

National HIV Prevention Program Monitoring & Evaluation (NHM&E)

PS17-1704 Grantee Pre-application and Technical Assistance Workshop

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Overview

- ❑ **Introduction to Program Evaluation Branch (PEB)**
- ❑ **National HIV Prevention Program Monitoring and Evaluation (NHM&E)**
- ❑ **Key Evaluation Questions**
- ❑ **Your Data Reporting Requirements**
- ❑ **How We Use Your Data**
- ❑ **Your Agency's Evaluation Plan**
- ❑ **How You Use Your Data**
- ❑ **NHM&E Resources**
- ❑ **Questions**

Introduction to PEB

- ❑ **PEB is one of ten branches in the Division of HIV/AIDS Prevention (DHAP)**
- ❑ **Consists of three teams:**
 - **CBO Monitoring and Evaluation (M&E) Team, CMET**
 - Health Department M&E Team, HMET
 - Information Integration Team, IIT
- ❑ **Collaborates with other branches in DHAP, especially with the Prevention Program Branch (PPB)**

National HIV Prevention Program Monitoring and Evaluation (NHM&E)

- **A framework for monitoring critical CDC-funded HIV prevention program activities**
 - performance measurements
 - evaluation questions
 - reporting requirements
 - analyzing and reporting of indicators

National HIV Prevention Program Monitoring and Evaluation (NHM&E)

- **Performance measurements help you...**
 - demonstrate achievement of program outcomes
 - build a stronger evidence base for program strategies
 - determine if program strategies are scalable and effective at reaching the target population
 - drive continuous program improvement
 - provide accountability for public health funding

NHM&E Key Evaluation Questions

❑ To what extent do CBOs:

1. conduct HIV testing among persons at high risk for HIV infection?
2. identify persons with newly diagnosed HIV infection?
3. link or re-engage HIV-positive persons to HIV medical care?
4. refer newly diagnosed HIV-positive persons to Partner Services?
5. refer HIV-positive and high-risk negative persons to prevention and essential support services?

NHM&E Reporting Requirements

❑ Quantitative Data

- Test-level data: reported for each HIV testing event conducted
- Individual-level data: reported for individual clients who receive CDC-funded services

❑ Qualitative Data

- Program implementation successes and challenges

NHM&E Data Collection

- ❑ **CDC will limit data requirements to data that will be analyzed and used for program monitoring and quality improvement**

- ❑ **CDC will provide**
 - customizable templates
 - training, guidance, and support for implementation of NHM&E requirements
 - technical assistance

HIV Testing Template

PS15-1502 NHM

Instructions
 Completion of the NHM&E Requirements are mandatory for directly funded Category A or B funding. The 1502 questions are to be collected in completion of this form is not applicable.

Which population targeted by your target populations will be selected for?
 Primary target population
 Secondary target population

Is the client at high-risk for HIV?
 Yes No No

Services for HIV Positive Clients Only (Select all that apply)
 High Impact Prevention (HIP) behaviors
 Medication adherence support services
 Screening for STDs (syphilis, gonorrhea, chlamydia)
 Screening for viral hepatitis
 Screening for TB/TB infection
 Treatment for STDs (syphilis, gonorrhea, chlamydia)
 Treatment or vaccination for viral hepatitis
 Treatment for TB/TB infection

Recommended Support Services
 Basic education continuation and completion services
 Employment services
 Housing services
 Insurance navigation and enrollment services
 Sex Education, including HIV education
 Mental Health Counseling and Services
 Substance abuse treatment and services
 Transportation services (to and from appointments)
 Other: specify _____

EVALUATIONWEB® 2016 HIV TEST TEMPLATE

Enter or adhere form ID

HIV Incidence (if required by health department)

Date the client reported information

Has the client ever had a previous positive HIV test?
 No Yes Don't know Declined

Has the client ever had a negative HIV test?
 No Yes Don't know Declined

Date of first positive HIV test

Date of last negative HIV test

Number of negative HIV tests within 24 (or first positive) HIV test

Has the client used or is client currently using ARV?
 No Yes Don't know Declined

Date ARV began

Date of last ARV use

Notes:

Enter or adhere form ID

CDIC requires the following information on

Was the client referred to HIV medical care?
 No Yes Don't know

Reason
 Clinic Other

Did the client
 No Yes Don't know

Was the client referred/contracted by P
 No Yes Don't know

What was the client's most severe housing situation?
 Literally Homeless
 Unstably Housed or At Risk of Losing Housing
 Stably Housed

If female, is the client pregnant?
 No Yes Don't know Declined Not Asked

Prior to the client testing positive during surveillance department as being HIV-positive
 No Yes

Version 2 Revised 08

EVALUATIONWEB® 2016 HIV TEST TEMPLATE

PART ONE

Enter or adhere form ID

Session Date M M D D Y Y Y Y

Program Announcement (select only one)
 PS12-1201 Category A PS11-1113 Category A-YM&M
 PS12-1201 Category B PS11-1113 Category B-YTO
 PS12-1201 Category C PS15-1502 Category A
 PS12-1210 CAPUS PS15-1502 Category B
 MSM Testing Initiative Other: _____

Worker ID

Test Election
 Anonymously Confidentially
 Confidentially Test Not Offered
 Declined Testing Declined Testing

Test Technology
 Conventional Rapid NAAT/RNA Testing
 Conventional Rapid NAAT/RNA Testing
 Other

Test Result
 Positive/Reactive Negative Indeterminate Invalid No Result
 Positive/Reactive Negative Indeterminate Invalid No Result
 Positive/Reactive Negative Indeterminate Invalid No Result

Result Provided
 No Yes
 Yes, client obtained results from another agency
 No Yes
 Yes, client obtained results from another agency

If Results: NOT provided, why?
 Declined Notification
 Did Not Return/ Could Not Locate
 Other

Choose status of collection of behavioral risk profile
 Client completed a behavioral risk profile
 Client was not asked about behavioral risk factors
 Client was asked, but no behavioral risks identified
 Client declined to discuss behavioral risk factors

For clients completing a risk profile, did the client report the following behaviors in the past 12 months? (select all that apply)

Client State (use USPS abbreviation)

Client ZIP Code

Client Ethnicity
 Hispanic or Latino Don't Know
 Not Hispanic or Latino Declined
 Not Asked

Client Race (check all that apply)
 American IN/AK Native
 Asian White
 Black/African American Don't Know
 Native HI/Pac. Islander Declined
 Not Asked

Client Assigned Sex at Birth
 Male Declined
 Female Not Asked

Client Current Gender Identity
 Male Transgender MTF
 Female Transgender FTM
 Declined Transgender Unspecified
 Not Asked

Additional Risk Factors (enter two-digit code from page 3)

Previous HIV Test?
 No
 Yes → **If Yes, what is the client's self-reported result?**
 Positive Don't Know
 Negative Declined
 Preliminary Positive Not Asked
 Indeterminate

Session Activities (enter codes from page 3)

Local Use Fields

Version 2 Revised 08

NHM&E Data Reporting

- ❑ Your data will be reported to CDC twice per year**
- ❑ You will submit NHM&E data to CDC by directly entering data into EvaluationWeb®**
- ❑ You will submit your Annual Progress Reports and End of Year Progress Reports to CDC**

How We Will Use Your Data

□ **Gain knowledge about HIV prevention programs at the national level**

- identify and close gaps in HIV prevention programs
- contribute to making HIV prevention efforts more effective
- influence policy and other decision making

□ **Accountability**

- monitor progress toward meeting FOA goals
- ensure prevention resources are being used appropriately

How We Will Use Your Data: Examples

❑ Calculate indicators

- standard measures that assess critical aspects of program performance toward reaching prevention goals

❑ Generate Rapid Feedback Reports (RFRs)

- reports on standard measures that assess progress towards FOA targets at the grantee level and the overall program level
- twice per year

Rapid Feedback Reports

PS11-1113 "HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color" Year 3 Interim Rapid Feedback Report

August 2014

Key Findings

- HIV Testing**
 - Six (20%) of thirty CBOs achieved at least half the required annual minimum of testing 600 individuals for Category A.
 - Two (33%) of six CBOs achieved at least half the required annual minimum of testing 75 individuals for Category B.
- HIV Positivity**
 - Of the 6,393 individuals tested in Categories A and B, 198 had newly identified positive tests.
 - Ten (33%) of thirty CBOs achieved at least 4% newly identified HIV positivity for Category A.
 - One (17%) of six CBOs achieved at least 4% newly identified HIV positivity for Category B.
- Linkage to Medical Care**
 - Twenty-one (78%) of twenty-seven CBOs that identified any new HIV-positive individuals linked at least 70% to HIV medical care for Category A.
 - All four CBOs that identified any new HIV-positive individuals linked at least 70% to HIV medical care for Category B.
- Condom Distribution**
 - Twenty-nine Category A CBOs distributed a total of 287,277 condoms.
 - Five Category B CBOs distributed a total of 44,938 condoms.

The National HIV/AIDS Strategy (NHAS) and DHAP's High Impact Prevention (HIP) approach both prioritize identifying HIV-infected persons who do not know their HIV status and linking them to medical care. To achieve NHAS and HIP goals among the populations most disproportionately affected by the epidemic, DHAP funded Funding Opportunity Announcement (FOA) PS11-1113, "HIV Prevention Projects for

Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color." The FOA includes two categories: the target population for Category A is young men of color who have sex with men (YMSM) and their sex partners; and the target population for Category B is young transgender persons of color (YTG) and their sex partners.

The purpose of this Interim Rapid Feedback Report (RFR) is to describe program achievement and areas in need of improvement for PS11-1113 during the first half of the third year of funding. The RFR is aimed at helping funded community-based organizations (CBOs) and Prevention Program Branch Project Officers determine where to focus capacity-building and quality improvement efforts, and to assist in identifying some potential best practices.

This report presents HIV testing and condom distribution data reported by thirty-four community-based organizations (CBOs) during the first half of Year 3 (September 30, 2013 to March 31, 2014) of PS11-1113. It was prepared through a review of Interim Progress Report (IPR) data submitted by CBOs. The HIV tests reported in the IPRs were those supported by the FOA and may include persons other than the target populations. CBOs funded under PS11-1113 are required to provide services to the specified target population; however, no persons will be turned away from services, regardless of their race, ethnicity, or other demographic characteristic. Also attached is an Individual Grantee Report (IGR) that presents the progress of each CBO during the same time period.

The IPR is meant to assess grantees' progress half way through the budget period; grantees are not expected to have met or exceeded their annual objectives for HIV testing at this point. However, each grantee should have met approximately half of their individually established annual objectives to be on track to meet or exceed their objectives and FOA requirements by the end of the budget period. Condom distribution counts are included; however, there is no FOA-established goal.

CBOs reported testing a total of 6,393 individuals for HIV during the reporting period; this represents 35% of the annual FOA goal of testing 18,450 individuals. Of the 6,393 individuals tested, 198 had newly identified

...nt identified at least one ...ked at least 70% of ... positive test results to ...2%) of the 192 ... positive test results ... Category A.

...ntified at least one ...st 70% of ...tive test results to ...0%) individuals ...lls were linked to

...ted a total of ...CBOs distributed ...1113 activities

...testing and ...ndom ...h will be ...ress Reports ...uture ...ther PS11-

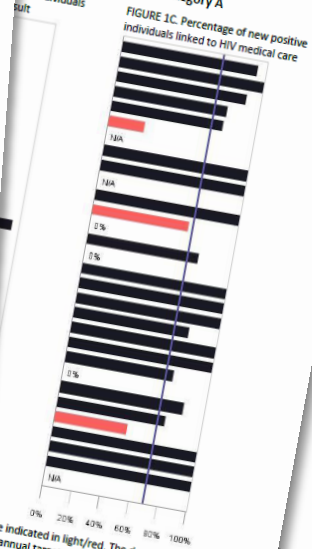
...th Project ...n ...M&E ...374.

PS11-1113, first half of Year 3

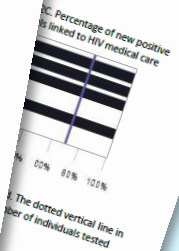
Number	Newly identified positive results		Clients linked to HIV medical care	
	Target: ≥4%	Number	Number	Target: ≥70%
18	4.9%	17	94%	
5	1.4%	5	100%	
10	2.8%	9	90%	
14	4.2%	11	79%	
9	2.7%	7	78%	
8	2.5%	2	25%	
0	0.0%	0	N/A	
7	2.4%	7	100%	
4	1.6%	4	100%	
0	0.0%	0	N/A	
2	0.9%	2	100%	
3	1.4%	2	67%	
1	0.5%	0	0%	
31	15.3%	24	77%	
2	1.0%	0	0%	
8	4.5%	8	100%	
5	2.9%	5	100%	
8	4.7%	8	100%	
10	6.4%	8	80%	
3	2.0%	3	100%	
3	2.0%	3	100%	
8	5.5%	6	75%	
1	0.7%	0	0%	
7	5.5%	6	86%	
2	10.1%	9	75%	
1	1.8%	1	50%	
1	4.7%	5	100%	
1	3.8%	4	100%	
1	2.5%	2	100%	
1	0.0%	0	N/A	
1	3.1%	158	82%	
1	Target: ≥4%	Number	Target: ≥70%	
1	2.1%	1	100%	
1	7.5%	3	100%	
1	2.8%	1	100%	
1	0.0%	0	N/A	
1	3.2%	1	100%	
1	0.0%	0	N/A	
1	2.9%	6	100%	
1	3.1%	164	83%	

...g annual objectives for HIV testing

...age to care -- PS11-1113, Category A



...Category B



... are indicated in light/red. The dotted vertical line in ... num annual targets for: number of individuals tested ... care (70%).

Examples of Indicators

- ❑ **Outcome: Increase in number of YMSM and YTG persons of color with newly diagnosed HIV infection**
 - **indicator:** # and % of persons tested via PS17-1704 who are newly diagnosed HIV-positive
 - **indicator:** % of PS17-1704 annual HIV testing objective achieved

Examples of Indicators, cont'd

- ❑ **Outcome: Increase in number of HIV-positive YMSM and YTG persons of color who receive HIV medical care**
 - **indicator:** # and % of persons with newly diagnosed HIV infection linked to HIV medical care within 30 days
 - **indicator:** # and % of previously diagnosed, not in care HIV-positive persons linked or re-engaged in HIV medical care within 30 days

Evaluation and Performance Plan

- ❑ **Developed in collaboration with CDC during development phase**
- ❑ **Consistent with work plan and CDC's evaluation and performance measurement strategy**
- ❑ **Data collected should be used**
 - for ongoing monitoring of the program,
 - to evaluate its effectiveness, and
 - for continuous program improvement

Evaluation and Performance Plan, cont'd

- ❑ **Your agency's evaluation plan should describe...**
 - ❑ who are the key staff that will be responsible for conducting evaluation activities
 - ❑ how evaluation data will be collected, entered, quality assured, secured, and reported to CDC
 - ❑ how you plan to train your staff and improve your capacity to evaluate your program
 - ❑ how you plan to conduct any local evaluations
 - ❑ how evaluation findings will be used for continuous program/quality improvement

How You Use Your Data

- ❑ **Manage program processes**
- ❑ **Learn whether you are reaching your FOA performance objectives**
- ❑ **Identify program strengths and weaknesses for improved service delivery and decision-making**

NHM&E Resources

- ❑ **NHM&E Service Center**

NHMEservice@cdc.gov or 1-855-374-7310

- ❑ **EvaluationWeb Resources**

<http://evaluationweb.com/help/>

- ❑ **CDC Project Officer**

- ❑ **Program Evaluation Branch staff**

Summary

- ❑ **You are required to collect and report on all NHM&E data**
- ❑ **You submit data twice per year through EvaluationWeb and through Progress Reports**
- ❑ **Your evaluation plan must be consistent with your work plan and CDC's evaluation and performance measurement strategy**

Thank you!

Questions?

