

National HIV Prevention Program Monitoring and Evaluation Data
0920-0696

Supporting Statement B

Contact Information

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B. Statistical Methods

This collection does not employ statistical methods.

1. Respondent Universe.

Agencies and organizations funded to conduct HIV prevention activities implement interventions designed to reduce HIV risk factors in targeted populations. Data will be collected from all of these grantees.

The target populations and factors that increase risk for HIV infection are identified through a community planning process. Once the targeted factors and populations are identified, interventions are selected based on community assessment and the science of HIV prevention. HIV prevention program data for national and local level HIV prevention program monitoring and evaluation (NHM&E) are collected in the process of planning and delivering the prevention services selected by CDC-funded grantees for implementation. Data will be collected for every client in every session of every intervention receiving any CDC funding, either directly funded from CDC or indirectly funded through CDC-funded health department jurisdictions. This will include 65 directly funded state and city health departments, approximately 300 directly-funded community-based organizations, and an estimated 1500 indirectly funded organizations (local

health departments, community-based organizations, etc.). Since all grantees report all funded intervention data, no sampling or respondent selection will be used. These data will be submitted to CDC quarterly.

The NHM&E data are used to monitor and evaluate HIV prevention programs, interventions, and activities. Data-driven program monitoring and evaluation better enables CDC, state and city health agencies, and local program managers to provide valuable feedback and assistance to lower-level managers and to front-line prevention service providers. The value of feedback is increased because counseling and assistance will be categorical at all levels and tailored to correct specific, documented problems and deficiencies. The NHM&E data are also used to inform stakeholders, including federal and state executive offices and legislative bodies, based on specific information regarding how public health resources are used programmatically, for what purpose, and to what effect.

2. Procedures for the Collection of Information

Not applicable. Though data elements in this ICR are standardized, data collection across health departments and community-based organizations is not standardized. Data is collected as part of the usual and customary practice of the

grantees. Grantees use their own data collection instruments and processes or, for HIV testing data only, may use an optional CDC-provided scanning form and scanning data tool software or their own software. NHM&E data that is not scanned is key-entered into PEMS or the grantee's own software system. Data in PEMS is transmitted in encrypted form via the CDC Secure Data Network (SDN) to CDC, where the Information in Identifiable Form (IIF) is filtered out before the other data is accessed by CDC. Scanned data or data from grantee systems is extracted by the grantees from their systems without any IIF, encrypted in an .xml file format, and submitted to CDC with double encryption via the SDN.

3. Methods to Maximize Response Rates and Deal with Nonresponse
Not applicable.

4. Tests of Procedures or Methods to be Undertaken.
Not applicable.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data.

The National HIV Prevention Program Monitoring and Evaluation (NHM&E) variables and values have been developed over the past eight years by multiple branches and contractors, as coordinated

by the Program Evaluation Branch under the direction of the Division of HIV/AIDS Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention. The Director of the Division of HIV/AIDS Prevention is Dr. Jonathan Mermin (404-639-0900). Data will be analyzed by the Program Evaluation Branch staff.