



Public Health
England

Protecting and improving the nation's health

Sexual Health, Reproductive Health and HIV: Evaluation Framework Workbook

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Background

Public Health England (PHE) has had consistent demands from the public health system (providers, commissioners and others) to support the “best way” to achieve a desired outcome in the provision or commissioning of sexual health, reproductive health and HIV (SHRH&HIV) services. In addition, we have noted wide variation in delivery and consistent need to understand what innovations will work in the delivery of services.

This is where evaluation is an essential tool to ascertain what works and what doesn't. It is also a useful way to enable sharing of best practice. In its simplest form, evaluation is about judging the value of an activity and assessing whether or not it has achieved what it set out to do. Evaluation should not be seen as some sort of complex academic exercise, but more as a basic part of project management. In most cases evaluation is used to assess the extent to which a project has achieved its objectives. If a project has not achieved its objectives the evaluation will help to identify why that might be and what could be improved.

Evaluation is important as it helps to demonstrate the value of an intervention, programme or policy. Evaluation of interventions is essential to not only identify and spread best practice, but can also identify innovations which don't work and should not be replicated elsewhere.

Significant literature and tools exist for evaluation. There are for example standard evaluation frameworks for:

- Weight management interventions
- Physical activity and dietary interventions
- Making Every Contact Count (MECC)
- PHE HIV prevention innovation fund

Other evaluation resources are also available, for example:

- the [NHS evaluation toolkit webpage](#),
- publication 'Program Evaluation for sexually transmitted diseases: in support of effective interventions'¹
- the Enhancing the QUALity and Transparency Of health Research (EQUATOR) [network webpages](#).

¹ ' Program Evaluation for sexually transmitted diseases: in support of effective interventions' , Marion Carter, STD volume 43, supplement 1, Feb 2016

These resources are also useful in evaluating implementation of NICE Guidance and using NICE guidance to identify metrics for an intervention or project. For either purpose, relevant NICE guidance and clinical guidance are included in the list of standards and metrics. The resources complement the NICE 'Into practice' guidance which can be found here:

<https://www.nice.org.uk/about/what-we-do/into-practice>

However, no support tools or repository of SHRH&HIV service evaluations exist specifically for England. Therefore, in response, PHE has produced the following three evaluation resources:

- Introductory guidance to evaluating interventions
- Sexual Health Evaluation Workbook
- List of standards and metrics

This document contains the Sexual Health Evaluation Workbook, and contains proformas and guidance to support effective evaluation of interventions in SHRH&HIV services. While they can be read as standalone documents, they do complement each other and are best used together as references will be made between the three documents.

Introduction to Evaluation Workbook

This tool has been developed to support the evaluation of sexual health, reproductive health and HIV (SHRH&HIV) interventions at the local level. This workbook takes the user through the steps required to plan and carry out an evaluation and allows them to detail specifics about their intervention and planned evaluation. Applying the tool will help users to identify the areas of their intervention where more understanding is required and form an evaluation plan.

This workbook contains 3 elements that, when taken together, comprise a comprehensive overview of what was done, how it was evaluated, and how the results can be reported in a consistent standardised manner. The 3 elements of this workbook are:

1. Question list to help plan your evaluation, with guidance on what to consider for each of the questions
2. A template logic model² to complete with guidance notes to assist with completion. This clearly describes the intervention, the processes involved and the intended changes or outcomes.
3. A template evaluation report that can be used to write up the findings of the evaluation. This will assist in publishing the results in a consistent and standardised way which will contribute to effective sharing of lessons learned from the interventions.

Choosing your evaluation measures

As outlined in ‘Evaluation of sexual health interventions – an introductory guide’, The standard evaluation frameworks produced by PHE are mainly concerned with outcome evaluation as they focus on the core data that needs to be collected to show whether a project has had an impact, but process evaluation is an extremely important component of evaluation that should be woven into the planning of every project. The differences are explained in Figure 1.

Figure 1: process and outcome evaluation

Process evaluation	Outcome evaluation
Seeks to explore what is happening within a project. It aims to provide an explanation of how or why intended outcomes of the project were (or were not) brought about. Process evaluation is often conducted while the project is still progressing, and in many cases is intended to feed into the development of the project.	Focuses on the various impacts of the project over time. It assesses the progress of the project against its original objectives and determines whether it has had the intended results. Outcome evaluation tends to focus on impacts that occur after a greater length of time than process measures.

² [‘Introductory Guide to evaluating interventions in sexual health, reproductive health and HIV’](#). A logic model is sometimes also referred to as ‘logical framework’ or ‘Theory of Change’

In question 10 of the evaluation workbook you need to answer “What are you trying to achieve? What are the short term and long term outcomes you are expecting?” How are you going to measure whether or not your outcome(s) has/have been achieved? What measure(s) will you monitor? It is necessary to describe exactly which measures or indicators you will be using to ascertain if your outcome has been achieved or not. It could be a combination of measures, but they need to be specific and show the position ‘pre’ and ‘post’ intervention to demonstrate if there has been a change.

Output measures are things that are delivered or the activities that have been carried out. This includes people attending sessions or interventions; the number or times people do or don’t do something. These are often quantitative measures and should not be confused with outcomes.

Outcome measures are the changes that you hope will occur as a result of the outputs. These can be short term – such as a change in knowledge or attitudes, or longer term such as changes in behaviour or health status.

More information on the basis behind selecting indicators can be found in [‘Evaluation of sexual health interventions – an introductory guide’](#). In addition, PHE has developed a separate list of standards that are relevant to sexual health, reproductive health and HIV services. The purpose of this document is to enable you to choose from a menu of current nationally available indicators and measures that are likely to be useful output or outcome measures in relation to the intervention you’re planning to evaluate. However, it is also possible to define your own measures tailored to your intervention, particularly when it concerns qualitative measures such as patient experience.

The next section contains the question list to help plan your evaluation, and the accompanying guidance notes.

1. Planning your evaluation

Complete the questions below to develop your evaluation plan; guidance for completion is provided for each of the questions.

Describing the Intervention

1. What is the problem you are trying to address?
<i>Rationale and guidance for completion:</i> This provides the background to your intervention and gives a rationale for why the intervention is being piloted or implemented. Describing this will help others to decide whether your intervention might be useful to address a similar issue in their area.
2. Which stakeholders (internal and external) should be involved and to what extent (informed, consulted, involved)?
<i>Rationale and guidance for completion:</i> Consider who you should engage with in addressing the problem you have identified in question 1, both internal and external to your organisation. Describe who they are and to what extent they need to be involved: are you consulting them, do they need to be closely involved in the evaluation of the intervention or project you're planning, or be informed that it is happening?
3. What is the overall aim of the intervention? What are you ultimately trying to achieve? Link to logic model
<i>Rationale and guidance for completion:</i> This outlines what the main reasoning is for implementing the intervention. For example, are you trying to improve sexual and reproductive health in a particular population, to reduce transmission of an infection, or to reduce morbidity from certain conditions? Being clear about the ultimate aim of the intervention will help you to think about what you could measure to evaluate its impact. Remember that long term outcomes are sometimes difficult to measure.

4. What are the objectives of the intervention?

Rationale and guidance for completion:

One of the most critical aspects of good project planning is the setting of clear aims and objectives. One of the main functions of evaluation is to establish whether objectives have been achieved, so setting clear objectives from the start has a major influence on the evaluation. Also, without clear objectives projects are likely to stray off track and lose focus. Ensure objectives are SMART. For more guidance, see the introductory guide.

5. Briefly describe the intervention.

[Link to logic model](#)

Rationale and guidance for completion:

Describe the basis of the intervention; note this tool is not meant to be used for intensive campaigns undertaken over large areas. It provides guidance for smaller localised interventions.

6. Who is the intervention aimed at?

[Link to logic model](#)

Rationale and guidance for completion:

Is the intervention targeted at a particular demographic group (e.g. 15-24 year-old adults, men who have sex with men, Black African adults)? Will it be delivered across the population of a particular area or within a specific clinical setting? By describing who the intervention is aimed at, you can make sure that your evaluation will be measuring things in the right population. Also, other people will be able to assess whether your intervention might be suitable for their population(s).

7. What activities will you carry out?	Link to logic model
<p><i>Rationale and guidance for completion:</i> Describe in detail the components or activities of the intervention and what you expect to be delivered. By describing the components of the intervention you can consider the ways in which you might measure whether the intervention has been delivered as you intended (often referred to as 'process evaluation'). Examples include the communication of health promotion messages via social media, establishing a website from which someone can order test kits.</p>	
8. What resources (inputs) are needed to deliver the intervention?	Link to logic model
<p><i>Rationale and guidance for completion:</i> List the resources (inputs) that will be required to undertake the activities of the intervention. Examples are staffing costs, consumables, IT systems or upgrades, costs of surveys, health promotion or campaign materials. By describing the resources needed, you can be clear that these are available and have been costed up. This will also help others to decide whether this is appropriate for their setting.</p>	
9. What are the outputs of your intervention?	Link to logic model
<p><i>Rationale and guidance for completion:</i> Describe here the outputs that relate to <u>the delivery of the intervention</u>. i.e. what do you need to measure in order to be reassured that the intervention was delivered in an appropriate way? How will you show that any lack of impact wasn't due to a failure to deliver enough of the intervention to enough people (i.e. the dose of the intervention)? Here is where you would typically describe for example the number of new condom card distribution registrants, the number of repeat users, or the level of attendance in the new clinic location and in the old location.</p>	

10. What are you trying to achieve? What are the short term and long term outcomes you are expecting? [Link to logic model](#)

Rationale and guidance for completion:

List the expected short term and long term outcomes that the intervention should achieve. They can include outcomes such as more visitors directed to your programmes webpage after a leaflet campaign or an increased attendance at clinics. Being clear about the outcomes you are trying to achieve will help you to think about what you can measure to know whether you have achieved your intended outcomes, and that the outcomes fit with the initial problem you were trying to address. You can develop your own key performance indicators. In addition, you may find useful metrics or standards in the third tool of PHE’s evaluation resources as these contain nationally recognised standards, quality statements and metrics.

Short term:

Long term:

11. Why do you think this intervention will achieve the outcomes you’re interested in? What assumptions or which theoretical framework underpin this?

Rationale and guidance for completion:

Describe the theory behind the chosen intervention; why it is believed to make a change and any previous work it is based upon. This will ensure the intervention is evidence-based and allow the user to identify and assess whether assumptions they have made are suitable.

12. Has someone already done this or something similar? How does their experience relate to your intervention?

Rationale and guidance for completion:

List any similar studies you are aware of how they have impacted on the intervention you plan to undertake. Understanding whether someone has done something similar can help you to design the intervention or consider what to measure in your evaluation. Some ways to find out about previous interventions include asking colleagues, searching repository of evaluations or looking for published reports in scientific journals. You could ask your organisation's library services to assist you with a rapid literature search. In addition, [PHE's library platform](#) is a webpage that aims to contain completed evaluation reports on interventions in SHRH&HIV. Other sources to support undertaking evaluations can also be found in our introductory guide.

13. Can you anticipate any adverse consequences?

Rationale and guidance for completion:

List any adverse consequences that you see as likely to occur due to your intervention. By thinking about any adverse consequences, you can decide whether to include measurement that would identify these as part of your evaluation.

14. Will you be comparing outcomes in your intervention group to another group? If so, who?

Rationale and guidance for completion:

Describe any comparison groups you will be using. Comparing between groups can be useful in evaluating an intervention, even if this is not done as a trial. Options for comparison groups include before and after, in another area, national data and people who did not receive the intervention.

15. What data already exists and what additional data will you need for the evaluation?

Rationale and guidance for completion:

In question 10 you answered what outcomes you're expecting, this question encourages you to think about what data are already available to help measure those outcomes, and what data needs to be sought in order to enable measurement of the outcomes. Describe here the available data and their sources, as well as those newly identified and how these are to be collated.

16. What budget or resource is available to do the evaluation?

Rationale and guidance for completion:

Detail the available resources for the evaluation. This could include for example a budget, or time of existing staff. This is important to know up front so that an evaluation of appropriate scale can be designed and delivered.

2. Template Logic Model

Use the associated answers to the [questions above](#) to complete this template; guidance is provided [below](#).

Intervention description ([Question 5](#) & [Question 6](#)):

<u>Inputs</u> (Question 8)	<u>Activities</u> (Question 7)	<u>Outputs</u> (Question 9)	<u>Short term outcomes</u> (Question 10)	<u>Long term outcomes</u> (Question 3 & Question 10)

Sexual and Reproductive Health Evaluation Framework Tool

<u>Inputs</u> (Question 8)	<u>Activities</u> (Question 7)	<u>Outputs</u> (Question 9)	<u>Short term outcomes</u> (Question 10)	<u>Long term outcomes</u> (Question 3 & Question 10)

Template Logic Model- Guidance Notes

Inputs

The inputs are the resources required to deliver the intervention; all project components have a series of inputs including staff, time, premises, etc.

Activities

This section outlines the activities that form components of the overall intervention; these may include staff training, the production of materials, the promotion of services and the interventions themselves (outreach clinics, testing, etc.).

Outputs

The products that result from project activities and how they will be measured; i.e. outputs such as the numbers who attend outreach clinics or the number of people that have used an online tool.

Outcomes

The outcomes describe the benefits that a project or intervention is designed to deliver and are broken into short term and long term outcomes.

Short-term outcomes describe the immediate effects of a program and often focus on the knowledge, attitudes, service user behaviour, and skills gained by a target audience. They can include outcomes such as more visitors directed to your programmes webpage after a leaflet campaign or an increased attendance at clinics.

Long-term outcomes describe the desired impact of the intervention and are the overall aim of the project, e.g., decreased morbidity and mortality for health promotion programs. They often take time to achieve as they require behaviour change, normative change, and changes in policies. The main challenge with outcome evaluation is being able to say with confidence that any changes observed were likely to be a direct result of the project and were not due to other factors.

3. Template Evaluation Report

After completing your evaluation, you may wish to compile an evaluation to summarise how your project has progressed. What follows is a suggested reporting template, providing details on what we recommend to be included, along with suggested length. The report uses details you will already have entered while completing the workbook.

Completed evaluation reports on **any topic** related to sexual health, reproductive and HIV can be submitted to PHE via ncspteam@phe.gov.uk. Using a standard reporting template will help us to achieve consistency in the evaluation information provided to PHE across different projects.

We ask that reports are provided in word format, and written in Arial font size 12. A suggested length for each section is provided as a maximum. In order to share practice, we will publish completed evaluations on PHE library platform, which can be accessed [here](#).

If you are considering publishing your findings, you may find it useful to consult appropriate reporting guidelines, such as the Standards for Quality Improvement Reporting Excellence v2.0 (SQUIRE 2.0, 2015), these can be found on the [Equator network website](#).

Report overview

Organisation	
Project title	
Your name	
Your role title	
Names of co-authors	
Date of Submission	

Project Report

1. Brief Summary (Word limit: 300)

Please briefly summarize this intervention; this summary may be used in a stand-alone form to describe the project.

2. Timescale (Word limit: 100)

This section should include your original timetable, annotated with what has been achieved so far.

Where project timings have changed you should provide an explanation of why this has happened.

Describe what impact this will have on further stages of the project and any actions being undertaken as a result.

3. Project Setting and Population (Word limit: 300)

Where did this project take place and can you briefly describe that place? E.g. town, county, rural/urban, etc.

Did the project take place in a particular setting? E.g. hospital, school

Who was included in the project? E.g. Sex, age, other demographic characteristics

Were there any inclusion or exclusion criteria?

4. What were the aims of the intervention? (Word limit: 500)

What was the purpose of the project?

5. Why was the project undertaken? (Word limit 500)

What led to this project taking place?

Was the project informed by a particular health need?

Were there particular political or social factors which influenced the initiation of this project?

Did this project follow any specific related projects in your area or another?

6. What activities were carried out? (Word limit 500)

Include details which might be useful for others wanting to conduct similar projects.

What other parties were involved, e.g. patient involvement?

7. Why was this approach chosen? (Word limit 300)

What was the thinking as the project was planned and evolved?

How did constraints on the project e.g. budget / time impact the approach chosen?

Are there any particular limitations to the approach used?

8. What resources were committed to delivery of this intervention? (Word limit: 300)

This section should focus on the resources and spend that has been committed to the project.

What has been spent? Please include investment from PHE and elsewhere.

Please divide this into the amount spent on direct costs and on staffing costs.

Compare this with the planned resources listed in Evaluation Plan.

9. What were the outcomes from the project? (Word limit: 500)

What was the primary outcome of the project?

What other outcomes were there?

How were these assessed and, if quantitative, measured?

10. Were there any adverse consequences that occurred due to the project? (Word limit: 300)

Were there any unforeseen costs? Were there any conflicts with other stakeholders over the delivery of the intervention? Were these overcome and, if so, how?

Learning about the challenges you needed to overcome to complete this project will help others to prepare for and if possible avoid unnecessary challenges when they undertake similar projects.

11. What was learnt? (Word limit: 500)

Please share in your own words the most important things which were learnt from undertaking this project.

What do you think went well? What do you think didn't go so well?

What do you think is most transferable to other projects, other people and other places?

12. What were the key findings of the evaluation of the intervention/conclusion?

(Word limit: 300)

Summarise the key findings of the project in bullet points.

13. How has this project informed your future work? (Word limit: 300)

What is happening next with this work?

In the short term? In the medium term? In the long term?

14. Where can people find out more? (optional, Word limit: 100)

Do you have any links for further information on this project? E.g. project website.

Are there any key references which informed this project?