

**ATTACHMENT 4: Semi-annual Reporting of Monitoring and Evaluation (M&E)  
 Variables - File Specifications**

**Note: This attachment represents guidance for collecting information about HIV prevention and care services**

Public reporting burden of this collection of information varies from 1 to 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1178)

A. Demographic information (Client-level data)							
<b>A1</b>	Unique Client ID <hr/>	<b>A2</b>	Year of birth <hr/>	<b>A3</b>	Ethnicity  <u>Categories</u> Hispanic Non-Hispanic	<b>A4</b>	Race  <u>Categories (check all that apply)</u> American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

<b>A5</b>	Current gender  <u>Categories</u> Male Female Transgender woman (male to female) Transgender male (female to male) Another/other gender Unknown	<b>A6</b>	Sex at Birth  <u>Categories</u> Male Female Intersex	<b>A7</b>	Sexual Behavior (past and present)  <u>Categories</u> Sex with male(s) only Sex with female(s) only Sex with male(s) and female(s) Sex with transgender woman (MtF) Sex with transgender man (FtM) Sex with another/other gender	<b>A8</b>	Recent Sexual Behavior (past 12 months)  <u>Categories (check all that apply)</u> Sex with male(s) only Sex with female(s) only Sex with male(s) and female(s) Sex with transgender woman (MtF) Sex with transgender man (FtM) Sex with another/other gender
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B	Services for Persons at Risk for HIV	Variable Type
	<b>1. HIV Testing (Client-level data)</b> <i>Answer 1A-1J for each HIV screening event</i>	
<b>1A</b>	Date screened for HIV (regardless of test technology)	Date
<b>1A.1</b>	Was this client linked to HIV testing?	Category
<b>1A.2</b>	Was a navigator used to link client to HIV testing?	Category
<b>1B</b>	Type of test <u>Categories</u> Conventional 4 <sup>th</sup> generation lab-based Rapid 4 <sup>th</sup> generation point-of-care NAAT/RNA testing Western Blot Geenius HIV-1/2 differentiation assay Other _____	Category, subcategory
<b>1C</b>	Result of HIV test <u>Categories</u> Positive/reactive Negative Indeterminate Invalid No result	Category
<b>1D</b>	If positive, type of diagnosis <u>Categories</u> New Prior	Category
<b>1E</b>	If new diagnosis, type of HIV infection <u>Categories</u> Acute  Recent Established Unknown	Category
<b>1F</b>	Date diagnosed with acute HIV infection	Date
<b>1G</b>	Date diagnosed with recent HIV infection	Date
<b>1H</b>	Date diagnosed with established HIV infection	Date
<b>1I</b>	Newly diagnosed HIV infection identified (regardless of test technology)	Yes/No/NA/DK
<b>1J</b>	Previously diagnosed HIV infection identified (regardless of test technology)	Yes/No/NA/DK
<b>1K</b>	Was creatinine (Cr) testing conducted as part of THRIVE services? ( <i>all that apply</i> )	a. No b. Yes, as part of PrEP screening - Point of care

		<p>Cr testing</p> <p>c. Yes, as part of PrEP screening - Lab-based Cr testing</p> <p>d. Yes, as part of nPEP screening - Point of care Cr testing</p> <p>e. Yes, as part of nPEP screening - Lab-based Cr testing</p> <p>f. Other, please specify_____</p>
<b>1L</b>	Date of creatinine test	<i>Date</i>
<b>C</b>	<b>Services for HIV-Negative Persons</b>	
	<b>2. Screening and Provision of PrEP Services (Cascading) (Client-level data)</b> <i>Answer 2A-2P for each PrEP screening event</i>	
<b>2A</b>	Date screened for PrEP eligibility	<i>Date</i>
<b>2B</b>	Eligible for PrEP	<i>Yes/No/NA/DK</i>
		<i>Yes/No/NA/DK</i>
<b>2C</b>	Referred to an internal or external PrEP provider	<i>Date (if yes)</i>
		<i>Yes/No/NA/DK</i>
<b>2D</b>	Accepted PrEP referral	<i>Date (if yes)</i>
		<i>Yes/No/NA/DK</i>
<b>2E</b>	Linked with a PrEP provider	<i>Date (if yes)</i>
		<i>Yes/No/NA/DK</i>
<b>2F</b>	Clinically assessed for PrEP indication	<i>Date (if yes)</i>
		<i>Yes/No/NA/DK</i>
<b>2G.1</b>	Prescribed PrEP	<i>Date (if yes)</i>
		<i>Yes/No/NA/DK</i>
<b>2G.2</b>	Initiated PrEP	<i>Date (if yes)</i>
		<i>Yes/No/NA/DK</i>
<b>2H</b>	Provided PrEP adherence support intervention	<i>Yes/No/NA/DK</i>
<b>2I</b>	Date filled initial PrEP prescription	<i>Date</i>
<b>2J</b>	Dates of follow-up clinic visits	<i>Date</i>

<b>2K</b>	Dates PrEP prescriptions were refilled	<i>Date</i>
<b>2L</b>	Dates assessed for adherence to PrEP	<i>Date</i>
<b>2M</b>	Adherent (answer for each adherence assessment)	<i>Yes/No/NA/DK</i>
<b>2M.1</b>	<p>If Adherent, What was the main reason you were able to remain adherent to PrEP? (select one)</p> <p><u>Categories</u>  Navigator  Have insurance  Reminder text  Developed routine schedule (ie calender reminder)  Other_____</p>	<i>Category</i>
<b>2M.2</b>	<p>If Adherent, What were additional reasons you were able to remain adherent to PrEP? (select all that apply)</p> <p><u>Categories</u>  Navigator  Have insurance  Reminder text  Developed routine schedule (ie calender reminder)  Other_____</p>	<i>Category</i>
<b>2N</b>	Date PrEP stopped	<i>Date</i>
<b>2O</b>	<p>Primary reason for stopping PrEP (select one)</p> <p><u>Categories</u>  No longer at risk  HIV positive  Side effects  Cannot afford  Lost health insurance  Provider no longer available  Did not fill prescriptions  Cannot remember to take pills  Stigma  Other_____</p>	<i>Category</i>
<b>2P</b>	<p>Additional reason(s) for stopping PrEP (select all that apply)</p> <p><u>Categories</u>  No longer at risk  HIV positive  Side effects  Cannot afford  Lost health insurance</p>	<i>Category</i>

	Provider no longer available Did not fill prescriptions Cannot remember to take pills Stigma Other _____	
<b>PrEP Capacity (Program-level data)</b>		
<b>2Q</b>	Number of staff hired/newly reassigned to THRIVE during the measurement period	<i>Number</i>
<b>2R</b>	Number of vacancies during the measurement period	<i>Number</i>
<b>2S</b>	Number of trainings conducted for staff during the measurement period	<i>Number</i>
<b>2T</b>	Number staff trained during the measurement period	<i>Number</i>
<b>2U</b>	Number of training sites in the collaborative during the measurement period	<i>Number</i>
<b>2V</b>	Number of new contracts executed during the measurement period	<i>Number</i>
<b>2W</b>	Number of new sites that are implementing PrEP activities during the measurement period	<i>Number</i>
<b>PrEP Awareness and Knowledge (Program-level data)</b>		
<b>2X</b>	Number of activities implemented to increase awareness and knowledge during the measurement period	<i>Number</i>
<b>2Y</b>	Number of times a target populations (populations of MSM, by race/ethnicity) was reached for each activity during the measurement period	<i>Number</i>
<b>2Z</b>	Number of the type of media placements used during the measurement period	<i>Number</i>
<b>2AA</b>	Number of persons reached by each activity during the measurement period	<i>Number</i>
<b>3. Screening and Provision of nPEP Services (Cascading) (Client-level data)</b> <b>Answer 3A-3N for each nPEP screening event</b>		
<b>3A.1</b>	Screened for nPEP eligibility	<i>Yes/No/NA/DK</i>
<b>3A.2</b>	Date screened for nPEP eligibility	<i>Date</i>
<b>3B</b>	Eligible to be clinically assessed for nPEP	<i>Yes/No/NA/DK</i> <i>Date (if yes)</i>
<b>3C</b>	Referred to an internal or external nPEP provider	<i>Yes/No/NA/DK</i> <i>Date (if yes)</i>
<b>3D</b>	Accepted nPEP referral	<i>Yes/No/NA/DK</i> <i>Date (if yes)</i>
<b>3E</b>	Linked with a nPEP provider	<i>Yes/No/NA/DK</i> <i>Date (if yes)</i>
<b>3F</b>	Clinically assessed for nPEP indication	<i>Yes/No/NA/DK</i>

		Date (if yes)
		Yes/No/NA/DK Date (if yes)
<b>3G.1</b>	Prescribed nPEP	Yes/No/NA/DK Date (if yes)
<b>3G.2</b>	Initiated nPEP	Yes/No/NA/DK Date (if yes)
<b>3H</b>	Date filled nPEP prescription	Date
<b>3I</b>	Provided adherence support intervention	Yes/No/NA/DK
<b>3I.1</b>	If Adherent, What was the main reason you were able to remain adherent to nPEP? (select one) <u>Categories</u> Navigator Have insurance Reminder text Developed routine schedule (ie calender reminder) Other _____	Category
<b>3I.2</b>	If Adherent, What were additional reasons you were able to remain adherent to nPEP? (select multiple reasons) <u>Categories</u> Navigator Have insurance Reminder text Developed routine schedule (ie calender reminder) Other _____	Category
<b>3J</b>	Date(s) of clinic visits during the 28-day course	Date(s)
<b>3K</b>	Number of days missed of 28-day nPEP course	Number
<b>3L</b>	Date of clinic visit after 28-day nPEP course	Date
<b>3M</b>	Primary reason for stopping nPEP (select one) <u>Categories</u> HIV positive Side effects Cannot afford No health insurance Provider no longer available Did not fill prescription Cannot remember to take pills Stigma Other _____	Category
<b>3N</b>	Additional reason for stopping nPEP (select multiple reasons) <u>Categories</u> HIV positive Side effects	Category

	Cannot afford No health insurance Provider no longer available Did not fill prescription Cannot remember to take pills Stigma Other _____	
	<b>nPEP Capacity (Program-level data)</b>	
<b>3O</b>	Number of staff hired or newly reassigned during the measurement period	<i>Number</i>
<b>3P</b>	Number of vacancies/Number staff resigned during the measurement period	<i>Number</i>
<b>3Q</b>	Number of trainings conducted during the measurement period	<i>Number</i>
<b>3R</b>	Number staff trained during the measurement period	<i>Number</i>
<b>3S</b>	Number of facilities/ practices trained during the measurement period	<i>Number</i>
<b>3T</b>	Number of new contracts executed during the measurement period	<i>Number</i>
<b>3U</b>	Number of new sites that are implementing nPEP activities during the measurement period	<i>Number</i>
	<b>nPEP Awareness and Knowledge (Program-level data)</b>	
<b>3V</b>	Number of activities implemented to increase nPEP awareness and knowledge during the measurement period	<i>Number</i>
<b>3W</b>	Number of times a target population (populations of MSM, by race/ethnicity) was reached for each activity during the measurement period	<i>Number</i>
<b>3X</b>	Number and type of media placements utilized during the measurement period	<i>Number</i>
<b>3Y</b>	Number of people reached by each activity during the measurement period	<i>Number</i>
<b>D</b>	<b>Services for HIV-Positive Persons</b>	
	<b>4. Linkage to Care, Provision of ARVs, HIV viral load and CD4 testing for Persons with Newly Diagnosed or Established HIV infection (Client-level data)</b>	
<b>4A</b>	Linked to care (attended an HIV medical care visit)	<i>Date</i>
<b>4A.1</b>	Offered Same day ART at the time of their HIV diagnosis	<i>Category</i>
<b>4A.2</b>	If offered same day ART, was it accepted?	<i>Category</i>
<b>4A.3</b>	Were Financial incentives provided (for re-engage, linked to care, retained in care, and viral suppression)	<i>Category</i>
<b>4B.1</b>	Date prescribed ARVs	<i>Date</i>
<b>4B.2</b>	Date initiated ARVs	<i>Date</i>
<b>4C</b>	Date of HIV viral load test performed at entry into care	<i>Date</i>
<b>4D</b>	HIV viral load	<i>Number</i>
<b>4E</b>	Dates of HIV viral load test performed during HIV care	<i>Date</i>
<b>4F</b>	HIV viral load (report for each test date)	<i>Number</i>
<b>4G</b>	Date of CD4 count performed at entry into care	<i>Date</i>
<b>4H</b>	CD4 count	<i>Number</i>

4I	Dates of CD4 count performed during HIV care (for person with acute HIV infection)	Date
4J	CD4 count (report for each test date)	Number
<b>5. Linkage or Re-engagement with Care, Provision of ARVs, HIV viral load and CD4 testing for Previously Diagnosed Persons Not-in-Care (Client-level data)</b>		
5A.1	How was the <u>previously diagnosed</u> client identified and determined to be out of care?	Category
5A.2	Date linked to or re-engaged with care (attended at least one HIV medical care visit) if previously diagnosed with HIV infection, identified by HIV testing and determined to not be in care	Date
5B.1	Date prescribed ARVs if previously diagnosed HIV infection, identified through HIV testing and determined to not be in care	Date
5B.2	Date initiated ARVs if previously diagnosed HIV infection, identified through HIV testing and determined to not be in care	Date
5C	Date of HIV viral load test performed after linkage or re-engagement if previously diagnosed with HIV infection, identified by HIV testing and determined to not be in care.	Date
5D	HIV viral load	Number
5E	Date of CD4 count performed after linkage or re-engagement if previously diagnosed with HIV infection, identified by HIV testing and determined to not be in care.	Date
5F	CD4 count	Number
5G	Date linked to or re-engaged with care (attended at least one HIV medical care visit) if previously diagnosed HIV infection, identified through data-to-care activities and determined to be not in care after being contacted by program staff	Date
5H	Date initiated on ARVs if previously diagnosed with HIV infection, identified through data-to-care activities and determined to not be in care after being contacted by program staff	Date
5I	Dates of HIV viral load test performed after linkage or re-engagement if previously diagnosed with HIV infection, identified by data-to-care activities and determined to be not in care after being contacted by program staff	Date
5J	HIV viral load (report for each test date)	Number
5K	Dates of CD4 count performed after linkage or re-engagement if previously diagnosed with HIV infection, identified by data-to-care activities and determined to be not in care after being contacted by program staff	Date
5L	CD4 count (report for each test date)	Number
5M	Previously diagnosed with HIV infection and Identified by HIV testing and determined to not be in care	Yes/No/NA/DK
5N	Previously diagnosed HIV infection and identified by data-to-care activities and determined to be not-in-care	Yes/No/NA/DK
5O	Previously diagnosed HIV infection and identified by data-to-care activities who were contacted by program staff	Yes/No/NA/DK
<b>6. ART Adherence Support Services (Client-level data)</b>		
6A	Date(s) received medication adherence support intervention	Date
6A.1	Was a navigator used to link client to a medication adherence support intervention?	Category



6A.2	Was this client linked to a medication adherence support intervention (attended a medication adherence intervention session/visit)	Category
<b>7. Retention in Care (Client-level data)</b>		
7A	Date(s) received retention intervention	Date
7A.1	Was a navigator used to link client to a retention intervention?	Category
7A.2	Was this client linked to a retention intervention (attended a retention intervention session/visit)	Category
7B	Date(s) of HIV medical care visits	Date
<b>E Services for HIV-Positive and HIV-Negative persons</b>		
<b>8. STD Screening and Treatment (i.e., Syphilis, Gonorrhea, and Chlamydia Infections) (Client-level data) Includes genital and extragenital screening for Gonorrhea and Chlamydia. Answer 8A-9C for each STD screening event</b>		
8A	Date screened for STDs	Date
8B	Screened positive for one or more STDs	Yes/No/NA/DK
8B.1	Patient screened for syphilis?	Category
8B.2	Patient screened for gonorrhea?	Category
8B.3	Patient screened for Genital or Rectal Chlamydia?"	Category
8C	Referred to STD treatment provider if screened positive for one or more STDs	Yes/No/NA/DK Date (if yes)
8D	Linked to an STD treatment provider if screened positive for one or more STDs	Yes/No/NA/DK Date (if yes)
8E	Received STD treatment if screened positive for one or more STDs	Yes/No/NA/DK Date (if yes)
<b>9. HIV Partner Services (PS) and STD (Client-level data)</b>		
9A	Date interviewed for HIV partner services	Yes/No/NA/DK Date (if yes)
9B	Number of partners named by persons	Number
9C	Date diagnosed with STD (by syphilis, gonorrhea, chlamydia)	Date
<b>10. Risk Reduction Interventions (Client-level data)</b>		
10A	Date(s) received evidence-based behavioral risk reduction	Date

	counseling or interventions if <i>enrolled in the project</i>	
10A.1	Was a navigator used to link client to evidence-based behavioral risk-reduction counseling or interventions?	Category Yes/No/NA/DK
10A.2	Was this client linked to evidence-based behavioral risk-reduction counseling or interventions	Category Yes/No/NA/DK
<b>Behavioral Health Services Screening, Social Services Screening, and Linkage Services</b>		
<b>Answer 11A-18E for each screening event</b>		
	<b>Date screened for Behavioral Health and Social Service Services (by service type)</b>	<i>Date</i>
<b>11. Behavioral Health Screening and Linkage - Mental Health Services (Client-level data)</b>		
<b>11A</b>	Screened for mental health service needs if <i>enrolled in the project</i>	Yes/No/NA/DK
<b>11B</b>	Found to have an unmet need if screened for mental health services	Yes/No/NA/DK
<b>11C</b>	Referred to mental health service provider if found to have with unmet mental health service need	Yes/No/NA/DK <i>Date (if yes)</i>
<b>11D</b>	Linked to a mental health service provider if found to have with unmet mental health service need	Yes/No/NA/DK <i>Date (if yes)</i>
<b>11E</b>	Received mental health services, including treatment if found to have with unmet mental health service need	Yes/No/NA/DK <i>Date (if yes)</i>
<b>12. Behavioral Health Screening and Linkage -Substance Abuse Services (Client-level data)</b>		
<b>12A</b>	Screened for substance abuse service needs if <i>enrolled in the project</i>	Yes/No/NA/DK
<b>12B</b>	Found to have unmet needs if screened for substance abuse service needs	Yes/No/NA/DK
<b>12C</b>	Referred to substance abuse service provider if found to have substance abuse service needs	Yes/No/NA/DK <i>Date (if yes)</i>
<b>12D</b>	Linked to a substance abuse service provider if found to have substance abuse service needs	Yes/No/NA/DK <i>Date (if yes)</i>
<b>12E</b>	Received substance abuse services, including treatment if found to have substance abuse service needs	Yes/No/NA/DK <i>Date (if yes)</i>
12S.1	Was Screening, Brief Intervention and Referral to Treatment (SBIRT) provided	Yes/No/NA/DK <i>Date (if yes)</i>
12S.2	Referred to a Substance Abuse and Mental Health Services	Yes/No/NA/DK

	Administration (SAMHSA) treatment center	Date (if yes)
12S.3	Linked to a SAMHSA treatment center	Yes/No/NA/DK Date (if yes)
12S.4	Received substance abuse services, including treatment if found to have substance abuse service needs at a SAMHSA treatment center	Yes/No/NA/DK Date (if yes)
<b>13. Social Service Screening and Linkage - Housing Services (Client-level data)</b>		
<b>13A</b>	Screened for housing needs if <i>enrolled in the project</i>	Yes/No/NA/DK
<b>13B</b>	Found to have unmet housing needs if screened for housing needs	Yes/No/NA/DK
<b>13C</b>	Referred to housing assistance provider if found to have unmet housing needs	Yes/No/NA/DK Date (if yes)
<b>13D</b>	Linked to a housing assistance provider if found to have unmet housing needs	Yes/No/NA/DK Date (if yes)
<b>13E</b>	Received housing assistance if found to have unmet housing needs	Yes/No/NA/DK Date (if yes)
<b>14. Social Service Screening and Linkage -- Employment/Job Training (Client-level data)</b>		
<b>14A</b>	Screened for employment assistance/job training needs if <i>enrolled in the project</i>	Yes/No/NA/DK
<b>14B</b>	Found to have unmet employment assistance/job training needs if screened for employment assistance/job training needs	Yes/No/NA/DK
<b>14C</b>	Referred to employment assistance/job training provider if found to have unmet employment assistance/job training needs	Yes/No/NA/DK Date (if yes)
<b>14D</b>	Linked to employment assistance/job training provider if found to have unmet employment assistance/job training needs	Yes/No/NA/DK Date (if yes)
<b>14E</b>	Received employment assistance/job if found to have unmet employment assistance/job training needs	Yes/No/NA/DK Date (if yes)
<b>15. Social Service Screening and Linkage - Transportation (Client-level data)</b>		
<b>15A</b>	Screened for transportation assistance needs if <i>enrolled in the project</i>	Yes/No/NA/DK
<b>15B</b>	Found to have unmet transportation assistance needs if screened for transportation assistance needs	Yes/No/NA/DK
<b>15C</b>	Referred to transportation assistance provider if found to have unmet transportation assistance needs	Yes/No/NA/DK

		Date (if yes)
		Yes/No/NA/DK
15D	Linked to a transportation assistance provider if found to have unmet transportation assistance needs	Date (if yes)
15E	Received transportation assistance if found to have unmet transportation assistance needs	Yes/No/NA/DK Date (if yes)
<b>16. Social Service Screening and Linkage - Education (Client-level data)</b>		
16A	Screened for education assistance needs if <i>enrolled in the project</i>	Yes/No/NA/DK
16B	Found to have unmet education assistance needs if screened for education assistance needs	Yes/No/NA/DK
16C	Referred to education assistance provider if found to have unmet education assistance needs	Yes/No/NA/DK Date (if yes)
16D	Linked to an education assistance provider if found to have unmet education assistance needs	Yes/No/NA/DK Date (if yes)
16E	Received education assistance if found to have unmet education assistance needs	Yes/No/NA/DK Date (if yes)
<b>F</b>	<b>Navigation Services</b>	
<b>17. Navigation for Health Services (Client-level data)</b>		
17A	Received navigation (by type of service) to link to needed services if <i>enrolled in the project</i>	Yes/No/NA/DK Date (if yes)
<b>18. Navigation for Health Insurance Screening and Linkage (Client-level data)</b>		
18A	Screened for health insurance needs if <i>enrolled in the program</i> through HIV testing or data-to-care activities	Yes/No/NA/DK
18B	Screened for health insurance needs (including those in need of financial assistance for PrEP/ARVs) if uninsured or underinsured	Yes/No/NA/DK
18C	Referred to health insurance navigator if found to have unmet health insurance needs (uninsured/underinsured)	Yes/No/NA/DK Date (if yes)
18D	Linked to health insurance navigator if found to have unmet health insurance needs (uninsured/underinsured)	Yes/No/NA/DK Date (if yes)
18E	Enrolled in health insurance plan or provided financial assistance for prescriptions if found to have unmet health insurance needs (uninsured/underinsured)	Yes/No/NA/DK Date (if yes)
<b>G</b>	<b>Billing/Re-imburement, Capacity-Building, and Collaborations</b>	
<b>19. Billing/Reimbursement for Services (Program-level data)</b>		
19A	Number of HIV tests conducted during the measurement period that were billed to or reimbursed by a third-party payer	Number
19B	Number of STD tests conducted during the measurement period that were billed to or reimbursed by a third-party payer	Number

19C	Number of persons on nPEP during the measurement period whose nPEP clinical services were billed to or reimbursed by a third-party payer	<i>Number</i>
19D	Number of persons on PrEP during the measurement period whose PrEP clinical services were billed to or reimbursed by a third-party payer	<i>Number</i>
<b>20. Project Related Training (Program-level data)</b>		
20A	Number of project related trainings conducted by purpose/focus of training (e.g., cultural competency, HIV testing, navigation, etc.)	<i>Number</i>
20B	Number of health department and collaborative agency staff trained	<i>Number</i>
<b>21. Project Staffing (Program-level data)</b>		
21A	<b>TOTAL</b> Number of health department and collaborative agency staff newly hired or re-assigned to work on project	<i>Number</i>
<b>22. Contracts and Partnerships (Program-level data)</b>		
22A	Total number of new contracts awarded to implement project activities	<i>Number</i>
22B	Total number of CBOs funded to work on project activities	<i>Number</i>
22C	Total number of organizations (other than funded CBOs) that partnered with the health department to implement project activities	<i>Number</i>

**Abbreviations:** DK - Don't know; NA - Not Applicable