

National HIV Prevention Program Monitoring and Evaluation
Data

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REVISION

Supporting Statement B

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B. Statistical Methods

This collection does not employ statistical methods.

1. Respondent Universe.

The respondents are all agencies and organizations funded by the Division of HIV/AIDS Prevention, NCHHSTP, of CDC to conduct HIV prevention activities or implement interventions designed to reduce HIV risk factors in targeted populations. Data will be collected from all of these grantees.

Interventions and other activities are selected from those specified in the various program announcements. HIV prevention program data for national- and local-level HIV prevention program monitoring and evaluation (NHM&E) are collected in the process of 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 69 directly funded state and city health departments, approximately 200 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 semiannually.

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. NHM&E data is key-entered into EvaluationWeb or the grantee's own software system and

uploaded to EvaluationWeb. Data in EvaluationWeb is checked for data quality and conformity to NHM&E requirements, placed in analyzable data sets, and transmitted in encrypted form via Secure Socket Layer/Transport Layer Security (SSL/TLS) to CDC. No personally identifying information is submitted to CDC.

3. Methods to Maximize Response Rates and Deal with Nonresponse

Not applicable. Respondents are required to provide this information to CDC on a semi-annual basis.

4. Tests of Procedures or Methods to be Undertaken

Not applicable. There was no additional testing taken as this is a currently approved OMB collection.

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 fourteen 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. Data will be analyzed by the Program Evaluation Branch staff.