Correlation Hepatitis C Initiative
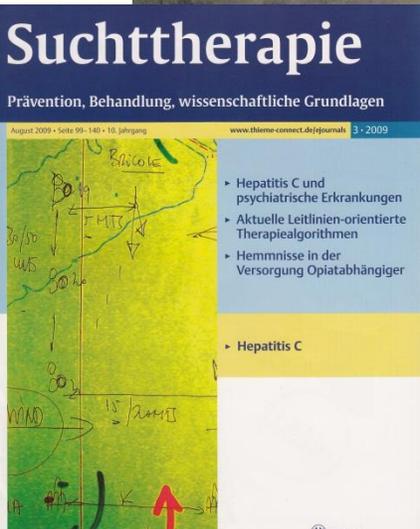
Georg Farnbacher

Workstream 1, Evaluation

Points of contact

- Evaluation and Quality Management (Academy Addiction, Hamburg) EFQM

- PERMIT Study (Psychoedukation reaches HCV-infected Methadone substituted patients in antiviral treatment)

- Supervision HIV Self-help and professional counselling

- Inpatient Treatment, Methadone Maintenance

- Managing Editor Journal „Suchttherapie" (Addiction Therapy)

Centre for Interdisciplinary Addiction
Research of Hamburg University

ZIS

Department of Psychiatry
and Psychotherapy

Agenda

- Workstream 1: Evaluation
- Logistic Framework Matrixes
- Worksheets

Workstream 1: Evaluation

February 2013	**1st meeting Amsterdam:**	**Evaluation of the meeting Presenting evaluation method Training of coordinators**
June 2013	**Developing logical framework matrixes**	**Provide workstream coordinators with logframe to measure their activities**
Sep 2013	**Peer Training in Porto**	**Evaluation of the peer training > follow up evaluation**
Nov- 2013 Feb 2014	**2nd project meeting Bucharest with all project partner**	**Evaluation of the meeting**
March 2014	**Evaluation policy seminar In Brussels**	**Evaluation of the meeting**
Oct 2014	**Evaluation conference In Berlin Process evaluation**	**Interviews with coordinators Evaluation of the meeting**
Dez 2014	**Reporting**	**Final evaluation report**

Workstream 1 Evaluation

The evaluation will be done for the complete project (all workstreams).

The Component Leader/Workstream Coordinators are the contact persons.

 The two main research questions of the project evaluation are:

- Did the project result in the realisation of the envisaged actions, results and objectives?

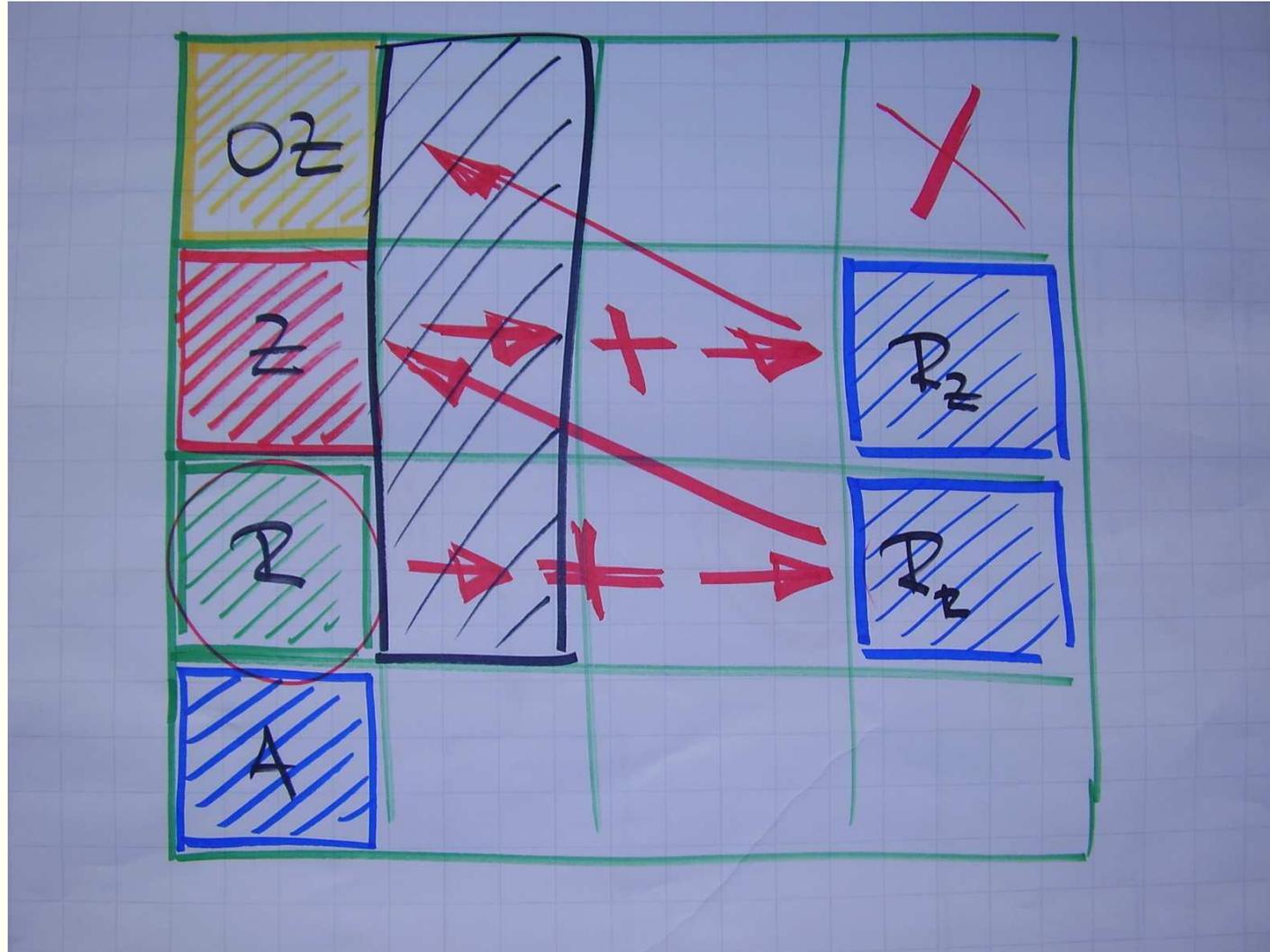- Did the process of development and implementation go well?

Evaluation of the Workstreams / the Component Leaders

	Component Frame	Time Frame	Interview	Questionnaire
Workstream 2 *Inventory* *Heike Zurhold*	X	X	X	X
Workstream 3 *Literature review* *Jeff Lazarus*	X	X	X	
Workstream 4 *Peer Training* *Berne Stalenkrantz*	X	X	X	X
Workstream 5 *Policy* *José Quieroz*	X	X	X	

Evaluation of the meetings, questionnaire

- Amsterdam
- Porto
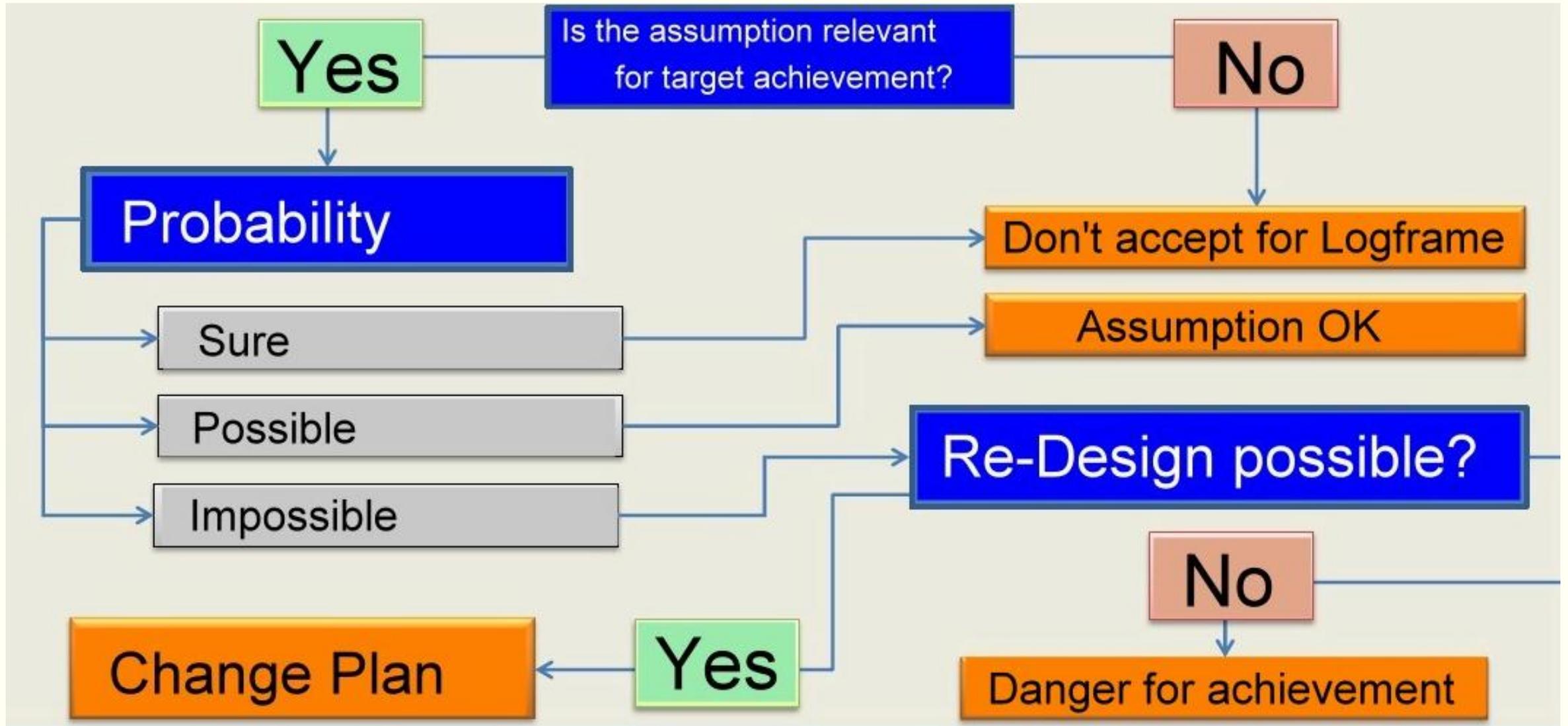- Bucharest
- Brussels
- Berlin

Logistic Framework Matrix (LFM)

Logistic Framework Matrix (LFM)

	Intervention logic	Benchmarks	Sources of information	Assumptions (external to project)
Overall Objective	3	9	12	
Project Purpose	2	8	11	6
Results (Components)	1	7	10	5
Activity	4	15	14	13

Assumptions

LOGICAL FRAMEWORK FOR THE ACTION

	Intervention logic	Objectively verifiable indicators of achievement	Sources and means of verification	Assumptions
Overall objectives	*What are the overall broader objectives to which the action will contribute?*	*What are the key indicators related to the overall objectives?*	*What are the sources of information for these indicators?*	
Specific objective	*What specific objective is the action intended to achieve to contribute to the overall objectives?*	*Which indicators clearly show that the objective of the action has been achieved?*	*What are the sources of information that exist or can be collected? What are the methods required to get this information?*	*Which factors and conditions outside the Beneficiary's responsibility are necessary to achieve that objective? (external conditions) Which risks should be taken into consideration?*
Expected results	*The results are the outputs envisaged to achieve the specific objective. What are the expected results? (enumerate them)*	*What are the indicators to measure whether and to what extent the action achieves the expected results?*	*What are the sources of information for these indicators?*	*What external conditions must be met to obtain the expected results on schedule?*
Activities	*What are the key activities to be carried out and in what sequence in order to produce the expected results? (group the activities by result)*	***Means:*** *What are the means required to implement these activities, e. g. personnel, equipment, training, studies, supplies, operational facilities, etc.*	*What are the sources of information about action progress?* ***Costs*** *What are the action costs? How are they classified? (breakdown in the Budget for the Action)*	*What pre-conditions are required before the action starts? What conditions outside the Beneficiary's direct control have to be met for the implementation of the planned activities?*

Logframes Correlation in practice

Project Description	Indicators	Source of Verification	Assumptions
Overall Objective – The project's contribution to policy or programme objectives (impact)	How the OO is to be measured including Quantity, Quality, Time?	How will the information be collected, when and by whom?	
Purpose – Direct benefits to the target group(s)	How the Purpose is to be measured including Quantity, Quality, Time	As above	If the Purpose is achieved, what assumptions must hold true to achieve the OO?
Results – Tangible products or services delivered by the project	How the results are to be measured including Quantity, Quality, Time	As above	If Results are achieved, what assumptions must hold true to achieve the Purpose?
Activities – Tasks that have to be undertaken to deliver the desired results			If Activities are completed, what assumptions must hold true to deliver the results?

Logframes, vertical: Overall objectives

	Intervention logic	Benchmarks	Sources of information	Assumptions
Overall Objective	Correlation aims to improve prevention, care and treatment services, targeting blood-borne infectious diseases (BBID), in particular Hepatitis C and HIV/AIDS, among vulnerable and high risk populations (e.g. drug users and young people at risk) by: · Increasing the access to services and the quality of health promotion interventions · Strengthening capacities among health service providers · Influencing health policies	Improvements in prevention, care and treatment services targeting Hepatitis C among vulnerable and high risk populations.	Report submitted by Project Coordination Evaluation report	The current situation regarding viral hepatitis and drug use indicates a clear need for action on various levels: Needs: • For action on the practical level • To review and summarize current evidence and knowledge • For peer involvement and peer training: • For political leadership

Logframes, vertical : Project purpose

| Project Purpose | • to assess obstacles and barriers to the implementation of effective strategies in the field of HCV prevention, counselling, testing and treatment;

• to compile up-to-date information regarding theory and practice in the field of HCV and drug use and to identify emerging issues

• to organise peer-to-peer training and capacity building among injecting drug users in Europe, targeting HCV prevention, counselling, testing and treatment;

• to influence policies and advocate for the development and implementation of evidence-based HCV strategies at the European and national levels | • Products of general meetings: program, participant lists, Power Point presentations

• Products of work package events: agendas, participant lists, Power Point presentations, milestones, manuals and other work package products, questionnaires, dissemination plans, evaluations carried out by work package members

• Products of policy meetings: agendas, participant lists, strategy plans | Reports of all 6 (5) workstreams

Documents of all meetings

Evaluation report | • Evidence shows, that testing for HCV and referral to HCV treatment are key interventions for the prevention of hepatitis. There is a need to improve a pragmatic prevention approach in services frequented by active drug users and to analyse barriers and obstacles to treatment uptake.
• The literature on HCV issues, including epidemiology, diagnosis, treatment, prevention programmes, screening programmes and societal attitudes varies considerably and is not always easily accessible for stakeholders in the field.
• Peer involvement at an early stage has the potential to prevent new infections, promote testing for those who have been exposed to risks, and support and inform people for whom treatment is an option. Capacity building and training is a crucial pre-requisite for effective peer involvement activities.
• Although the great majority of governments in Europe is aware of the alarming data in regard to hepatitis C, policy responses to the epidemic and to the needs for interventions in the field of prevention, diagnosis, care and treatment, are insufficient. |

Logframes, vertical : Outcome

Outcome				
	• Inventory of effective interventions: Documentation of factors of success and failure, including recommendations, • Literature review: up-to-date literature, research reports and project documentations will be analysed and reviewed, • A peer-to-peer training course for drug users, • Policy and advocacy activities, comitted to better access to high quality and effective HCV prevention, counselling, treatment and care, • 3 organized expert meetings, a peer to peer training seminar, four national policy dialogue meetings and an international policy seminar. • A web-based resource centre will be set up, including all project outcomes and results.	**Implementation strategies are developed** **The review of literature is published in different forms** **A Training program is developed and evaluated** **A stakeholder analysis is prepared to get in use** **Setting up of a sustainable 'Hepatitis C and drug use' platform** **The planned meetings are performed**	**Reports of all workstreams** **Documents are available as Presentations and other forms of publications** **Summary of the Evaluation Report**	The European-wide network of experts, grouped on five specific subjects, served as an important tool to achieve the project's objectives. The Results will support the process of implementing helpful and necessary instruments and strategies to special target groups. Target groups of the project are service providers, including peer educators, notably those working in drug services, harm reduction facilities or health services for young people at risk; policy makers, notably those involved in policy development on drugs and BBID.

Logframes, horizontal: Activities

Project Description	Indicators	Source of Verification	Assumptions
Overall Objective – The project's contribution to policy or programme objectives (impact)	How the OO is to be measured including Quantity, Quality, Time?	How will the information be collected, when and by whom?	
Purpose – Direct benefits to the target group(s)	How the Purpose is to be measured including Quantity, Quality, Time	As above	If the Purpose is achieved, what assumptions must hold true to achieve the OO?
Results – Tangible products or services delivered by the project	How the results are to be measured including Quantity, Quality, Time	As above	If Results are achieved, what assumptions must hold true to achieve the Purpose?
Activities – Tasks that have to be undertaken to deliver the desired results			If Activities are completed, what assumptions must hold true to deliver the results?

Activities related to each Workstream i.e. Literature review (WS 3)

Components & Activities	Benchmarks	Sources of verification	Assumptions
Component 3 Literature Review			
Activity 3.1: Preparation and agreement on the focus of the reader	At the kick-off meeting, the group of involved experts (associated and collaborating) will – discuss and agree on the detailed content and focus of the reader – commission the chapters and prepare contracts with writers – prepare a time table with tasks and responsibilities – analyse opportunities for dissemination and promotion of results (contribution to the dissemination plan)	**Workplan**	A series of systematic literature reviews will be carried out by a group of international experts with different professional backgrounds and a strong publication track record. Peer-reviewed literature from PubMed/Medline and other key databases will be systematically reviewed, completed with reviews of grey literature, including reports from the WHO and other leading institutes. Where possible, the literature will be analysed on best practice examples, hepatitis C strategies (e.g. national action plans) and methodologies of patient involvement
Activity 3.2: Drafting of the reader	The detailed content will be : Chapter 1. Introduction to HIV and drug use globally and in Europe specifically / Chapter 2. Hepatitis policy in Europe / Chapter 3. Hepatitis prevention among drug users / Chapter 4. Community approaches to hepatitis control / Chapter 5. Hepatitis treatment and care / Chapter 6. HIV and hepatitis/ Chapter 7. Hepatitis and prison health /Chapter 8. Conclusions and recommendations on hepatitis	**Draft of the Reader**	The Copenhagen HIV Programme (CHIP) at Copenhagen University is one of the world's leading clinical research centres. The aim of CHIP is the implementation of front-line research, in order to improve treatment and patient care management related to HIV, hepatitis and other infectious diseases. CHIP will manage the hepatitis and drug use reader.

Activities related to each Workstream i.e. Inventory (WS 2)

Components & Activities	Benchmarks	Sources of verification	Assumptions
Component 2: Inventory of effective interventions			
Activities 2.1. Compilation of the most recent guidelines	CIAR will compile the most recent guidelines for HCV testing and antiviral treatment, which have recently been developed by organisations such as the EMCDDA, the WHO or specific networks on viral hepatitis. The objective of this compilation is to evaluate the adherence of selected drug services to these guidelines. The most recent guidelines will serve as indicators for the assessment and evaluation of good practice in in HCV testing, pre- and post-test counselling.	**Division of tasks** • **agreement on timeframe,deadlines** • **communication,** • **development of monitoring tool** • **preparing local implementation**	There is evidence that testing for HCV and referral to HCV treatment are – among others – key interventions for the prevention of hepatitis C in people who inject drugs (PWID). Diagnosis for HCV is crucial for PWID in order to know their serostatus. Testing for HCV is not only important for risk reduction, but also a pre-requisite for the provision of antiviral treatment. A number of studies have shown that prevention of hepatitis C is feasible and effective, if properly implemented.
2.2. Development of a monitoring tool	Main objective of this activity is to develop a tool to monitor current procedures for hepatitis C-related counseling, testing and treatment referral in drug services. The tool to monitor procedures of HCV testing and treatment referral will either be developed as a short electronic questionnaire, a one-page paper file or an excel-sheet. Drug services will be asked to give their feedback on the tool and to make recommendations about the best ways to implement it.	**a short electronic questionnaire,** **a one-page paper file** **or** **an excel-sheet.**	

Related Time Frame (Example: Peer Training)

Activity	Status		Project month		Comment
	in progress	accomplished	Deadline	Milestone/Deliverable	
Drafting training manual			June 2013		
Preparation of the 5-day training seminar			June 2013		
Implementation training			Sep 2013		
Implementation and reporting			July 2014		
Promotion of the training manual			Dec 2014		

Related Time Frame (Example: Policy)

Activity	Status		Project month Deadline		Comment
	in progress	accomplished		Milestone/Deliverable	
Mapping existing national and European strategies			Sep 13		
Development of a European and national strategies			March 2014		
European and national policy dialogue meetings			Sep 14		
Setting up a sustainable 'Hepatitis C' platform			Dec 2014		

Benefits of LogFrames

- Development of projects
- Transparency
- Evaluation
- Used in many European countries
- Usable in all kinds of organisations

Summary

- The complete project will be evaluated by workstream 1, Georg Farnbacher

- Each component leader will be responsible for the cooperation

- The methods are questionnaires, interviews and logframes

- All Meetings will be evaluated

Reminder: Evaluation of this Meeting

Please fill in the questionnaire at the end of the meeting…