



UK Health
Security
Agency

Appendix 5. Intervention monitoring and evaluation templates

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Introduction

This appendix contains a template logic model for each of the interventions in the STI Prioritisation Framework to support informative and consistent evaluation of implementation of interventions to improve the control of sexually transmitted infections (STIs) in local areas.

The interventions are evidence based and cut across the continuum of care. Interventions have been grouped into the following 7 domains.

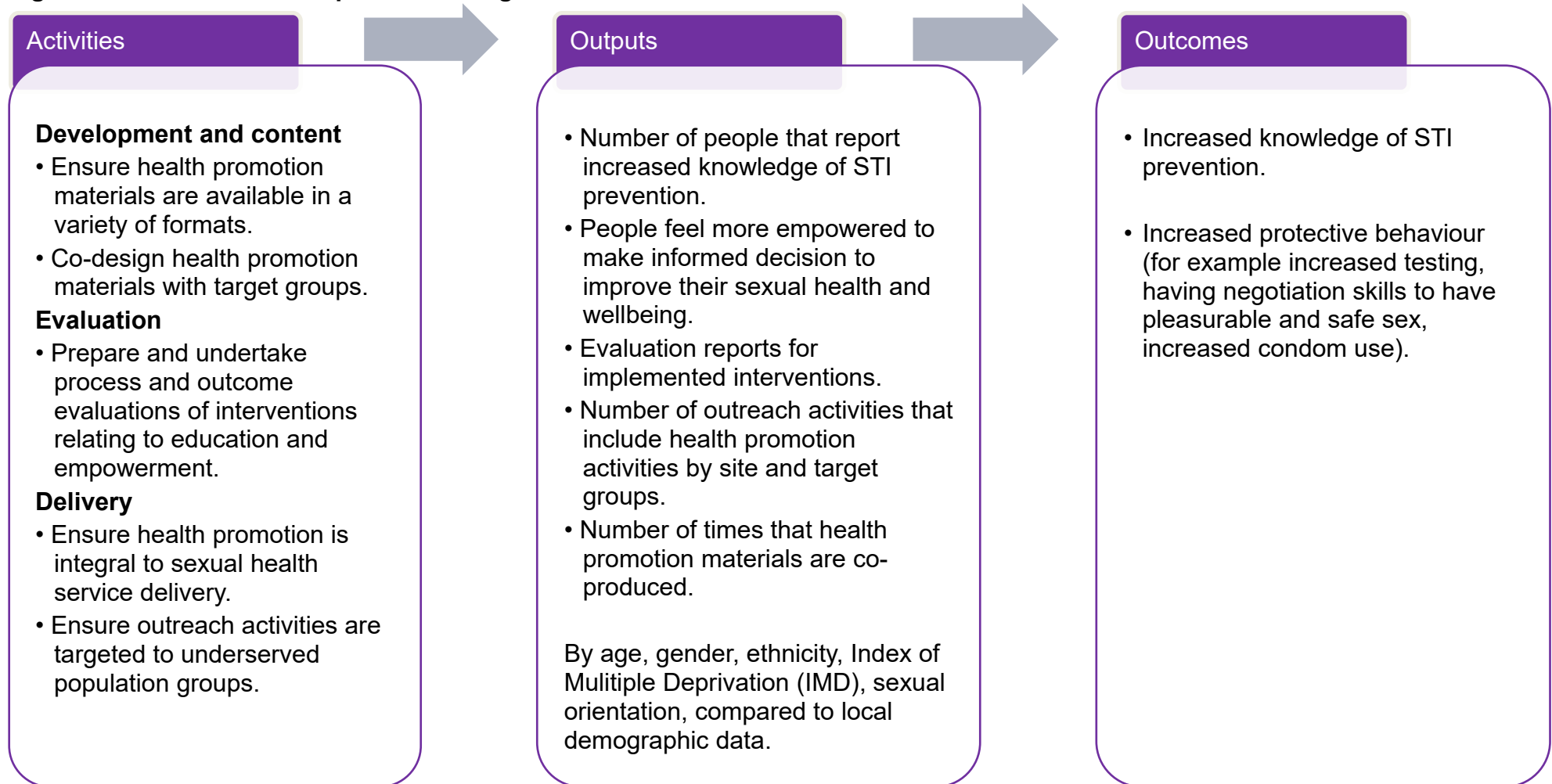
1. [Education and empowerment](#)
2. [Condoms](#)
3. [Biomedical interventions](#)
4. [Diagnostic technologies](#)
5. [Testing and screening](#)
6. [Treatment](#)
7. [Partner notification \(PN\)](#)

Each logic model presents some probable key activities which, when implemented successfully, are likely to achieve the desired outcomes. The 'Activities' column contains key activities, grouped into areas of optimisation. The 'Outputs' column contains suggested measures to support evaluation. Where appropriate, we recommend levels of disaggregation that may be useful to provide more granular level data and compare this to the local demographic data. This will support decision making on the effectiveness of implementing an intervention for specific population groups and the data could also inform Equity Impact Assessments (EIAs).

Further guidance on measuring the suggested outputs can be found under [Additional resources to help identify useful measures to support evaluation](#) at the end of this appendix and can also be complemented by the development and use of other measurable local indicators. Further support on how to undertake pragmatic evaluations can be found at [Sexual health, reproductive health and HIV services: evaluation resources](#).

Logic models

Figure 1. Education and empowerment logic model



Accessible text version of Figure 1. Education and empowerment

The logic model describes activities, outputs and outcomes for monitoring and evaluation of interventions relating to education and empowerment.

Activities

Development and content:

- ensure health promotion materials are available in a variety of formats
- co-design health promotion materials with target groups

Evaluation:

- prepare and undertake process and outcome evaluations relating to education and empowerment

Delivery:

- ensure health promotion is integral to sexual health service delivery

Outputs

Outputs listed are:

- number of people that report increased knowledge of STI prevention
- people feel more empowered to make informed decision to improve their sexual health and wellbeing
- evaluation reports for implemented interventions
- number of outreach activities that include health promotion activities by site and target groups
- number of times that health promotion materials are co-produced

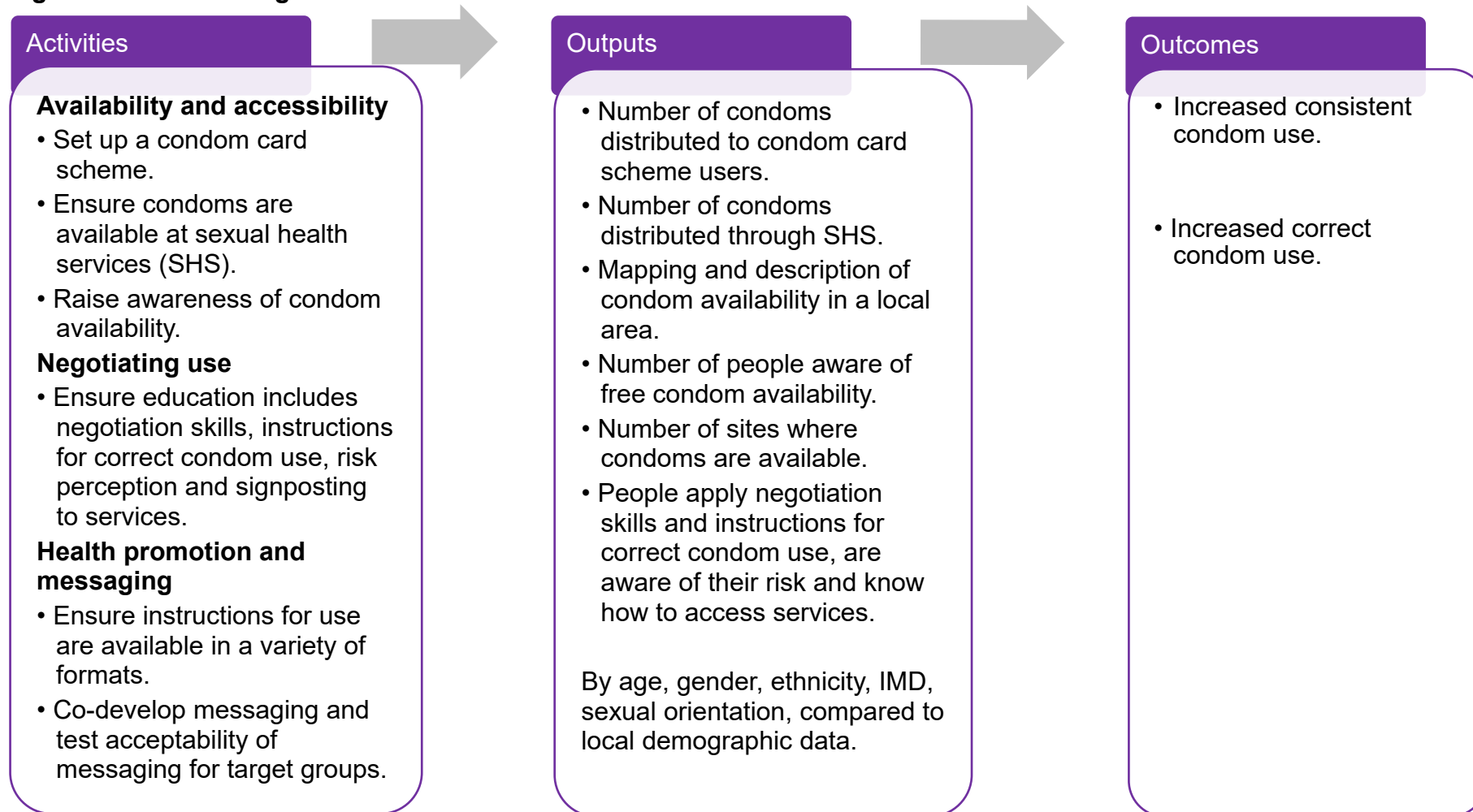
These outputs are to be broken down by age, gender, ethnicity, Index of Multiple Deprivation (IMD), sexual orientation, and compared to local demographic data.

Outcomes

Outcomes listed are:

- increased knowledge of STI prevention
- increase protective behaviour (for example increased testing, having negotiation skills to have safe and pleasurable sex, increased condom use)

Figure 2. Condoms logic model



Accessible text version of Figure 2. Condom use

The logic model describes activities, outputs and outcomes for monitoring and evaluation of interventions relating to condom use.

Activities

Availability and accessibility:

- set up a condom card scheme
- ensure condoms are available at sexual health services (SHS)

Negotiating use:

- ensure education includes negotiation skills, instructions for correct condom use, risk perception and signposting to services

Health promotion and messaging:

- ensure instructions for use are available in a variety of formats
- co-develop messaging and test acceptability of messaging for target groups

Outputs

Outputs listed are:

- number of condoms distributed to condom card scheme users
- number of condoms distributed through SHS
- mapping and description of condom availability in a local area
- number of people aware of free condom availability
- number of sites where condoms are available
- people apply negotiation skills and instructions for correct condom use, are aware of their risk and know how to access services

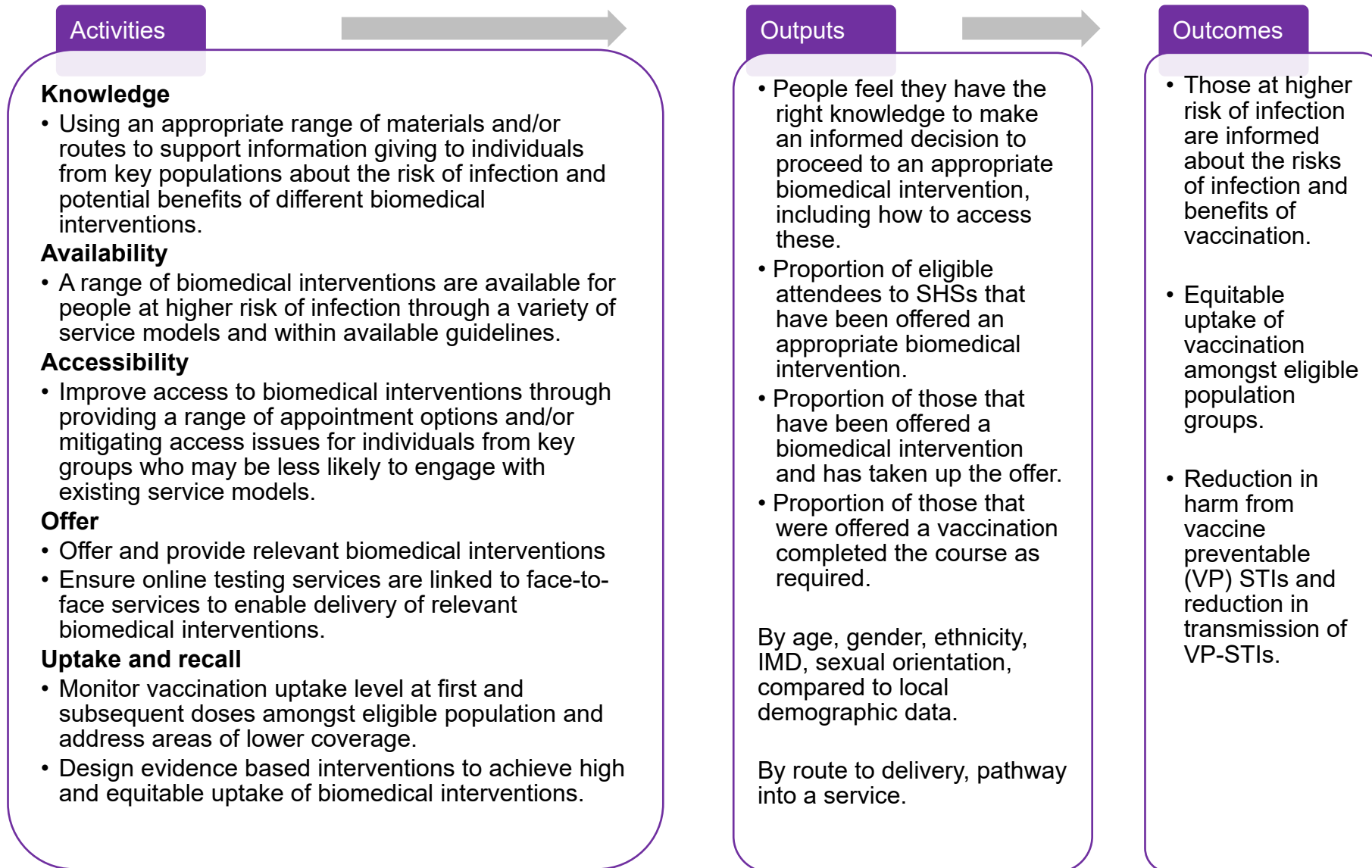
These outputs are to be broken down by age, gender, ethnicity, IMD, sexual orientation, and compared to local demographic data.

Outcomes

Outcomes listed are:

- increased consistent condom use
- increased correct condom use

Figure 3. Biomedical interventions logic model for biomedical interventions (for example, vaccinations and antibiotic STI prophylaxis)



Accessible text version of Figure 3. Biomedical interventions

The logic model describes activities, outputs and outcomes for monitoring and evaluation of interventions relating to biomedical interventions.

Activities

Knowledge:

- using an appropriate range of materials and/or routes to support information giving to individuals from key populations about the risk of infection and potential benefits of different biomedical interventions

Availability:

- a range of biomedical interventions are available for people at higher risk of infection through a variety of service models and within available guidelines

Accessibility:

- improve access to biomedical interventions through providing a range of appointment options and/or mitigating access issues for individuals from key groups who may be less likely to engage with existing service models

Offer:

- offer and provide relevant biomedical interventions
- ensure online testing services are linked to face-to-face services to enable delivery of relevant biomedical interventions

Uptake and recall:

- monitor vaccination uptake level at first and subsequent doses amongst eligible population and address areas of lower coverage

Outputs

Outputs listed are:

- people feel they have the right knowledge to make an informed decision to proceed to have an appropriate biomedical intervention, including how to access these
- proportion of eligible attendees to SHSs that have been offered an appropriate biomedical intervention
- proportion of those that have been offered a biomedical intervention and has taken up the offer

- proportion of those that were offered a vaccination completed the course as required

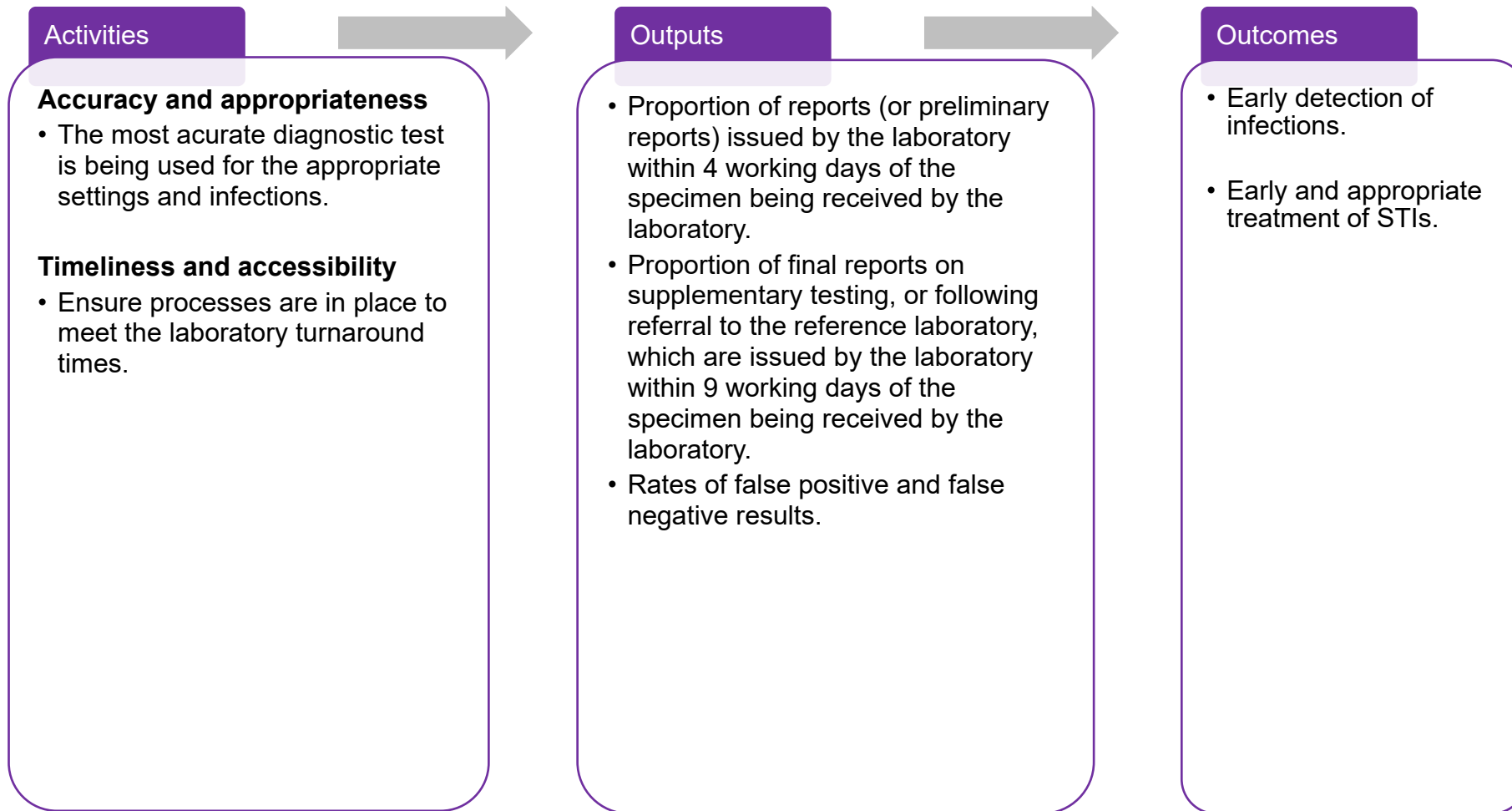
These outputs are to be broken down by age, gender, ethnicity, IMD, sexual orientation, and compared to local demographic data, and by route to delivery, pathway into a service.

Outcomes

Outcomes listed are:

- those at higher risk of infection are informed about the risks of infection and benefits of vaccination
- equitable uptake of vaccination amongst eligible population groups
- reduction in harm from vaccine preventable (VP) STIs and reduction in transmission of VP-STIs

Figure 4. Diagnostic technologies logic model



Accessible text version of Figure 4. Diagnostic technologies

The logic model describes activities, outputs and outcomes for monitoring and evaluation of interventions relating to diagnostic technologies.

Activities

Accuracy and appropriateness:

- the most accurate diagnostic test is being used for the appropriate settings and infections

Timeliness and accessibility:

- ensure processes are in place to meet the laboratory turnaround times

Outputs

Outputs listed are:

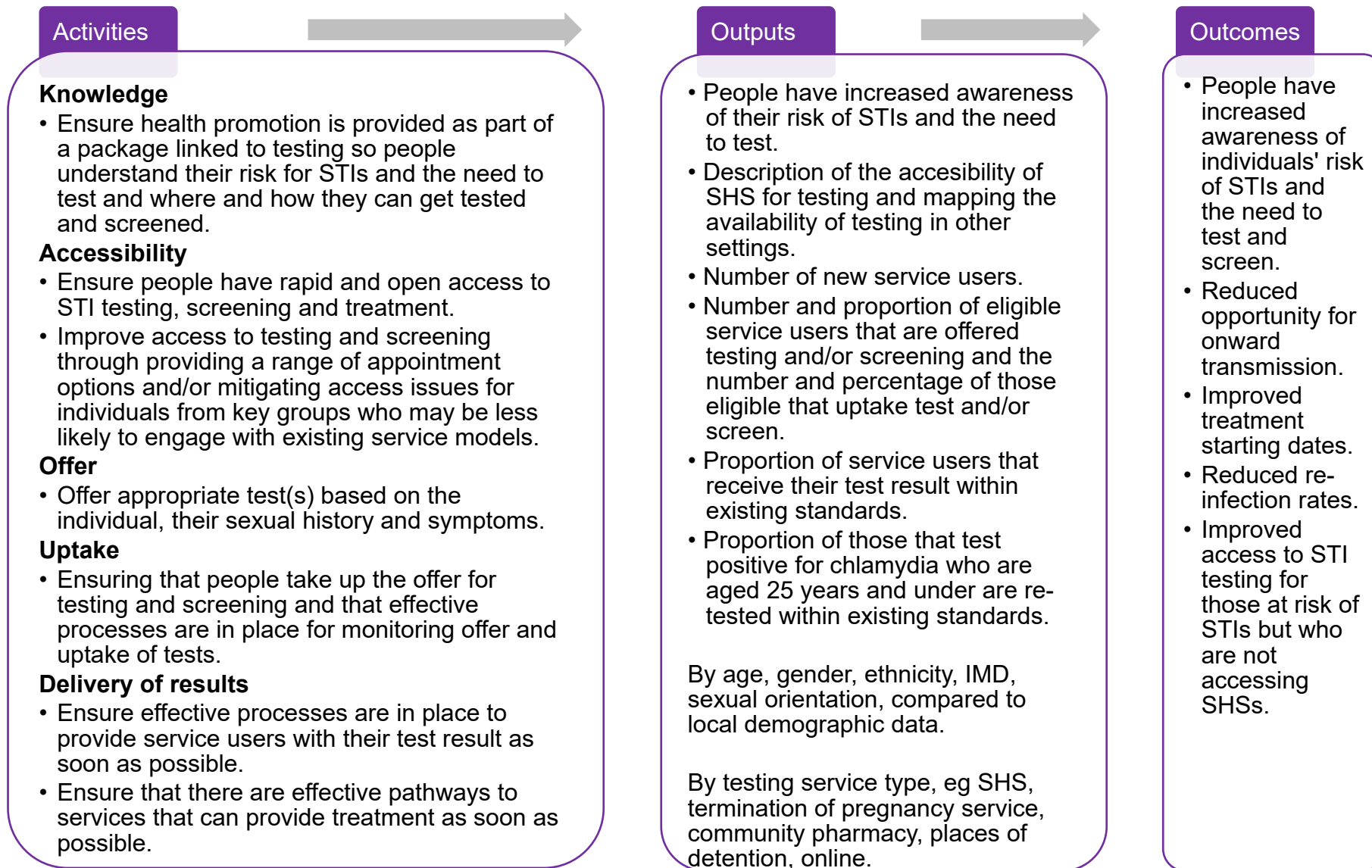
- proportion of reports (or preliminary reports) issued by the laboratory within 4 working days of the specimen being received by the laboratory
- proportion of final reports on supplementary testing, or following referral to the reference laboratory, which are issued by the laboratory within 9 working days of the specimen being received by the laboratory
- rates of false positive and false negative results

Outcomes

Outcomes listed are:

- early detection of infections
- early and appropriate treatment of STIs

Figure 5. Testing and screening logic model



Accessible text version of Figure 5. Testing and screening

The logic model describes activities, outputs and outcomes for monitoring and evaluation of interventions relating to testing and screening.

Activities

Knowledge:

- ensure health promotion is provided as part of a package linked to testing so people understand their risk for STI and the need to test and where and how they can get tested and screened

Accessibility:

- ensure people have rapid and open access to STI testing, screening and treatment
- improve access to testing and screening through providing a range of appointment options and/or mitigating access issues for individuals from key groups who may be less likely to engage with existing service models

Offer:

- offer appropriate tests based on the individual, their sexual history and symptoms

Uptake:

- ensuring that people take up the offer for testing and screening and that effective processes are in place for monitoring offer and uptake of tests

Delivery of results:

- ensure effective processes are in place to provide service users with their test result as soon as possible
- ensure that there are effective pathways to services that can provide treatment as soon as possible

Outputs

Outputs listed are:

- people have increased awareness of their risk of STIs and the need to test
- description of the accessibility of SHS for testing and mapping the availability of testing in other settings
- number of new service users

- number and proportion of eligible service users that are offered testing and/or screening and the number and percentage of those eligible that uptake test and/or screen
- proportion of service users that receive their test results within existing standards
- proportion of those that test positive for chlamydia who are 25 years and under are re-testing within existing standards

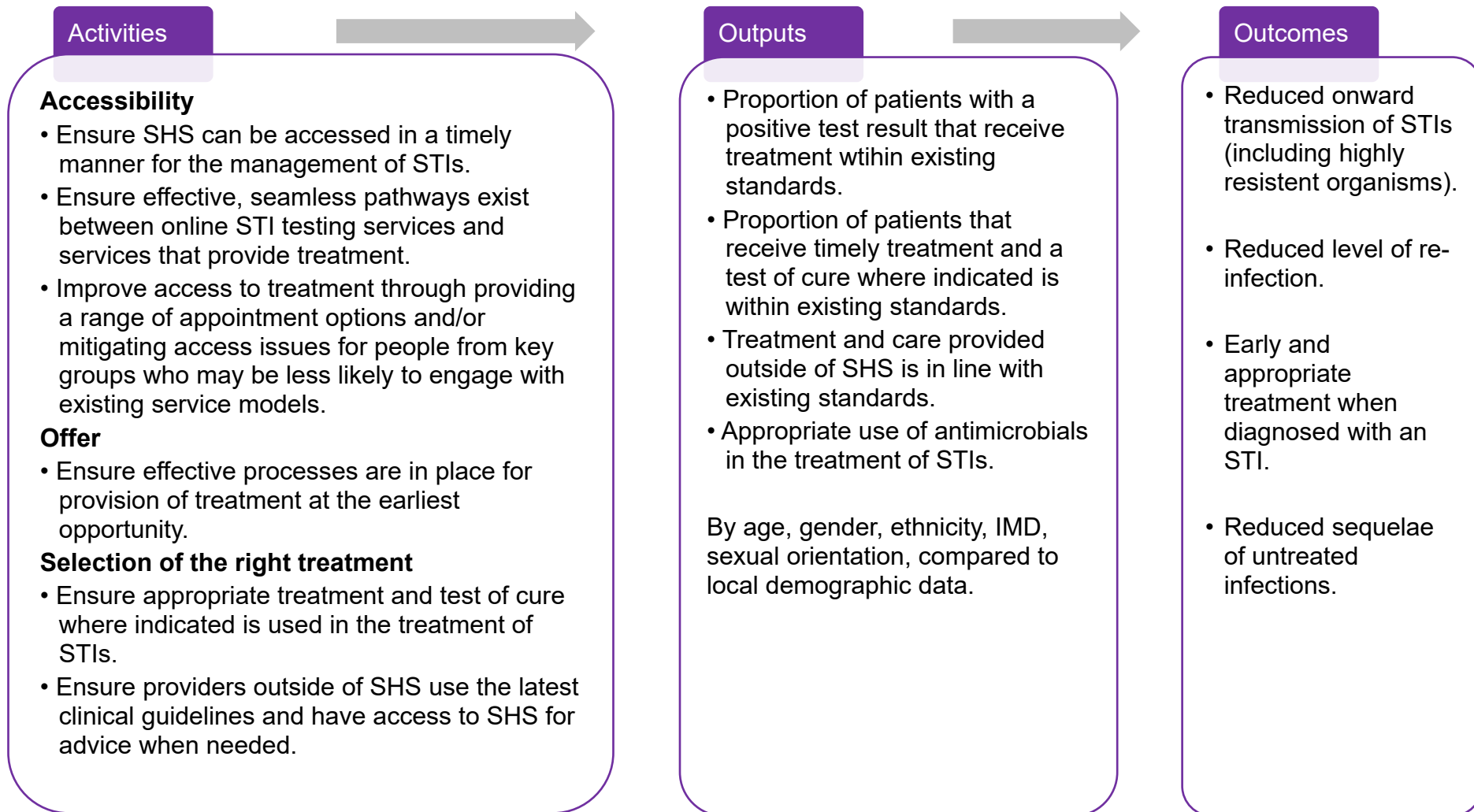
These outputs are to be broken down by age, gender, ethnicity, IMD, sexual orientation, and compared to local demographic data. In addition, breakdown by testing service type, for example SHS, termination of pregnancy service, community pharmacy, places of detention, online.

Outcomes

Outcomes listed are:

- people have increased awareness of individuals' risk of STIs and the need to test and screen
- reduced opportunity for onward transmission
- improvement treatment starting dates
- reduced re-infection rates
- improved access to STI testing for those at risk of STIs but who are not accessing SHSs

Figure 6. Treatment logic model



Accessible text version of Figure 6. Treatment logic model

The logic model describes activities, outputs and outcomes for monitoring and evaluation of interventions relating to treatment.

Activities

Accessibility:

- ensure SHS can be accessed in a timely manner for the management of STIs
- ensure effective, seamless pathways exist between online STI testing services and services that provide treatment
- improve access to treatment through providing a range of appointment options and/or mitigating access issues for people from key groups who may be less likely to engage with existing service models

Offer:

- ensure effective processes are in place for provision of treatment at the earliest opportunity

Selection of the right treatment:

- ensure appropriate treatment and test of cure where indicated is used in the treatment of STIs
- ensure providers outside of SHS use the latest clinical guidelines and have access to SHS for advice when needed

Outputs

Outputs listed are:

- proportion of patients with a positive test result that receive treatment within existing standards
- proportion of patients that receive timely treatment and a test of cure where indicated is within existing standards
- treatment and care provided outside of SHS is in line with existing standards
- appropriate use of antimicrobials in the treatment of STIs

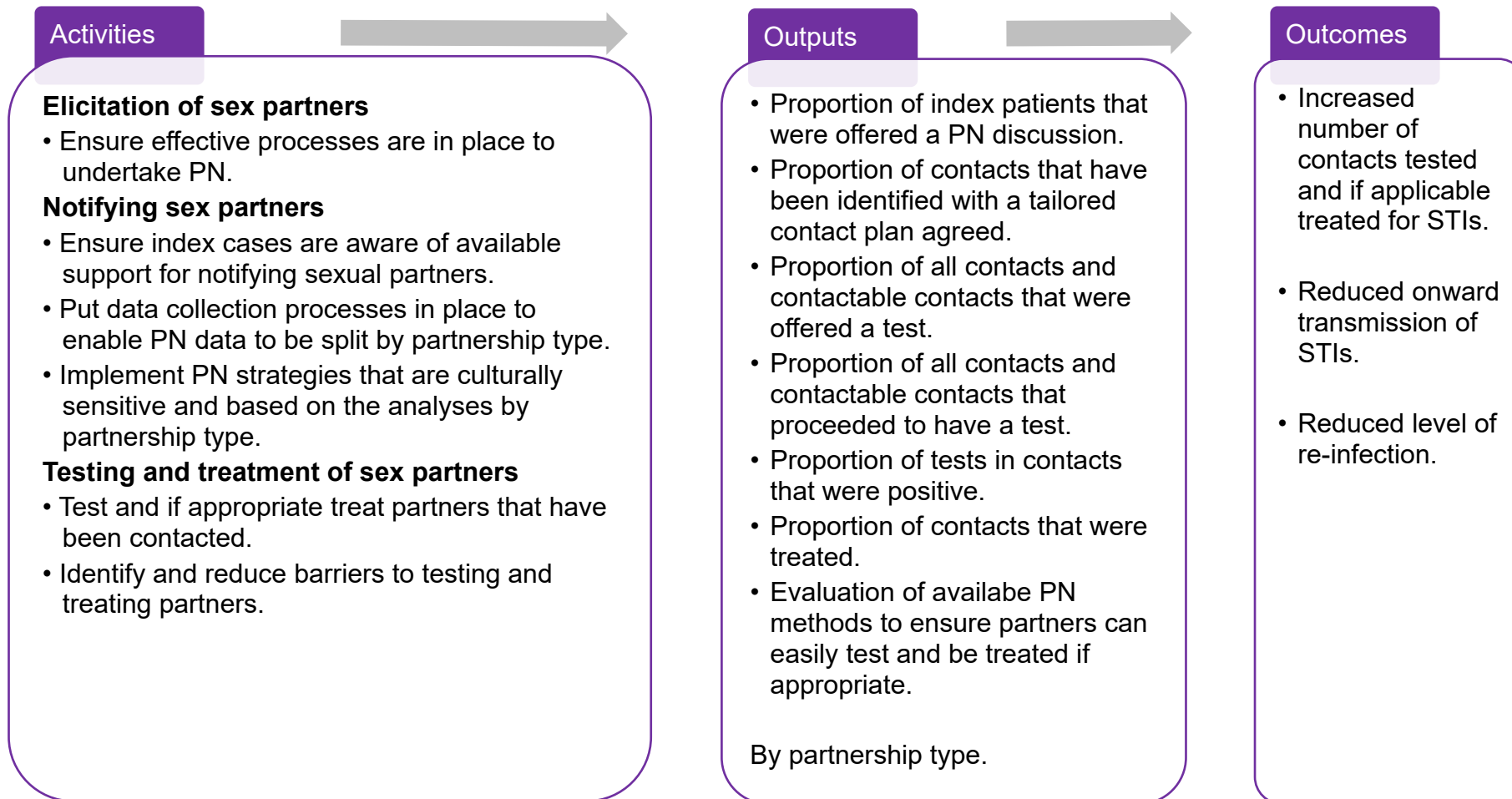
These outputs are to be broken down by age, gender, ethnicity, IMD, sexual orientation, and compared to local demographic data.

Outcomes

Outcomes listed are:

- reduced onward transmission of STIs (including highly resistant organisms).
- reduced level of re-infection
- early and appropriate treatment when diagnosed with an STI
- reduced sequelae of untreated infections

Figure 7. PN logic model



Accessible text version of Figure 7. PN logic model

The logic model describes activities, outputs and outcomes for monitoring and evaluation of interventions relating to PN.

Activities

Elicitation of sex partners:

- ensure effective processes are in place to undertake PN

Notifying sex partners:

- ensure index cases are aware of available support for notifying sexual partners
- put data collection processes in place to enable PN data to be split by partnership type
- implement PN strategies that are culturally sensitive and based on the analyses by partnership type

Testing and treatment of sex partners:

- test and if appropriate treat partners that have been contacted
- identify and reduce barriers to testing and treating partners

Outputs

Outputs listed are:

- proportion of index patients that were offered a PN discussion
- proportion of contacts that have been identified with a tailored contact plan agreed
- proportion of all contacts and contactable contacts that were offered a test
- proportion of all contacts and contactable contacts that proceeded to have a test
- proportion of tests in contacts that were positive
- proportion of contacts that were treated
- evaluation of available PN methods to ensure partners can easily test and be treated if appropriate

These outputs are to be broken down by partnership type.

Outcomes

Outcomes listed are:

- increased number of contacts tested and if applicable treated for STIs
- reduced onwards transmission of STIs reduced level of re-infection

Additional resources to help identify useful measures to support evaluation

Below is a list of resources that can be used to support evaluation.

1. [Making Every Contact Count \(MECC\): practical resources](#): documents to support the local implementation and evaluation of MECC activity and the development of training resources (Public Health England (PHE)).
2. [Contraception](#): National Institute of Clinical Excellence (NICE) products on contraception, including any guidance, advice and quality standards (NICE).
3. [STI Outreach Standards](#): UK-wide standards for the management of STIs in outreach settings, designed to support the highest quality of sexual healthcare for at risk and hard to reach groups (British Association for Sexual Health and HIV (BASHH)).
4. [FSRH Service Standards for Sexual and Reproductive Healthcare](#): service standards to support providers and commissioners in providing safe, high-quality sexual and reproductive health services (The Faculty of Sexual and Reproductive Healthcare (FSRH)).
5. [Establishing youth-friendly health and care services: 'You're Welcome' standards](#) to help improve the quality of, and access to, health and wellbeing services for young people (Office for Health Improvement and Disparities (OHID)).
6. [NICE guideline \[NG68\]: Sexually transmitted infections: condom distribution schemes](#): recommendations and guidance on condom distribution schemes (NICE).
7. [Public health guideline \[PH51\]: Contraceptive services for under 25s: condom distribution schemes](#): recommendations and guidance on contraceptive services for 25 years and under (NICE).
8. [Sexual and Reproductive Health Activity Data Set \(SRHAD\) collection](#): anonymised patient-level data submitted on an annual basis, providing a source of contraceptive and sexual health data for a range of uses from commissioning to national reporting (NHS Digital).
9. [Hepatitis A: the green book, chapter 17](#): details about Hepatitis A disease, vaccination dosage and schedule (UK Health Security Agency (UKHSA)).
10. [Increasing HPV vaccination and eliminating barriers: recommendations from young men who have sex with men](#): research leading to recommendations from young men who have sex with men on how to improve human papillomavirus (HPV) vaccination rates (Elsevier).
11. [A qualitative analysis of young sexual minority men's perspectives on human papillomavirus vaccination](#): study that identified perspectives of young men who have sex with men on HPV vaccination to help address facilitators and barriers that reflect the unique needs of this population (LGBT Health, Mary Ann Liebert, Incorporated).
12. [Sexual history taking](#): guideline to help improve the sexual health of individuals attending sexual health or sexual and reproductive health clinics by encouraging high standards of sexual risk assessment. The guideline offers recommendations on best practice regarding sexual history irrespective of gender, including adolescents (BASHH).

13. [TIP: tailoring immunization programmes](#): an approach to tailor immunisation programmes which aims to integrate people-centred research and behavioural insights into immunization programme planning and policy (World Health Organization (WHO)).
14. [Standards for the management of STIs](#): standards to support commissioners and providers in achieving high quality SHS for the populations they serve. The standards also specify what the public can expect of the services they access. They are intended for use in all services commissioned by local authorities or the NHS including those provided by the independent and third sectors (BASHH).
15. [UK Standards for Microbiology Investigations](#): the UK standards for microbiology investigations are a comprehensive referenced collection of recommended algorithms and procedures for clinical microbiology (Royal College of Pathologists).
16. The [UK Accreditation Service \(UKAS\)](#) accredits organisations offering services including certification, validation and verification, testing, inspection, calibration, proficiency testing provision, reference material production and imaging and physiological services against national and internationally recognised standards (UKAS).
17. [National Chlamydia Screening Programme \(NCSP\)](#) gives an overview of the aims of the NCSP and the evidence base for it, and includes information on chlamydia, the NCSP objectives, the chlamydia screening policy, its rationale and the background and history of the NCSP (NCSP).
18. [2015 UK national guideline for the management of infection with chlamydia trachomatis](#): guidelines from BASHH for the management of chlamydia trachomatis (BASHH).
19. [Update on the treatment of chlamydia trachomatis \(CT\) infection](#): an update on recommended treatment for uncomplicated chlamydia (Clinical Effectiveness Group, BASHH).
20. [Public health services non-mandatory contract](#): documents designed for use by local authorities in public health commissioning services including sexual health services; section 7 contains quality outcome indicators (OHID and UKHSA).
21. [BASHH guidelines](#): clinical evidence-based national guidelines and standards for UK specialists in genitourinary medicine from BASHH on the testing, diagnosis and treatment across sexually transmitted infections (BASHH).
22. [Poor adherence to gonorrhoea treatment guidelines in general practice in England](#): study of data that showed poor adherence to national guidance on gonorrhoea treatment in primary care (British Journal of General Practice, The Royal College of General Practitioners).
23. [Gonorrhoea: Scenario: Management](#): Clinical Knowledge Summary from NICE on the management of gonorrhoea (NICE).
24. [Antimicrobial resistance in sexually transmitted infections](#): study that shows the level of antimicrobial resistance in STIs, particularly in people who have been travelling internationally (International Society of Travel Medicine).
25. [WHO global health sector strategies on, respectively, HIV, viral hepatitis, and sexually transmitted infections for the period 2022-2030](#): the measurement framework in Annex 2 contains example indicators to measure progress of the proposed strategies (WHO).

26. [Mycoplasma genitalium antimicrobial resistance surveillance \(MARS\)](#): data on the latest findings relating to antimicrobial resistance in Mycoplasma genitalium from specimens collected in sexual health clinics across England (PHE).
27. [Gonococcal resistance to antimicrobials surveillance programme report](#): data on trends in antimicrobial resistance and decreased susceptibility in gonococcal infection in England and Wales are provided by the Gonococcal Resistance to Antimicrobials Surveillance Programme (UKHSA)
28. [2012 BASHH statement on PN for sexually transmissible infections](#): PN (also known as contact tracing) is the process of providing access to specific forms of healthcare to sexual contacts who may have been at risk of infection from an index case. This document contains the principles, importance, standards, and measures of PN (BASHH).
29. [Going beyond 'regular and casual': development of a classification of sexual partner types to enhance PN for STIs](#): this study describes the methodology to arrive at a new classification of sexual partners to underpin PN practice and other STI prevention interventions; analysis of biomedical, psychological, and social factors that distinguish different partner types shows how each could warrant a tailored PN approach (BMJ Publishing).
30. [Optimising PN outcomes for bacterial sexually transmitted infections: a deliberative process and consensus, United Kingdom, 2019](#): paper that presents recommendations on PN auditable outcome measures, based on a new classification of sexual partners to enhance PN outcomes (BASHH).

Abbreviations

| Abbreviation | Meaning |
|--------------|---|
| BASHH | British Association for Sexual Health and HIV |
| EIAs | Equity Impact Assessments |
| FSRH | The Faculty of Sexual and Reproductive Healthcare |
| HPV | human papillomavirus |
| IMD | Index of Multiple Deprivation |
| MECC | Making Every Contact Count |
| NCSP | National Chlamydia Screening Programme |
| NICE | National Institute of Clinical Excellence |
| OHID | Office for Health Improvement and Disparities |
| PHE | Public Health England |
| PN | partner notification |
| SHS | sexual health services |
| SRHAD | Sexual and Reproductive Health Activity Data Set |
| STI | sexually transmitted infection |
| STIs | sexually transmitted infections |
| TIP | tailoring immunization programmes |
| UKAS | UK Accreditation Service |
| UKHSA | UK Health Security Agency |
| VP | vaccine preventable |
| WHO | World Health Organization |

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