly as it relates to their attitudes toward safer sex, their sexual self-efficacy, and their commitment to HIV prevention within their YMSM community.

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> • Score on the “Attitudes toward Enjoyment of Safer Sex” scale 	<ul style="list-style-type: none"> • Adaptation of the M-Group Pre- and Post-Test Assessments (for Volunteers) 	<ul style="list-style-type: none"> • For each respondent, calculate their pre-test and post-test score on the scale using the instructions provided with the survey • Subtract their post-test score from their pre-test score. • Count the number of respondents who have a positive (not negative) difference score • Divide that number by the total number of respondents for whom you were able to calculate a difference score • Multiply by 100.

Process Evaluation Question:

After 1 year, what percentage of Volunteers showed an increase in their score on the “Sexual Self-Efficacy” scale?

Rationale: Although Volunteers are engaged to support the project, it is also likely that they themselves will reap benefits from their participation, particularly as it relates to their attitudes toward safer sex, their sexual self-efficacy, and their commitment to HIV prevention within their YMSM community.

Outcome Objective 2 (continued)		
Process Evaluation Question: (continued)		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Score on the “Sexual Self-Efficacy” scale 	<ul style="list-style-type: none"> Adaptation of the M-Group Pre- and Post-test Assessments (for Volunteers) 	<ul style="list-style-type: none"> For each respondent, calculate their pre-test and post-test score on the scale using the instructions provided with the survey Subtract their post-test score from their pre-test score. Count the number of respondents who have a positive (not negative) difference score Divide that number by the total number of respondents for whom you were able to calculate a difference score Multiply by 100.
Process Evaluation Question:		
<p>After 1 year, what percentage of Volunteers report that they feel an increased sense of commitment to the health of their YMSM community?</p> <p><i>Rationale:</i> Although Volunteers are engaged to support the project, it is also likely that they themselves will reap benefits from their participation, particularly as it relates to their attitudes toward safer sex, their sexual self-efficacy, and their commitment to HIV prevention within their YMSM community.</p>		
Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Increased sense of commitment to the health of the YMSM community 	<ul style="list-style-type: none"> Adaptation of the M-Group Pre- and Post-Test Assessments (for Volunteers) OR: Volunteer interviews 	<ul style="list-style-type: none"> Count the number of respondents who report that they are committed to the health of the YMSM community Divide that number by the total number of people who responded to that question.

Outcome Objective 3

M-group participants will show improvement in their HIV-related attitudes and abilities after attending an M-group.

Process Evaluation Question:

After attending an M-group, what percentage of participants showed an increase in their score on the “Attitudes toward Enjoyment of Safer Sex” scale?

Rationale: The purpose of M-groups includes increasing YMSM participants’ attitudes toward safer sex and sexual self-efficacy.

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none"> Score on the “Attitudes toward Enjoyment of Safer Sex” scale 	<ul style="list-style-type: none"> M-Group Pre- and Post-Test Assessments 	<ul style="list-style-type: none"> For each respondent, calculate their pre-test and post-test score on the scale using the instructions provided with the survey Subtract their post-test score from their pre-test score. Count the number of respondents who have a positive (not negative) difference score Divide that number by the total number of respondents for whom you were able to calculate a difference score Multiply by 100.

Process Evaluation Question:

After attending an M-group, what percentage of participants showed an increase in their score on the “Sexual Self-Efficacy” scale?

Rationale: The purpose of M-groups includes increasing YMSM participants’ attitudes toward safer sex and sexual self-efficacy.

Outcome Objective 3 (continued)

Process Evaluation Question: (continued)

Measures	Data Collection Method(s)	Analysis
<ul style="list-style-type: none">Score on the “Sexual Self-Efficacy” scale	<ul style="list-style-type: none">Adaptation of the M-Group Pre- and Post-Test Assessments (for Core Group members)	<ul style="list-style-type: none">For each respondent, calculate their pre-test and post-test score on the scale using the instructions provided with the surveySubtract their post-test score from their pre-test score.Count the number of respondents who have a positive (not negative) difference scoreDivide that number by the total number of respondents for whom you were able to calculate a difference scoreMultiply by 100.

Section Three: Data Collection Activities and Schedules

This section describes the data collection activities and schedules for Mpowerment. Exhibits 5 and 6 list the recommended data collection methods and sample instruments for each component of Mpowerment. The tables also provide general suggestions for when to collect data, what resources may be needed, and possible uses of data.

Exhibit 5. Pre-Implementation Data Collection Activities	
Data Collection Methods	<ul style="list-style-type: none"> • Surveys • Record forms • Spot interviews and surveys • Focus groups • Community observations • Program records
Instruments	<ul style="list-style-type: none"> • Spot Interview • Spot Survey • Focus Groups • Community Observation Form
Data Provided	<ul style="list-style-type: none"> • Key characteristics of the targeted YMSM community • HIV-related norms and beliefs held by the targeted YMSM community • Inventory of groups within the targeted YMSM community • Number of Core Group and Community Advisory Board members recruited and engaged during the pre-implementation phase
When to Collect the Data	<ul style="list-style-type: none"> • During the pre-implementation phase and Community Assessment process
Resources Needed	<ul style="list-style-type: none"> • Staff time to conduct interviews and focus groups • Staff time to conduct document reviews • Staff time to observe community activities • Staff time to organize and analyze data • Access to key informants • Database to manage assessment data (focus group interviews, survey data, key informant interviews) • Spreadsheet to manage qualitative data and conduct thematic analysis

Exhibit 5. Pre-Implementation Data Collection Activities (continued)

Possible Uses of Data	<ul style="list-style-type: none"> Increased understanding of the characteristics, norms, beliefs, and configuration of the targeted YMSM community Adaptation of Mpowerment to meet the local and cultural needs of the targeted YMSM community Identify recruitment needs and alternative strategies, specifically for the Core Group and Community Advisory Board Identify challenges/facilitators of pre-implementation
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Exhibit 6. Implementation Data Collection Activities

Data Collection Methods	<ul style="list-style-type: none"> Surveys Record forms Spot interviews and surveys Mpowerment notes and/or sign-in sheets
Instruments	<ul style="list-style-type: none"> Event Record Form Event Satisfaction Survey Volunteer Satisfaction Survey Spot Interview Spot Survey M-group Fidelity Form M-group Evaluation Form M-group Pre- and Post-Session Assessment
Data Provided	<ul style="list-style-type: none"> Number of Core Group members and Volunteers engaged Level of engagement of Core Group members and Volunteers Volunteers' level of satisfaction Number of YMSM reached through Outreach Team Performances and through M-groups Quality ratings for Outreach Team Performances and M-groups Number of YMSM who have heard of Mpowerment Core Group members' improvement in HIV-related attitudes and abilities after one year Volunteers' improvement in HIV-related attitudes and abilities after 1 year M-group participants' improvement in HIV-related attitudes and abilities after attending an M-group
When to Collect the Data	<ul style="list-style-type: none"> After 1 year of working with M-group members and Volunteers Before and after each M-group After each Formal Outreach Event About one year after the project was launched to assess overall awareness and attitudes in the targeted YMSM community

Exhibit 6. Implementation Data Collection Activities (continued)

Resources Needed	<ul style="list-style-type: none">• Staff time to conduct spot interviews and surveys• Staff time to compile and analyze data• Database to manage assessment data (focus group interviews, survey data, key informant interviews)• Spreadsheet to manage qualitative data and conduct thematic analysis
Possible Uses of Data	<ul style="list-style-type: none">• Make changes to or improve how the Core Group and Volunteers are engaged• Make changes to or improve how the M-groups and Outreach Team Performances are approached, planned, and facilitated• Ensure that the targeted YMSM community is being reached• Identify challenges/facilitators of implementation

Many data collection methods can be used to monitor and evaluate Mpowerment. However, it is important to use the most appropriate methods that will allow your organization to obtain the most useful information in a practical and cost effective way. Decisions about methods should be based on organizations':

- information needs,
- availability of data collection tools and capacity to develop tools,
- capacity and resources for administering each tool, and
- capacity to analyze data.

In addition to organizational capacity, consider respondent issues that may affect the quality of data you collect.

- Cultural appropriateness
- Cultural mistrust
- Reading levels
- Time needed to complete a form or participate in an interview

Thinking about how your organization will use data that are gathered will also help in justifying the importance of data collection and in developing a data analysis and reporting plan.

Section Four: Reporting HIV Prevention Program Information to CDC

CDC has undertaken significant efforts to ensure that the HIV prevention programs it funds are effective in preventing the spread of HIV (Thomas, Smith, & Wright-DeAgüero, 2006). One strategy employed by CDC to strengthen HIV prevention is improving organizational capacity to monitor and evaluate prevention programs (CDC, 2007). The National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) is a major component of this strategy.

The NHM&E DS is the complete set of CDC's HIV prevention monitoring and evaluation (M&E) variables, including required variables for reporting to CDC and optional variables specific to an intervention or for local M&E. Implementation of NHM&E DS makes it possible for CDC to answer critical national questions about the following:

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

All HIV prevention grantees funded by CDC are required to collect and report data using the NHM&E DS. CDC has provided various M&E resources to assist grantees in this effort, including the following:

- ***National Monitoring and Evaluation Guidance for HIV Prevention Programs (NMEG)***—describes how to use the NHM&E DS to improve programs, inform programmatic decisions, and answer local M&E questions (CDC, 2008b).
- ***Program Evaluation and Monitoring System (PEMS) software***—an optional, secure, browser-based software application that allows for data management and reporting. PEMS includes all required and optional NHM&E DS variables (CDC, 2008c).

Disclaimer:

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

The NHM&E DS is organized into a series of data tables with specific variables. Variables from these tables are captured in the PEMS software in different modules according to categories, (e.g., information about your agency, your HIV prevention programs, and the clients you serve). You should be familiar with following key elements in the NHM&E DS:

- Variables required for reporting to CDC and optional variables needed for Mpowerment or for local M&E
- Variable name
- Variable number
- Definition of each variable

This evaluation field guide is designed to help your agency monitor and evaluate your day-to-day implementation of Mpowerment. Collecting and analyzing Mpowerment data will help you improve your implementation of Mpowerment and provide you with information to guide future planning. This section details only those tables and associated NHM&E DS modules you will use to collect and report information specific to Mpowerment. Though the data you collect will include NHM&E DS variables, you will collect and use more data than actually submitted to CDC. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) for the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E,

NHM&E Program Planning Data

Program planning data provide information about what you intend to do. This data set includes the name that you use for Mpowerment within your agency, the population(s) you intend to target, activities that you plan to implement, how activities will be delivered to your target population(s), the duration of those activities, the number of individuals you intend to serve, and the level of data that you plan to collect.

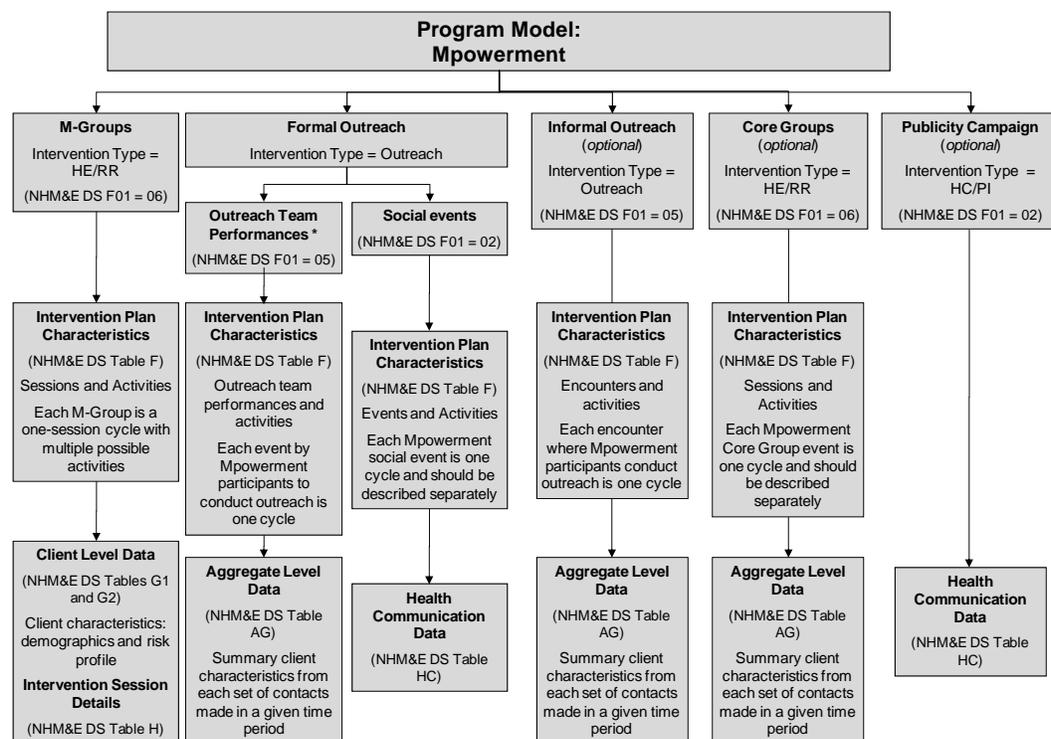
Systematically organizing planning data allows you to use your process monitoring data to conduct process evaluations. Please refer to CDC's *Evaluation Capacity Building Guide* (CDC, 2008a) for additional information on conducting process evaluations and using that information to plan and improve your implementation of Mpowerment.

Recommended Activity

Review your client intake and session record forms to ensure that you are gathering all the required NHM&E DS variables and the optional variables specific to Mpowerment

The figure below (Figure 2) illustrates how Mpowerment is organized in the NHM&E Data Set.

Figure 2. Organization of Mpowerment in PEMS



* Outreach Team Performances with more than 100 individuals present are considered health communication/risk reduction

The following table (Table 1) provides guidance on selecting NHM&E DS variables to describe your intervention as you develop your program plan. The table depicts program information variables that are applicable to Mpowerment. For instance, Program Model Name (NHM&E DS E101) is labeled “Agency Determined” because the name of your Program Model can be Mpowerment or any other name determined by your agency. The Evidence Base (NHM&E DS E102) variable, however, specifies a particular variable code (1.05) because, regardless of what you have named your program, it is based on Mpowerment, one of CDC’s Effective Behavioral Interventions.

Note that the variables presented in the table include only those specific to monitoring Mpowerment; additional, agency-specific variables are required. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) or to the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

Variable	NHM&E DS Number	Variable Code	Guidance
Program Model Name	E101	Agency determined	The name of the program model can be Mpowerment or any other name determined by the agency. See <i>NMEG</i> (CDC, 2008b) for additional information if you are implementing more than one Mpowerment program within the same agency.
Evidence Base	E102	1.05	Mpowerment (variable value code: 1.05)*
Target Population	E105	Agency determined	Mpowerment was designed for young gay/bisexual men (ages 18–29). If you are targeting a different population with Mpowerment, select the appropriate variable code.

* Organizations funded directly by CDC to implement Mpowerment are required to adhere to the core elements of the intervention. Other organizations may alter or not follow the core elements at the discretion of their funding agency; however, the program can no longer be called Mpowerment. If you intend to drop or change a core element of Mpowerment to meet the needs of your priority populations, use the fields provided to describe the changes to the core elements.

Intervention plan characteristics provide information about what you plan to do in your implementation of the intervention(s) of Mpowerment. It describes the activities you intend to implement, the planned number of cycles and sessions, the duration of the cycles, how the intervention(s) within Mpowerment will be implemented, whether client services data will be collected at the aggregate or individual client level, and whether or not detailed client information will be collected from Mpowerment participants. Tables 2 through 6 below list the NHM&E intervention plan variables you will report to CDC for Mpowerment. These tables include the NHM&E DS number, the variable code, and guidance to help you understand how to apply these variables when implementing Mpowerment. Because Mpowerment has more than one intervention type (e.g. formal outreach, M-groups, etc.), you will describe your plan for each separately.

Note that the variables presented in the table include only those specific to monitoring Mpowerment; additional, agency-specific variables are required. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) or to the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

**Table 2: Program Information – Intervention Details
Formal Outreach**

Variable	NHM&E DS Number	Variable Code	Guidance
Intervention Type	F01	05	Formal outreach is an outreach intervention (variable value code: 05). ³
Total Number of Clients	F05	Agency determined	Estimate the total number of individuals you intend to reach through formal outreach activities during the period covered by the program plan. For Mpowerment, it is recommended that your agency reach at least 20% of the target community in order for the intervention to yield the intended outcomes.
Planned Number of Cycles	F07	Agency determined	One cycle is equal to one Formal Outreach Event or Outreach Team Performance. Determine the number of Outreach Team Performances that will be implemented during the program period.
Number of Events	F08	Agency determined	An event is the delivery of formal outreach in a specific location or area during a specific point in time. Each bar zap, weekly, and one-time outreach activity conducted can be considered an event. Determine the number of Outreach Team Performances that will be implemented during the program period.

³ For Outreach Team Performances of 100 or more individuals, code the intervention type (NHM&E DS number F01) as health communication/public information (variable value code: 02).

**Table 2: Program Information – Intervention Details
Formal Outreach (continued)**

Variable	NHM&E DS Number	Variable Code	Guidance
Unit of Delivery	F09	Agency determined	Outreach Team Performances may be delivered in a small group of 12 or fewer individuals (variable value code: 03) or large group (variable value code: 04). ⁴
Activity ⁵	F10	08.01 13.03 13.66	Distribute safer sex information and motivational messages 08.01 Information–HIV/AIDS transmission and risk reduction
			Distribute visually eye-catching materials with condom and lube 13.03 Distribution–safe sex kits
			Distribute invitations to Mpowerment activities. Outreach materials should include something that ties them (safer sex messages) to the Mpowerment project. 13.66 Distribution–other (invitations to Mpowerment activities)
Delivery Method	F11	1.00	The intervention is delivered “in person” (variable value code: 1.00).
Level of Data Collection	F14	2	Aggregate-level data are collected for formal outreach related to Mpowerment (variable value code: 2).

⁴ For Outreach Team Performances of 100 or more individuals, code the intervention type (NHM&E DS number F09) as community (variable value code: 05).

⁵ Mpowerment program materials provide considerable flexibility in the activities that can be implemented during formal outreach. Minimally, the intervention includes these activities.

**Table 3: Program Information – Intervention Details
M-groups**

Variable	DVS Number	Variable Code	Guidance	
Intervention Type	F01	06	The Mpowerment M-groups are a health education and risk reduction intervention (variable value code: 06).	
Total Number of Clients	F05	Agency determined	The total number of clients is equal to the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each intervention cycle. Program materials recommend a group size of 8–10 young gay or bisexual men.	
Planned Number of Cycles	F07	Agency determined	One cycle is equal to one M-group session. Determine the number of M-group sessions that will be implemented during the program period.	
Number of Sessions	F08	Agency determined	One M-group equals one cycle. Determine the number of M-group sessions that will be implemented during the program period.	
Unit of Delivery	F09	03	Mpowerment M-groups are delivered to small groups of 8–10 men (variable value code: 03).	
Activity	F10	08.01 09.01 09.03 10.01 10.03 10.04 11.01 11.18 11.19 13.03 13.06	Discuss safer sex guidelines	08.01 Information–HIV/AIDS transmission and risk reduction 11.01 Discussion–sexual risk reduction 13.06 Distribution–educational materials
			Facilitator demonstrates how to put on a condom	09.01 Demonstration–condom/barrier use

**Table 3: Program Information – Intervention Details
M-groups (continued)**

Variable	DVS Number	Variable Code	Guidance	
			Role play verbal and non-verbal ways to suggest safer sex to a partner	09.03 Demonstration– negotiation and communication 11.18 Discussion– negotiation/ communication 11.19 Discussion– decision-making
			Participants follow facilitator’s condom demonstration using objects they brought along	10.01 Practice– condom/barrier use

**Table 3: Program Information – Intervention Details
M-groups (continued)**

Variable	DVS Number	Variable Code	Guidance	
Activity (continued)	F10		Participants divide into pairs and role play how to suggest starting to have safer sex now	10.03 Practice–negotiation and communication 11.18 Discussion–negotiation/communication 11.19 Discussion–decision-making
			Participants practice encouraging their friends to engage in safer sex	10.03 Practice–negotiation/communication 10.04 Practice–decision-making 11.18 Discussion–negotiation/communication 11.19 Discussion–decision-making
			Participants are given gift packages with condoms and lubricants	13.03 Distribution– safe sex kits
Delivery Method	F11	1.00	The intervention is delivered “in person” (variable value code: 1.00).	
Level of Data Collection	F14	1	Individual level data is collected for M-groups (variable value code: 1).	

**Table 4: Program Information – Intervention Details
Informal Outreach (*optional*)**

Variable	DVS Number	Variable Code	Guidance
Intervention Type	F01	05	Mpowerment informal outreach is an outreach intervention (variable value code: 05).
Total Number of Clients	F05	Agency determined	Estimate the total number of individuals you expect to reach through informal outreach activities during the period covered by the program plan.
Planned Number of Cycles	F07	Agency determined	One Informal Outreach Event is equal to one cycle. Determine the number of Informal Outreach Events that will be implemented during the program period.
Number of Events	F08	Agency determined	An event is the delivery of informal outreach in a specific location or area during a specific point in time. Determine the number of Informal Outreach Events that will be implemented during the program period.
Unit of Delivery	F09	Agency determined	Informal outreach consists of young men discussing safer sex with their friends. Program materials indicate that discussions can occur with individual friends (variable value code: 01), couples (variable value code: 02), or small groups of friends (variable value code: 03).

**Table 4: Program Information – Intervention Details
Informal Outreach (*optional*) (continued)**

Variable	DVS Number	Variable Code	Guidance	
Activity	F10	11.01 11.17 11.18 11.19	Participants speak with their friends.	11.01 Discussion–sexual risk reduction 11.17 Discussion–condom/barrier use 11.18 Discussion–negotiation/communication 11.19 Discussion–decision making
Delivery Method	F11	1.00	Informal outreach is delivered “in person” (variable value code: 1.00).	
Level of Data Collection	F14	2	Informal outreach requires the collection of aggregate level data. (variable value code: 2).	

**Table 5: Program Information – Intervention Details
Core Groups (optional)**

Variable	DVS number	Variable Code	Guidance
Intervention Type	F01	06	The Core Group is a health education and risk reduction intervention (variable value code: 06).
Total Number of Clients	F05	Agency determined	The total number of clients is equal to the number of young gay or bisexual men expected to participate in the Core Group. A Core Group consists of 12–20 young gay and bisexual men, ages 18-29.
Planned Number of Cycles	F07	Agency determined	One Core Group meeting or event is equal to one cycle. Determine the number of Cope Group meetings and events that will be held during the program period.
Number of Events	F08	Agency determined	An event is the implementation of a Core Group meeting or event. Determine the number of Cope Group meetings and events that will be held during the program period.
Unit of Delivery	F09	04	A Core Group consists of 12–20 young gay and bisexual men, which is considered large group (variable value code: 04).
Activity	F10	Agency determined	The activities of the Core Group meetings or events are driven by the members of the groups.
Delivery Method	F11	1.00	Core Groups are “in person” events (variable value code: 1.00).
Level of Data Collection	F14	2	The Core Group requires collection of aggregate-level data (variable value code: 2).

**Table 6: Program Information – Intervention Details
Ongoing Publicity Campaign (*optional*)**

Variable	DVS Number	Variable Code	Guidance
Intervention Type	F01	02	The Ongoing Publicity Campaign is a health communication/public information intervention (variable value code: 02).
Total Number of Clients	F05	Agency determined	Estimate the number of individuals within the target population you expect to reach through the ongoing campaign.
Planned Number of Cycles	F07	Agency determined	<p>A cycle is the complete delivery of an intervention to its intended audience.</p> <p>Determine the number of times you intend to implement specific and discrete publicity campaigns within the period reflected in your plan. A discrete campaign over a finite period constitutes a cycle (e.g., a tailored publicity campaign in conjunction with gay pride week or other community events.).</p> <p>If you intend to implement campaigns that are more ongoing in nature (series of newspaper articles, strategic flyer campaign at gay-friendly areas, etc.), select the “ongoing” (variable value code: 9,999,9).</p>
Number of Events	F08	Agency determined	Enter the total number of events you intend to deliver.
Unit of Delivery	F09	05	Ongoing Publicity Campaigns are delivered to the community (variable value code: 05).
Activity	F10	13.06	13.06 Distribution–educational materials
Delivery Method	F11	Agency determined	A variety of methods may be used to facilitate the publicity campaign. Note the delivery methods your agency will use.
Level of Data Collection	F14	2	The publicity campaign requires collection of aggregate level data (variable value code: 2).

NHM&E Client Services Data

Client services data provide information about the clients who are receiving services and information about each service session or encounter in which the client participates. Client services data describe the demographic and risk characteristics of individuals that participated in Mpowerment, the M-group sessions clients participated in, and the activities implemented during those sessions. CDC requires collection and reporting of client-level data for M-group sessions (NHM&E DS Tables H, G1, and G2) and aggregate-level data for other Mpowerment activities, such as formal outreach and core groups (NHM&E DS Table AG).

- **Client-Level Data** provide specific information gathered about each Core Group meeting and M-group session participant.

For example, “The M-group participant was a 21-year-old African American male” or “The Core Group Member was an 18-year-old Hispanic/Latino male.”

- **Aggregate-Level Data** provide information from each individual who is reached by a Formal Outreach Event or Team Performance. This information is added together to come up with a summary number that represents all individuals who were reached.

For example, “Formal outreach encounters were made with 25 young men. Of those 25 men, 5 were white, 18 were African-American, and 2 were Hispanic/Latino; 11 were younger than 24, and 14 were between the ages of 25 and 29.”

Client services data provide your agency with process monitoring data. These data allow you to monitor whom you are serving and what you are doing. You can compare information from your implementation of Mpowerment to what is in your plan. This will help ensure that your activities and your participants are consistent with your plan.

Section Five: Data Collection Protocols

This section includes protocols for each of the Mpowerment data collection activities previously described. The data collection and reporting requirements of CDC are incorporated in the data collection forms. The forms from the Mpowerment Project Implementation Manual (Kegeles et al., 2002) are modified to include NHM&E DS variables. These forms can be modified to meet your agency's specific information needs. There is no requirement to use the data collection forms included in this evaluation field guide. It is important, however, to make sure that any modifications to the instruments maintain the basic integrity of the original forms in order to fulfill reporting requirements of the funding agency. In other words, do not remove questions that provide information you will need to report to your funding agency or use in implementing your intervention. You may however rephrase the question so that your target group better understands what you want to know.

The instruments and data collection forms in this section are organized by Mpowerment activity type: community assessment, formal and informal outreach, M-groups, and ongoing publicity campaign. Each form includes instructions and recommendations for administering and/or completing the form. Additionally, certain forms include items that collect NHM&E DS variables that will be submitted to CDC.⁶ Following the instructions for these forms is a table listing the NHM&E DS variables and the item on the form that corresponds to that variable.

⁶ NHM&E DS program planning, HIV testing, and agency data variables were finalized for January 1, 2008, reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating Mpowerment in its entirety. They are also designed to capture most program planning and client services NHM&E DS variables. Agencies should check with their CDC Project Officer or other contract monitors specific reporting requirements for Mpowerment.

Community Assessment Instruments

- Key Informant Interview Guide
- Focus Group Guide
- Spot Interview Guide
- Spot Survey
- Community Observation Form
- Community Assessment Compilation Form

Key Informant Interview Guide

When to use

During each key informant interview conducted during Mpowerment's pre-implementation phase

Administered by

Project coordinators

Completed by

Project coordinators

Instructions

After greeting the key informant, the interviewer should provide a brief overview of Mpowerment and explain the purpose of the interview—this information may be presented on an informed consent form.

General Information

The interviewer should complete the general information before or immediately after completion of the interview.

Demographic Characteristics

The demographic characteristics are to help your agency keep track of the individuals with whom you speak. It is not necessary to ask the key informant about their demographic characteristics. The interviewer may record the individual's demographic characteristics based on his or her observations. Information may be clarified, as necessary, by asking the key

informant only for information that cannot be determined from observation. Questions may be asked in an open-ended fashion (i.e., without reading the list of possible responses).

Interview Questions

The interviewer should begin by reading the instructions to the key informant. With the key informants consent, the interviewer may read the questions to the key informant. The interview may probe for more explanation to the key informant's responses. Questions may be modified or added to the interview to meet the information needs of your agency or other stakeholders.

For additional information on conducting key informant interviews, please refer to the *Evaluation Capacity Building Guide* (CDC, 2008a).

Key Informant Interview Guide

Interviewer Instructions

- Greet the key informant. Introduce yourself if you have not had previous personal contact with him or her.
- Thank the key informant for taking the time to talk with you. Provide a brief overview of Mpowerment and why the interview is being conducted. See sample statement on next page.
- Observe demographic characteristics of the key informant. Ask only for information that cannot be determined from observation. Do not use a checklist with the informant.

General Information

Staff name: _____ Staff ID: _____

Date of the interview: ____ / ____ / ____ (month/day/year)

Place where respondent was contacted/recruited: _____

Interview site/setting: _____

Demographic Information

Current gender

- Male
- Female
- Transgender–male to female
- Transgender–female to male

Identifies as:

- Gay
- Bisexual
- Straight

Ethnicity:

- Hispanic/Latino
- Non Hispanic/Latino

Race: (Check all that apply.)

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White

Age

- 12 or below
- 13–18 years
- 19–24 years
- 25–34 years
- 35–44 years
- 45 years and over

Language spoken during interview:

- English
- Spanish
- Other (specify: _____)

Type of respondent:

- Community member
- Agency representative
- Business owner
- Clergy
- Health department representative
- Other (specify: _____)

Interviewer Instructions

Read the following statement to the key informant, or provide the information in your own words before asking interview questions.

Thank you again for taking the time to talk to me today. As indicated when this interview was arranged, we are interested in learning more about young gay and bisexual men in our community so that we can help prevent or reduce HIV infection. All of your answers will be kept confidential and only used to inform planning and implementation of prevention activities. If you are uncomfortable with any of the questions, you do not have to answer them or can choose to end the interview at any time.

1. What do you think is currently going on in (name of community) with respect to young gay/bisexual men's risk-taking behavior?
2. Do you think very many young men are engaging in risky sexual behavior? Please explain.
3. What do young gay/bisexual men think about condom use in this community?
4. Do you think the rates of unsafe sex are increasing, decreasing, or pretty much staying the same? (Add more questions as desired, depending upon how much you think the individual you are interviewing knows about the current state with young gay/bisexual men.)

Focus Group Guide

When to use

During each focus group conducted during Mpowerment's pre-implementation phase or during the implementation phase (e.g., to gather information about outreach activities, publicity campaigns).

Administered by

- Project coordinators
- Core group members
- Consultant

Completed by

- Project coordinators
- Core group members
- Consultant
- In addition to a focus group moderator, a note taker is recommended

Instructions

The following is an example of a focus group guide designed for collecting information about issues that are important to young gay/bisexual men in your community during the pre-implementation phase of the project. You can conduct focus groups on many different topics for different purposes (e.g., get feedback about activities; perceptions of Mpowerment; etc). You may modify, delete, or add questions to suit your needs.

The moderator should begin the focus group by welcoming participants and explaining the purpose and process of the group (see the next page for instructions). In addition to the

guide, you will need copies of informed consent forms to share with your focus group participants—two for each participant. The moderator should also collect a signed copy from each participant and let them know that the other copy is for their records.

After establishing the ground rules, the moderator should ask the questions of the participants, allowing adequate time for participants to respond as appropriate. The moderator may need to probe for explanations to certain responses.

Additional information on planning for and moderating focus groups is available in the *Evaluation Capacity Building Guide* (CDC, 2008a).

Focus Group Guide

Facilitator's Introduction

Welcome Participants

- Introduce yourself.
- Thank them for their participation in the group.
- Distribute and review consent form.
- Discuss payment (if participants will receive a stipend).
- Ask participants to complete name tents or tags with any desired name.

Explain Purpose of Focus Group

- Gain a better understanding of the young gay/bisexual men's perceptions and concerns about safer sex.
- Gather information about the community to guide the planning and implementation of prevention activities.

Explain Focus Group Process

- Focused discussion about a particular topic.
- Facilitator asks questions to the group, clarifies terms, and summarizes.
- Recorder takes notes, but does not directly participate in the group.
- Participants discuss the topics.
- If the process will be audio taped, explain that focus group will be recorded on an audio tape and that it will be erased after the information has been compiled.

Establish Ground Rules

- One person speaks at a time.
- Speak loudly and clearly.
- Respect confidentiality of the group.
- Free to leave at any time if needed.

Questions

Opening Question (Round Robin)

1. Tell us the name that you would like to be called and how long you have lived in this community.

2. What is life like here for young gay/bisexual men?

Introductory Questions

3. How much of a sense of community is there for young gay/bisexual men?

4. What are the good things about living here for young gay/bisexual men?

5. What do you feel are the greatest needs of young gay/bisexual men in this community?

Transition Questions

6. Do you feel that the young gay/bisexual community has a role or responsibility in HIV prevention?

7. What would it take to encourage community members to get involved in an HIV program?

Key Questions

8. How do you feel young gay/bisexual men are dealing with HIV and the threat of getting AIDS?

9. How effectively do you think young gay/bisexual men have been reached with HIV prevention messages? What kind of messages have you seen?

10. What do young gay/bisexual men think about condom use? What do you think are the advantages and disadvantages of using condoms?

11. How do the young gay/bisexual men feel about HIV testing in this community?

Ending Questions

12. A group of young gay/bisexual men are starting a community building Project—to what extent do you think that young gay or bisexual men would want to get involved in this project? Why or why not?

13. What issues would you like the project to address?

14. What factors in (insert community name) will make the implementation of the project go smoothly?

15. What factors might be a problem when trying to implement this project?

Spot Interview Guide

When to Use

The following form is used to collect information during the pre-implementation phase of your project that will be useful when planning and designing your activities and programs. You can use this tool as a guide for conducting your own spot interviews and you may need to modify it to meet your needs and reflect the uniqueness of your community.

Spot Interviews conducted during the implementation phase of your project are useful for gathering feedback and helping you refine your activities. You can also conduct spot interviews to get feedback on your project space or assess your volunteers or core group members' level of satisfaction or involvement with the project. Again, you will need to make modifications to this interview guide to suit your evaluation needs.

Administered by

- Project coordinators
- Core group members
- Volunteers
- Consultant

Completed by

- Project coordinators
- Core group members
- Volunteers
- Consultant

Instructions

Greeting

Introduce yourself if you have not had previous personal contact with the person you are interviewing. Thank the interviewee for taking the time to talk with you about his or her community. (Note: Spot interviews are usually quick interactions. If time allows, provide a brief overview of Mpowerment and why this intervention is important.)

General Information

The interviewer should complete the general information before or immediately after completion of the interview.

Demographic Characteristics

The demographic characteristics are to help your agency keep track of the individuals with whom you speak. It is not necessary to ask the key informant about their demographic characteristics. The interviewer may record the individual's demographic characteristics based on his or her observations. Information may be clarified, as necessary, by asking the key informant only for information that cannot be determined from observation. Questions may be asked in an open-ended fashion (i.e., without reading the list of possible responses).

Interview Questions

Use the questions provided below as a guide. The interview should be very informal and occur very much like a conversation (rather than a question and answer session). Encourage respondents to express themselves as they choose. The interviewer may probe for more explanation to the responses. Questions may be modified or added to the interview to meet the information needs of your agency or other stakeholders.

For additional information on conducting spot interviews, please refer to the *Evaluation Capacity Building Guide* (CDC, 2008a).

Spot Interview Guide

General Information

Date: ____/____/____ (month/day/year) Length of interview: _____

Staff: _____ Staff ID: _____

Place of interview:

- | | | |
|---|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Community event | <input type="checkbox"/> Bar/club |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Entertainment event | <input type="checkbox"/> Street/hangout |
| <input type="checkbox"/> Clinic/healthcare facility | <input type="checkbox"/> College/university | <input type="checkbox"/> Other |
| <input type="checkbox"/> Residence | <input type="checkbox"/> Church or other religious place | |

Please list specific location:

Demographic Information

Gender:

- Male
- Female
- Transgender–male to female
- Transgender–female to male
- Unknown

Race: (Check all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Identifies as:

- Gay
- Bisexual
- Straight

Age:

- 12 or below
- 13–18 years
- 19–24 years
- 25–34 years
- 35–44 years
- 45 years and over

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Interview Questions

1. What are the different groups of young gay men in this community? (After you decide which group to ask about, ask...)

2. Where does the group get together?
3. About how many young gay/bisexual men are in this group?
4. Where do they live?
5. Who are the possible leaders of the different subgroups?
6. What ages are the men in this group?
7. Do they identify as gay, straight, bisexual, queer, transgender, questioning?
8. What ethnic groups comprise this group?
9. Is this group comprised only of men or of men and women?

10. How does someone join this group?

11. What do they like to do together? What do they like in general?

12. What do they dislike doing? What do they dislike in general?

13. Other thoughts about the group?

Spot Survey

Administering a spot survey is a useful tool to evaluate young gay/bisexual men's condom perceptions, intentions, and use in the community. Data collected from this survey can be potentially used to assess the impact of your Mpowerment project.

When to use

The spot survey should be administered before the project begins to determine the young gay/bisexual males' sex risk and other related behaviors prior to the start of your project.

Be sure not only to administer the spot survey at Outreach Team Performances and M-groups, but also outside of formal project activities. This will ensure that you interview a variety of young gay and bisexual men who have different levels of involvement with your project. You can also modify this survey in order to capture other information and feedback about your project. For example, you can also conduct spot surveys to get feedback on your project space or assess your volunteers or core group members' level of satisfaction or involvement with the project.

This survey can also assist in collecting outcome monitoring data. Your agency should also administer spot surveys throughout the duration of your project (e.g., every 6 months; once a year) in order to determine if your target population's behaviors and attitudes changed since the Mpowerment was first implemented.

Administered by

- Project coordinators
- Project staff
- Core group members
- Volunteers
- Consultant

Completed by

- Participants

Instructions

Your agency may administer this survey to clients during community needs assessment, Outreach Team Performances, or M-group sessions.

The administrator should distribute the survey to participants or members of the target community. The nature of many of the survey items is very personal. For that reason, it is very important that whoever distributes the survey explain to the participants that their responses will be anonymous. Distribute surveys with envelopes so that the surveys can be sealed after they are filled out.

The administrator or agency staff should fill in the date and location of the event before the surveys are distributed, or at the conclusion of the event.

Spot Survey

Instructions

Thank you for taking the time to complete this survey. Please answer the following questions honestly. Your responses will remain anonymous.

1. Today's date: ____ / ____ / ____ (month/date/year)
2. Age: _____
4. Were you born as a male or a female?
 - Male
 - Female
5. How do you view yourself now (i.e., what is your current gender)?
 - Male
 - Female
 - Transgender–male to female
 - Transgender–female to male
 - Don't know
6. What best describes your race? (Check all that apply.)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White
7. What best describes your ethnicity?
 - Hispanic or Latino

If Hispanic/Latino, what is your ethnic group? _____

 - Not Hispanic or Latino

8. Please indicate how much you agree or disagree with each of the following statements by circling the number which best fits your response to each item. Use this scale, where 1 = disagree strongly and 6 = agree strongly.

	Disagree Strongly	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Agree Strongly
Safe sex is less pleasurable than unsafe sex.	1	2	3	4	5	6
Using a condom takes the fun out of sex.	1	2	3	4	5	6
Safer sex is unsatisfying.	1	2	3	4	5	6
Sometimes if I am really turned on, I have trouble only doing safer sex.	1	2	3	4	5	6
If someone I am having sex with starts to do something unsafe, it is hard for me to stop him.	1	2	3	4	5	6
I find it difficult telling a sex partner not to do something I think is risky.	1	2	3	4	5	6
I have trouble letting a sex partner know that I want to have safe sex.	1	2	3	4	5	6
Sometimes I dislike myself for being a man who has sex with other men.	1	2	3	4	5	6
I wish I were heterosexual.	1	2	3	4	5	6
I am glad to be gay.	1	2	3	4	5	6
I am proud to be part of the gay community.	1	2	3	4	5	6

9. How many times have you encouraged a friend to have safer sex in the last month?

10. Please check the box next to each activity you did with your boyfriend/lover in the past 3 months. Please check the box next to each activity you did in the last 3 months that was not with your boyfriend/lover.

Oral Sex		
With a boyfriend	With a non-boyfriend	
<input type="checkbox"/>	<input type="checkbox"/>	You sucked your partner's penis using a condom.
<input type="checkbox"/>	<input type="checkbox"/>	You sucked your partner's penis but he did not come in your month.
<input type="checkbox"/>	<input type="checkbox"/>	You sucked your partner's penis and he came in your mouth.
<input type="checkbox"/>	<input type="checkbox"/>	Your partner sucked your penis but you did not come in his mouth.
<input type="checkbox"/>	<input type="checkbox"/>	Your partner sucked your penis using a condom.
<input type="checkbox"/>	<input type="checkbox"/>	Your partner sucked your penis and you came in his mouth.

Anal Sex		
With a boyfriend	With a non-boyfriend	
<input type="checkbox"/>	<input type="checkbox"/>	You put your penis in his anus with a condom.
<input type="checkbox"/>	<input type="checkbox"/>	You put your penis in his anus without a condom and pulled out before you came.
<input type="checkbox"/>	<input type="checkbox"/>	You put your penis in his anus without a condom and came inside him.
<input type="checkbox"/>	<input type="checkbox"/>	Your partner put his penis in your anus with a condom.
<input type="checkbox"/>	<input type="checkbox"/>	Your partner put his penis in your anus without a condom and pulled out before he came.
<input type="checkbox"/>	<input type="checkbox"/>	Your partner put his penis in your anus without a condom and came inside of you.

11. In the past 3 months, have you:

	Yes	No
a. Talked with your friends about the importance of safer safe?	<input type="checkbox"/>	<input type="checkbox"/>
b. Given your friends ideas about how to avoid unsafe safe?	<input type="checkbox"/>	<input type="checkbox"/>
c. Encouraged your friends to always practice safe sex?	<input type="checkbox"/>	<input type="checkbox"/>

12. In the past 3 months, have you seen or heard Mpowerment publicized through:

		Yes	No
a. Internet	<input type="checkbox"/> Specify:		<input type="checkbox"/>
b. Printed materials	<input type="checkbox"/> Specify:		<input type="checkbox"/>
c. Radio	<input type="checkbox"/> Specify:		<input type="checkbox"/>
d. Telephone	<input type="checkbox"/> Specify:		<input type="checkbox"/>
e. Television	<input type="checkbox"/> Specify:		<input type="checkbox"/>
f. Video	<input type="checkbox"/> Specify:		<input type="checkbox"/>
g. T-shirts	<input type="checkbox"/> Specify:		<input type="checkbox"/>
h. Word of mouth	<input type="checkbox"/> Specify:		<input type="checkbox"/>
i. Other	<input type="checkbox"/> Specify:		<input type="checkbox"/>

13. Please check the appropriate box indicating your view on the below statements.

	Strong Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know/N/A
a. Young gay/bisexual men in this community use condoms consistently during oral sex.	<input type="checkbox"/>				
b. Young gay/bisexual men in this community use condoms consistently during anal sex.	<input type="checkbox"/>				
c. I plan to use a condom the next time I have oral sex.	<input type="checkbox"/>				
d. I plan to use a condom the next time I have anal sex.	<input type="checkbox"/>				
e. In the past 3 months, I have increased my use of condoms.	<input type="checkbox"/>				

14. Please check the appropriate box indicating your answer to the following questions.

	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No	Don't Know
a. Do you like most aspects of your personality?	<input type="checkbox"/>				
b. Do you feel you deserve other people's respect?	<input type="checkbox"/>				
c. Are you proud of who you are?	<input type="checkbox"/>				
d. Do you feel you take good care of yourself?	<input type="checkbox"/>				
e. Do you feel satisfied with your life?	<input type="checkbox"/>				
f. In general, do you feel in charge of your life?	<input type="checkbox"/>				
g. Do you have a sense of direction and purpose in your life?	<input type="checkbox"/>				
h. Do you feel you respect yourself?	<input type="checkbox"/>				

Thank you for your participation!

Community Observation Form

The purpose of conducting community observations is to collect information about young gay/bisexual men in your community, particularly where they congregate, what they do, and with whom they socialize. The information collected from these observations can help confirm information collected from interviews and focus groups and will assist you in planning project activities and recruiting participants.

When to use

During each community observation conducted during Mpowerment's pre-implementation phase. It is recommended that you observe a location at different times during the day and during different days of the week. Some locations may only be frequented by your target population during a particular time or day of the week.

Community observations may also be conducted during the implementation phase to help your agency monitor changes in the target population (e.g., when and where your population gathers in the summer may be different in the fall or winter, and may require modifications to your recruitment and intervention plans).

Administered by

- Project coordinators
- Core group members
- Volunteers
- Consultants

Completed by

- Project coordinators
- Core group members
- Volunteers
- Consultants

Instructions

Simply observe community members and their interactions for 10–30 minutes at a specific setting in the targeted community. Do your best to avoid speaking or interacting with the community members you are observing. Describe what you see, including the location at which you are conducting the observation, the people you see, and the types of activities in which they are engaged. Keep track of the demographic characteristics of the individuals you see. Complete a form for each location.

For more information about community observation, please see the *Mpowerment Project Implementation Manual* (Kegeles et al., 2002) or the *Evaluation Capacity Building Guide* (CDC, 2008a).

Community Observation Form

Date: ____ / ____ / ____ (month/date/year) Start time: _____ a.m./p.m.

Staff name or ID: _____ End time: _____ a.m./p.m.

Place of interview:

- | | | |
|--|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Community event | <input type="checkbox"/> Bar/club |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Entertainment event | <input type="checkbox"/> Street/hangout |
| <input type="checkbox"/> Clinic/health care facility | <input type="checkbox"/> College/university | <input type="checkbox"/> Other |
| <input type="checkbox"/> Residence | <input type="checkbox"/> Church of other religious place | |

Please list specific location:

Vehicle traffic in area:

- Light
- Moderate
- Heavy

Foot traffic in area:

- Light
- Moderate
- Heavy

Check off the demographic characteristics of the individuals you observe and write in the total number of each type of person you see.

Gender	Number
<input type="checkbox"/> Male	
<input type="checkbox"/> Female	
<input type="checkbox"/> Transgender	
<input type="checkbox"/> Unknown	

Race	Number
<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> White	
<input type="checkbox"/> More than one race	

Ethnicity	Number
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Not Hispanic or Latino	

Age	Number
<input type="checkbox"/> 12 or younger	
<input type="checkbox"/> 13–18 years	
<input type="checkbox"/> 19–24 years	
<input type="checkbox"/> 25–34 years	
<input type="checkbox"/> 35–44 years	
<input type="checkbox"/> 45 years and older	

Observation Notes

1. Describe what the people are doing (example: sitting, talking, socializing):

2. Describe their attitude (example: relaxed, stressed, happy, anxious):

3. Describe the setting itself (advertisements, open space):

4. Unique observations:

5. Other observations:

Please answer after the observation is complete:

6. In observer's opinion, what methods would you use to reach people here?

Community Assessment Compilation Form

This form is to help your agency summarize the findings from your community assessment activities. This will help in identifying trends and issues for consideration when planning your recruitment and intervention activities.

When to use

At the conclusion of all community assessment activities (i.e., key informant interviews, focus groups, spot interviews, spot surveys, and community observations) conducted during the pre-implementation and implementation phases of Mpowerment.

Administered by

- Project coordinators
- Core group members
- Volunteers
- Consultants

Completed by

- Project coordinators
- Core group members
- Volunteers
- Consultants

Instructions

Fill in the name of the target community sub-groups assessed. For each subgroup summarize the findings for each of the topic areas listed in the left column. When planning, consider the specific steps your agency will need to take in order to successfully recruit participants and retain participation in the core and M-group activities.

For additional information about using community assessment data for program planning, please refer to the *Mpowerment Project Implementation Manual* (Kegeles et al., 2002) or the *Evaluation Capacity Building Guide* (CDC, 2008a).

Community Assessment Compilation Form

Identify various subgroups within the young gay/bisexual community by using the information from the community assessment tools. Use this information to guide your implementation planning for Mpowerment.

Name of subgroup (e.g., bar crowd, professionals)				
Where does this group hang out?				
Number in group?				
Orientation (e.g., gay, straight, bisexual, other)?				
Age range				
Racial/ethnic groups?				
Men only or co-ed?				
How to join group?				
Likes (activities)?				
Dislikes (activities)?				
Anything else?				

Formal Outreach Instruments

- Event Record Form
- Event Satisfaction Survey
- Volunteer Satisfaction Survey
- Spot Interview Guide*
- Spot Survey*

* Your agency may utilize the spot interview guide and spot survey to collect outcome monitoring data. These data collection instruments are located in the community assessment section.

Event Record Form

When to use

During formal outreach

Administered by

- Project coordinators
- Core group members
- Volunteers

Completed by

- Project coordinators
- Core group members
- Volunteers

Instructions

During each formal outreach event, project coordinator, core group members, and volunteers should discreetly keep track of with whom they are speaking and the number and types of materials distributed.

At the conclusion of each event, the team should share their data and debrief about the event. The project coordinator or event lead should record the number and demographic characteristics of the individuals who attended the event. These data may be captured by using a sign-in sheet, outreach log, or by observation (if the group is small enough). Certain characteristics, such as primary risk and HIV status, may be determined through conversation with project staff and volunteers or assumed based on the target audience for the event.

Other information, including who “staffed” the event (e.g., agency staff, core group members, and volunteers), the types of activities that occurred, what went well, and ideas for improving future events, should be documented on this form.

The NHM&E DS variables listed in the table below are collected on the Event Record Form. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC’s National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name (Item #)
AG: HE/RR and Outreach	02	Date of outreach event (Date)
	03	Duration of outreach event (End time – start time)
	04	Total number of clients contacted (2)
	05a	Delivery method (agency determined)
	05b	Activities: materials distributed (9)
	06	Location/location types (location)
	08a –08f	Client primary risk (7)
	09a –09d	Gender (3)
	10a –10b	Ethnicity (4)
	11a –11e	Race (5)
	12a –12f	Age (6)
	13a –13c	HIV status (8)

Event Record Form

Please enter information about the outreach event below.

Event name: _____

Date: ____ / ____ / ____ (month/date/year) Start time: _____ a.m./p.m.

Staff name or ID: _____ End time: _____ a.m./p.m.

Location/Site name: _____

1. Briefly describe the event:

2. Total number of participants or client contacts: _____

Indicate the total number of clients for each of the following categories (e.g., 17 males).

3. Current gender:

- _____ Male
- _____ Female
- _____ Transgender—male to female
- _____ Transgender—female to male
- _____ Don't know

6. Age:

- _____ 12 or below
- _____ 13–18 years
- _____ 19–24 years
- _____ 25–34 years
- _____ 35–44 years
- _____ 45 years and over
- _____ Don't know

4. Ethnicity:

- _____ Hispanic or Latino
- _____ Not Hispanic or Latino
- _____ Don't know

7. Client primary risk:

- _____ MSM
- _____ IDU
- _____ MSM/IDU
- _____ Sex with transgender person(s)
- _____ Heterosexual at risk
- _____ Don't know/risk not identified
- _____ Other (specify: _____)

5. Race:

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Pacific Islander
- _____ White
- _____ More than one race
- _____ Don't know

8. HIV status:

- _____ HIV positive
- _____ HIV negative
- _____ Status unknown

9. For each of the items below, indicate the total number of materials distributed (e.g., 43 male condoms).

_____ Male condoms
 _____ Lubricants
 _____ Education materials
 _____ Invitation to M-group

_____ Safer sex kits
 _____ Referral lists
 _____ Information about Mpowerment
 _____ Other (specify: _____)

10. Were any referrals made?*

- Yes
- No

* Note: Count only those referrals that will be tracked over time. A Referral Tracking Form is required for each referral documented. Reference CDC's NMEG (CDC, 2008d) for specifications regarding referrals.

10a. How many referrals were made to each of the following services?

_____ HIV counseling and testing
 _____ HIV medical care
 _____ STD screening and testing
 _____ Prevention case management
 _____ Reproductive health services
 _____ Substance abuse services
 _____ General medical services
 _____ M-group session
 _____ Other (specify: _____)

11. Number (and names) of project volunteers who participated in this outreach.

Volunteer Number	Volunteer Name

12. Number (and names) of project volunteers who participated in the performance (if there was one).

Volunteer Number	Volunteer Name

13. How many names of guys were collected for M-groups?

14. Did everything go as planned? If not, what was changed and why?

15. What went well at the event?

16. What would you do differently next time?

17. Any other comments?

Event Satisfaction Survey

The survey can be used to collect information about what participants thought of an event in order to understand the extent to which an event was successful (or unsuccessful) and why. By reviewing the data, your agency can identify trends in facilitators and barriers to implementing successful events. This can be used to develop strategies to improve your events—note that further exploration of identified issues may be needed.

When to use

Just before the conclusion of or immediately after a formal outreach event

Administered by

- Project coordinators
- Core group members
- Volunteers

Completed by

- Participants

Instructions

The project coordinator, core group members, and/or volunteers should distribute copies of the survey to participants. Ask them to take a few minutes to provide feedback on the event. Let them know the agency would like this information to make decisions about improvements to future events. Also let them know that the form does not ask for their name and assure them that their responses will remain anonymous. Have a box or someone near the exit(s) to collect the surveys. Do not forget to thank them for their input.

Your agency is free to modify, add to, or remove any questions as appropriate for your audience and/or event activities.

Event Satisfaction Survey

1. What best describes your gender?
 - Male
 - Female
 - Transgender—male to female
 - Transgender—female to male
 - Don't know

2. Which of the following terms best describes you? (*Check one.*)
 - Gay
 - Bisexual
 - Straight
 - Other (specify: _____)

3. What is your age range?
 - 12 or below
 - 13–18 years
 - 19–24 years
 - 25–34 years
 - 45 years and over

4. What best describes your ethnicity?
 - Hispanic or Latino
 - Not Hispanic or Latino

5. What best describes your race? (*Check all that apply.*)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White

6. I thought today's event was: (*Check one.*)
 - Fabulous
 - Good
 - So-so
 - Poor
 - Crummy

7. What was the best thing that you got out of the event?

8. How could this event have been improved?

9. What suggestions do you have for future events?

Volunteer Satisfaction Survey

This survey can be used to collect information about what volunteers thought of an event as well as their level of satisfaction serving as a volunteer. Some volunteers may only help with planning an event and may not actually attend. Be sure to collect feedback from these volunteers as well. By reviewing the data, your agency can identify trends and facilitators and barriers to utilizing volunteers for events. This can be used to develop strategies to improve your events—note that further exploration of identified issues may be needed (e.g., focus groups or interviews with volunteers).

When to use

After each formal outreach event

Administered by

- Project coordinators
- Core group members

Completed by

- Volunteers

Instructions

The project coordinator and/or core group members should distribute copies of the survey to volunteers who assisted with the formal outreach event. Ask them to take a few minutes to provide feedback on their experience with the event. Let them know the agency would like this information to make decisions about improvements to future events. Also let them know that the form does not ask for their name and assure them that their responses will remain anonymous.

For volunteers filling out the form at the end of an event, have an envelope or box available for them to place their surveys. If mailing the survey to volunteers who assisted with the planning of the event, remember to include a letter explaining the purpose of the survey and a return envelope addressed to the agency. If resources allow, include a stamp on the return envelope.

Your agency may choose to fill out the name, location, and date of the event prior to administering this survey.

Your agency is free to modify, add to, or remove any questions as appropriate for your audience and/or event activities.

6. What suggestions do you have for future events?

7. Including this event, please check the number of events you have volunteered for our project:

- 1 (This is the first event I have volunteered with)
- 2–3
- 4–6
- 7 or more

8. Do you plan to volunteer for future project events and activities?

- Yes
- No

9. Are you a member of our project's core group?

- Yes
- No

10. Have you attended an M-group session?

- Yes
- No

M-Group Session Instruments

- M-Group Pre- and Post-Session Assessment
- M-Group Fidelity Form
- M-Group Evaluation Form

M-Group Pre- and Post-Session Assessment

The M-group pre-session assessment is used to collect demographic information and set a baseline for knowledge, attitudes, and behavioral risks about the individuals who participate in an M-group session. Post-session data are used to track changes in knowledge, attitudes, and behaviors at some set time after each participant's M-group session.

When to use

Pre-Session Assessment Form

At the beginning of each M-group session.

Post-Session Assessment Form

Distribute 1, 3, or 6 months after the M-group session (agency determined)

Administered by

- Project coordinators
- M-group facilitators

Completed by

- M-group participants

Instructions

For the purpose of CDC reporting requirements for PEMS, this form uses a 12-month recall period.* This assessment form should also be tailored for an additional local recall period if one is specified. Refer to the *National Monitoring and Evaluation Guidance for HIV Prevention Programs* (CDC, 2008b) for more information.

It is important that your organization establish a tracking system to capture the M-group participants' contact information. Ideally, it would be good to compare a participant's pre-session answers with his post-session answers in order to see if there were any changes in behaviors, attitudes, etc. To do so, you will need to assign a unique participant ID or code to each M-group member. Your agency may already have a method for assigning participant IDs. In order to ensure confidentiality and/or anonymity, it is important that the ID does not contain any information that could easily identify the participant. Please see the evaluation section in the *Mpowerment Project Implementation Manual* (Kegeles et al., 2002) for more information about creating an ID to track participants.

Your agency may also choose to change terminology on this form to be more appropriate for your target population or add questions to meet your agency's information needs. Note that changes to items should be made with caution, as they are designed to assist your agency in gathering data that will be used to assess outcomes and for reporting NHM&E DS variables.

* NHM&E DS program planning, HIV testing, and agency data variables were finalized for January 1, 2008, reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating Mpowerment in its entirety. They are also designed to capture most program planning and client services NHM&E DS variables. Agencies should check with their CDC Project Officer or other contract monitors specific reporting requirements for Mpowerment.

Pre-Session Assessment

After welcoming participants to the M-group session, distribute a copy of the pre-session form to each participant. Let them know the purpose of the form, "...to help the agency gain a better understanding of who is participating in the groups. We want to have fun, but we also have several objectives that we want to achieve today. This form is one way to help us find out if we met those objectives and also learn about ways in which we can improve these groups." Emphasize that participants' responses will remain confidential.

Post-Assessment

Send the form by mail to the M-group participants at some predetermined interval following the participant's session (e.g., 1, 2, or 3 months following the M-group session). You may choose to include the participant's unique ID on the form before mailing it out.

Whenever you decide to send out the post-session assessment, make sure that the recall period on the assessment asks about behaviors that have occurred after the M-group. (For example, if you want to collect information about a participant's behavior in the past 3 months, you need to make sure that you send out the assessment 3 months after he has completed his M-group session. If you send out the same assessment 1 month after the participant completes his M-group, then using a 3-month recall period will actually collect information on the participant's behaviors that occurred before the intervention. In order to assess the impact of the M-group, you need to make sure you collect information on behaviors that have occurred after someone has attended an M-group.)

The NHM&E DS variables listed in the table below are collected on the M-group pre- and post-session assessment form. Note that the variables presented in the table include only those required variables captured on this instrument.

Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name (Item #)
G1: Client Characteristics–Demographic	01	Date collected (today's date)
	02	PEMS client unique key (system generated)
	12	Date of birth year (1)
	13	Age (system calculated)
	14	Ethnicity (5)
	16	Race (6)
	18	More than one race (6)
	20	State/territory of residence (2)
	23	Assigned sex at birth (3)
	24	Current gender (4)
G2: Client Characteristics–Risk Profile	00	Date collected (today's date)
	04	Previous HIV test (14)
	05	HIV status (15)
	06	Date of last HIV negative test (18)
	08	Medical care (HIV+) (17)
	09	Pregnant (n/a)
	10	In prenatal care (if pregnant) (n/a)
	11	Client risk factors (22)
	12	Additional risk factors (22)
	13	Recent STD (not HIV) (19)

M-Group Pre- and Post-Session Assessment

Instructions

Please answer the following questions as truthfully as possible. There are no “right” or “wrong” answers. Your answers will be kept confidential and no identifying information will be associated with your responses. The information you provide will help us plan activities that provide the best services possible for your community.

Once completed, please place your form in the envelope provided.

1. Today's Date: ____/____/____ (month/date/year)
2. What is your birth date? ____/____/____ (month/date/year)
3. In what state do you live? _____
4. Were you born as a male or a female?
 - Male
 - Female
5. How do you view yourself now (i.e., what is your current gender)?
 - Male
 - Female
 - Transgender—male to female
 - Transgender—female to male
 - Don't know
6. What best describes your race? (Check all that apply.)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White
7. What best describes your ethnicity?
 - Hispanic or Latino
 - Not Hispanic or Latino
8. Have you ever had an HIV test?
 - Yes
 - No (Skip to question 12)
 - Don't know (Skip to question 12)
9. When was your last HIV test? ____ / ____ (month/year)
 - Don't know

10. What was your HIV test result?
- HIV-Positive (HIV+)
 - HIV-Negative (HIV-) (*Skip to question 12*)
 - Don't know (*Skip to question 12*)
11. Are you currently receiving medical care or treatment for HIV?
- Yes
 - No
 - Don't know
12. In the past 3 months, have you been diagnosed with an STD (not including HIV)?
- Yes (*Specify type.*)
 - Syphilis
 - Chlamydia
 - Gonorrhea
 - Other (specify: _____)
 - No

For the following, if you do not know the answer to the question, please provide your best guess.

13. Have you had sexual intercourse (vaginal or anal sex) with a partner in the past 12 months?
- Yes
 - No
14. In the past 12 months, with how many sexual partners have you had sexual intercourse (vaginal or anal)? _____
15. In the past 12 months, have you engaged in the following behaviors?

	Yes	No
Oral sex with a male		
Oral sex with a female		
Sex with male		
Sex with female		
Sex with transgender		
Sex without a condom		
Sex in exchange for drugs, money, or something you needed		
Sex with a man who has sex with men (MSM)		
Sex with an anonymous partner		
Sex with an HIV positive partner		
Sex with a person of unknown HIV status		
Sex with a person who exchanges sex for drugs or money		

	Yes	No
Sex with a person who has hemophilia or is a transfusion/transplant recipient		
Sex while intoxicated and/or high on drugs		
Sex with an injection drug user (IDU)		
Injected drugs		
Shared injection drug equipment		

16. Please indicate how much you agree or disagree with each of the following statements by circling the number that best fits your response to each item. Use this scale where 1 = disagree strongly and 6 = agree strongly.

	Disagree Strongly	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Agree Strongly
Safe sex is less pleasurable than unsafe sex.	1	2	3	4	5	6
Using a condom takes the fun out of sex.	1	2	3	4	5	6
Safer sex is unsatisfying.	1	2	3	4	5	6
Sometimes if I am really turned on, I have trouble only doing safer sex.	1	2	3	4	5	6
If someone I am having sex with starts to do something unsafe, it is hard for me to stop him.	1	2	3	4	5	6
I find it difficult telling a sex partner not to do something I think is risky.	1	2	3	4	5	6
I have trouble letting a sex partner know that I want to have safe sex.	1	2	3	4	5	6
Sometimes I dislike myself for being a man who has sex with other men.	1	2	3	4	5	6
I wish I were heterosexual.	1	2	3	4	5	6
I am glad to be gay.	1	2	3	4	5	6
I am proud to be part of the gay community.	1	2	3	4	5	6

17. How many times have you encouraged a friend to have safer sex last month?

18. Please check the box next to each activity you did with your boyfriend/lover in the past 3 months. Please check the box next to each activity you did in the last 3 months that was not with your boyfriend/lover.

Oral Sex		
With a boyfriend	With a non-boyfriend	
<input type="checkbox"/>	<input type="checkbox"/>	You sucked your partner's penis using a condom.
<input type="checkbox"/>	<input type="checkbox"/>	You sucked your partner's penis but he didn't come in your month.
<input type="checkbox"/>	<input type="checkbox"/>	You sucked your partner's penis and he came in your mouth.
<input type="checkbox"/>	<input type="checkbox"/>	Your partner sucked your penis but you didn't come in his mouth.
<input type="checkbox"/>	<input type="checkbox"/>	Your partner sucked your penis using a condom.
<input type="checkbox"/>	<input type="checkbox"/>	Your partner sucked your penis and you came in his mouth.

Anal Sex		
With a boyfriend	With a non-boyfriend	
<input type="checkbox"/>	<input type="checkbox"/>	You put your penis in his anus with a condom.
<input type="checkbox"/>	<input type="checkbox"/>	You put your penis in his anus without a condom and pulled out before you came.
<input type="checkbox"/>	<input type="checkbox"/>	You put your penis in his anus without a condom and came inside him.
<input type="checkbox"/>	<input type="checkbox"/>	Your partner put his penis in your anus with a condom.
<input type="checkbox"/>	<input type="checkbox"/>	Your partner put his penis in your anus without a condom and pulled out before he came.
<input type="checkbox"/>	<input type="checkbox"/>	Your partner put his penis in your anus without a condom and came inside of you.

19. In the past 3 months, have you:

	Yes	No
a. Talked with your friends about the importance of safer safe?	<input type="checkbox"/>	<input type="checkbox"/>
b. Given your friends ideas about how to avoid unsafe safe?	<input type="checkbox"/>	<input type="checkbox"/>
c. Encouraged your friends to always practice safe sex?	<input type="checkbox"/>	<input type="checkbox"/>

20. In the past 3 months, have you seen or heard Mpowerment publicized through:

		Yes	No
a. Internet	<input type="checkbox"/> Specify:		<input type="checkbox"/>
b. Printed materials	<input type="checkbox"/> Specify:		<input type="checkbox"/>
c. Radio	<input type="checkbox"/> Specify:		<input type="checkbox"/>
d. Telephone	<input type="checkbox"/> Specify:		<input type="checkbox"/>
e. Television	<input type="checkbox"/> Specify:		<input type="checkbox"/>
f. Video	<input type="checkbox"/> Specify:		<input type="checkbox"/>
g. T-shirts	<input type="checkbox"/> Specify:		<input type="checkbox"/>
h. Word of mouth	<input type="checkbox"/> Specify:		<input type="checkbox"/>
i. Other	<input type="checkbox"/> Specify:		<input type="checkbox"/>

21. Please check the appropriate box indicating your view on the below statements.

	Strong Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know/N/A
a. Young gay/bisexual men in this community use condoms consistently during oral sex.	<input type="checkbox"/>				
b. Young gay/bisexual men in this community use condoms consistently during anal sex.	<input type="checkbox"/>				
c. I plan to use a condom the next time I have oral sex.	<input type="checkbox"/>				
d. I plan to use a condom the next time I have anal sex.	<input type="checkbox"/>				
e. In the past 3 months, I have increased my use of condoms.	<input type="checkbox"/>				

22. Please check the appropriate box indicating your answer to the following question.

	Definitely Yes	Somewhat Yes	Somewhat No	Definitely No	Don't Know
a. Do you like most aspects of your personality?	<input type="checkbox"/>				
b. Do you feel you deserve other people's respect?	<input type="checkbox"/>				
c. Are you proud of who you are?	<input type="checkbox"/>				
d. Do you feel you take good care of yourself?	<input type="checkbox"/>				
e. Do you feel satisfied with you life?	<input type="checkbox"/>				
f. In general, do you feel in charge of your life?	<input type="checkbox"/>				
g. Do you have a sense of direction and purpose in your life?	<input type="checkbox"/>				
h. Do you feel you respect yourself?	<input type="checkbox"/>				

Thank you for your participation!

M-Group Fidelity Form

The fidelity form is used to help agencies monitor implementation of their M-group sessions. Project coordinators can compare the activities led by facilitators against planned activities. These data can be used to identify training needs for facilitators and inform decisions to improve sessions.

When to use

Immediately after the M-group session

Administered by

M-group facilitator

Completed by

M-group facilitator

Instructions

At the conclusion of each M-group session, the facilitator should complete a fidelity form. Place a checkmark next to the activities the M-group engaged in. Note any issues that required modifying or particular activities that were not conducted, as well as any facilitators or challenges faced in implementing the M-group session. Also, identify any questions, concerns, or issues that may be considered for future M-group sessions. Please tailor this form to reflect any additional activities your agency plans to add to the M-group sessions.

The NHM&E DS DVS variables listed in the table below are collected on this form. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name
H: Client Intervention Characteristics	01	Intervention name/ID
	02	Intended number of sessions
	04a	Form ID
	05	Session number
	06	Session date-month
	07	Session date-day
	08	Session date-year
	09	Worker ID
	10	Site ID
	11	Duration of session
	12	Unit of duration
	18	Service/intervention type (only first session, and if agency referral)
	19	Recruitment source-site type (only first session, and if agency referral)
	20	Activities
	21	Incentive provided
22	Unit of delivery	
23	Delivery method	

M-Group Fidelity Form

Date of session: ___ / ___ / ___ (month/day/year)

Session number: _____ Location/site: _____

Facilitator(s): _____

Staff ID(s): _____

Duration: Start time: ___ a.m. ___ p.m. End time: ___ a.m. ___ p.m.

Number of participants in attendance: _____

Were incentives provided? Yes/No

If yes, what was provided? _____

Please check the activities completed. Please use the remarks section to explain if an activity did not go as planned:

<p>Welcome</p> <p><input type="checkbox"/> Described project and goals</p> <p><input type="checkbox"/> Set ground rules</p> <p>Remarks:</p>	<p>Fun With Condoms</p> <p><input type="checkbox"/> Demonstration–condom/barrier use</p> <p><input type="checkbox"/> Practice–condom/barrier use</p> <p><input type="checkbox"/> Distribution–male condoms</p> <p><input type="checkbox"/> Distribution–lubricant</p> <p>Remarks:</p>
<p>Introductions</p> <p><input type="checkbox"/> Completed ice-breaker</p> <p>Remarks:</p>	<p>Negotiating Safer Sex</p> <p><input type="checkbox"/> Discussion–negotiation/communication</p> <p><input type="checkbox"/> Discussion–decision-making</p> <p>Remarks:</p>

<p>Interpersonal Issues (Role Plays)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Demonstration—negotiation/communication <input type="checkbox"/> Demonstration—decision-making <input type="checkbox"/> Practice—negotiation/communication <input type="checkbox"/> Practice—decision-making <input type="checkbox"/> Discussion—negotiation/communication <input type="checkbox"/> Discussion—decision-making <p>Remarks:</p>	<p>Encouraging Friends to Have Safer Sex (“Friends” Role Play)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Practice—negotiation/communication <input type="checkbox"/> Practice—decision-making <input type="checkbox"/> Discussion—negotiation/communication <input type="checkbox"/> Discussion—decision-making <input type="checkbox"/> Distribution—condoms for friends <input type="checkbox"/> Distributions—lubricant for friends <p>Remarks:</p>
<p>Safer Sex Guidelines</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discussion—sexual risk reduction <input type="checkbox"/> Distribution—educational materials <p>Remarks:</p>	<p>Invitation to Join the Mpowerment Project</p> <ul style="list-style-type: none"> <input type="checkbox"/> Distribution—other (project material with logo) <p>Remarks:</p>
<p>How to Have Fun, Safer Sex (“Body Part” Activity)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discussion—sexual risk reduction <p>Remarks:</p>	<p>Informal Socializing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Offered informal socializing <p>Remarks:</p>

How many people volunteered at this M-group? ____

What went well at the M-group?

What would you do differently next time?

Any other comments?

M-Group Evaluation Form

When to use

At the end of each M-group session

Administered by

M-group facilitator

Completed by

Participants

Instructions

Distribute this evaluation form to participants at the end of each M-group session. Let participants know that the purpose of this form is to help your agency better understand what people like and dislike about the session, and how the agency can improve this session for future participants. Let them know that they do not have to put their name on the form and that their responses will remain anonymous. Ask participants to return the completed form before leaving. You may choose to have a box or someone (volunteer or core group member) near the exit to collect the forms.

Your agency may choose to modify or add to the questions on this form.

M-Group Evaluation Form

Please take a moment to rate how effective we were in presenting information to you today. Please rate each statement on a scale from 1–5, where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I feel that the role-plays increased my negotiation/communication skills.	1	2	3	4	5
2. I understand the importance of making safer sex decisions.	1	2	3	4	5
3. I know how to use a condom correctly.	1	2	3	4	5
4. I plan to use a condom the next time I have sex.	1	2	3	4	5
5. Any questions I had were clearly answered.	1	2	3	4	5
6. The group discussions were interesting and informative.	1	2	3	4	5

How would you rate the overall performance of the group leaders? *(Please circle a number.)*

Poor				Okay				Excellent	
1	2	3	4	5	6	7	8	9	10

Overall, how would you rate today's session? *(Please circle a number.)*

Poor				Okay				Excellent	
1	2	3	4	5	6	7	8	9	10

What is the best thing that you got out of this session?

How could this session be improved?

Please note any other comments you would like to share with us.

Ongoing Publicity Campaign Instruments

- Publicity Campaign Log
- Spot Interview*
- Spot Survey*

* Utilize the spot interview guide and spot survey to collect outcome monitoring data about the publicity campaign. These data collection instruments are located in the community assessment section.

Publicity Campaign Log

The Publicity Log allows you to track and assess an ongoing publicity campaign or specific, short-term, or one-time publicity activities.

When to use

For an ongoing/long-term campaign, use this log at regular intervals (e.g., weekly, monthly, quarterly) to track activities (e.g., number of flyers distributed or public service announcements).

For a short-term/one-time campaign or activity, use this log immediately after the campaign is completed.

Administered by

- Project coordinators
- Core group members
- Volunteers

Completed by

- Project coordinators
- Core group members
- Volunteers

Instructions

You should complete a log for each specific campaign you conduct. Each campaign can be distinguished by its overall goal. For example, you can complete and update one publicity log to track the progress of an ongoing campaign, such as one that generally promotes your project. You can complete a separate form for a campaign that is promoting a specific event or activity.

While this form will capture information regarding the content and activities conducted for a particular campaign, it will not tell you anything about the impact of the campaign (i.e., whom it reaches, whether your target audience likes the campaign, etc.). Such information can be obtained through spot interviews, surveys, and focus groups. You can include questions such as, “How did you hear about this project/event/meeting?” “Did you like/dislike the advertisement/poster/PSA?” and “Why did you like/dislike the campaign?” These and other questions can help you further develop your campaign messages and strategies and help you determine if you are effectively reaching your target audience.

The NHM&E DS DVS variables listed in the table below are collected on the publicity log. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name (Item #)
AG: Health Communication/ Public Information	02	Delivery method (5)
	03	Activity (6)
	05	Event start date (2)
	06	Event end date (3)
	06a	Data reported (4)
	14	Male condoms distributed (9)

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variables (continued)

NHM&E DS Table	NHM&E DS Number	Variable Name (Item #)
	15	Female condoms distributed
	16	Lubricants distributed (9)
	17	Bleach or safer injection kits distributed
	18	Referral list distributed (9)
	19	Safe sex kits distributed (9)
	20	Other items distributed (10)

Publicity Campaign Log

Name of publicity campaign: _____

1. Campaign start date: ____/____/____ (month/day/year)

2. End date: ____/____/____ (month/day/year)

3. Date this data was last updated? ____/____/____ (month/day/year)

4. Today's date: ____/____/____ (month/day/year)

5. Delivery method: (Check all that apply.)

- In person
- Television
- Internet
- Printed materials
- Telephone
- Video
- Other (e.g., television commercial, magazine, key chains) (specify: _____)

6. If your campaign used printed materials, where were they posted or distributed?

- Gay bars
- Gay/alternative/adult bookstores
- University gay student unions
- HIV/STD testing clinics
- Cafes/restaurants/coffee shops
- Other (specify: _____)
- Not applicable—No printed materials posted/distributed

7. Briefly describe the publicity campaign components (activities):

8. Briefly describe the key message:

9. Did you create materials?

Yes

No

a. If yes, what did you create?

10. List the number of items distributed: (e.g., 43 condoms)

_____ Male condoms distributed

_____ Lubricants distributed

_____ Referral lists distributed

_____ Safe sex kits distributed

_____ Other items distributed (specify: _____)

Project Space Instruments

- Project Space Checklist
- Project Space Sign-In Sheet

Project Space Checklist

This checklist is a useful tool for ensuring that your project space maintains the project's key characteristics.

When to use

After your agency has set up or made any changes to the project space

Administered by

Project coordinators

Completed by

Project coordinators

Instructions

Complete this checklist once you have established and set up your project space or after you have made any changes to the project space.

Project Space Checklist

Project space name and address:

How many days in the week is the project space usually open to visitors? _____ days

		Yes	No
1.	Is your project space open to visitors in the evening?		
2.	Is your project space open to visitors on the weekend?		
3.	Is your project space located in an area where young gay and bisexual men often visit, work, or socialize?		
4.	Can visitors get to your project space by taking public transportation (e.g., bus, train, subway)?		
5.	Does the outside of your project space contain any information or pictures that would identify it as a gay or HIV-related organization? (Note: Your project space's exterior should NOT contain anything that would identify it as a gay or HIV-related organization.)		
6.	Is there an area in your project space that is set up for participants to hang out, relax, and socialize? Such areas usually include comfortable couches and chairs.		
7.	Are there safer sex posters on display?		
8.	Are there brochures, pamphlets, and other handouts on display that provide safer sex and other HIV information for visitors to read and take home?		
9.	Are there condoms and/or lubricants available for visitors?		
10.	Are referral information and/or assistance for accessing HIV and other relevant services available for visitors?		
11.	Have you established rules for your project space?		
12.	If you have established rules, are they clearly communicated to all people (staff and visitors) who use the project space?		

Project Space Sign-In Sheet

This sign-in sheet can be used to track the number of visitors you have each month, the number of first-time visitors, as well as what times people visit you space.

When to use

Ongoing

Administered by

Project coordinators

Completed by

Participants

Instructions

Request that all visitors to the project space sign in when they arrive. You may modify the form to gather other information your agency may want to obtain.

Project Space Sign-In Sheet

Today's date: _____ (month/day/year)

	Name	Time-In	Time-Out	Check If It's Your First Time Here
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>
6.				<input type="checkbox"/>
7.				<input type="checkbox"/>
8.				<input type="checkbox"/>
9.				<input type="checkbox"/>
10.				<input type="checkbox"/>
11.				<input type="checkbox"/>
12.				<input type="checkbox"/>
13.				<input type="checkbox"/>
14.				<input type="checkbox"/>
15.				<input type="checkbox"/>
16.				<input type="checkbox"/>
17.				<input type="checkbox"/>
18.				<input type="checkbox"/>
19.				<input type="checkbox"/>
20.				<input type="checkbox"/>

Referral Tracking

- Referral Tracking Form

Referral Tracking Form

When to use

As referrals are made

Administered by

Agency staff providing referral (e.g., project coordinators, staff members)

Completed by

Agency staff providing referral

Instructions

The referral tracking form is optional. However, it should be completed for each individual who receives a formal referral that will be tracked over time. Referral forms should be used to document the provider's efforts and the results of these efforts to follow-up on each referral made for a client. Codes and explanations on how to use and complete this form are on the following page.

The NHM&E DSDVS variables listed in the table below are collected on the referral tracking form.

CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variables		
NHM&E DS Table	NHM&E DS Number	Variable Name (Item Number)
X-7: Referral	01	Referral code (1)
	02	Referral date (2)
	03	Referral service type (3)
	05	Referral follow-up (4)
	06	Referral outcome (5)
	10	Referral close date (6)
	16	Age
	17	Ethnicity
	18	Race
	19	Current gender
	20	Risk category
	21	Self-reported HIV status

Referral Tracking Form

Instructions

The following form is optional but should be completed for each individual who receives a referral that will be tracked over time. Referral forms should be used to document the provider's efforts and the results of these efforts to follow-up on each referral made for a client. Codes and explanations on how to use and complete this form are on the following page.

1. **Client ID:** _____ **Referral code:** _____

2. **Referral date:** ____/____/____ (month/day/year)

3. Referral service type:

- | | |
|---|---|
| <input type="checkbox"/> HIV testing | <input type="checkbox"/> General medical care |
| <input type="checkbox"/> HIV confirmatory test | <input type="checkbox"/> PCRS |
| <input type="checkbox"/> HIV prevention counseling | <input type="checkbox"/> PCM |
| <input type="checkbox"/> STD screening/treatment | <input type="checkbox"/> Other HIV prevention services |
| <input type="checkbox"/> Viral hepatitis screening/
treatment/immunization | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> TB testing | <input type="checkbox"/> Other support services (specify):
_____ |
| <input type="checkbox"/> Syringe exchange services | _____ |
| <input type="checkbox"/> Substance abuse prevention or treatment
services | _____ |
| <input type="checkbox"/> IDU risk reduction services | <input type="checkbox"/> Other services (specify):
_____ |
| <input type="checkbox"/> Reproductive health services | _____ |
| <input type="checkbox"/> Prenatal care | _____ |
| <input type="checkbox"/> HIV medical care/ treatment | _____ |

4. Referral follow-up method: (Choose only one.)

- None
- Active Referral
- Passive Referral—agency verification
- Passive Referral—client verification

5. Referral outcome: (Choose only one.)

- Pending
- Confirmed—accessed service
- Confirmed—did not access service
- Lost to follow-up

6. **Referral close date:** ____/____/____ (month/day/year)

7. Referral Notes:

Referral Codes and Explanations

1.	Referral code	Create and enter a unique code that your agency will use to track the client's referral to another agency.
2.	Referral date	The date the referral was made.
3.	Referral service type	Indicate the type of service to which the client is being referred.
4.	Referral follow-up method	<p>Indicate the method by which the referral will be verified.</p> <p><i>Options include:</i></p> <ul style="list-style-type: none"> • Active referral: direct linkage (access) to a service provider • Passive referral: agency verification—confirmation that the client accessed services by the receiving agency • Passive referral: client verification—confirmation by the client that he/she accessed services • None: no plan to verify the completion of this referral
5.	Referral outcome	<p>Indicate the current status of the referral at the time of follow-up.</p> <p><i>Options include:</i></p> <ul style="list-style-type: none"> • Pending: the status of the referral can't be confirmed or denied • Confirmed: accessed service • Confirmed: did not access service • Lost to follow-up: the provider has been unable to verify the status of the referral within 60 days of the referral date
6.	Referral close date	Date indicating when the referral was confirmed or if it was lost to follow-up.
7.	Referral notes	(Optional) additional notes about the referral

APPENDICES

Appendix A

Mpowerment Behavioral Risk Analysis

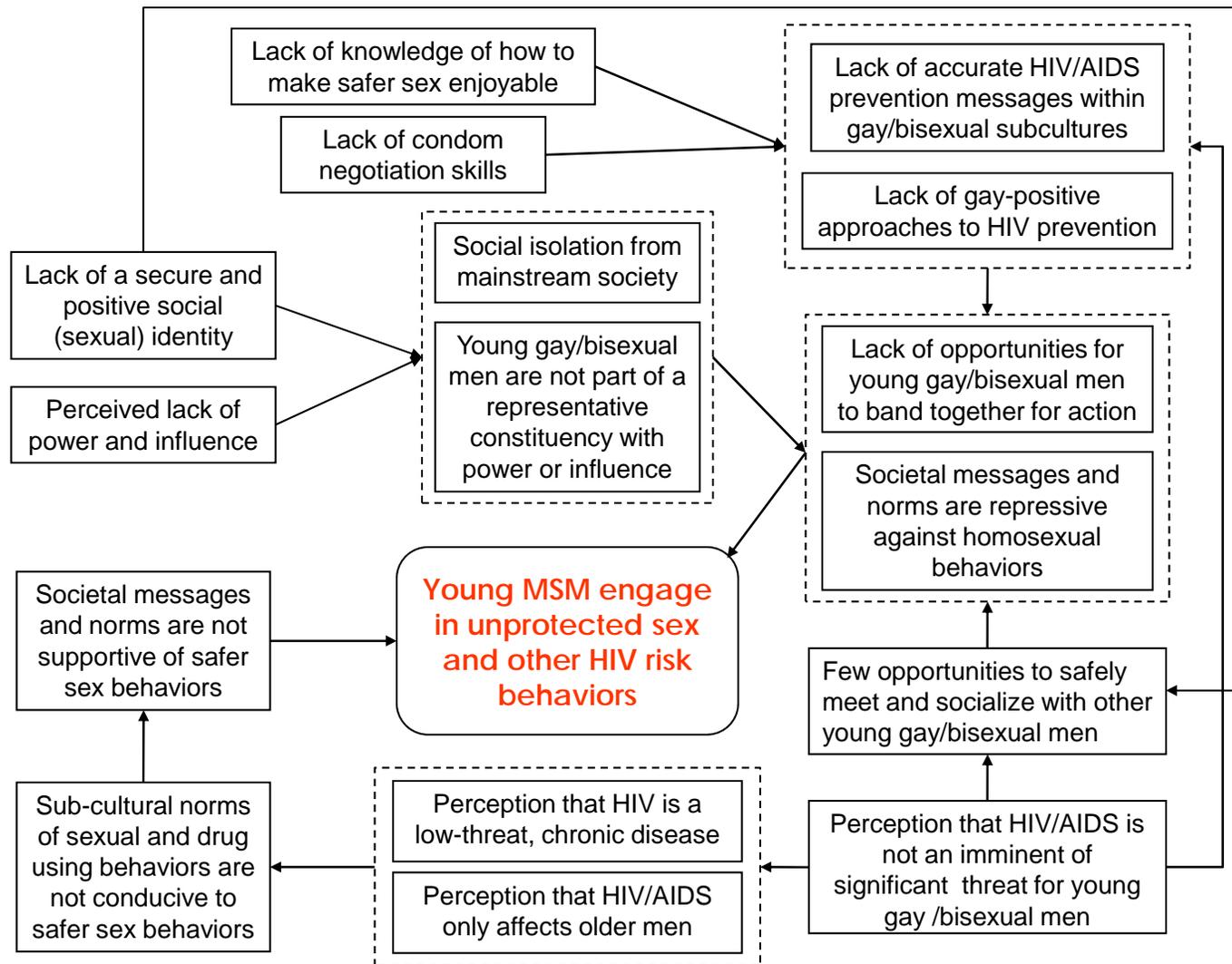
This appendix depicts a generic behavioral risk analysis for a social network identified for POL. The diagram describes the relationship between the factors that influence HIV risk behaviors in the social network identified in the original research by Kelly et al. (1995). You should modify the risk analysis to illustrate the influencing factors specific to your target social network and local environmental conditions. Use information obtained through formative assessment activities. You may choose to map out the relationships between factors as a flowchart or using other formats such as a table.

Mpowerment Behavioral Risk Analysis*

Who?	Risk Behavior	Why?					
Young gay/ bisexual men	Engaging in unprotected sex with one or more partners who are HIV positive or whose serostatus is unknown	<ul style="list-style-type: none"> ← Societal messages and norms are not supportive of safer sex behaviors 	<ul style="list-style-type: none"> ← Subcultural norms of sexual and drug using behaviors are not conducive to safer sex behaviors 	<ul style="list-style-type: none"> ← Perception that HIV/AIDS only affects older men 	<ul style="list-style-type: none"> ← Perception that HIV/AIDS is not an imminent or significant threat for young gay/bisexual men 		
		<ul style="list-style-type: none"> ← Societal messages and norms are repressive against homosexual behavior ← Lack of opportunities for young gay/bisexual men to band together for action 	<ul style="list-style-type: none"> ← Not enough accurate HIV/AIDS prevention messages within gay/bisexual subcultures ← Not enough gay-positive and sex-positive approaches to HIV prevention 	<ul style="list-style-type: none"> ← Few opportunities to safely meet and socialize with other young gay/bisexual men 	<ul style="list-style-type: none"> ← Social isolation from mainstream society ← Not part of a representative constituency with power or influence 	<ul style="list-style-type: none"> ← Poor or lack of condom negotiation skills ← Lack of knowledge on how to make safe sex enjoyable 	<ul style="list-style-type: none"> ← Perception that HIV/AIDS is not a threat for young gay/bisexual men

*Mpowerment is a community-level intervention. Therefore the factors addressed by the intervention are also community level; however, these community-level factors are the combined result of individual-level factors. Thus, the individual factors are furthest from the risk behavior in this analysis.

Example: Behavioral Risk Analysis Map*

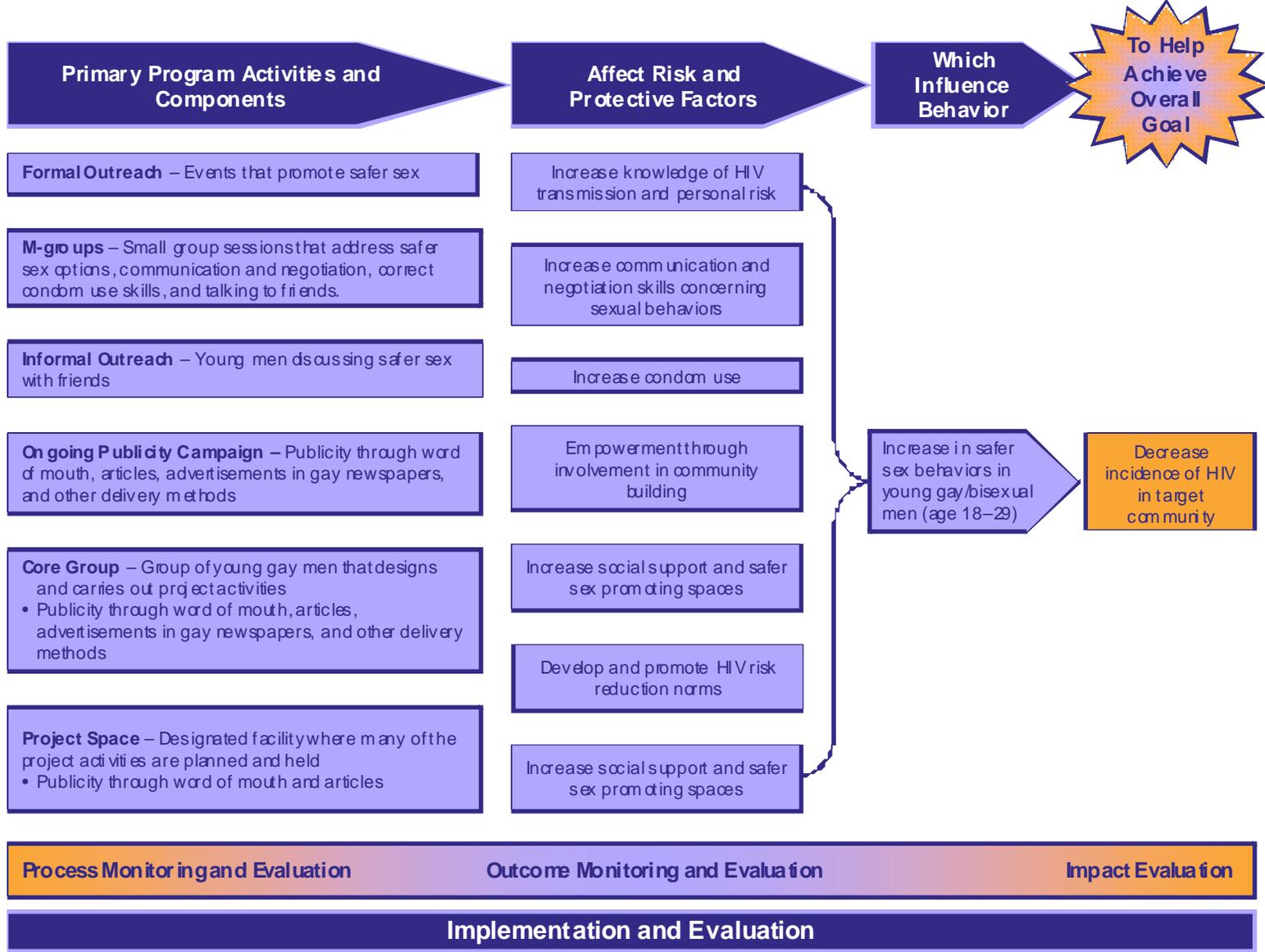


*Mpowerment is a community-level intervention. Therefore the factors addressed by the intervention are also community level; however, these community-level factors are the combined result of individual-level factors. Thus, the individual factors are furthest from the risk behavior in this analysis.

Appendix B

Mpowerment Conceptual Framework for Planning and Evaluation

Mpowerment Conceptual Framework for Planning and Evaluation

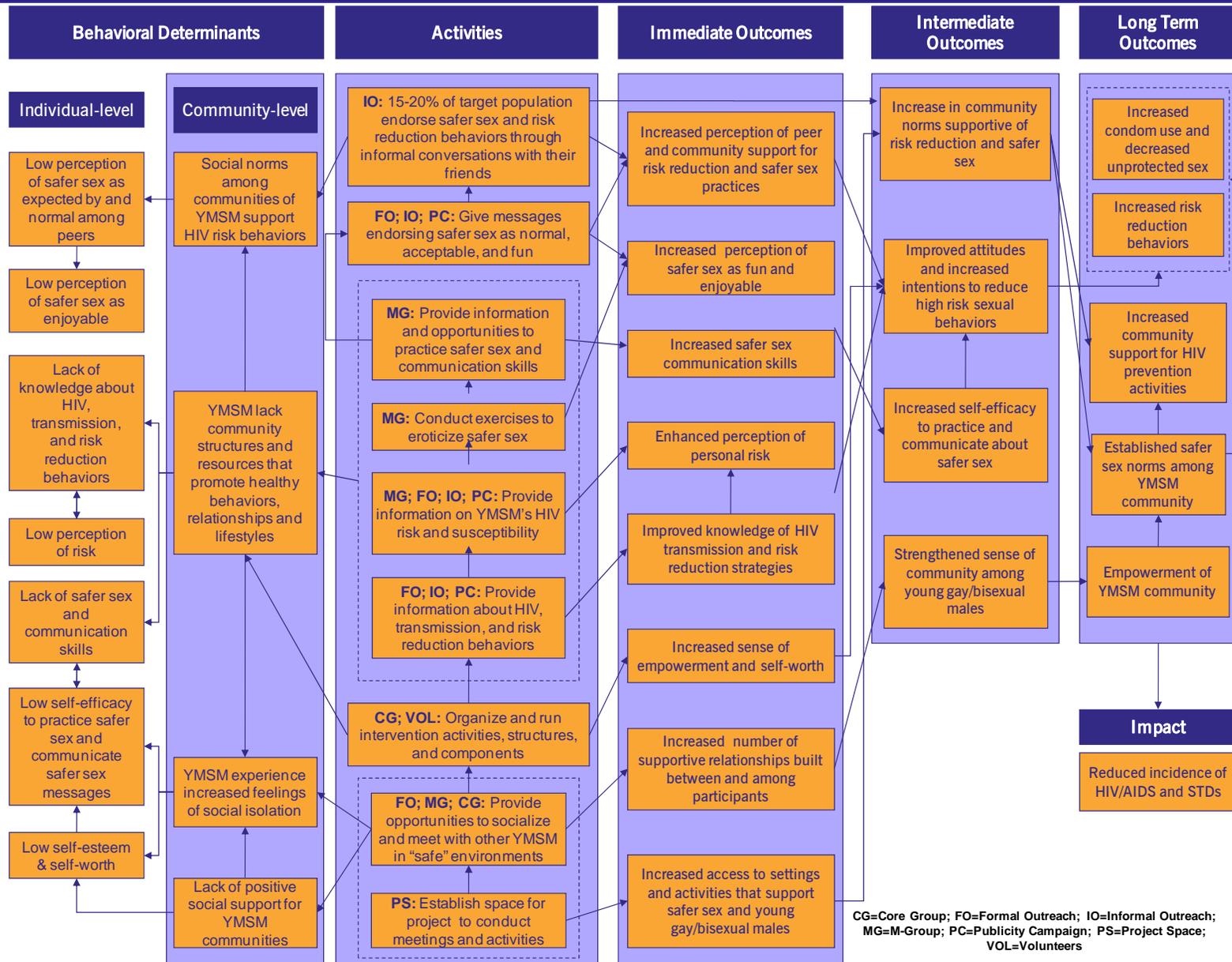


Appendix C

Mpowerment Logic Models

This section provides theoretical and implementation logic models for Mpowerment. The theoretical logic model reflects activities designed to affect the behaviors and attitudes of members of targeted communities and illustrates the relationship of the program's activities to the expected outcomes, as described in the Mpowerment Implementation Manual (Kegeles et al., 2002). As with the behavioral risk analysis, it is important to adapt and tailor this logic model to reflect your agency's implementation of Mpowerment.

Mpowerment Theoretical Logic Model



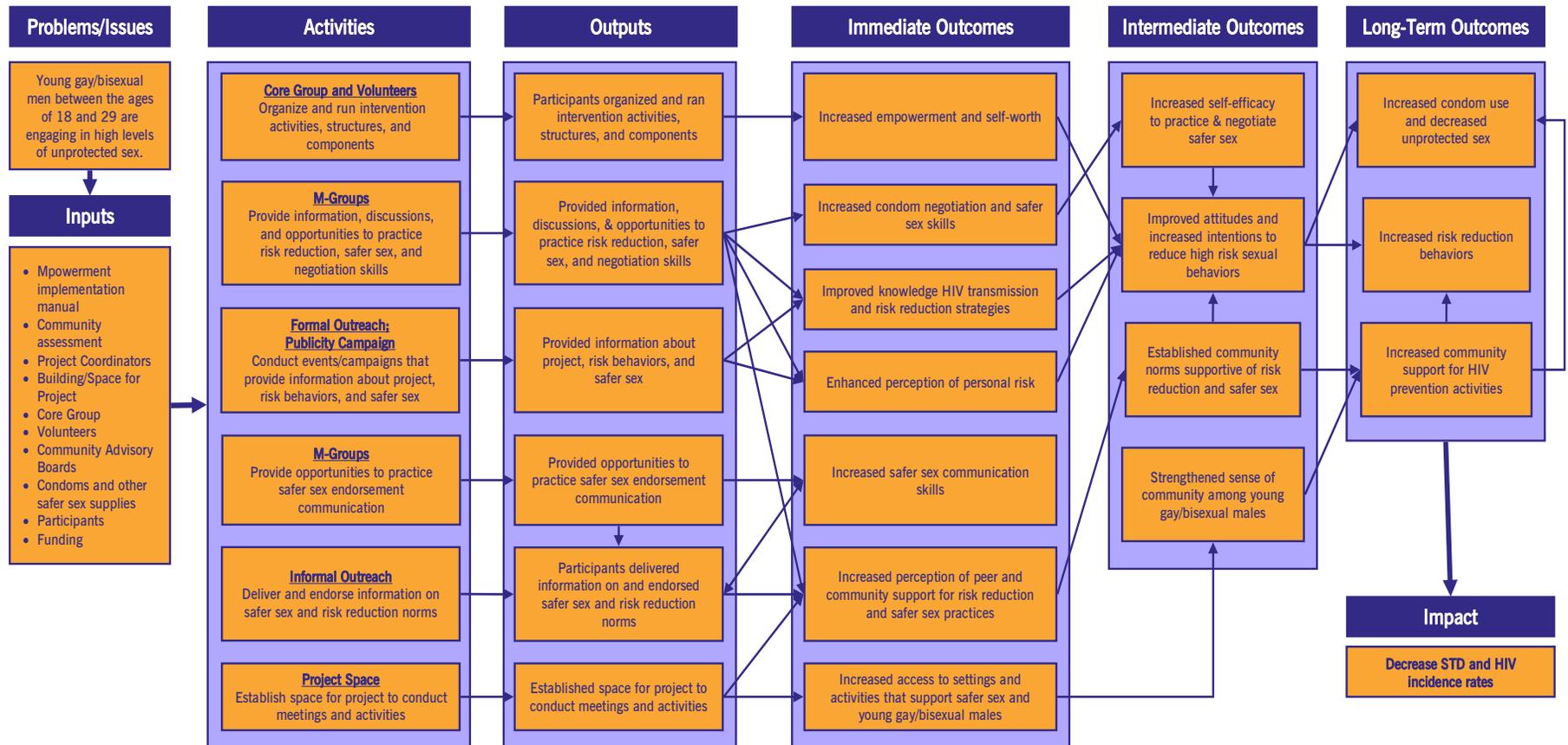
Mpowerment Implementation Logic Model

Assumptions:

- Young gay/bisexual men engage in high sexual risk-taking because they:
- Are exploring their sexuality
 - Are not part of a constituency with power and influence
 - Feel disenfranchised because of their age and their sexual orientation/preference
 - Have peer norms around taking sexual risks

Assumptions:

- Young gay/bisexual men are more likely to adopt a behavior if they:
- Perceive the behavior to be acceptable by their peers
 - Have a positive sense of power and self worth
 - Are actively involved in finding and implementing solutions to their problems
 - Receive messages about sex and sexuality that are positive
 - Can meet in safe settings in which they can express their identities, find support and band together
 - Are involved in a process of diffusion of ideas through informal communication and peer modeling within interpersonal networks
 - Are involved in a multi-level approach
- Social concerns – such as how to meet and have fun with others – are highly motivating for young men, and can be a useful focus of HIV interventions.



Appendix D

**2008 National HIV
Prevention Program
Monitoring and Evaluation
Data Set Variable
Requirements**

2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements

The table below presents a summary of the variable requirements for the data collection periods of January 1 and July 1, 2008, excluding variable requirements for HIV Testing and Partner Counseling and Referral Services (PCRS). HIV Testing variable requirements are currently specified in the HIV Testing Form and Variables Manual and the CDC HIV Testing Variables Data Dictionary (both are available on the PEMS Web site, <https://team.cdc.gov>). Requirements for PCRS will be released later in 2008. Since this document only provides a summary of the requirements, please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (NHME DS) (CDC, 2008d) for a more detailed description of definitions and value choices.

Variable Number	Variable Name	HD & CDC Reported Required
General Agency Information (Table A)		
A01	Agency Name	Required
A01a	PEMS Agency ID	Required
A02	Community Plan Jurisdiction	Required
A03	Employer Identification Number (EIN)	Required
A04	Street Address 1	Required
A05	Street Address 2	Required
A06	City	Required
A08	State	Required
A09	Zip Code	Required
A10	Agency Web site	Required
A11	Agency DUNS Number	Required
A12	Agency Type	Required
A13	Faith-based	Required
A14	Race/Ethnicity/Minority Focused	Required
A18	Directly Funded Agency	Required
A21	Agency Contact Last Name	Required
A22	Agency Contact First Name	Required
A23	Agency Contact Title	Required
A24	Agency Contact Phone	Required
General Agency Information (Table A) (continued)		
A25	Agency Contact Fax	Required

Variable Number	Variable Name	HD & CDC Reported Required
A26	Agency Contact E-mail	Required
CDC Program Announcement Award Information (Table B)		
B01	CDC HIV Prevention PA Number	Required
B02	CDC HIV Prevention PA Budget Start Date	Required
B03	CDC HIV Prevention PA Budget End Date	Required
B04	CDC HIV Prevention PA Award Number	Required
B06	Total CDC HIV Prevention Award Amount	Required
B06a	Annual CDC HIV Prevention Award Amount Expended	Required
B07	Amount Allocated for Community Planning	Required
B08	Amount Allocated for Prevention Services	Required
B09	Amount Allocated for Evaluation	Required
B10	Amount Allocated for Capacity Building	Required
Contractor Information (Table C)		
C01	Agency Name	Required
C04	City	Required
C06	State	Required
C07	Zip Code	Required
C13	Employer Identification Number (EIN)	Required
C14	DUNS Number	Required
C15	Agency Type	Required
C16	Agency Activities	Required
C17	Faith-based	Required
C18	Race/Ethnicity/Minority Focused	Required
C19	Contract Start Date-Month	Required
C20	Contract Start Date-Year	Required
C21	Contract End Date-Month	Required
C22	Contract End Date-Year	Required
C23	Total Contract Amount Awarded	Required
C25	CDC HIV Prevention Program Announcement Number	Required
C26	CDC HIV Prevention PA Budget Start Date	Required
C27	CDC HIV Prevention PA Budget End Date	Required

Variable Number	Variable Name	HD & CDC Reported Required
Site Information (Table S)		
S01	Site ID	Required
S03	Site Name	Required
S04	Site Type	Required
S08	County	Required
S09	State	Required
S10	Zip Code	Required
S16	Use of Mobile Unit	Required
Program Name - Planning (Table D)		
D01	Program Name	Required
D02	Community Planning Jurisdiction	Required
D03	Community Planning Year	Required
Program Model and Budget - Planning (Table E1)		
E101	Program Model Name	Required
E102	Evidence Base	Required
E103	CDC Recommended Guidelines	Required
E104	Other Basis for Program Model	Required
E105	Target Population	Required
E107	Program Model Start Date	Required
E108	Program Model End Date	Required
E109	Proposed Annual Budget	Required
Intervention Plan Characteristics (Table F)		
F01	Intervention Type	Required
F02	Intervention Name/ID	Required
F03	HIV+ Intervention	Required
F04	Perinatal Intervention	Required
F05	Total Number of Clients	Required
F06	Sub-Total Target Population	Required
F07	Planned Number of Cycles	Required
F08	Number of Sessions	Required
F09	Unit of Delivery	Required
F11	Delivery Method	Required
F14	Level of Data Collection	Required

Variable Number	Variable Name	HD & CDC Reported Required
Client Characteristics (Table G)		
G101	Date Collected	Required
G102	PEMS Client Unique Key	Required
G112	Date of Birth - Year	Required
G113	Calculated Age	Required
G114	Ethnicity	Required
G116	Race	Required
G120	State/Territory of Residence	Required
G123	Assigned Sex at Birth	Required
G124	Current Gender	Required
G200	Date Collected	Required
G204	Previous HIV Test	Required
G205	Self-Reported HIV Test Result	Required
G208	In HIV Medical Care/Treatment (only if HIV+)	Required
G209	Pregnant (only if female)	Required
G210	In Prenatal Care (only if pregnant)	Required
G211	Client Risk Factors ***	Required
G212	Additional Client Risk Factors ^ ^ ^	Required
G213	Recent STD (Not HIV)	Required
<p>***Note: The recall period for client risk factors is 12 months. ^ ^ ^ Note: Additional value choices for risk factors added:</p> <ul style="list-style-type: none"> • Sex without using a condom • Sharing drug injection equipment 		
Client Intervention Characteristics (Table H)		
H01	Intervention Name/ID	Required
H01a	Cycle	Required
H05	Session Number	Required
H06	Session Date-Month	Required
H07	Session Date - Day	Required
H08	Session Date - Year	Required
H10	Site Name/ID	Required
H13	Recruitment Source	Required
H18	Recruitment Source - Service/Intervention Type	Required
H21	Incentive Provided	Required
H22	Unit of Delivery	Required
H23	Delivery Method	Required

Variable Number	Variable Name	HD & CDC Reported Required
Referral (Table X7)		
X701	PEMS Referral Code	Required
X702	Referral Date	Required
X703	Referral Service Type	Required
X706	Referral Outcome	Required
X710	Referral Close Date	Required
Aggregate HE/RR and Outreach (Table AG)		
AG00	Intervention Name	Required
AG01	Session Number	Required
AG02	Date of Event/Session	Required
AG03	Duration of Event/Session	Required
AG04	Number of Client Contacts	Required
AG05a	Delivery Method	Required
AG05c	Incentive Provided	Required
AG06	Site Name/ID	Required
AG08a	Client Primary Risk - MSM	Required
AG08b	Client Primary Risk - IDU	Required
AG08c	Client Primary Risk - MSM/IDU	Required
AG08d	Client Primary Risk - Sex Involving Transgender	Required
AG08e	Client Primary Risk - Heterosexual Contact	Required
AG08f	Client Primary Risk - Other/Risk Not Identified	Required
AG09a	Client Gender - Male	Required
AG09b	Client Gender - Female	Required
AG09c	Client Gender - Transgender MTF	Required
AG09d	Client Gender - Transgender FTM	Required
AG10a	Client Ethnicity - Hispanic or Latino	Required
AG10b	Client Ethnicity - Not Hispanic or Latino	Required
AG11a	Client Race - American Indian or Alaska Native	Required
AG11b	Client Race - Asian	Required
AG11c	Client Race - Black or African American	Required
AG11d	Client Race - Native Hawaiian or Other Pacific Islander	Required
AG11e	Client Race - White	Required
AG12a	Client Age - Under 13 years	Required
AG12b	Client Age - 13 - 18 years	Required
AG12c	Client Age - 19-24 years	Required
AG12d	Client Age - 25 - 34 years	Required

Variable Number	Variable Name	HD & CDC Reported Required
Aggregate HE/RR and Outreach (Table AG) (continued)		
AG12e	Client Age - 35 - 44 years	Required
AG12f	Client Age - 45 years and over	Required
AG14a	Materials Distributed - Male Condoms	Required
AG14b	Materials Distributed - Female Condoms	Required
AG14c	Materials Distributed - Bleach or Safer Injection Kits	Required
AG14d	Materials Distributed - Education Materials	Required
AG14e	Materials Distributed - Safe Sex Kits	Required
AG14f	Materials Distributed - Referral List	Required
AG14g	Materials Distributed - Role Model Stories	Required
AG14h	Materials Distributed - Other (specify)	Required
Health Communication/Public Information (Table HC)		
HC01	Intervention Name	Required
HC02	HC/PI Delivery Method	Required
HC05	Event Start Date	Required
HC06	Event End Date	Required
HC07	Total Number of Airings	Required
HC08	Estimated Total Exposures	Required
HC09	Number of Materials Distributed	Required
HC10	Total Number of Web Hits	Required
HC11	Total Number of Attendees	Required
HC12	Number of Callers	Required
HC13	Number of Callers Referred	Required
HC14	Distribution - Male Condoms	Required
HC15	Distribution - Female Condoms	Required
HC16	Distribution - Lubricants	Required
HC17	Distribution - Bleach or Safer Injection Kits	Required
HC18	Distribution - Referral Lists	Required
HC19	Distribution - Safe Sex Kits	Required
HC20	Distribution - Other	Required
Community Planning Level (Table CP-A/B/C)		
CP-A01	Name of HIV Prevention CPG	HD only
CP-A02	Community Plan Year	HD only
CP-B01	Priority Population	HD only
CP-B02	Rank	HD only
CP-B03	Age	HD only

Variable Number	Variable Name	HD & CDC Reported Required
Community Planning Level (Table CP-A/B/C) (continued)		
CP-B04	Gender	HD only
CP-B05	Ethnicity	HD only
CP-B06	Race	HD only
CP-B07	HIV Status	HD only
CP-B08	Geo Location	HD only
CP-B09	Transmission Risk	HD only
CP-C01	Name of the Prevention Activity/Intervention	HD only
CP-C02	Prevention Activity/Intervention Type	HD only
CP-C04	Evidence Based	HD only
CP-C05	CDC Recommended Guidelines	HD only
CP-C06	Other Basis for Intervention	HD only
CP-C07	Activity	HD only

Appendix E

References

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