



# PS18-1802 Jurisdiction Evaluation and Performance Measurement Plan

(Updated June 21, 2017)

**Note – This document should be completed to reflect jurisdiction-specific implementation and evaluation of core PS18-1802 strategies and activities. The implementation and evaluation of activities related to the FOA funded demonstration project should be described in the Demonstration Project Evaluation and Performance Measurement Plan (EPMP).**

## I. Cover Page

- Name of the project being evaluated
- Project period (start and end date)
- Name of jurisdiction/agency submitting evaluation plan

## II. Introduction

CDC has created an integrated National HIV Surveillance System (NHSS) and National HIV Prevention Program Monitoring and Evaluation (NHM&E) framework for Funding Opportunity Announcement (FOA) PS18-1802 that aligns with strategies and goals defined by the National HIV/AIDS Strategy (NHAS), the Division of HIV/AIDS Prevention (DHAP) strategic plan, and CDC's high-impact prevention (HIP) approach.

An iterative program evaluation approach will be used to monitor and evaluate PS18-1802. This approach will be informed by grantees' jurisdiction-specific Evaluation and Performance Measurement Plan (EPMP) and will incorporate process and outcome evaluation methods to determine program accomplishments, assess resource investments, and provide opportunities to review, analyze, modify, and improve program as necessary. As a requirement of PS18-1802: *Integrated HIV Surveillance and Prevention Programs for Health Departments*, grantees must submit a jurisdiction-specific EPMP that is consistent with the *CDC Evaluation and Performance Measurement Strategy* section of the *CDC Project Description* (see page 27-30; 33-42) of the FOA. The agency-specific evaluation framework is based on CDC's Evaluation Framework<sup>i</sup>.

Grantees of PS18-1802 are expected to collect, report, and use data to monitor program implementation, evaluate program effectiveness, and implement program improvements. Please note, if your agency is the lead agency in a partnership, your agency is ultimately responsible for the development and implementation of the jurisdiction-specific evaluation and performance measurement plan. CDC will work with grantees to finalize their detailed EPMP, including the Data Management Plan (DMP), in accordance with CDC program guidance. Additional guidance for completing the required sections of the jurisdiction-specific EPMP is provided in the [Resource](#) section of this document.

## Section 1: Description of the Project Being Evaluated

In approximately 500-800 words, provide a brief description of how the 11 required strategies and key program activities for PS18-1802 will be implemented within your jurisdiction. Please discuss the following in your description:

- The public health problem the project being evaluated is intended to address (i.e., magnitude, cause(s), and trends of the problem)
- Overall purpose or expected effects of the project being evaluated
- Developmental stage of the project being evaluated (i.e., planning, implementation, mature phase of the program)
- Context within which the project being evaluated operates or will operate (e.g., environmental, political, or population factors that affect or may affect the initiative)

## Section 2: PS18-1802 Logic Model

PS18-1802 focuses on 11 strategies that are intended to achieve the following long-term outcomes: 1) reduced new HIV infections among persons at risk for HIV infection; 2) increased access to care for persons living with diagnosed HIV infection; 3) improved health outcomes for persons living with diagnosed HIV infection, including maintaining viral suppression; and 4) reduced HIV-related health disparities. As depicted in the FOA logic model below, grantees are expected to implement a comprehensive and integrated HIV surveillance and prevention program to demonstrate measurable progress toward achieving the outputs, and short-term and intermediate outcomes. The strategies, as well as measurable outputs and outcomes have been outlined in their respective indicator table which specifies the measures, numerators, denominators, and data source and type.

Logic Model: PS18-1802 Integrated HIV Surveillance and Prevention Programs for Health Departments	
Strategies and Activities	Intended Short-Term and Intermediate Outcomes
<b>Integrated HIV Surveillance and Prevention Activities (Core Activities) (to be conducted by the funded health department jurisdiction)</b>	
<p>1. <a href="#">Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response</a></p> <ul style="list-style-type: none"> <li>• HIV surveillance               <ul style="list-style-type: none"> <li>○ Collect HIV case data, including (but not limited to) data on CD4, viral load, molecular laboratory test results, vital status, and geocoding</li> </ul> </li> <li>• HIV prevention program monitoring and evaluation               <ul style="list-style-type: none"> <li>○ Collect data to monitor and evaluate HIV prevention programs</li> </ul> </li> </ul>	<p><i>Outputs:</i></p> <p>1.A Increased use of surveillance and epidemiological data to guide prevention and care efforts, monitor HIV health outcomes, develop policy, allocate resources, and plan and implement services</p> <p>1.B Increased use of geocoded data linked to census and social determinants of health datasets to guide prevention and care efforts, monitor HIV health outcomes, develop policy, allocate resources, and plan and implement services</p> <p><i>Short-term Outcomes:</i></p> <p>1.1. <a href="#">Improved monitoring of trends in HIV infection</a></p> <p>1.2. <a href="#">Improved completeness, timeliness, and quality of HIV surveillance and prevention program data</a></p> <p>1.3. <a href="#">Increased ability to describe the geographic distribution of HIV and understand the social determinants of health in relation to HIV and HIV-related health disparities</a></p>
<p>2. <a href="#">Identify persons with HIV infection and uninfected persons at risk for HIV infection</a></p> <ul style="list-style-type: none"> <li>• HIV testing</li> <li>• HIV Partner Services</li> <li>• Data-to-Care activities</li> </ul>	<p><i>Outputs:</i></p> <p>2.A <a href="#">Increased HIV testing among persons at risk for HIV and in communities with high HIV prevalence</a></p> <p>2.B <a href="#">Improve laboratory reporting to HIV surveillance</a></p> <p>2.C Increased identification of HIV-negative persons at risk for HIV infection</p> <p>2.D <a href="#">Increased notification and HIV testing of partners identified through HIV partner services</a></p>

**Logic Model: PS18-1802 Integrated HIV Surveillance and Prevention Programs for Health Departments**

Strategies and Activities	Intended Short-Term and Intermediate Outcomes
	<p><i>Short-term Outcomes:</i></p> <p>2.1. <a href="#">Increased number of persons who are aware of their HIV status</a></p> <p>2.2. <a href="#">Increased participation in HIV partner services among persons with diagnosed HIV infection</a></p>
<p>3. <a href="#">Develop, maintain, and implement plan to respond to HIV transmission clusters and outbreaks</a></p> <ul style="list-style-type: none"> <li>Identify and investigate HIV transmission clusters and outbreaks</li> <li>Rapidly respond to and intervene in HIV transmission clusters and outbreaks</li> <li>Maintain outbreak identification and response plan</li> </ul>	<p><i>Short-term Outcomes:</i></p> <p>3.1. <a href="#">Improved early identification and investigation of HIV transmission clusters and outbreaks</a></p> <p>3.2. <a href="#">Improved response to HIV transmission clusters and outbreaks</a></p> <p>3.3. <a href="#">Improved plan and policies to respond to and contain HIV outbreaks</a></p>
<p>4. <a href="#">Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)</a></p> <ul style="list-style-type: none"> <li>Provide linkage to, re-engagement in, and retention in HIV medical care services using Data-to-Care activities and other strategies</li> <li>Promote early ART initiation</li> <li>Support medication adherence</li> <li>Promote and monitor HIV viral suppression</li> <li>Monitor HIV drug resistance</li> <li>Conduct risk reduction interventions for PLWH</li> <li>Refer PLWH to other essential support services, to include screening and active referrals for healthcare benefits, behavioral health, and other medical and social services</li> </ul>	<p><i>Outputs:</i></p> <p>4.A Increased use of surveillance data to support PLWH throughout the HIV care continuum</p> <p>4.B <a href="#">Increased provision of ART medication adherence support for PLWH</a></p> <p>4.C <a href="#">Increased provision of risk reduction interventions for PLWH</a></p> <p>4.D <a href="#">Increased screening and active referral for PLWH to other essential support services, including healthcare benefits, behavioral health, and other medical and social services</a></p> <p>4.E <a href="#">Increased referral to HIV prevention services for PLWH</a></p> <p><i>Short-term Outcome:</i></p> <p>4.1. <a href="#">Increased linkage to and retention in HIV medical care among PLWH</a></p> <p><i>Intermediate Outcomes:</i></p> <p>4.2. Increased early initiation of ART among PLWH</p> <p>4.3. <a href="#">Increased HIV viral load suppression among PLWH</a></p> <p>4.4. Decreased risk behaviors among PLWH at risk of transmission</p>
<p>5. <a href="#">Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection</a></p> <ul style="list-style-type: none"> <li>Periodic HIV testing and risk screening</li> <li>Screening for PrEP eligibility</li> <li>Linkage to and support for PrEP</li> <li>Risk reduction interventions for HIV-negative persons at risk for HIV infection</li> <li>Refer HIV-negative persons at risk for HIV infection to other essential support services, to include screening and active referrals for healthcare benefits, behavioral health, and other medical and social services</li> </ul>	<p><i>Outputs:</i></p> <p>5.A Increased periodic HIV testing and risk screening among persons at risk for HIV infection</p> <p>5.B <a href="#">Increased screening of HIV-negative persons for PrEP eligibility</a></p> <p>5.C <a href="#">Increased provision of risk reduction interventions for HIV-negative persons at risk for HIV infection</a></p> <p>5.D <a href="#">Increased screening and active referral of HIV-negative persons at risk for HIV infection to other essential support services, including healthcare benefits, behavioral health, and other medical and social services</a></p> <p><i>Short-term Outcome:</i></p> <p>5.1. <a href="#">Increased referral of persons eligible for PrEP</a></p> <p><i>Intermediate Outcomes:</i></p> <p>5.2. Increased linkage of persons eligible for PrEP to PrEP providers</p> <p>5.3. Increased prescription of PrEP to persons for whom PrEP is indicated</p> <p>5.4. Decreased risk behaviors among HIV-negative persons at risk for HIV infection and other STDs</p>
<p>6. <a href="#">Conduct perinatal HIV prevention and surveillance activities</a></p> <ul style="list-style-type: none"> <li>Universal prenatal HIV testing</li> </ul>	<p><i>Outputs:</i></p> <p>6.A Increased HIV screening among pregnant women</p>

**Logic Model: PS18-1802 Integrated HIV Surveillance and Prevention Programs for Health Departments**

Strategies and Activities	Intended Short-Term and Intermediate Outcomes
<ul style="list-style-type: none"> <li>• Case surveillance for women with diagnosed HIV infection and their infants</li> <li>• Perinatal HIV exposure reporting</li> <li>• Perinatal HIV service coordination (e.g., fetal and infant mortality review)</li> </ul>	<p>6.B <a href="#">Increased provision of perinatal HIV services or service coordination among pregnant women living with diagnosed HIV and their infants</a></p> <p>6.C Increased use of surveillance and epidemiological data to guide perinatal prevention and care efforts, monitor HIV health outcomes, develop policy, allocate resources, and plan and implement services</p> <p>6.D <a href="#">Review cases demonstrating missed prevention opportunities</a></p> <p><i>Short-term Outcomes:</i></p> <p>6.1. <a href="#">Reduced perinatally-acquired HIV infection</a></p> <p>6.2. <a href="#">Increased number of pregnant women who are aware of their HIV status</a></p> <p>6.3. <a href="#">Improved completeness, timeliness, and quality of HIV surveillance data for pediatric cases and HIV-exposed infants</a></p> <p><i>Intermediate Outcomes:</i></p> <p>6.4. Improved provision or coordination of perinatal HIV services</p>
<p>7. <a href="#">Conduct community-level HIV prevention activities</a></p> <ul style="list-style-type: none"> <li>• Social marketing campaigns</li> <li>• Social media strategies</li> <li>• Community mobilization</li> <li>• Syringe services programs</li> <li>• Condom distribution programs</li> </ul>	<p><i>Short term Outcomes</i></p> <p>7.1. <a href="#">Increased availability of condoms among persons living with or at risk for HIV infection</a></p> <p><i>Intermediate Outcomes:</i></p> <p>7.2. Increased awareness in affected communities at risk for transmitting or acquiring HIV infection and strategies for reducing these risks</p> <p>7.3. <a href="#">Increased access to syringe service programs for persons who inject drugs</a></p> <p>7.4. Reduced stigma and discrimination for persons with diagnosed HIV infection</p>
<b>Operational and Foundational Activities</b>	
<p>8. <a href="#">Develop partnerships to conduct integrated HIV prevention and care planning</a></p> <ul style="list-style-type: none"> <li>• Maintain HIV Planning Group</li> <li>• Develop HIV prevention and care networks</li> </ul>	<p><i>Intermediate Outcome:</i></p> <p>8.1. Increased coordination of, availability of, and access to comprehensive HIV prevention, treatment, and support services</p>
<p>9. <a href="#">Implement structural strategies to support and facilitate HIV surveillance and prevention</a></p> <ul style="list-style-type: none"> <li>• Strengthen laws, regulations, and policies</li> <li>• Strengthen health information systems infrastructure</li> <li>• Promote expansion of technological advances</li> <li>• Ensure data security, confidentiality, and sharing</li> </ul>	<p><i>Short-term Outcome:</i></p> <p>9.1. <a href="#">Increased data security, confidentiality, and sharing</a></p> <p><i>Intermediate Outcome:</i></p> <p>9.2. Reduced systemic, legal, regulatory, policy, organizational, operational, social, or cultural barriers to HIV surveillance, prevention, and care</p>
<p>10. <a href="#">Conduct data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities</a></p>	<p><i>Outputs:</i></p> <p>10.A <a href="#">Increased use of data to plan, monitor, evaluate, and improve HIV surveillance and prevention programs and monitor the impact of local HIV prevention efforts</a></p> <p><i>Intermediate Outcomes:</i></p> <p>10.1. Increased coordination and integration of comprehensive HIV prevention and care services</p> <p>10.2. Improved targeting of HIV testing, prevention and care resources, funding, and services</p> <p>10.3. Improved targeting, prioritization, and effectiveness of funded HIV prevention activities</p> <p>10.4. Improved targeting of HIV programs to address HIV-related health disparities</p>

**Logic Model: PS18-1802 Integrated HIV Surveillance and Prevention Programs for Health Departments**

Strategies and Activities	Intended Short-Term and Intermediate Outcomes
<p>11. <a href="#">Build capacity for conducting effective HIV program activities, epidemiologic science, and geocoding</a></p> <ul style="list-style-type: none"> <li>• Assess capacity building assistance needs</li> <li>• Develop and implement capacity building assistance plan, including technical assistance</li> <li>• Enhance epidemiologic and analytic capacity (e.g., Data-to-Care, cluster detection and investigation, and other prevention activities)</li> <li>• Enhance geocoding and data linkage capacity</li> </ul>	<p><i>Outputs:</i></p> <p>11.A Increased capacity building support and TA provided within the jurisdiction (including CBOs and other partners)</p> <p>11.B Increased jurisdictional capacity to conduct HIV surveillance activities (including D2C activities) and provide HIV prevention services</p> <p>11.C Enhanced capacity to geocode, manage, link, and integrate surveillance and other data for surveillance, prevention, and care</p> <p><i>Intermediate Outcomes:</i></p> <p>11.1. Strengthened interventional surveillance and response capacity</p> <p>11.2. Enhanced knowledge of the influence of social determinants on risk for disease and continuum of care outcomes</p>

*\*Note: Outputs and outcomes in bold (hyperlinked) will be required to be measured and reported to CDC as part of the evaluation plan.*

### Section 3: Stakeholder Engagement

In this section you will need to describe who your stakeholders are, their role in the evaluation, and how you plan to engage them in the program evaluation. Use Table 1 to list the names of the persons or organizations/entities that will be engaged in the evaluation and their role.

Table 1. Stakeholder Engagement	
Name/Organization	Role in Evaluation

### Section 4: Focusing the Evaluation Design

Please discuss each of the following elements in your evaluation plan to describe how PS18-1802 will be implemented and evaluated by your agency:

**Purpose of the evaluation:** The purpose statement should communicate the intent or motivation for conducting the evaluation (i.e., to gain insight, change practice, assess effects, or affect participants). The purpose of the evaluation should consider the needs of the stakeholders, the context of the evaluation, and the availability of resources. Knowing who the users of your evaluation are (the specific persons/stakeholders who receive and use the evaluation findings) and the uses for the evaluation findings (the specific ways that program staff and stakeholders plan to utilize the evaluation findings) will help determine the purpose of your evaluation (complete Table 2).

Table 2. Primary users of the evaluation (persons or organizations)	
Name	How Evaluation Findings Will Be Used

**Evaluation questions:** Though CDC has developed national evaluation questions (see Section 5), grantees are welcomed to propose additional local evaluation questions. Local evaluation questions for PS18-1802 should reflect the purpose of the national evaluation as well as the priorities and needs of the stakeholders. Questions should be crafted to provide answers to key program components and activities of interest. When developing your local evaluation questions, it is important to keep in mind 1) what should be answered to demonstrate program performance; 2) constraints of the program (e.g., resources, environmental limitations, target population, etc.); and 3) unit(s) of analysis needed and available to appropriately address the evaluation questions (e.g., a system of related programs, a single program, a project within a program, a subcomponent or process within a project).

**Evaluation methods:** CDC will collection and analyze quantitative and qualitative data on program implementation and performance. Your local evaluation plan should discuss how your agency intends to implement/monitor, collect, and report data for new and established program components and activities that are required by PS18-1802.

**Evaluation design:** Your jurisdiction-specific evaluation plan should specify your local evaluation design for PS18-1802. The evaluation design clarifies how the evaluation will operate. Your choice of design has implications for what will count as evidence toward the desired outcome, how evidence will be gathered, and what conclusions can be made (including the internal and external validity of conclusions). The design also

dictates program participants; data sources and their selection; data collection methods and procedures; data management systems; and appropriate methods of analysis, synthesis, interpretation, and presentation.

Use Table 3-4 to list Memoranda of Understanding Agreements and program related protocols. You will also need to address any Human Subjects Protection/Institutional Review Board requirements that may apply to your local implementation of PS18-1802.

<b>Table 3. Memoranda of Understanding/Memoranda of Agreement</b>	
<b>Collaborator or Contributor</b>	<b>Services or Resources to be Provided</b>

## Section 5: Gathering Credible Evidence

### PS18-1802 Monitoring and Evaluation Questions, Indicators, and Data Sources

CDC will monitor and evaluate grantees' local implementation of the PS18-1802 strategies and their outputs and outcomes, using the question and indicators presented in the following tables. Please include any additional locally developed questions, measures, and specifications that you intend to use to monitor and/or evaluate the PS18-1802 outputs and outcomes. You may include your additional assessments by adding cells to the table, or by writing a description of what you plan to do. *Note: Quantitative and key qualitative indicators are indicated in the table.*

<b>Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response</b>					
<b>Output or Outcome</b>	<b>M&amp;E Question</b>	<b>Measures/Indicators</b>	<b>Specifications</b>	<b>Data Source</b>	<b>Data Type</b>
<b>Output 1.A:</b> Increased use of surveillance and epidemiological data to guide prevention and care efforts, monitor HIV health outcomes, develop policy, allocate resources, and plan and implement services				NA	NA
		<b>Recommended at the local level, not monitored nationally</b>			
<b>Output 1.B:</b> Increased use of geocoded data linked to census and social determinants of health datasets to guide prevention and care efforts, monitor HIV health outcomes, develop policy, allocate resources, and plan and implement services				NA	NA
		<b>Recommended at the local level, not monitored nationally</b>			
<b>Outcome 1.1:</b> Improved monitoring of trends in HIV infection		<b>Measure 1.1.1: Data Dissemination and Reporting</b>  <b>Measure 1.1.1.a:</b> Publish and disseminate an HIV surveillance report annually, per CDC guidance  <b>Measure 1.1.1.b:</b> Publish and disseminate at least one comprehensive Integrated HIV Epidemiologic Profile during the 5-year funding period, per CDC guidance	See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a> Must be met for the population of all cases and for the subset of pediatric cases age <13 years	NHSS	NA

**Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
<p><b>Outcome 1.2:</b> Improved completeness, timeliness, and quality of HIV surveillance and prevention program data</p> <p><b>Outcome 1.2.a:</b> Meet standards detailed in the Technical Guidance for HIV Surveillance Programs for case ascertainment, death ascertainment, risk factor reporting, duplicate review, geocoding, laboratory reporting, timeliness, data quality, completeness, and dissemination, assessed as required by CDC standards</p>		<p><b>Measure 1.2.1: Death Ascertainment</b></p> <p><b>Measure 1.2.1.a:</b> Annually link case reports with state/local death certificate data file (or NDI, if state/local death certificate data file is not available) and SSDMF to ascertain dates of deaths that occurred in the previous year and enter or import results into eHARS</p> <p><b>Measure 1.2.1.b:</b> Annually link case reports with NDI and state/local death certificate data file to ascertain causes of deaths that occurred 2 years prior to the current year and import results in eHARS</p> <p><b>Measure 1.2.1.c:</b> Annually link case reports to state/local death certificate data file (from 2 years ago) to identify unreported cases of HIV infection and enter or import results into eHARS</p> <p><b>Measure 1.2.1.d (Cause of Death):</b> ≥85% of the deaths that occurred in a year have an underlying cause of death, assessed 24 months after the death year</p>	<p>See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a></p>	<p>NHSS</p>	<p>Aggregate</p>
		<p><b>Measure 1.2.2: Completeness of Case Ascertainment</b> ≥95% of the expected number of cases for a diagnosis year are reported, assessed 12 months after the diagnosis year</p>	<p>See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a> Must be met for the population of all cases and for the subset of pediatric cases age &lt;13 years.</p>	<p>NHSS</p>	<p>Person-level</p>
		<p><b>Measure 1.2.3: Timeliness of Case Ascertainment</b> ≥90% of the expected number of cases for a diagnosis year are reported within six months following diagnosis, assessed 12 months after the diagnosis year</p>			

**Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
		<p><b>Measure 1.2.4: Data Quality</b>                      ≥97% of cases that meet the surveillance case definition for HIV infection for a diagnosis year will have no required fields missing and pass all standard data edit checks (i.e. Person View Status Flag is “A – Active” or “W – Warning”), assessed 12 months after a diagnosis year</p>	<p>See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a>.                      Must be met for the population of all cases and for the subset of pediatric cases age &lt;13 years.</p>	NHSS	Person-level
<p><b>Measure 1.2.5: Risk Factor Ascertainment</b>                      ≥80% of cases for a report year have sufficient HIV risk factor information to be classified into a known transmission category, assessed 12 months after the report year</p>					
		<p><b>Measure 1.2.6: Intrastate duplicates</b>                      ≤1% of cases for a report year have duplicate case reports, assessed 12 months after the report year</p>	<p>See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a>.</p>	NHSS	Person-level
<p><b>Measure 1.2.7: Interstate duplicate</b>                      ≤2% of Routine Interstate Duplicate Review (RIDR) pairs remain unresolved at the end of each six month RIDR cycle, assessed at the end of each cycle</p>					
		<p><b>Measure 1.2.8: CD4 Reporting</b>                      ≥85% of cases for a diagnosis year have a CD4 test result based on a specimen collected within one month following HIV diagnosis, assessed 12 months after the diagnosis year</p>	<p>See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a>.                      Must be met for the population of all cases and for the subset of pediatric cases age &lt;13 years.</p>	NHSS	Person-level
<p><b>Measure 1.2.9: Viral Load Reporting</b>                      ≥85% of cases for a diagnosis year have a viral load test result based on a specimen collected within one month following HIV diagnosis, assessed 12 months after the diagnosis year</p>					

**Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
		<p><b>Measure 1.2.10: Timeliness of Laboratory Reporting</b>                      ≥85% of all labs with a specimen collection date in the diagnosis year are loaded in the surveillance system within two months of the specimen collection date, assessed at 12 months after the diagnosis year</p>	See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a>	NHSS	Person-level
		<p><b>Measure 1.2.11: Nucleotide Sequence</b>                      ≥60% of cases for a diagnosis year have an analyzable nucleotide sequence, assessed at 12 months after the diagnosis year</p>			
		<p><b>Measure 1.2.12: Antiretroviral History</b>                      ≥70% of cases for a diagnosis year have prior antiretroviral use history, assessed at 12 months after the diagnosis year</p>			
		<p><b>Measure 1.2.13: Previous Negative HIV Test</b></p> <p><b>Measure 1.2.13.a:</b>                      ≥70% of cases for a diagnosis year have a known value for previous negative HIV test, assessed at 12 months after the diagnosis year</p> <p><b>Measure 1.2.13.b:</b>                      ≥50% of cases for a diagnosis year with a previous negative HIV test have a valid date of documented negative test result, assessed at 12 months after the diagnosis year.</p>			
<p><b>Outcome 1.2.b:</b>                      Meet standards detailed in the National HIV Prevention Program Monitoring and Evaluation Guidance for key NHM&amp;E program performance variables, timeliness, data quality, completeness, and</p>		<p><b>Question 1.2.14-1.2.16:</b>                      To what extent did grantees adhere to the process and outcome standards detailed in the National HIV Prevention Program Monitoring and Evaluation Guidance to provide data for</p>	<p><b>Measure 1.2.14:</b>                      Percentage of PS18-1802-funded HIV-positive test events submitted with all NHM&amp;E required fields related to linkage to HIV medical care completed and pass all standard NHM&amp;E data checks  <b>(FOA Target: ≥80%)</b></p>	<p><b>Denominator:</b>                      Number of PS18-1802-funded HIV-positive test events submitted to CDC</p> <p><b>Numerator:</b>                      Number of HIV-positive test events in the denominator that have all NHM&amp;E required fields related to linkage to HIV medical care completed and pass all standard NHM&amp;E data checks</p>	NHM&E

**Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type		
dissemination, assessed as required by CDC standards	key performance variables that are of quality, timely, and complete as required by CDC standards	<b>Measure 1.2.15:</b> Percentage of PS18-1802-funded HIV-positive test events submitted with all NHM&E required fields related to interview for partner services completed and pass all standard NHM&E data checks <b>(FOA Target: ≥80%)</b>	<b>Denominator:</b> Number of PS18-1802-funded HIV-positive test events submitted to CDC (same as denominator 1.2.14)  <b>Numerator:</b> Number of HIV-positive test events in the denominator that have all NHM&E required fields related to interview for partner services completed and pass all standard NHM&E data checks				
		<b>Measure 1.2.16:</b> Percentage of submitted PS18-1802-funded HIV-positive tests classified as new diagnoses that have been verified by checking the HIV surveillance system <b>(FOA Target: ≥80%)</b>	<b>Denominator:</b> Number of PS18-1802-funded positive HIV test events submitted that are classified as new diagnoses  <b>Numerator:</b> Number of HIV-positive test events in the denominator that have been verified as new diagnoses by checking the HIV surveillance system				
		<b>Measure 1.3.1:</b> Establish a Memorandum of Agreement (MOA) to submit geocoded data to CDC for the 5-year funding period.	See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a> .			APR, SER	NA
		<b>Measure 1.3.2:</b> On an annual basis, submit geocoded HIV data, for the HIV diagnosis year of interest, to CDC per CDC guidance					
<b>Outcome 1.3:</b> Increased ability to describe the geographic distribution of HIV and understand the social determinants of health in relation to HIV and HIV-related health disparities		<b>Measure 1.3.3:</b> ≥90% of HIV cases are geocoded to the census tract level, assessed 12 months after the diagnosis year	See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a> .	NHSS	Person-level		

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**Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV infection**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
<b>Output 2.A:</b> Increased HIV testing among persons at risk for HIV and in communities with high HIV prevalence	<b>Question 2.A.1:</b> To what extent was there an increase in HIV testing among persons at risk for HIV?	<b>Measure 2.A.1:</b> Of all PS18-1802-funded HIV tests conducted, the percentage of tests that are among persons at risk for HIV infection	<b>Denominator:</b> Number of PS18-1802-funded HIV tests conducted  <b>Numerator:</b> Of HIV tests in the denominator, the number in which the person tested was at risk for HIV infection  <i>Stratify by target population (e.g., MSM, MSM and IDU, Transgender persons, Transgender persons and IDU, persons who inject drugs, heterosexual male, and heterosexual female)</i>	NHM&E	Test-level
	<b>Question 2.A.2:</b> To what extent was there an increase in the identification of HIV-negative persons at risk for HIV?	<b>Measure 2.A.2:</b> Of all PS18-1802-funded HIV tests conducted that had HIV-negative results, the percentage of tests that are among persons at risk for HIV infection	<b>Denominator:</b> Number of PS18-1802-funded HIV tests with negative results  <b>Numerator:</b> Of negative HIV tests in the denominator, the number in which the person tested was at risk for HIV infection		
	<b>Question 2.A.3:</b> What challenges did grantees encounter and what notable successes did they experience with increasing HIV testing among persons at risk for HIV?	<b>Measure 2.A.3:</b> Qualitative descriptions of successes and challenges with implementing HIV testing among persons at risk for HIV	Qualitative review of narrative responses	APR, EOY, SER	NA
<b>Output 2.B:</b> Improve laboratory reporting to HIV surveillance	<b>Question 2.B:</b> Did grantees meet the criteria for complete reporting of HIV-related test results?	<b>Measure 2.B.1:</b> Meet criteria for complete reporting of all HIV-related test results	See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a> .  See details in the Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2014. HIV Surveillance Supplemental Report 2016; 21(No. 4). <a href="http://www.cdc.gov/hiv/library/reports/surveillance/">http://www.cdc.gov/hiv/library/reports/surveillance/</a> . Published July 2016.	NHSS,	NA
		<b>Measure 2.B.2:</b> Qualitative descriptions of successes and challenges with meeting the criteria for complete reporting of HIV-related test results	Qualitative review of narrative responses		

**Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV infection**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
<b>Output 2.C:</b> Increased identification of HIV-negative persons at risk for HIV infection	<b>Question 2.C.1:</b> What challenges did grantees encounter and what notable successes did they experience with increasing the identification of HIV-negative persons at risk for HIV infection?	<b>Measure 2.C.1:</b> Qualitative descriptions of successes and challenges with conducting activities related to identifying HIV-negative persons who are at risk for HIV infection	Qualitative review of narrative responses	APR, EOY	NA
<b>Output 2.D:</b> Increased notification and HIV testing of partners identified through HIV partner services.	<b>Question 2.D.1:</b> To what extent was there an increase in notification and HIV testing of partners identified through HIV partner services?	<b>Measure 2.D.1:</b> Of all named, notifiable partners identified through HIV partner services, the percentage notified for HIV partner services	<b>Denominator:</b> Number of named, notifiable partners identified through HIV partner services <b>Numerator:</b> Number of partners in the denominator who are notified of their potential exposure to HIV	NHM&E	Client-level
		<b>Measure 2.D.2:</b> Percentage of named, notifiable partners identified through HIV partner services that were tested for HIV infection	<b>Denominator:</b> Number of named, notifiable partners identified through HIV partner services (same as denominator 2.D.1) <b>Numerator:</b> Number of partners in the denominator who are tested for HIV infection		
		<b>Measure 2.D.3:</b> Percentage of notified partners identified through HIV partner services that were tested for HIV infection	<b>Denominator:</b> Number of notified partners identified through HIV partner services (same as numerator 2.D.1) <b>Numerator:</b> Number of partners in the denominator who are tested for HIV infection		
	<b>Question 2.D.4:</b> What challenges did grantees encounter and what notable successes did they experience with increasing the notification and HIV testing of partners identified through HIV partner services?	<b>Measure 2.D.4:</b> Qualitative descriptions of successes and challenges with conducting activities related to notifying and testing partners who are identified through HIV partner service	Qualitative review of narrative responses	APR, EOY	NA
<b>Outcome 2.1:</b>	<b>Question 2.1.1-2.1.4:</b> To what extent was there an increase in the number of	<b>Measure 2.1.1:</b> Number of PS18-1802-funded HIV tests conducted by grantee	<b>Count:</b> Number of PS18-1802-funded HIV tests conducted	NHM&E	Test-level

## Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV infection

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
Increased number of persons who are aware of their HIV status	persons living with HIV infection who are aware of their HIV status?	<b>Measure 2.1.2:</b> Of all PS18-1802-funded HIV tests conducted, the percentage of persons with newly diagnosed HIV infection	<b>Denominator:</b> Number of PS18-1802-funded HIV tests conducted (same as count 2.1.1) <b>Numerator:</b> Number of HIV tests in the denominator in which the HIV infection was newly diagnosed	NHM&E	Test-level
		<b>Measure 2.1.3:</b> Of all persons with newly diagnosed HIV infection, the percent provided an HIV test result ( <b>FOA target: ≥90%</b> )	<b>Denominator:</b> Number of persons with newly diagnosed HIV infection identified through PS18-1802-funded HIV testing (same as numerator 2.1.2) <b>Numerator:</b> Number of persons in the denominator who are provided their HIV test result	NHM&E	Client-level
		<b>Measure 2.1.4</b> Of all persons living with HIV infection, the percentage who know their HIV-positive status ( <b>NHAS and FOA target: ≥90%</b> )	<b>Denominator:</b> Number of persons living with HIV infection <b>Numerator:</b> Number of persons in the denominator who are living with diagnosed with HIV infection	NHSS	Person-level
		<b>Question 2.1.5:</b> What challenges did grantees encounter and what notable successes did they experience with increasing the number of persons living with HIV infection who are aware of their HIV status?	<b>Measure 2.1.5:</b> Qualitative descriptions of successes and challenges with conducting activities related to increasing the number of persons living with HIV infection who are aware of their HIV status	Qualitative review of narrative responses	APR, EOY
	<b>Outcome 2.2:</b> Increased participation in HIV partner services among persons with diagnosed HIV infection	<b>Question 2.2.1:</b> To what extent was there an increase in participation in HIV partner services among persons with newly diagnosed HIV infection?	<b>Measure 2.2.1:</b> Of all persons with newly diagnosed HIV infection, the percentage interviewed for partner services ( <b>FOA target: 85%</b> )	<b>Denominator:</b> Number of persons with newly diagnosed HIV infection identified through PS18-1802-funded HIV testing (same as numerator 2.1.2) <b>Numerator:</b> Number of persons in the denominator who are interviewed for partner services	NHM&E
	<b>Question 2.2.2:</b> To what extent was there an increase in participation in HIV partner services among persons with previously diagnosed HIV infection?	<b>Measure 2.2.2:</b> Of all persons with previously diagnosed HIV infection, the percentage interviewed for partner services	<b>Denominator:</b> Number of persons with previously diagnosed HIV infection identified through PS18-1802-funded HIV testing <b>Numerator:</b> Number of persons in the denominator who are interviewed for partner services	NHM&E	Client-level

**Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV infection**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
	<p><b>Question 2.2.3:</b>                      What challenges did grantees encounter and what notable successes did they experience with increasing participation in HIV partner services among persons with newly and previously diagnosed HIV infection?</p>	<p><b>Measure 2.2.3:</b>                      Qualitative descriptions of successes and challenges with conducting activities related to increasing participation in partner services among persons newly and previously diagnosed with HIV infection</p>	<p>Qualitative review of narrative responses</p>	<p>APR, EOY</p>	<p>NA</p>

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### Strategy 3: Develop, maintain, and implement plan to respond to HIV transmission clusters and outbreaks

Outcomes					
Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
<b>Outcome 3.1:</b> Improved early identification and investigation of HIV transmission clusters and outbreaks		<b>Measure 3.1.1:</b> Analyze surveillance data using CDC-recommended approaches at least monthly to identify HIV transmission clusters and outbreaks and submit analysis and investigation results to CDC	See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a>	APR, SER	NA
<b>Outcome 3.2:</b> Improved response to HIV transmission clusters and outbreaks		<b>Measure 3.2.1:</b> Of all HIV-positive persons in transmission clusters who were not virally suppressed at the time of identification as part of the cluster, percentage that achieved viral suppression within 6 months	See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a>	NHSS	Person-level
		<b>Measure 3.2.2:</b> Of all partners of transmission cluster members who were not known to be HIV positive at the time of cluster identification, percentage re-tested within 6 months	See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a>	APR, SER	Aggregate
		<b>Measure 3.2.3:</b> Of all partners of transmission cluster members who were determined to be HIV-negative and not on PrEP, percentage referred for PrEP			
<b>Outcome 3.3:</b> Improved plan and policies to respond to and contain HIV outbreaks		<b>Measure 3.3.1:</b> Develop plan to maintain capacity for cluster and outbreak detection and response	See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a>	APR, SER	NA

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**Strategy 4: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
<b>Output 4.A:</b> Increased use of surveillance data to support PLWH throughout the HIV care continuum	<b>Recommended at the local level, not monitored nationally</b>			NA	NA
<b>Output 4.B:</b> Increased provision of ART medication adherence support for PLWH	<b>Question 4.B.1-4.B.3:</b> To what extent was there an increase in screening for and provision of ART medication adherence support services for PLWH who are in need of these services?	<b>Measure 4.B.1:</b> Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing, the percentage screened for ART medication adherence support services (calculated by CDC)	<b>Denominator:</b> Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing <b>Numerator:</b> Number of persons in the denominator who are screened for ART medication adherence support services	NHM&E	Client-level
		<b>Measure 4.B.2:</b> Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for ART medication adherence support services, the percentage identified as needing these services (calculated by CDC)	<b>Denominator:</b> Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for ART medication adherence support services (same as numerator 4.B.1) <b>Numerator:</b> Number of persons in the denominator who are identified as needing ART medication adherence support services		
		<b>Measure 4.B.3:</b> Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing ART medication adherence support services, the percentage who are provided these services	<b>Denominator:</b> Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing ART medication adherence support services (same as numerator 4.B.2) <b>Numerator:</b> Number of persons in the denominator who are provided or actively referred to ART medication adherence support services		
	<b>Question 4.B.4:</b> What challenges did grantees encounter and what notable successes did they experience with increasing the provision of ART medication adherence support among PLWH?	<b>Measure 4.B.4:</b> Qualitative descriptions of successes and challenges with conducting activities related to increasing the provision of ART medication adherence support services among persons living with diagnosed HIV infection	Qualitative review of narrative responses	APR, EOY	NA
<b>Output 4.C:</b> Increased provision of risk reduction interventions for PLWH	<b>Question 4.C.1-4.C.3:</b> To what extent was there an increase in screening for and provision of risk reduction interventions for PLWH	<b>Measure 4.C.1:</b> Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing, the percentage	<b>Denominator:</b> Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing (same as denominator for 4.B.1)	NHM&E	Client-level

**Strategy 4: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
		screened for risk reduction intervention needs (calculated by CDC)	<b>Numerator:</b> Number of persons in the denominator who are screened for risk reduction intervention needs		
		<b>Measure 4.C.2:</b> Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for risk reduction intervention, the percentage who are identified as needing an intervention (calculated by CDC)	<b>Denominator:</b> Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for risk reduction intervention needs <b>Numerator:</b> Number of persons in the denominator who are identified as needing risk reduction intervention		
		<b>Measure 4.C.3:</b> Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing risk reduction intervention, the percentage provided an intervention ( <b>FOA Target: 85%</b> )	<b>Denominator:</b> Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for and identified as needing risk reduction intervention (same as numerator for 4.C.2) <b>Numerator:</b> Number of persons in the denominator who are provided or actively referred for risk reduction intervention		
		<b>Question 4.C.4:</b> What challenges did grantees encounter and what notable successes did they experience with increasing screening and provision of HIV risk reduction intervention among PLWH?	<b>Measure 4.C.4:</b> Qualitative descriptions of successes and challenges with conducting activities related to increasing screening and provision of HIV risk reduction intervention among persons living with diagnosed HIV infection		
<b>Output 4.D:</b> Increased screening and active referral of PLWH to other essential support services, including healthcare benefits, behavioral health, and other medical and social services	<b>Question 4.D.1-4.D.3:</b> To what extent was there an increase in screenings and active referrals of PLWH to other essential support services, including healthcare benefits, behavioral health, and other medical and social services?	<b>Measure 4.D.1:</b> Of all persons living with diagnosed HIV infection, the percentage screened for other essential support services, including healthcare benefits, behavioral health, and other medical and social services (calculated by CDC)	<b>Denominator:</b> Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing (same as denominator 4.B.1) <b>Numerator:</b> Number of persons in the denominator who are screened for other essential support services, including healthcare benefits, behavioral health, and other medical and social services  <i>(Stratify by type of services screened for: healthcare benefits; mental health, substance use treatment, housing, transportation, domestic violence, and employment assistance services)</i>	NHM&E	Client-level

**Strategy 4: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
		<p><b>Measure 4.D.2:</b> Of all persons living with diagnosed HIV infection who are screened for other essential support services, including healthcare benefits, behavioral health, and other medical and social services, the percentage who are identified as needing one or more of these services (calculated by CDC)</p>	<p><b>Denominator:</b> Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened for other essential support services, healthcare benefits, behavioral health, and other medical and social services (same as numerator 4.D.1)</p> <p><b>Numerator:</b> Number of persons in the denominator who are identified as needing other essential support services, healthcare benefits, and/or other medical and social services</p> <p><i>(Stratify by type of service(s) needed: healthcare benefits; mental health, substance use treatment, housing, transportation, domestic violence, and employment assistance services)</i></p>		
		<p><b>Measure 4.D.3:</b> Of all persons living with diagnosed HIV infection who are screened and identified as needing other essential support services, including healthcare benefits, behavioral health, and other medical and social services, the percentage who are actively referred for one or more of these services</p>	<p><b>Denominator:</b> Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing other essential support services, healthcare benefits, behavioral health, and/or other medical and social services (same as 4.D.2)</p> <p><b>Numerator:</b> Number of persons in the denominator who are provided or actively referred for other essential support services, healthcare benefits, and/or other medical and social services</p> <p><i>(Stratify by type of service needs provided or referred for: healthcare benefits; mental health, substance use treatment, housing, transportation, and employment assistance services)</i></p>		

**Strategy 4: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
	<b>Question 4.D.4:</b> What challenges did grantees encounter and what notable successes did they experience with increasing screening and active referrals to other essential support services, including healthcare benefits, behavioral health, and other medical and social services?	<b>Measure 4.D.4:</b> Qualitative descriptions of successes and challenges with conducting activities related to increasing screening and active referrals for other essential support services, including healthcare benefits, behavioral health, and other medical and social services	Qualitative review of narrative responses	APR, EOY	NA
<b>Output 4.E:</b> Increased referral to HIV prevention services for PLWH	<b>Question 4.E.1:</b> To what extent was there an increase in referral to any HIV prevention services for persons with diagnosed HIV infection?	<b>Measure 4.E.1:</b> Of all persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing, percentage referred to any HIV prevention services <b>(GPRA and FOA target: ≥80%)</b>	<b>Denominator:</b> Number of persons living with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing any HIV prevention service	NHM&E	Client-level
			<b>Numerator:</b> Number of persons in the denominator who are provided or actively referred for any HIV prevention service		
<b>Outcome 4.1:</b> Increased linkage to and retention in HIV medical care among PLWH		<b>Measure 4.1.1:</b> Publish linkage to care, in HIV medical care, retention in care and viral suppression results using the CDC surveillance definitions in annual reports and epidemiologic profile	See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a>	NHSS	Aggregate
	<b>Question 4.1.2.</b> To what extent was there an increase in linkage of persons with newly diagnosed HIV infection to HIV medical care?	<b>Measure 4.1.2:</b> Of all persons with newly diagnosed HIV infection, the percentage linked to HIV medical care in ≤ 30 days after HIV diagnosis <b>(NHAS and FOA target: ≥85%)</b>	<b>Denominator:</b> Number of persons with newly diagnosed HIV infection identified through PS18-1802-funded HIV testing (same as numerator 2.1.2)	NHM&E	Client-level
			<b>Numerator:</b> Number of persons in the denominator who are linked to HIV medical care in ≤ 30 days after HIV diagnosis		
		<b>Measure 4.1.3:</b> Of all persons with newly diagnosed acute HIV infection identified through PS18-1802-funded HIV testing, the percentage linked to HIV medical care in ≤ 14 days after HIV diagnosis	<b>Denominator:</b> Number of persons with newly diagnosed acute HIV infection identified through PS18-1802-funded HIV testing		
			<b>Numerator:</b> Number of persons in the denominator who are linked to HIV medical care in ≤ 14 days after HIV diagnosis		

**Strategy 4: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
	<b>Question 4.1.4:</b> What challenges did grantees encounter and what notable successes did they experience with increasing linkages to HIV medical care for persons with newly diagnosed HIV infection?	<b>Measure 4.1.4:</b> Qualitative descriptions of successes and challenges with conducting activities related to linking persons with newly diagnosed HIV infection to HIV medical care	Qualitative review of narrative responses	APR, EOY	NA
	<b>Question 4.1.5:</b> To what extent was there an increase in PLWH in HIV medical care?	<b>Measure 4.1.5a:</b> Of all persons living with diagnosed HIV infection, the percentage in HIV medical care	<b>Denominator:</b> Number of persons living with HIV infection (same as numerator 2.1.4) <b>Numerator:</b> Number of PLWH with evidence of an HIV medical care visit (e.g. ≥1 CD4 or VL test result) within a 12-month measurement period in the 12-month observation period	NHSS	Client-level
		<b>Measure 4.1.5:</b> Of all persons living with diagnosed HIV infection, the percentage retained in HIV medical care ( <b>FOA target: ≥90%</b> )	<b>Denominator:</b> Number of PLWH who have lived with diagnosed HIV infection for at least 12 months by the end of the reporting period <b>Numerator:</b> Number of PLWH with ≥ 2 CD4 or VL (or genotype) test results based on specimens collected at least 3 months apart in the 12-month observation period		
	<b>Question 4.1.6:</b> Does the use of NHSS and other data sources improve the identification of persons living with diagnosed HIV (PLWH) who are not in HIV medical care?	<b>Measure 4.1.6:</b> Of all persons on the not-in-care (NIC) list generated using HIV surveillance data, the percentage confirmed to be not in care	<b>Denominator:</b> Number of persons on the NIC list identified between time X and Y as not in care, who had an investigation initiated <b>Numerator:</b> Of those in the denominator, the number confirmed to be not in care	NHSS	Client-level
	<b>Question 4.1.7:</b> Does the use of NHSS and other data sources increase linkage or re-engagement of not-in-care PLWH in HIV medical care?	<b>Measure 4.1.7:</b> Of all NIC persons living with diagnosed HIV infection identified through HIV surveillance data confirmed as not-in-care, the percentage linked to or re-engaged in HIV medical care in ≤ 30 days after date confirmed not in care	<b>Denominator:</b> Number of persons on the NIC list between time X and Y as not in care, who were confirmed to be not in care <b>Numerator:</b> Number of persons in the denominator who are linked to or re-engaged in care ≤ 30 days after date confirmed not in care		

**Strategy 4: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
	<b>Question 4.1.8:</b> What challenges did grantees encounter and what notable successes did they experience with conducting activities related to improving the identification of persons living with HIV (PLWH) who are not in HIV medical care	<b>Measure 4.1.8:</b> Qualitative descriptions of successes and challenges with conducting activities related to improving the identification of persons living with diagnosed HIV infection who are not in HIV medical care	Qualitative review of narrative responses	APR, EOY	NA
<b>Outcome 4.2:</b> Increased early initiation of ART among PLWH	<b>Recommended at the local level, not monitored nationally</b>			NA	NA
<b>Outcome 4.3:</b> Increased HIV viral load suppression among PLWH	<b>Question 4.3.1:</b> To what extent was there an increase in HIV viral load suppression among persons living with diagnosed HIV infection?	<b>Measure 4.3.1:</b> Of all persons living with diagnosed HIV infection, the percentage virally suppressed ( <b>FOA target: ≥80%</b> )	<b>Denominator:</b> Number of persons living with diagnosed HIV in the jurisdiction <b>Numerator:</b> Number of persons in the denominator who are virally suppressed	NHSS	Client-level
	<b>Question 4.3.2:</b> Does using HIV surveillance data increase viral suppression among not-in-care PLWH who are linked to or re-engaged in HIV medical care?	<b>Measure 4.3.2:</b> Of NIC persons living with diagnosed HIV infection who are linked to or re-engaged in HIV medical care through HIV surveillance data, the percentage who achieved viral suppression within ≤6 months after linkage to or re-engagement in care	<b>Denominator:</b> Number of persons who were linked to or re-engaged in care ≤ 30 days after date confirmed not in care (same as numerator 4.1.7) <b>Numerator:</b> Number of persons in the denominator who achieved viral suppression in ≤6 months after linkage to or re-engagement in care		
	<b>Question 4.3.3:</b> Does using HIV surveillance data increase identification of PLWH who are in HIV medical care but have elevated viral load?	<b>Measure 4.3.3:</b> Of persons living with diagnosed HIV infection identified through HIV surveillance data as being in care and having an elevated viral load, the percentage confirmed to be in care and have an elevated viral load	<b>Denominator:</b> Number of persons identified between time X and Y as being in care and having an elevated viral load <b>Numerator:</b> Number persons in the denominator who were confirmed to be in care and have an elevated viral load		
	<b>Question 4.3.4:</b> Does using HIV surveillance data increase viral suppression among PLWH who are in HIV medical care but have elevated viral load?	<b>Measure 4.3.4:</b> Of persons living with diagnosed HIV infection, confirmed to be in care and have an elevated viral load using HIV surveillance data, percentage who achieved viral suppression ≤6 months after an intervention was initiated	<b>Denominator:</b> Number of persons identified between time X and Y and confirmed as being in care and having an elevated viral load (same as numerator 4.3.3) <b>Numerator:</b> Number of persons in the denominator who achieved viral suppression ≤6 months after date of intervention initiated		
				NHSS	Client-Level

**Strategy 4: Provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
	<p><b>Question 4.3.5:</b> What challenges did grantees encounter and what notable successes did they experience related to D2C activities?</p>	<p><b>Measure 4.3.5:</b> Qualitative descriptions of successes and challenges with conducting D2C activities</p>	Qualitative review of narrative responses	APR, EOY	NA
<p><b>Outcome 4.4:</b> Decreased risk behaviors among PLWH at risk of transmission</p>	<p><b>Recommended at the local level, not monitored nationally</b></p>			NA	NA

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**Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
<b>Output 5.A:</b> Increased periodic HIV testing and risk screening among persons at risk for HIV infection	<b>Recommended at the local level, not monitored nationally</b>			NA	NA
<b>Output 5.B:</b> Increased screening of HIV-negative persons for PrEP eligibility	<b>Question 5.B.1-5.B.2:</b> To what extent was there an increase in screening of HIV-negative persons for PrEP eligibility?	<b>Measure 5.B.1:</b> Of all HIV-negative persons not already on PrEP at the time of HIV testing, the percentage screened for PrEP eligibility (calculated by CDC)	<b>Denominator:</b> Number of HIV-negative persons not currently on PrEP at the time of PS18-1802-funded HIV testing  <b>Numerator:</b> Number of persons in the denominator who are screened for PrEP eligibility	NHM&E	Client-level
		<b>Measure 5.B.2:</b> Of all HIV-negative persons not already on PrEP at the time of HIV testing and screened for PrEP, the percentage identified as eligible for PrEP (calculated by CDC)	<b>Denominator:</b> Number of HIV-negative persons not currently on PrEP at the time of PS18-1802-funded HIV testing who are screened for PrEP eligibility (same as numerator 5.B.1)  <b>Numerator:</b> Number of persons in the denominator who are eligible for PrEP		
		<b>Question 5.B.3:</b> What challenges did grantees encounter and what notable successes did they experience with increasing screening of HIV-negative persons for PrEP eligibility?	<b>Measure 5.B.3:</b> Qualitative descriptions of successes and challenges with increasing screening of HIV-negative persons for PrEP eligibility		
<b>Output 5.C:</b> Increased provision of risk reduction interventions for HIV-negative persons at risk for HIV infection	<b>Question 5.C.1-5.C.3:</b> To what extent was there an increase in screening for and provision of risk reduction interventions for HIV-negative persons at risk for HIV infection and other STDs	<b>Measure 5.C.1:</b> Of all HIV-negative persons at risk for HIV infection, the percentage screened for risk reduction intervention needs (calculated by CDC)	<b>Denominator:</b> Number of HIV-negative persons identified through PS18-1802-funded HIV testing who are at risk for HIV infection (same as numerator 2.A.2)  <b>Numerator:</b> Number of persons in the denominator who are screened for risk reduction intervention needs	NHM&E	Client-level
		<b>Measure 5.C.2:</b> Of all HIV-negative persons at risk for HIV infection who are screened for risk reduction intervention, the percentage identified as needing an intervention	<b>Denominator:</b> Number of HIV-negative persons identified through PS18-1802-funded HIV testing who are screened for risk reduction intervention needs (same as numerator 5.C.1)		

**Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
		(calculated by CDC)	<b>Numerator:</b> Number of persons in the denominator identified as needing risk reduction intervention		
		<b>Measure 5.C.3:</b> Of all HIV-negative persons at risk for HIV infection who are screened and identified as needing risk reduction intervention, the percentage provided an intervention <b>(FOA Target: ≥85%)</b>	<b>Denominator:</b> Number of HIV-negative persons identified through PS18-1802-funded HIV testing who are screened for and identified as needing risk reduction intervention (same as numerator 5.C.2) <b>Numerator:</b> Number of persons in the denominator who are provided or actively referred for risk reduction intervention	NHM&E	Client-level
	<b>Question 5.C.4:</b> What challenges did grantees encounter and what notable successes did they experience with increasing screening and provision of HIV risk reduction intervention for HIV-negative persons at risk for HIV infection?	<b>Measure 5.C.4:</b> Qualitative descriptions of successes and challenges with conducting activities related to increasing screening and provision of HIV risk reduction intervention among HIV-negative persons at risk for HIV infection	Qualitative review of narrative responses	APR, EOY	NA
<b>Output 5.D:</b> Increased screening and active referral of HIV-negative persons at risk for HIV infection to other essential support services, including healthcare benefits, behavioral health, and other medical and social services	<b>Question 5.D.1-5.D.3:</b> To what extent was there an increase in screening and active referral of HIV-negative persons at risk for HIV infection to other essential support services, including healthcare benefits, behavioral health, and other medical and social services?	<b>Measure 5.D.1:</b> Of all HIV-negative persons at risk for HIV infection, the percentage screened for other essential support services, including healthcare benefits, behavioral health, and other medical and social services (calculated by CDC)	<b>Denominator:</b> Number of HIV-negative persons identified through PS18-1802-funded HIV testing who are at risk for HIV infection (same as numerator 2.A.2) <b>Numerator:</b> Number of persons in the denominator who are screened for other essential support services, healthcare benefits, behavioral health, and other medical and social services  <i>(Stratify by type of services screened for: healthcare benefits; mental health, substance use treatment, housing, transportation, domestic violence, and employment assistance services)</i>	NHM&E	Client-level

**Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
		<p><b>Measure 5.D.2:</b> Of all HIV-negative persons at risk for HIV infection who are screened for other essential support services, including healthcare benefits, behavioral health, and other medical and social services, the percentage identified as needing one or more of these services (calculated by CDC)</p>	<p><b>Denominator:</b> Number of HIV-negative persons identified through PS18-1802-funded HIV testing who are at risk for HIV infection and screened for other essential support services, healthcare benefits, behavioral health, and other medical and social services (same as numerator 5.D.1)</p> <p><b>Numerator:</b> Number of persons in the denominator who are identified as needing other essential support services, healthcare benefits, behavioral health, and/or other medical and social services</p> <p><i>(Stratify by type of service(s) needed: healthcare benefits; mental health, substance use treatment, housing, transportation, domestic violence, and employment assistance services)</i></p>		
		<p><b>Measure 5.D.3:</b> Of all HIV-negative persons at risk for HIV infection who are screened and identified as needing other essential support services, including healthcare benefits, behavioral health, and other medical and social services, the percentage who are actively referred to one or more of these services</p>	<p><b>Denominator:</b> Number of HIV-negative persons identified through PS18-1802-funded HIV testing who are at risk for HIV infection and screened and identified as needing other essential support services, healthcare benefits, behavioral health, and/or other medical and social services (same as numerator 5.D.2)</p> <p><b>Numerator:</b> Number of persons in the denominator who are provided or activity referred for other essential support services, healthcare benefits, behavioral health, and/or other medical and social services</p> <p><i>(Stratify by type of service needs provided or referred for: healthcare benefits; mental health, substance use treatment, housing, transportation, domestic violence, and employment assistance services)</i></p>		

**Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
	<b>Question 5.D.4:</b> What challenges did grantees encounter and what notable successes did they experience with increasing screening and referral to other essential support services, including healthcare benefits, behavioral health, and other medical and social services?	<b>Measure 5.D.4:</b> Qualitative descriptions of successes and challenges with increasing screening and referral for other essential support services, including healthcare benefits, behavioral health, and other medical and social services	Qualitative review of narrative responses	APR, EOY	NA
<b>Outcome 5.1:</b> Increased referral of persons eligible for PrEP	<b>Question 5.1.1:</b> To what extent was there an increase in referrals among those eligible for PrEP?	<b>Measure 5.1.1:</b> Of all HIV-negative persons screened and identified as eligible for PrEP, the percentage referred for PrEP	<b>Denominator:</b> Number of HIV-negative persons screened and identified as eligible for PrEP through PS18-1802-funded HIV testing (same as numerator 5.B.2) <b>Numerator:</b> Number of persons in the denominator who are referred for PrEP	NHM&E	Client-level
	<b>Question 5.1.2:</b> What challenges did grantees encounter and what notable successes did they experience with increasing referral of persons eligible for PrEP?	<b>Measure 5.1.2:</b> Qualitative descriptions of successes and challenges with increasing referral of persons eligible for PrEP	Qualitative review of narrative responses	APR, EOY	NA
<b>Outcome 5.2:</b> Increased linkage of persons eligible for PrEP to PrEP providers	<b>Recommended at the local level, not monitored nationally</b>			NA	NA
<b>Outcome 5.3:</b> Increased prescription of PrEP to persons for whom PrEP is indicated	<b>Recommended at the local level, not monitored nationally</b>			NA	NA
<b>Outcome 5.4:</b> Decreased risk behaviors among HIV-negative persons at risk for HIV infection and other STDs	<b>Recommended at the local level, not monitored nationally</b>			NA	NA

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## Strategy 6: Conduct perinatal HIV prevention and surveillance activities

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type	
<b>Output 6.A:</b> Increased HIV screening among pregnant women	<b>Recommended at the local level, not monitored nationally</b>			NA	NA	
<b>Output 6.B:</b> Increased provision of perinatal HIV services or service coordination among pregnant women living with diagnosed HIV and their infants	<b>Question 6.B:</b> To what extent was there an increase in screening and active referral to prenatal HIV care among pregnant women living with diagnosed HIV infection?	<b>Measure 6.B.1:</b> Of all pregnant women identified through PS18-1802-funded HIV testing as newly diagnosed with HIV infection, the percentage screened for prenatal HIV care	<b>Denominator:</b> Number of pregnant women identified through PS18-1802-funded HIV testing with newly diagnosed with HIV infection  <b>Numerator:</b> Number of pregnant women in denominator who are screened for prenatal HIV care	NHM&E	Client-level	
		<b>Measure 6.B.2:</b> Of all pregnant women with diagnosed HIV infection identified through PS18-1802-funded HIV testing who are screened and identified as needing prenatal HIV care, the percentage referred for prenatal HIV care	<b>Denominator:</b> Number of pregnant women identified through PS18-1802-funded HIV testing with newly diagnosed HIV infection screened for and identified as needing prenatal HIV care  <b>Numerator:</b> Number of pregnant women in denominator who are referred for prenatal HIV care			NHM&E
		<b>Recommended at the local level, not monitored nationally</b>			NA	
		<b>Output 6.C:</b> Increased use of surveillance and epidemiological data to guide perinatal prevention and care efforts, monitor HIV health outcomes, develop policy, allocate resources, and plan and implement services	<b>Recommended at the local level, not monitored nationally</b>			NA
<b>Output 6.D:</b> Review cases demonstrating missed prevention opportunities		<b>Measure 6.D.1:</b> Number of cases reviewed to demonstrate missed prevention opportunities	<b>Count:</b> Number of cases reviewed to demonstrate missed prevention opportunities	Fetal and Infant Mortality Review (FIMR)	NA	
<b>Outcome 6.1:</b> Reduced perinatally-acquired HIV infection		<b>Measure 6.1.1:</b> Number of perinatally-acquired HIV infections among persons born in the jurisdiction, by year of birth	<b>Count:</b> Number of perinatally-acquired HIV infections among persons born in the jurisdiction, by year of birth	NHSS	Person-level	
<b>Outcome 6.2:</b> Increased number of pregnant women who are aware of their HIV status	<b>Question 6.2.1:</b> To what extent was there an increase in the number of persons living with HIV infection who are aware of their HIV status?	<b>Measure 6.2.1:</b> Of all pregnant women with newly diagnosed HIV infection, the percent provided an HIV test result	<b>Denominator:</b> Number of pregnant women with newly diagnosed HIV infection identified through PS18-1802-funded HIV testing	NHM&E	Client-level	
			<b>Numerator:</b>			

**Strategy 6: Conduct perinatal HIV prevention and surveillance activities**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
			Number of pregnant women in the denominator who are provided their HIV test result		
<p><b>Outcome 6.3:</b> Improved completeness, timeliness, and quality of HIV surveillance data for pediatric cases and HIV-exposed infants</p> <p><b>Outcome 6.3.a:</b> Meet standards detailed in the <i>Technical Guidance for HIV Surveillance Programs</i> for pediatric surveillance and Perinatal HIV Exposure Reporting(PHER), assessed as required by CDC standards</p>		<p><b>Measure 6.3.1: Birth Ascertainment</b> Annually link women with diagnosed HIV infection reported to surveillance to the state/local birth certificate data file to identify all perinatally exposed infants and infants with HIV infection not reported to surveillance, and enter results into eHARS</p>	<p>See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a></p>	NHSS	Person-level
		<p><b>Measure 6.3.2: Perinatal HIV Exposure Reporting (PHER)</b> ≥85% of HIV-exposed infants for a birth year have HIV infection status determined by 18 months of age.</p>	<p>See the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a></p> <p>This measure only applies to areas conducting Perinatal HIV Exposure Reporting (PHER)</p>		
<p><b>Outcome 6.4:</b> Improved provision or coordination of perinatal HIV services</p>		<b>Recommended at the local level, not monitored nationally</b>		NA	NA

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## Strategy 7: Conduct community-level HIV prevention activities

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
<b>Outcome 7.1:</b> Increased availability of condoms among persons living with or at risk for HIV infection	<b>Question 7.1.1:</b> How many condoms were distributed to persons living with or at risk for HIV infection?	<b>Measure 7.1.1:</b> Number of condoms distributed to persons living with or at risk for HIV infection	<b>Count:</b> Number of condoms distributed to persons living with or at risk for HIV infection	NHM&E	Aggregate
	<b>Question 7.1.2:</b> What challenges did grantees encounter and what notable successes did they experience in distributing condoms among persons living with or at risk for HIV infection?	<b>Measure 7.1.2:</b> Qualitative descriptions of successes and challenges with distributing condoms among persons living with or at risk for HIV infection	Qualitative review of narrative responses	APR, EOY	NA
<b>Outcome 7.2:</b> Increased awareness in affected communities at risk for transmitting or acquiring HIV infection and strategies for reducing these risks	<b>Question 7.2.1:</b> What challenges did grantees encounter and what notable successes did they experience regarding efforts to increase HIV awareness through community mobilization in communities at risk for transmitting or acquiring HIV infection?	<b>Measure 7.2.1:</b> Qualitative descriptions of successes and challenges related to HIV prevention and awareness community mobilization in communities at risk for transmitting or acquiring HIV infection	Qualitative review of narrative responses	APR, EOY	NA
	<b>Question 7.2.2:</b> What challenges did grantees encounter and what notable successes did they experience regarding efforts to increase HIV awareness through social marketing campaigns and social media strategies?	<b>Measure 7.2.2:</b> Qualitative descriptions of successes and challenges related to social marketing campaigns and social media strategies focused on HIV prevention and awareness in communities at risk for transmitting or acquiring HIV infection	Qualitative review of narrative responses	APR, EOY	NA
<b>Outcome 7.3:</b> Increased access to syringe service programs for persons who inject drugs	<b>Question 7.3.1:</b> How many syringe service programs are operating in the jurisdiction?	<b>Measure 7.3.1:</b> Number of syringe service programs operating in the jurisdiction	<b>Count:</b> Number of syringe service programs operating in the jurisdiction	APR, EOY	NA
<b>Outcome 7.4:</b> Reduced stigma and discrimination for persons with diagnosed HIV infection	<b>Question 7.4.1:</b> What challenges did grantees encounter and what notable successes did they experience regarding efforts to reduce stigma and discrimination for persons with diagnosed HIV infection?	<b>Measure 7.4.1:</b> Qualitative descriptions of successes and challenges related to efforts to reduce stigma and discrimination for persons with diagnosed HIV infection	Qualitative review of narrative responses	APR, EOY	NA

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### Strategy 8: Develop partnerships to conduct integrated HIV prevention and care planning

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
<b>Outcome 8.1:</b> Increased coordination of, availability of, and access to comprehensive HIV prevention, treatment, and support services	<b>Question 8.1:</b> How did the grantees increase coordination of, availability of, and access to comprehensive HIV prevention, treatment, and support services?	<b>Measure 8.1.1:</b> Qualitative descriptions of successes and challenges with increasing the coordination of, availability of, and access to comprehensive HIV prevention, treatment, and support services	Qualitative review of narrative responses	APR, EOY	NA

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### Strategy 9: Implement structural strategies to support and facilitate HIV surveillance and prevention

Output or Outcome	M&E Question	Measures/Indicators <sup>1</sup>	Specifications	Data Source	Data Type <sup>2</sup>
<b>Outcome 9.1:</b> Increased data security, confidentiality, and sharing		<b>Measure 9.1.1:</b> Full compliance with NCHHSTP Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011): <a href="http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf">http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf</a>	See requirements in the NCHHSTP Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011): <a href="http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf">http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf</a>	APR, EOY	NA
<b>Outcome 9.2:</b> Reduced systemic, legal, regulatory, policy, organizational, operational, social, or cultural barriers to HIV surveillance, prevention, and care	<b>Question 9.2:</b> What initiatives did grantees undertake to reduce systemic, legal, regulatory, policy, organizational, operational, social, or cultural barriers to HIV surveillance, prevention, and care?	<b>Measure 9.2.1:</b> Qualitative descriptions of initiatives undertaken by the grantees to reduce systemic, legal, regulatory, policy, organizational, operational, social, or cultural barriers to HIV surveillance, prevention, and care	Qualitative review of narrative responses	APR, EOY	NA

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**Strategy 10: Conduct data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities**

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
<b>Output 10.A:</b> Increased use of data to plan, monitor, evaluate, and improve HIV surveillance and prevention programs and monitor the impact of local HIV prevention efforts	<b>Question 10.A.1:</b> To what extent did grantees use data to plan, monitor, evaluate, and improve HIV surveillance and prevention programs and monitor the impact of an integrated local HIV prevention efforts?	<b>Measure 10.A.1:</b> Produce a continuum of care analysis using national standards and publish in annual reports and epidemiologic profile.	See guidance available in the National HIV Surveillance System - Technical Guidance, May 2017 available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a> .	NHSS	NA
		<b>Measure 10.A.2:</b> Qualitative descriptions of successes and challenges with using data to plan, monitor, evaluate, and improve HIV surveillance and prevention programs and monitor the impact of an integrated local HIV prevention efforts	Qualitative review of narrative responses	APR, EOY	NA
<b>Outcome 10.1:</b> Increased coordination and integration of comprehensive HIV prevention and care services	<b>Question 10.1:</b> How did grantees increase coordination and integration of comprehensive HIV prevention and care services?	<b>Measure 10.1.1:</b> Qualitative descriptions of successes and challenges with increasing coordination and integration of comprehensive HIV prevention and care services	Qualitative review of narrative responses	APR, EOY	NA
<b>Outcome 10.2:</b> Improved targeting of HIV testing, prevention and care resources, funding, and services	<b>Measure 10.2.1:</b> To what extent did the grantees improve targeting of HIV testing, prevention and care resources, funding, and services?	<b>Measure 10.2.1:</b> Of all HIV PS18-1802-funded HIV tests conducted, the percentage of tests that were among persons at risk for HIV infection	<b>Assess by measures:</b> 5.B.2 — Percentage of HIV-negative persons at risk for HIV infection who are eligible for PrEP 5.D.2 — Percentage of HIV-negative persons at risk for HIV infection who are in need of risk reduction intervention 5.E.2 — Percentage of HIV-negative persons at risk for HIV infection who are in need of other essential support services	NHM&E	Client-level
		<b>Measure 10.2.2:</b> How did the grantees improve targeting of HIV testing, prevention and care resources, funding, and services?	<b>Measure 10.2.2:</b> Qualitative descriptions of successes and challenges with improving targeting of HIV testing, prevention and care resources, funding, and services	Qualitative review of narrative responses	APR, EOY
<b>Outcome 10.3:</b> Improved targeting, prioritization, and effectiveness of funded HIV prevention activities	<b>Measure 10.3:</b> How did the grantees improve targeting, prioritization, and effectiveness of funded HIV prevention activities?	<b>Measure 10.3.1:</b> Qualitative descriptions of successes and challenges with improve targeting, prioritization, and effectiveness of funded HIV prevention activities	Qualitative review of narrative responses	APR, EOY	NA
<b>Outcome 10.4:</b> Improved targeting of HIV programs to address HIV-related health disparities	<b>Recommended at the local level, not monitored nationally</b>			NA	NA

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## Strategy 11: Build capacity for conducting effective HIV program activities, epidemiologic science, and geocoding

Output or Outcome	M&E Question	Measures/Indicators	Specifications	Data Source	Data Type
<b>Output 11.A:</b> Increased capacity building support and TA provided within the jurisdiction (including CBOs and other partners)	<b>Question 11.A.1</b> How did the grantees increase their capacity-building support and provide technical assistance within the jurisdiction (including CBOs and other partners)?	<b>Measure 11.A.1:</b> Qualitative descriptions of successes and challenges experienced with increasing capacity-building support within the jurisdiction	Qualitative review of narrative responses	APR, EOY	NA
		<b>Measure 11.A.2:</b> Qualitative descriptions of successes and challenges experienced in providing technical assistance within the jurisdiction			
<b>Output 11.B:</b> Increased jurisdictional capacity to conduct HIV surveillance activities (including D2C activities) and provide HIV prevention services	<b>Question 11.B:</b> How did grantees increase their jurisdictional capacity to conduct HIV surveillance activities (including D2C activities) and provide HIV prevention services?	<b>Measure 11.B.1:</b> Qualitative descriptions of successes and challenges experienced with increasing jurisdictional capacity to conduct HIV surveillance activities (including D2C activities) and provide HIV prevention services	Qualitative review of narrative responses	APR, EOY	NA
<b>Output 11.C:</b> Enhanced capacity to geocode, manage, link, and integrate surveillance and other data for surveillance, prevention, and care	<b>Question 11.C:</b> How did grantees increase their jurisdictional capacity to conduct HIV surveillance activities (including D2C activities) and provide HIV prevention services?	<b>Measure 11.C.1:</b> Qualitative descriptions of successes and challenges experienced with increasing jurisdictional capacity to conduct HIV surveillance activities (including D2C activities) and provide HIV prevention services	Qualitative review of narrative responses	APR, EOY	NA
<b>Outcome 11.1:</b> Strengthened interventional surveillance and response capacity	<b>Recommended at the local level, not monitored nationally</b>			NA	NA
<b>Outcome 11.2:</b> Enhanced knowledge of the influence of social determinants on risk for disease and continuum of care outcomes	<b>Recommended at the local level, not monitored nationally</b>			NA	NA

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## Section 6: Justifying Conclusions

Conclusions derived from or informed by the evaluation are guided by the evaluation questions, SMART objectives, data validity and reliability, gathered evidence, and stakeholder input. CDC has aligned the accountability targets for monitoring and evaluating PS18-1802 with the goals and targets set by NHAS, the DHAP Strategic Plan, and HIP (FOA targets bolded in indicator tables). In this section, please use SMART objectives to indicate how your local implementation of PS18-1802 will meet the objectives identified in the FOA logic model. Remember, your objectives describe the results to be achieved and the manner in which they are achieved, and are the basis for monitoring the implementation of and progress toward achieving program goals. Your objectives should indicate what your program will achieve in each year funded year. **SMART** objects are:

1. **Specific**, provide the “who” and “what” of program activities
2. **Measurable**, focused on “how much” change is expected (quantify the amount of change expected)
3. **Achievable**, attainable within a given time frame and with available program resources
4. **Realistic**, accurately address the scope of the problem and programmatic steps that can be implemented within a specific time frame
5. **Time-phased**, provide a time frame indicating when the objective will be measured or a time by which the objective will be met

Justifying evaluation conclusions involves analyzing and synthesizing the evaluation findings. As part of your analysis plan, please discuss what (i.e., qualitative and/or quantitative data) and how data will be analyzed and how data will be managed for each indicator.

### Data Collection and Quality Assurance

A plan for assuring data quality (QA) and submitting data to CDC data is required for PS18-1802. The plan should address responsibility for overall data quality, accuracy, and completeness and how identified issues will be handled and resolved prior to submitting data to CDC. Please add rows to Table 4 to provide data collection and submission information not currently reflected.

Table 4. Data Collection and Quality Assurance – Project Period: January 1, 2018 - December 31, 2022					
Data Source	Data Provider	Data Submission Method	Description	Data Submission Frequency	Data Submission Deadline and Reporting Time Period

## Data Management Plan (DMP)

Protecting and securing data is a priority across all public health programs. One requirement of your PS18-1802 funding is compliance with the National Center for HIV/AIDS Viral Hepatitis, TB , and STD Prevention (NCHHSTP) Data Security and Confidentially Guidelines (<http://www.cdc.gov/nchhstp/programintegration/Data-Security.htm>), including plans for FOA partner(s) or subcontractor(s) compliance.

Describe your data security and confidentiality plan for each data source (i.e., NHSS, NHM&E, other).

<b>Table 5. Data Management Plan</b>		
<b>Plan Elements</b>	<b>NHSS</b>	<b>NHM&amp;E</b>
<b>Data Processing</b>		
<b>Data Quality Assurance (QA) Procedures</b>		
<b>Provisions for Storage and Backup of Data</b>		
<b>Provisions for Data Security</b>		
<b>Mechanisms for Providing Access to and Sharing Data</b>		
<b>Provisions for Protection of Privacy and Confidentiality</b>		
<b>Plans for Long-term Preservation and Archiving of Data</b>		
<b>Standards to Ensure all Released Data Have Appropriate Documentation</b>		

## Section 7: Ensuring Use and Sharing Lessons Learned

In this section, you will need to discuss (and list in Table 6) how evaluation recommendations and lessons learned will be actioned and findings disseminated to relevant stakeholders and other interested audiences. In addition to your evaluation reports (list in Table 7), your dissemination plan should discuss anticipated publications. How evaluation findings will be used to modify, strengthen, and improve your program must also be discussed as part of your evaluation plan.

**Table 6. Feedback to primary users or stakeholders of the evaluation (persons or organizations)**

User/Stakeholder	Purpose, Form, and Mechanism of Feedback	Frequency and Timing of Feedback

**Table 7. Evaluation Reports**

Report Title	Primary Target Audience	Purpose of Report	Frequency and Timing of Report

## Section 8: Glossary

Please provide definitions for all locally defined/used terms and activities relevant to the implementation and evaluation of your PS18-1802 program in Table 8. CDC has provided definitions for key terms and activities related to PS18-1802 in Table 9.

Table 8. Locally Defined Terms	
Term	Definition

Table 9. CDC Defined Terms	
Term	Definition
Active referral	This involves efforts beyond passive referral, in which the individual is only given contact information for the service(s) and is left to make their own contact. There are varying types of <i>active</i> referral. Active referral may include but is not limited to activities for the client such as: making appointments, providing transportation, using a case manager or peer navigator to help with access to services, providing the organization to which the client is referred with information collected about the client (including the professional assessment of the client’s needs), a “warm hand-off” – such as a ‘live’ three way conversation (individual/organization making the referral, individual/organization receiving the referral, and the client) – in person or by telephone – in which the client is introduced, and providing explanations about what has already been done to assist the client and reason for referral.
Acute HIV infection	This term refers to the interval between the appearance of detectable HIV RNA and the first detection of anti-HIV antibodies. It is identified when a screening test that detects HIV antigen or antibody is reactive/positive, a supplemental test that detects only IgG antibody is nonreactive/negative, and a NAAT test for HIV viral RNA is reactive/positive. Its duration is variable and depends on the characteristics of the test being used for screening and the supplemental test being used to document infection.  For further discussion, see: <i>CDC (2104). Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations.</i> <a href="http://www.cdc.gov/hiv/pdf/HIVtestingAlgorithmRecommendation-Final.pdf">http://www.cdc.gov/hiv/pdf/HIVtestingAlgorithmRecommendation-Final.pdf</a>
Analyzable nucleotide sequence	A nucleotide sequence (the genetic code for a person’s HIV strain) that includes valid information that can be analyzed and interpreted.
Anti-retroviral therapy (ART) medication adherence support services	Any intervention that is client-centered and provides support and assistance to HIV-diagnosed persons to improve medication adherence to ART. ART adherence interventions may involve any of the following elements: an educational/behavioral/motivational component, personal adherence counseling, skills-building, tools for better medication management and ongoing support, and/or treatment delivery methods or monitoring devices to facilitate adherence. These programs may be implemented by HIV/AIDS service/health-care providers or pharmacists.

Table 9. CDC Defined Terms	
Term	Definition
	A list of evidence based ART adherence interventions may be found at: <a href="https://effectiveinterventions.cdc.gov">https://effectiveinterventions.cdc.gov</a>
Behavioral health	Behavioral health is a general term that encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and the provision of treatments and services for substance misuse, addiction, substance use disorders, mental illness, and/or mental disorders.
Capacity Building	Activities that strengthen the core competencies of an organization and contribute to its ability to develop and implement an effective HIV prevention intervention and sustain the infrastructure and resource base necessary to support and maintain the intervention.
Condom distribution	The means by which condoms are transferred, disseminated, or delivered from a community resource (e.g., health department, community-based organization, or health care organization).
Data to Care (D2C) activities	Data to Care (D2C) is a public health strategy that uses HIV surveillance and other data to support the HIV Care Continuum by identifying persons living with HIV who are in need of HIV medical care and services and facilitating linkage to these services. Example applications include (but may not be limited to) identifying persons living with HIV who are: 1) Not in HIV medical care, and providing linkage to care or re-engagement in care services, 2) In HIV medical care, but have sustained high HIV viral load, and provide needed care and social support services or 3) pregnant women or mothers and their exposed infants who may need coordinated services (perinatal HIV services coordination).  Additional information is available at <a href="https://effectiveinterventions.cdc.gov">https://effectiveinterventions.cdc.gov</a>
Duplicate case reports	A person with more than one state-assigned case number in the surveillance database. This does not include cases where a person was exposed to HIV as an infant, but then became infected with HIV later in life. These people should have two state-assigned case numbers.
Employment assistance services	Programs that provide employment assistance, such as skills assessment, vocational training, employment referrals, job placement, and resume building support. Programs that provide employment assistance including vocational trainings, employment referrals, job placement, skills assessment, resume building support etc.
Essential support services	A service or intervention aimed at reducing risk for transmitting or acquiring HIV infection by modifying a factor (e.g., housing, transportation, employment assistance, and education) or combination of factors that can contribute to risk (e.g., healthcare benefits, behavioral health (see definition for behavioral health), and other medical and social services.
Geocoded data	Data that result from the computational process of transforming a description of a location (textual information on addresses) to a location on the Earth's surface (spatial representation in numerical coordinates).
Healthcare benefits services	Programs that help uninsured or under-insured clients enroll in public or private healthcare benefit programs. Services may include, but are not limited to

**Table 9. CDC Defined Terms**

Term	Definition
	outreach and education on available health benefit options (e.g., private insurance, health maintenance organizations, Medicaid, Medicare, medication assistance programs), eligibility assessment, and assistance with enrollment. Programs that help uninsured clients enroll in public or private healthcare benefits. Services may include outreach and education on available insurance options, eligibility assessment, enrollment etc.
HIV screening	A testing strategy that involves testing persons with no signs or symptoms of HIV infection, regardless of whether they have a recognized behavioral risk for HIV infection. A testing strategy that involves testing persons regardless of whether they have a recognized behavioral risk or symptoms of disease infection. This might be accomplished by testing all persons in a defined population or by selecting persons with specific population-level characteristics (e.g., demographic, geographic area).
HIV surveillance case definition	Public health surveillance requires specific case definitions. The definition of a diagnosis of HIV infection for surveillance purposes has changed over time. Reports of diagnoses of HIV infection must satisfy laboratory and clinical criteria included in the Revised Surveillance Case Definition for HIV Infection — United States, 2014, available at <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6303a1.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6303a1.htm</a> . The case definition will continue to be updated, as needed, to ensure the most accurate monitoring of HIV disease.
HIV test event	An HIV test event refers to a sequence of one or more individual tests conducted to determine a person’s HIV status. A test event may consist of a single individual test (e.g., one point-of-care rapid test or one laboratory-based test) or more than one individual tests (e.g., one point-of-care rapid test followed by a laboratory-based supplemental test to determine a final result). A test event may involve more than one face-to-face interaction over more than one day. In EvaluationWeb, a test event is associated with a single unique HIV test form identification number.
HIV transmission clusters	A group of HIV-infected persons (diagnosed and undiagnosed) who have a direct or indirect epidemiological connection related to HIV transmission. A transmission cluster can be detected through multiple mechanisms, including analysis of molecular HIV surveillance data or case surveillance data.
HIV-negative person	A person who has a negative test result based on the most recent HIV test conducted.
Housing services	Programs that help clients find adequate temporary or long-term housing (e.g., providing assistance with finding temporary shelter or housing, finding rental housing, home-buying, assessing eligibility for and making referrals to HUD/HOPWA programs).
In medical care	Evidence of an HIV medical care visit (e.g. ≥1 CD4 or VL test result) within a 12-month measurement period.
Interviewed for partner services	Indicates whether or not a client was interviewed for the purpose of HIV partner services by health department specialists or non-health department providers trained and authorized to conduct partner services interviews on behalf of the

**Table 9. CDC Defined Terms**

Term	Definition
	<p>health department. Non-health department providers include public health providers who are 1) collecting data on behalf of the health department and 2) provide information to the health department for partner services follow-up. Interviews conducted by providers other than health department specialists are counted only if they can be verified (i.e., interview results are documented in writing and reported to the health department).</p>
<p>Linkage to care (surveillance)</p>	<p>A person is considered to be linked to HIV medical care if there is <math>\geq 1</math> CD4 or viral load test result based on a specimen collected <math>\leq 1</math> month following initial diagnosis. See definition in the Continuum of HIV Case: Guidance for Local Analyses Updates, September 2016, available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a>.</p>
<p>Linkage to HIV medical care within 30 days of diagnosis (prevention program)</p>	<p>This occurs when a patient is seen by a health care provider (e.g., physician, a physician’s assistant, or nurse practitioner) to receive medical care for his/her HIV infection, usually within a specified time. Linkage to medical care can include specific referral to care service immediately after diagnosis and follow-up until the person is linked to long-term case management. Linkage may be based on HIV-related laboratory tests or other methods of verification. Services may include evaluation of immune system function and screening, treatment, and prevention of opportunistic infections.</p>
<p>Linkage to PrEP provider</p>	<p>The process through which a person at risk for becoming infected with HIV is helped to access a healthcare provider who offers evaluation and management of pre-exposure prophylaxis (PrEP). This is often an active process (e.g., providing transportation, accompanying the person to the appointment, having multiple contacts with the person to support them in accessing the PrEP provider).</p> <p>Linked to a PrEP provider refers to the outcome of the referral or linkage of a PrEP eligible person to a PrEP provider, as indicated by the person’s attendance of the first appointment.</p>
<p>Linked to HIV medical care</p>	<p>This term refers to the outcome resulting from referral or linkage of a person living with HIV (PLWH) to HIV medical care. A PLWH is considered to be linked to HIV medical care if they are seen by a healthcare provider (e.g., physician, physician assistant, nurse practitioner) after HIV diagnosis for evaluation and management of their HIV infection. Determination of linkage status may be based on report from a healthcare provider, medical record review, review of other records or databases, reported HIV-related laboratory tests, filling of a prescription for anti-retroviral medication, or client/patient self-report.</p> <p>Linked to HIV medical care refers to the outcome that results from referral or linkage of a patient to care, as indicated by the patient’s attendance at the first HIV care appointment. Services during the visit may include evaluation of immune system function and screening, treatment, and prevention of opportunistic infections.</p> <p>For definitions of linkage and linked, consult: <a href="https://effectiveinterventions.cdc.gov">https://effectiveinterventions.cdc.gov</a></p>

**Table 9. CDC Defined Terms**

Term	Definition
Mental health services	Programs that are provided by a mental health professional. Services may include psychiatric assessment, consultation, treatment, psychotherapy, crisis intervention etc. See definition of behavioral health for more information
Newly diagnosed HIV infection	HIV infection in a person who: (1) does not self-report having previously tested positive for HIV; (2) has not been previously reported to the surveillance system as being infected with HIV; and 3) has no previous evidence of HIV infection in other records or databases.
Newly identified HIV-positive partner	A partner who a) has not previously been reported to the health department as being infected with HIV, b) has not been identified via record review as being previously positive, c) does not self-report having previously tested positive for HIV infection, and d) tested positive for HIV by the health departments or providers.
Notifiable partners	Notifiable partners are named partners that can be located and are determined to be eligible for notification of potential exposure. Partners out of jurisdiction, deceased, known to be previously diagnosed with HIV infection, or for which there is a risk of domestic violence are not considered notifiable.
Not-in-care (NIC)	Refers to a person living with HIV (PLWH) who has never been linked to HIV medical care (never in care) or was previously in HIV medical care but has not attended an HIV medical care appointment in a specified period of time (out of care). The length of time used to determine whether a PLWH is out of care may vary among jurisdictions.
Partner services	Partner services are a broad array of services that should be offered to persons with HIV infection, syphilis, gonorrhea, or chlamydial infection and their partners. A critical function of partner services is partner notification, a process through which infected persons are interviewed to elicit information about their partners, who can then be confidentially notified of their possible exposure or potential risk. Other functions of partner services include behavioral risk-reduction counseling; testing for HIV and other sexually transmitted infections (STIs); hepatitis testing and vaccination; treatment or linkage to medical care for HIV, STIs, and hepatitis; and linkage or referral to other services (e.g., pre-exposure prophylaxis [PrEP] and post-exposure prophylaxis [PEP]; risk-reduction interventions; case management; health benefits navigation; mental health and substance use treatment; transportation and housing services; other social and legal services).
Partners named	Partners named are sexual and injection drug using partners the index patient has had during the interview period, for which the index patient can provide identifying information (e.g., an actual name, an alias, or enough descriptive information that he/she can reasonably be considered identifiable) and sufficient information that he/she can reasonably be considered locatable. This is equivalent to the term “partners initiated” used in the STD Program Operations Guide. This does not include any associates that the partner may name. The amount of information that deems a partner locatable is defined by the jurisdiction (this may include a specific e-mail address or chat room communication).

**Table 9. CDC Defined Terms**

Term	Definition
Partners notified	<p>Denotes sexual or drug using partners notified by health department staff through health department referral, referral after notification attempt by an index patient fails (i.e., contract referral), or referral by the index patient and health department staff together (i.e., dual referral).</p> <p>A sex or drug-injection partner who has been notified of his or her possible exposure to HIV or other sexually transmitted infections (STIs).</p>
Persons at risk for HIV infection	<p>Groups or populations can be described as “vulnerable” or “key” or “groups [populations] at risk” if they are subject to societal pressures or social circumstances or engage in behaviors that make them vulnerable to HIV.</p>
Pre-exposure prophylaxis (PrEP)	<p>The use of antiretroviral medication by persons who are not infected with HIV, but are at substantial risk for infection, to reduce their risk for becoming infected.</p>
PrEP eligibility	<p>Refers to a person’s status with regard to whether or not he or she meets appropriate criteria for using pre-exposure prophylaxis (PrEP); specifically, whether or not he or she is HIV-negative and at substantial risk for HIV, as defined by CDC in its guidelines for PrEP (<i>U.S. Public Health Service (2014). Pre-exposure Prophylaxis for HIV Prevention in the United States - 2013: A Clinical Practice Guideline.</i> <a href="http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf">http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf</a>)</p>
PrEP provider	<p>A healthcare professional (e.g., physician, advanced practice nurse, physician assistant) who conducts evaluations for pre-exposure prophylaxis (PrEP) eligibility and clinical appropriateness, prescribes PrEP, and provides comprehensive management of persons taking PrEP. PrEP providers are peers, volunteers, and staff members of clinics, health departments, and community-based organizations. Patient navigators may be lay persons, paraprofessionals, or medical professionals (e.g., RNs, LPNs).</p>
PrEP screening	<p>The process of conducting an initial assessment regarding a person’s eligibility for pre-exposure prophylaxis (PrEP) (i.e., HIV testing and behavioral risk screening) and determining whether or not a more thorough evaluation is warranted.</p> <p>For further discussion on PrEP screening, see: <i>U.S. Public Health Service (2014). Pre-exposure Prophylaxis for HIV Prevention in the United States - 2013: A Clinical Practice Guideline.</i> <a href="http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf">http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf</a></p>
Prescribed PrEP	<p>Refers to a person who has been adequately evaluated and received a prescription for pre-exposure prophylaxis (PrEP).</p> <p><a href="http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf">http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf</a></p>
Prevalence	<p>The total number of cases of a disease or behavior in a given population at a particular point in time. HIV prevalence refers to persons living with HIV, regardless of time of infection or diagnosis date. Prevalence does not give an indication of how long a person has had a disease. Another measure is an estimate of persons at risk for infection because of certain behaviors at a point in time.</p>

**Table 9. CDC Defined Terms**

Term	Definition
Prevention services for HIV-negative persons	<p>A broad array of services for HIV-negative persons living at risk for HIV infection to help them reduce their risk for acquiring HIV infection. These include services to help HIV-negative persons with the following: 1) periodic HIV testing and risk screening; 2) screening for PrEP eligibility; 3) linkage to and support for PrEP; 4) adopting and maintaining safer behaviors to reduce their risk for HIV transmission (e.g., risk reduction interventions); and 5) essential support services to address factors that affect their ability to access and remain in care and to achieve and maintain viral suppression (e.g., healthcare benefits, behavioral health, and other medical and social services).</p> <p>See definitions for essential support services, healthcare benefits, and behavioral health</p>
Prevention services for HIV-positive persons	<p>A broad array of services for persons living with HIV (PLWH) to help them reduce their risk for transmitting HIV. These include services to help PLWH with the following: 1) linkage to, re-engagement in, and retention in HIV medical care (e.g., linkage and navigation services); 2) achieving and maintaining viral suppression (e.g., early ART initiation, ART medication adherence support services, monitor HIV viral suppression, and monitor HIV drug resistance); 3) adopting and maintaining safer behaviors to reduce their risk for HIV transmission (e.g., HIV risk reduction interventions); and 4) essential support services to address factors that affect their ability to access and remain in care (e.g., healthcare benefits, behavioral health, and other medical and social services).</p> <p>See definitions for essential support services, health care benefits, behavioral health</p>
Previously diagnosed HIV infection	<p>HIV infection in a person who 1) self-reports having previously tested positive for HIV or 2) has been previously reported to the health department surveillance system as being infected with HIV, or 3) has previous evidence of HIV infection in medical or other records or other databases.</p>
Re-engagement in HIV medical care	<p>The process through which persons living with HIV (PLWH), who have previously received medical care for their HIV infection but are no longer receiving care, are helped to re-enter HIV medical care. This is often an active process (e.g., providing transportation, accompanying the PLWH to the appointment, having multiple contacts with the PLWH to support them in re-entering medical care).</p> <p>Determination of re-engagement status may be based on report from a healthcare provider, medical record review, review of other records or databases, reported HIV-related laboratory tests, filling of a prescription for anti-retroviral medication, or client/patient self-report.</p>
Referral	<p>Directing clients to a service in person or through telephone, written, or other form of communication. Generally, a one-time event. Referral may be made formally from one clinical provider to another, within a case management system by professional case managers, informally through support staff, or as part of an outreach service program.</p>

<b>Table 9. CDC Defined Terms</b>	
<b>Term</b>	<b>Definition</b>
Referral to PrEP provider	Referral to PrEP providers is a process involving the provision of information on who the providers are, what documents referred person should take with them, how to get to the providers' agency, and what to expect from the referral process. It is important that the agency that provides PrEP screening services tracks the referral and provides the necessary follow-up to verify the person attended the first appointment with the PrEP provider. A person can be referred to a PrEP provider internally (to another unit or person within the same agency) or externally (e.g. a CBO may screen and identify eligible persons, and then refer them to a healthcare provider that offers PrEP services).
Retention in care	<p>A person is considered to have been retained in continuous HIV medical care during the specified 12-month period if he or she had <math>\geq 2</math> CD4 or VL test results based on specimens collected at least 3 months apart in that 12-month observation period. A nucleotide sequence test result may also be used to indicate a care event.</p> <p>See definition in the Continuum of HIV Case: Guidance for Local Analyses Updates, September 2016, available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a>.</p>
Risk Behaviors	Behaviors that can directly expose persons to HIV or transmit HIV, if the virus is present (e.g., sex without a condom, sharing unclean needles). Risk behaviors are actual behaviors by which HIV can be transmitted, and a single instance of the behavior can result in transmission.
Risk reduction intervention	<p>In the context of HIV prevention, a risk reduction intervention is a specific activity (or set of related activities) intended to reduce the risk for HIV transmission or acquisition. HIV risk reduction interventions may be structural, biomedical (e.g., treatment as prevention, pre-exposure prophylaxis [PrEP], post-exposure prophylaxis [PEP]) or behavioral (e.g., improve medication adherence for ART or PrEP, encourage linkage or re-engagement to HIV medical care, and promote HIV testing and PrEP screening and uptake), have protocols outlining steps for implementation, and have distinct process and outcome objectives.</p> <p>Examples of risk reduction interventions may be found at <a href="https://effectiveinterventions.cdc.gov">https://effectiveinterventions.cdc.gov</a></p>
Substance misuse treatment and services	Drug and alcohol misuse treatment and support programs/services. See definition of behavioral health for more details.
Transportation services	The client received referral to agencies providing transportation assistance (e.g., through direct transportation services, vouchers or tokens) for transportation to and from HIV prevention and medical care appointments.
Viral suppression	A person is considered to have a suppressed viral load if the most recent test result during the specified 12-month observation period was $< 200$ copies/mL. See definition in the Continuum of HIV Case: Guidance for Local Analyses Updates, September 2016, available at <a href="https://partner.cdc.gov">https://partner.cdc.gov</a> .

### III. Resources

The following documents discuss strategies to identify your stakeholders, their interests in the evaluation, and what you should consider in your plan to engage them in program evaluation:

1. <http://www.cdc.gov/eval/guide/cdcevalmanual.pdf>
2. <http://www.cdc.gov/obesity/downloads/CDC-Evaluation-Workbook-508.pdf>
3. <http://www.fsg.org/tools-and-resources/practical-guide-engaging-stakeholders-developing-evaluation-questions-0#download-area>

The following documents discuss strategies for focusing the evaluation questions, method, and design:

4. <http://www.cdc.gov/eval/guide/cdcevalmanual.pdf>
5. <https://www.cdc.gov/std/Program/pupestd/Developing%20Evaluation%20Questions.pdf>
6. <http://www.cdc.gov/obesity/downloads/CDC-Evaluation-Workbook-508.pdf>
7. <http://www.wkkf.org/resource-directory/resource/2010/w-k-kellogg-foundation-evaluation-handbook>
8. [http://prevention.sph.sc.edu/Documents/CENTERED%20Eval\\_Framework.pdf](http://prevention.sph.sc.edu/Documents/CENTERED%20Eval_Framework.pdf)

The following links provide additional guidance and examples on indicators and other monitoring and evaluation plan components:

9. <http://www.cdc.gov/std/Program/pupestd/Developing%20Evaluation%20Indicators.pdf>
10. <http://www.cdc.gov/obesity/downloads/CDC-Evaluation-Workbook-508.pdf>

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<sup>i</sup> Centers for Disease Control and Prevention (1999). *Framework for Program Evaluation in Public Health*. MMWR, 48(RR-11): 1-40. Available at: <ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4811.pdf>