

# Practical Issues in Data Collection and Reporting

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OPA/OFP HIV Prevention Project



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## Evaluation Overview for the HIV Prevention Project

### Overall Goal

To monitor and evaluate our efforts to expand the availability of on-site HIV counseling, testing, and HIV-related referral services in family planning clinics

- Outcomes
- Processes

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### Key Evaluation Variables

#### ▪ Outcome Variables - overall

*By test mode (confidential & anonymous) and test type (standard & rapid)*

- # of HIV Tests Provided
- # of Unduplicated Clients Receiving HIV Tests
- % Positivity Rate
- % of Tested Clients Receiving Test Results
- % of Positive Clients Referred for Care

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▪ **Outcome Variables – by client demographics**

*By test mode (confidential & anonymous), age x gender, and gender x race x ethnicity*

- # of Clients Tested
- % Positivity Rate

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▪ **Process Variables**

- Number of FTEs supported by project
- Number of trainings
  - HIV prevention skill-building
  - ABC skill-building
  - Cultural/linguistic competency
  - Age appropriateness
- Number of hours and staff trained

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**Data Collection/Reporting Process**

▪ **Five data reporting periods**

Reporting Period	Period Duration	Deadline for submission to Regional Office
<i>Period 1:</i> October 2007 - June 2008	9 mths	July 31, 2008
<i>Period 2:</i> July 2008 - December 2008	6 mths	January 31, 2009
<i>Period 3:</i> January 2009 - June 2009	6 mths	July 31, 2009
<i>Period 4:</i> July 2009 - December 2009	6 mths	January 31, 2010
<i>Period 5:</i> January 2010 - September 2010	9 mths	October 31, 2010

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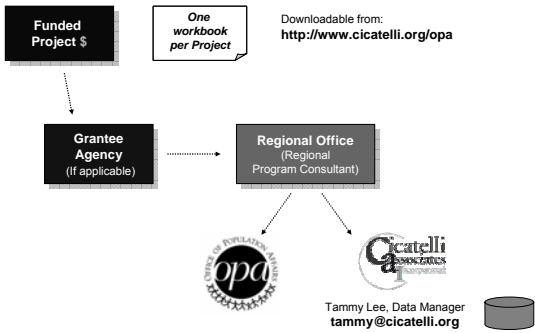
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▪ **Data submission protocol**




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## Data Reporting Forms

### 1. Project Profile

Try to keep same across reporting periods

Generally set reporting period dates; note exceptions

Date of Completion: \_\_\_\_\_  
Reporting Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Grantee Information

Name	_____
Address	_____
City	_____
State	_____
Zip	_____

Automatically pulled to top of subsequent worksheets

Delegate Information

Name	_____
Address	_____
City	_____
State	_____
Zip	_____

Extend right if more sites need to be listed

Service Delivery Site Information

Name	_____	_____	_____
Address	_____	_____	_____
City	_____	_____	_____
State	_____	_____	_____
Zip	_____	_____	_____

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Email Tammy (tammy@cicatelli.org) if contact information changes and make note on "9. NOTES" worksheet

Project Director

Name	_____
Email	_____
Phone	_____
Fax	_____

Keep e-mail addresses up-to-date

Data Manager  
(Person responsible for data reporting)

Name	_____
Email (required)	_____
Phone	_____
Fax	_____

Other Contact Person(s) for Project

Name	_____	_____	_____
Email (required)	_____	_____	_____
Phone	_____	_____	_____
Fax	_____	_____	_____

Extend right if more contacts need to be listed

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## 9. Notes

General Notes/  
Comments

Worksheet being referred to:	NOTES:
1. Project Profile	
2. Overall HIV Testing	
3. Standard HIV Testing	
4. Rapid HIV Testing	
5. Staffing	
6. Training	
7. Confidential Testing	
8. Anonymous Testing	

### Notes examples:

- ← Note if Project contacts change
- ← Note if Project start-up delayed and data collected for only 4 months of reporting period
- ← Note if all tests results were not obtained by close of reporting period
- ← Note if no trainings attended during reporting period
- ← Note why fewer test results reported by age/race/ethnicity

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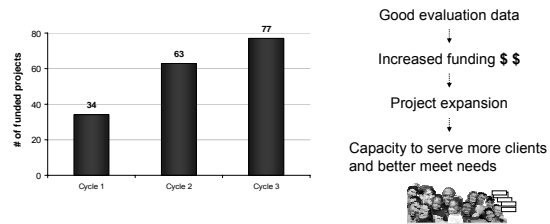
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## Utility of Data

- Monitor achievement of Project goals
- Improve service delivery and Project outcomes
- Advocate for increased funding




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## Data Limitations

- Accuracy of Data Reporting
- Limitations in Interpreting Data
  - Positivity data
- Potential Upward Bias
  - Risk when reporting process and outcome evaluation data

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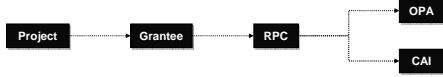
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# Questions?

*Contact:*

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