

National HIV Prevention Program Monitoring and Evaluation
Data

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EXTENSION

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 Prevention, NCHHSTP, of CDC to conduct HIV prevention activities or implement services designed to reduce HIV transmission in priority populations. Data will be collected from all of these recipients.

HIV prevention activities and services are selected from those specified in the various funding opportunity 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 recipients for implementation. Data will be collected for every client receiving HIV prevention services funded by CDC, either directly funded from CDC or indirectly funded through CDC-funded health department jurisdictions. This will include 66 directly funded state and city health departments, approximately 150 directly-funded community-based organizations, and an estimated 1500 indirectly funded organizations (local health departments, community-based

organizations, etc.). Since all recipients report all funded HIV prevention service 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. Feedback is 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 recipients. Recipients use their own data collection instruments and processes. NHM&E data is key-entered into EvaluationWeb® or the recipient'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 to CDC in encrypted form via Transport Layer Security (TLS) 1.2 as required by 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 fifteen years by multiple branches and contractors, as coordinated by the former Program Evaluation Branch (now the Translation and Evaluation Branch) under the direction of the Division of HIV Prevention; National Center for HIV, Viral Hepatitis, STD, and TB Prevention. Data will be analyzed by the Translation and Evaluation Branch staff.