

National HIV Prevention Program Monitoring and Evaluation Data
0920-0696 (expiration 10/31/2021)

Attachment 8: Burden Estimate Calculations

Sixty-six (66) state and city health department jurisdictions (HDs) and approximately 110 directly funded community-based organizations (CBOs) will collect and report the required national HIV prevention program monitoring and evaluation (NHM&E) data. The number of directly funded CBOs may vary during the subsequent 3 years, so an estimated maximum of 150 CBOs has been used to calculate burden.

The most significant change from the prior ICR is that a separate set of NHM&E variables for community-based organizations funded under PS15-1502 and health departments transitioning to the 2018 NHM&E requirements will no longer be needed. Beginning in July 2021, all CDC-funded HIV prevention programs will be required to report on the same set of NHM&E variables. There is no expected change in data burden.

Each HD will submit the required NHM&E data for agency information (which includes budget data), for HIV testing and associated activities and services including linkage to HIV medical care and referral and linkage to essential support services for persons testing positive and for persons testing negative but at high risk for acquiring HIV, and for Partner Services (PS). We estimate that HDs will report on a maximum of 3.5 million HIV tests and 100,000 individuals served by Partner Services.

Each directly funded CBO will submit the required NHM&E data for agency information, for HIV testing and associated activities and services including linkage to HIV medical care and referral and linkage to essential support services for persons testing positive and for persons testing negative but at high risk for acquiring HIV. We estimate that CBOs will report on a maximum of 100,000 HIV tests. CBOs do not conduct Partner Services. Budget data are not collected for CBOs. The number of CBOs is subject to change based on funding.

It is probable that HDs and CBOs will conduct NHM&E training for staff annually. Instruction will include topics such as confidentiality and computer security, use of EvaluationWeb® or equivalent system, evaluation principles, and use of data for program improvement. It is assumed that HD and CBO employees who regularly collect and enter data will also conduct the training, and that each instructor will expend approximately two percent (1.5%) of their time or 31 hours annually to teach these classes.

The burden calculations that follow are presented separately for HDs and CBOs and are based on the time required to enter data

into the EvaluationWeb® software provided by CDC for use by HIV prevention program recipients. Some agencies have their own electronic data collection systems. It is assumed that the time required to enter data into other systems is similar to entering data into EvaluationWeb®. The NHM&E variables and values are standardized and independent of the software systems used to collect and submit. Since this is an on-going process, no time for reviewing instructions is included in the burden calculations.

Annual NHM&E Data Reporting Burden Estimates

State and Local Health Department Jurisdiction (HD) Recipients

Data Type	Annual Burden Estimates for Each HD				
	Search Existing Data	Gather and Maintain Data	Completing the Data	Review Data	TOTAL BURDEN HOURS
Agency Information	1 hour	5 hours	5 hours	7 hours	18 hours
HIV Testing	890 hours	890 hours	890 hours	22 hours	2,692 hours
Partner Services	30 hours	30 hours	30 hours	22 hours	112 hours
Staff Training					31 hours
TOTAL					2,853 hours

Community-Based Organization (CBO) Recipients

Data Type	Annual Burden Estimates for Each CBO				
	Search Existing Data	Gather and Maintain Data	Completing the Data	Review Data	TOTAL BURDEN HOURS
Agency Information	10 minutes	20 minutes	10 minutes	20 minutes	60 minutes
HIV Testing	19 hours	19 hours	19 hours	19 hours	76 hours
Staff Training					31 hours
TOTAL					108 hours

The total estimated annual burdens are presented in Part A, Table A.12-A.