National HIV Prevention Program Monitoring & Evaluation for CDC Directly Funded Community-Based Organizations

Overview and Data Collection Guidance

Version 1.0

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1 OVERVIEW OF MANUAL

PURPOSE

This manual is a reference that provides guidance on how to collect and report client-level data, aggregate-level data, and targets for all CDC directly funded community-based organizations (CBOs) conducting HIV prevention services. The intended audience for this manual is CBO staff responsible for collecting and reporting data to CDC, as well as those who train or manage CBO staff in data collection and reporting. This manual provides definitions for all required variables and guidance on how to collect and record variables. It also provides guidance specific to each approved behavioral intervention implemented by CDC directly funded CBOs.

HOW THIS MANUAL IS ORGANIZED

This first chapter is a brief overview of the manual. Chapter 2 provides a monitoring and evaluation (M&E) implementation readiness checklist. Chapter 3 is an introduction to National HIV Prevention Program Monitoring and Evaluation (NHM&E) for CDC directly funded CBOs. The next four chapters correspond to the four types of data that CBOs will be required to submit to CDC, specifically, test-level data, client-level data, aggregate-level data, and targets. Chapter 8 provides guidance on how to conduct quality assurance during data collection. Appendix A includes instructions for collecting data for specific HIV prevention interventions; each approved HIV prevention intervention has its own quick reference. Appendices B – D provide additional background about the development of the requirements. Appendices E – K list the variables that CBOs are required to report to CDC. Appendix L is a list of abbreviations used throughout the manual. Appendix M provides a pullout M&E implementation readiness checklist.

USE OF THIS MANUAL

This manual provides a comprehensive summary of all the variables required to be reported to CDC through program announcements that directly fund CBOs. As a CBO, you may find this manual useful for self-instruction or as a group training tool. It can be especially beneficial in providing basic guidance on the definitions of the required NHM&E variables as well as guidance on how to collect and record data. Finally, it may be useful as a quick reference manual for all program staff. CDC will update this manual on a regular basis so that the manual remains a relevant and reference for service providers who are collecting and managing the data, as well as for users of the data.

2 M&E IMPLEMENTATION READINESS CHECKLIST

PURPOSE

To prepare for implementing NHM&E activities, you should consider a number of issues. An implementation readiness checklist is provided below to assist you with identifying issues and to help ensure that you do not overlook any critical steps as you plan to implement NHM&E activities. The checklist includes major issues to be addressed for successful implementation of NHM&E activities, but is not an exhaustive list of all detailed steps that should be taken. Also, the items and categories are not necessarily listed in chronological order; each CBO may have a slightly different approach. The checklist should be completed by the person who has primary responsibility for implementing NHM&E activities at the agency. Items should be checked off only when they have been completely addressed. The checklist should also be revisited periodically, especially after CBO staff changes. Appendix M provides a pullout version of this checklist.

CHECKLIST

NHM&E MANAGEMENT AND OVERSIGHT

- ☐ Identify a specific staff person with overall responsibility for NHM&E activities.
- ☐ Read *NHM&E for CDC Directly Funded CBOs: Overview and Data Collection Guidance*.
- ☐ Inventory available monitoring and evaluation (M&E) resources at your agency (e.g., available staff with needed expertise, office supplies and equipment, computers, data analysis software, data management system).
- ☐ Identify specific staff members responsible for each M&E activity (i.e., management and oversight, data collection, data entry, data management and quality assurance, data submission, data analysis, data utilization, security and confidentiality). Strongly consider assigning a primary and back-up person for each activity.
- ☐ Establish written policies and procedures for each M&E activity (i.e., management and oversight, data collection, data entry, data management and quality assurance, data submission, data analysis, data utilization, security and confidentiality).
- ☐ Make written NHM&E policies and procedures available and accessible to appropriate staff.

- ☐ Develop a plan for monitoring NHM&E activities.
- ☐ Develop a plan for training staff.
- ☐ Develop a plan for regular communication of NHM&E activities with staff and stakeholders.

LOCAL M&E PLAN

If planning to do local-level M&E:

- ☐ Identify and engage stakeholders (both internal and external) to develop a shared understanding of program goals and objectives and to assist in identifying critical M&E questions.
- ☐ Identify and prioritize critical local M&E questions.
- ☐ Identify data needed to answer priority local M&E questions.
- ☐ Identify data sources for local M&E questions.
- ☐ Develop a plan for periodically reviewing and updating the local M&E plan (e.g., identify data gaps) and updating stakeholders.

DATA COLLECTION

- ☐ Ensure that staff responsible for data collection are appropriately trained.
- ☐ Ensure that staff responsible for data collection are fully familiar with relevant policies and procedures.
- ☐ Modify client-level data collection template to accommodate local variables and flow of activities, as needed.
- ☐ Develop tool(s) for collecting aggregate-level data. Modify and use CDC-provided template for recording aggregate-level data, as needed.
- ☐ Develop or tool(s) for recording targets or modify and use CDC-provided template, as needed.
- ☐ Develop a plan to periodically spot check data collection for completeness.

DATA ENTRY

- ☐ Enroll data entry staff in the CDC-provided data entry system (see also e-authentication under security and confidentiality).
- ☐ Ensure that data entry staff are appropriately trained to use the CDC-provided data entry system.
- ☐ Develop process and timeline for data entry.
- ☐ Ensure that data entry staff are fully familiar with relevant policies and procedures.

DATA MANAGEMENT AND QUALITY ASSURANCE (REFERS TO DATA COLLECTION, DATA ENTRY, AND FILE MANAGEMENT)

- ☐ Ensure that staff responsible for data management and quality assurance are appropriately trained.
- ☐ Ensure that staff responsible for data management and quality assurance are fully familiar with relevant policies and procedures.
- ☐ For agencies that will be using their own data entry systems, ensure that there is a system in place to back up data.
- ☐ Develop a plan for client file management.

DATA SUBMISSION

- ☐ Ensure that staff responsible for data submission understand the steps needed to submit/upload data to the CDC-provided data entry system and are aware of the data submission deadlines.
- ☐ For agencies that will be using their own data entry systems:
    - ☐ Complete a crosswalk for variables to align with CDC-required variables
    - ☐ Develop a program to generate XML files or other appropriate file formats for upload to the CDC-provided data entry system.

DATA ANALYSIS

- ☐ Enroll analytic staff in the CDC-provided data entry system (see also e-authentication under security and confidentiality).
- ☐ Ensure that analytic staff are appropriately trained to use the CDC-provided data entry system.
- ☐ Develop plan for local data analysis.

DATA UTILIZATION

- ☐ Develop plan for using data (e.g., for improving the program, for communicating with funders and other stakeholders).

SECURITY AND CONFIDENTIALITY

- ☐ Identify a secure, password-protected computer(s) for data entry and analysis.
- ☐ Develop local policies and procedures for securing hard copy data files.
- ☐ Identify a secure, locked file cabinet for storing hard copies of client-level data collection forms.
- ☐ Sign and submit to CDC the Memorandum of Understanding (MOU) on using CDC data systems.
- ☐ Ensure that staff with access to the CDC-provided data entry system have completed the e-authentication process.
- ☐ Ensure that staff with access to the CDC-provided data entry system have signed the Rules of Behavior (ROB) for using CDC data systems and that these ROBs are on file at your agency.

3 INTRODUCTION TO REQUIREMENTS

DEVELOPMENT OF REQUIREMENTS

CDC has partnered with community-based organizations (CBOs) for many years to expand the reach of HIV prevention efforts. This partnership is important because CBOs often have access to at-risk populations and maintain relationships with communities to which health departments may not have direct access. Currently, CDC funds approximately 153 CBOs through three program announcements to provide HIV prevention services to the following critical target populations who are at high risk for HIV transmission:

- Young men of color who have sex with men and young transgender persons of color (PS11-1113)
- Racial/ethnic minority communities, MSM, IDU, and HIV-infected persons (PS10-1003)
- Persons at risk for HIV in the Commonwealth of Puerto Rico and the United States Virgin Islands (PS08-803)

In December 2011, CDC developed an NHM&E framework for monitoring HIV prevention programs at CBOs across all three program announcements. To address the National HIV/AIDS Strategy (NHAS) and the Division of HIV/AIDS Prevention (DHAP) strategic plan, CDC developed monitoring and evaluation (M&E) questions that align with the goals defined by NHAS and DHAP. As Figure 1 illustrates, the NHM&E reporting requirements for CDC directly funded CBOs began with an in-depth analysis of NHAS goals, DHAP strategic plan goals, program announcement objectives, accumulated experiences from working with CBOs, and lessons learned from those experiences. M&E questions were developed from this analysis and reflect the objectives outlined in the three program announcements. Process indicators were developed to assess the M&E questions, and, lastly, variables were developed to directly measure the process indicators.

Appendix B contains a logic model that summarizes how the three program announcements' components link to M&E questions and process indicators and how these contribute to DHAP strategic goals and NHAS goals. Although NHM&E for CDC directly funded CBOs focuses primarily on process data at the local CBO level, it will ultimately help CDC gauge how CBOs funded under the three program announcements are collectively helping to reach the HIV prevention goals set forth at a national level.

Figure 1 also shows the feedback process that was used to refine the NHM&E reporting requirements. Throughout the development of the NHM&E reporting requirements, the Prevention Program Branch (PPB) provided consultation related to the appropriateness and feasibility of CBOs collecting the data requirements. The variables were vetted by an external workgroup, which consisted of representatives from a subset of CBOs across all three program announcements. Feedback provided by the workgroup helped CDC streamline the NHM&E reporting requirements to accommodate CBO needs. These draft reporting requirements were shared with all 153 grantees via webinar to gather additional input for further improvement. The final reporting requirements received DHAP leadership approval in June 2012. We anticipate that as the reporting requirements are rolled out, CBO experiences will help to further improve the requirements.

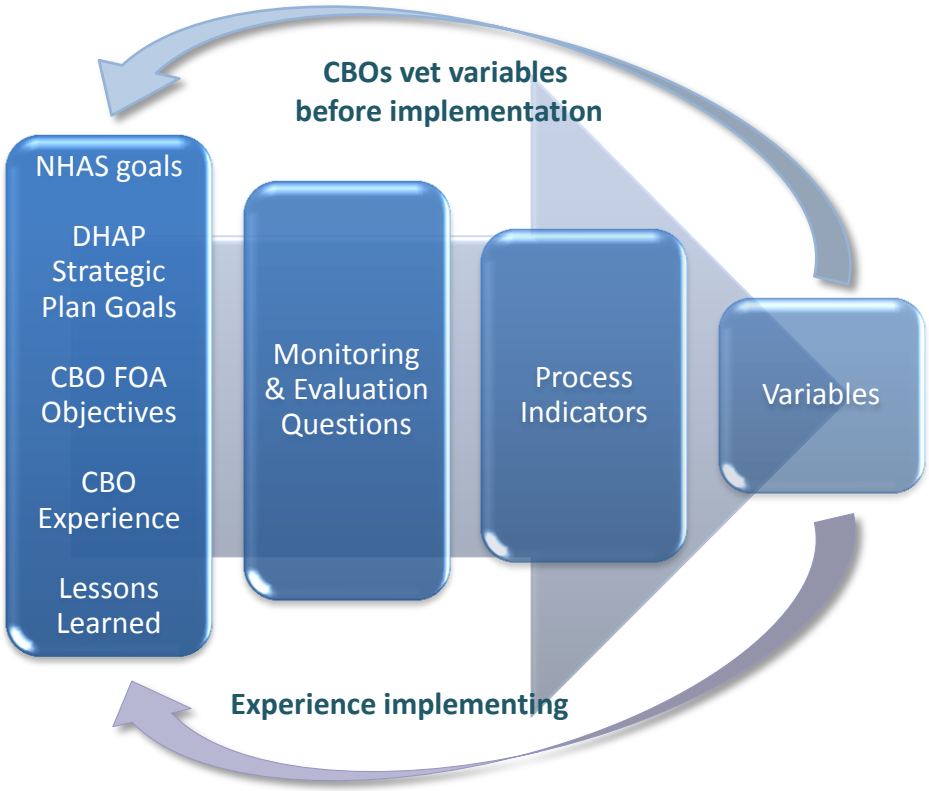

Figure 1. NHM&E Plan Development

The NHM&E reporting requirements provide a new approach to evaluating HIV prevention programs. The focus has shifted to emphasize priority program processes and only collecting data that are needed to answer critical M&E questions. As a result, there is a significant reduction in data reporting burden on CBOs—an approximate 65% reduction in reporting requirements. Also, CDC is obtaining a data entry system that

allows CBOs to have real-time access to their data to help improve program processes. The new data system will calculate NHM&E process indicators. CBOs will be able to generate reports based on their data.

REQUIREMENTS OVERVIEW

As a CBO, you will report two types of data: collected and projected data. Collected data consists of data that you collect as a direct result of implementing HIV prevention programs. Projected data are data that you predict based on program planning.

COLLECTED DATA

There are three types of collected data: test-level data, client-level data, and aggregate-level data.

Test-level data

You will collect test-level data about each HIV testing event conducted with CDC funds. These data allow for tracking details of each test provided by CDC-funded CBOs. Test-level data also provide an overall national picture of HIV testing under various program announcements. You must collect the 2012 HIV testing variables and submit them in accordance with the guidelines established by your state or local health department; contact your state or local health department for HIV testing data requirements and submission processes. Chapter 4 provides more information about test-level data requirements; a list of test-level requirements may be found in Appendix E.

Client-level data

You will collect client-level data from individual clients who receive HIV prevention services funded by CDC through any of the three CBO program announcements. You will track each client's participation in multiple program activities over time. Required client-level data falls into six categories:

1. Agency variables
2. Client characteristics
3. Participation in HIV prevention interventions
4. Condom distribution (for PS11-1113 only)
5. Referral to HIV prevention and support services
6. Referrals and Linkage Specifically for Positives

You are required to create a unique client ID for each client who receives a CDC-funded service. You will collect data from and about these unique clients over time, and enter the data into a data entry system. Also, you should create individual client files that

contain all individual client data; these files may be electronic or hard copy format, and should be updated for each client each time the client receives a CDC-funded service. Client-level data requirements are defined in Chapter 5; a list of the client-level requirements may be found in Appendix F.

CDC developed a client-level template (CLT) organized by the six client-level variable categories. The CLT is available for you to use to collect client-level data or to adapt for your own needs (see Appendix G). You may opt to use another data collection instrument, as long as it captures all required variables.

Aggregate-level data

Aggregate-level data allow for higher-level descriptions of program announcement activities not specific to clients. Collecting aggregate-level data requires that you keep track of required variables throughout each budget year. There are nine required aggregate-level variables in two categories: Community-level interventions and Condom distribution. Not all aggregate-level variables are required of all CBOs; required aggregate-level variables are based on the program announcement and if your approved interventions include CLIs (see Appendix A for intervention-specific guidance). Aggregate-level data requirements are defined in Chapter 6; a list of the aggregate-level requirements may be found in Appendix H.

CDC developed an aggregate-level template organized by these categories. This template is available for you to use to collect aggregate-level data or to adapt for your own needs (see Appendix I). You may opt to use your own mechanisms, system, or tools to collect and keep track of these variables.

PROJECTED DATA

Targets are the only type of projected data.

Targets

Targets are projections informed by the program announcement objectives. Targets are set annually by CBOs in order to plan for program delivery. Twenty required targets cover the following four categories of program activities: (1) HIV testing and follow-up for newly identified HIV positive clients, (2) HIV prevention interventions, (3) Condom distribution, and (4) Referrals and Linkage Specifically for Positives. Some targets will be projected as numbers while others will be projected as percentages. Chapter 7 defines the required targets; a list of the required targets may be found in Appendix J.

CDC developed a targets template organized by these categories. This template is available for you to use to record your targets or to adapt for your own needs (see Appendix K). You may opt to use your own tool to keep track of your targets.

DATA ENTRY SYSTEM

CDC will provide a web-based data entry system that you will use to enter and submit data to CDC. Client-level and aggregate-level data should be entered and updated regularly to meet data submission deadlines. The system will have the ability to calculate NHM&E process indicators based on client-level and aggregate-level data. Required targets should be entered into the system annually at the start of each budget year. These targets can be compared to the calculated indicators, enabling you to make appropriate adjustments. You will have complete, real-time access to your data. Training will be available when the data entry system is provided.

In order to track which data have already been entered into the system and which data still need to be entered, some advance planning is required. Each CBO will have to develop its own plan and implement a system for keeping track of data entry.

NATIONAL DATA ANALYSIS AND REPORTING

CDC plans to provide an annual national report on the HIV prevention services provided by CDC-funded CBOs. The report will be publically available; it will help answer critical questions, and ultimately, help improve service delivery to reach the target populations and achieve the intended program outcomes. Examples of national evaluation questions include:

- To what extent did CBOs engage clients into group- and individual-level HIV prevention interventions?
- To what extent did CBOs identify new HIV infections in clients?
- To what extent did CBOs refer HIV positive clients to HIV prevention services specifically for HIV positive clients?

TECHNICAL ASSISTANCE

CDC provides ongoing technical assistance on the NHM&E reporting requirements through three resources:

NHM&E SERVICE CENTER

nhmeservice@cdc.gov
1-888-736-7311
Monday-Friday, 8:30 a.m. to 5:00 p.m. ET

The NHM&E Service Center provides technical assistance to all health departments and CBOs funded by DHAP and is the first point of contact for all questions related to the NHM&E reporting requirements for CDC directly funded CBOs. NHM&E Service Center staff provide assistance in topics such as understanding NHM&E requirements; data collection, entry, management, and analysis; and quality assurance. They can also provide information on how to access NHM&E tools and resources.

Requests for technical assistance may be submitted to the NHM&E Service Center via e-mail or telephone. A Service Center representative will be assigned to each request and will follow up with the requesting grantee; the representative may call or e-mail the grantee to ask for additional details. The representative will investigate the issue and, where appropriate, collaborate with CDC staff to resolve the issue.

PROGRAM EVALUATION BRANCH (PEB) NHM&E LIAISONS

PEB NHM&E liaisons are subject matter experts assigned to each directly funded CBO to assist with NHM&E questions and issues. The NHM&E Service Center, as the first point of contact for technical assistance, will direct questions that require more specialized knowledge of the NHM&E reporting requirements to the PEB NHM&E liaisons for follow-up as needed.

CRIS SYSTEM

The Capacity Building Assistance Request Information System (CRIS) is a portal through which CBOs can request technical assistance from capacity building assistance (CBA) providers. CBA providers offer in-depth assistance with implementing and evaluating HIV prevention interventions and strategies. The CRIS portal can be accessed through the following link: http://www.cdc.gov/hiv/topics/cba/

4 TEST-LEVEL VARIABLES

GENERAL INSTRUCTIONS

Test-level variables allow for tracking details about each HIV testing event provided by directly funded CBOs. Test-level data also provide an overall national profile of CDC-funded HIV testing efforts under various program announcements. All CBOs directly funded to conduct HIV testing are required to collect the 2012 HIV testing variables and submit them in accordance with the guidelines established by their state or local health department. See Appendix E for the 2012 HIV testing requirements.

WHEN TO COLLECT HIV TEST-LEVEL DATA

Test-level data are collected about each HIV testing event that is conducted with CDC funds. An HIV testing event is defined as the sequence of one or more tests conducted with a person to determine his or her HIV status. During one testing event, a person may be tested once (e.g., one rapid test or one conventional test) or multiple times. For example, if you conduct a rapid HIV test with a preliminary positive result followed by a confirmatory test, this series of two tests would be reported as a single HIV testing event; these test results would not be reported as separate HIV testing events and should not be split across multiple program announcements. An HIV testing event may involve more than one face-to-face interaction over more than one day.

HIV TESTING EVENT FORM TEMPLATE

The HIV testing event form template was designed by CDC to facilitate documentation of required test-level variables. Data are collected for each HIV testing event. Each testing event is associated with one unique HIV testing form ID.

The HIV testing form template is just a template and is therefore not mandated by CDC to be used as a data collection tool. However, CBOs may be required by a state or local health department to use specific data collection forms and systems to collect and report the HIV test-level variables. You should always follow the guidelines established by your state or local health department to submit HIV testing data.

5 CLIENT-LEVEL VARIABLES

GENERAL INSTRUCTIONS

Client-level data are collected for individual clients who receive CDC-funded services over time. You should collect client-level data and document these data using either the CDC-provided client-level template (CLT) or locally developed tools. In this manual, we will use the term 'client record' to refer to the set of required client-level variables for a unique client over time.

Importantly, you should enter client records into the data entry system, regardless of how you choose to document client-level data. See Appendix F for a list of all required client-level variables.

WHEN TO COLLECT AND ENTER CLIENT-LEVEL DATA

A client record should be initiated when a client receives any of the following services funded by a unique program announcement:

a) Enrollment in an HIV prevention intervention
b) Referral to HIV prevention and support services
c) Referrals and linkage specifically for positives

If the client receives additional services funded by the same program announcement, then you should update the client record. If you are funded by more than one program announcement, and a client receives services funded by different program announcements, then a separate client record should be initiated for services received under that program announcement.

For example, a CBO initiates a client record when a client enrolls in Many Men, Many Voices which the CBO offers under PS11-1113 funding. Later the same client enrolls in Healthy Relationships, which the CBO offers under PS10-1003 funding. The CBO would then initiate a new client record to document services provided with PS10-1003 funding. The two client records for this client should be updated as the client receives additional services under the respective funding announcements.

CDC recommends that data be entered into the system at least weekly to avoid a back-log of data.

CLIENT-LEVEL TEMPLATE

The client-level template (CLT) was designed by CDC to facilitate documentation of required client-level variables. The CLT reflects all NHM&E required client-level variables. In addition, the CLT maps to the data entry system.

You may choose to use the CLT to document client-level data or you may instead opt to use locally developed tools. The CLT is only a template and is therefore not mandated by CDC to be used as a data collection tool. You may choose to make modifications to the CLT to tailor it to your own agency needs. The CLT can be found in Appendix G.

If you are using the CLT and need more space to record additional entries for a variable, you may attach another CLT sheet.

TIPS FOR COLLECTING CLIENT-LEVEL DATA

This section provides data collection tips for collecting client-level data.

Response Formats

There are four response formats. Some variables may use more than one format at a time.

1. **Select All That Apply**

   This format is for "check all that apply" questions where more than one response choice can be selected.

   Example:

   5. What is client's race? *(select all that apply)*

   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☒ Black or African American
   - ☐ Native Hawaiian or Pacific Islander
   - ☒ White
   - ○ Client doesn't know
   - ○ Declined to answer
   - ○ Not asked

2. **Select One**

   This format is used for multiple choice questions that require only one response to be selected from the choices.

   Example:

   4. What is client's ethnicity?: ○ Hispanic or Latino ● Not Hispanic or Latino ○ Client doesn't know ○ Declined to answer ○ Not asked

3. Enter Date

This format is for questions that ask for a specific date. The date format is calendar month, day, and, year (mm/dd/yyyy). The one exception is for "Date client received HIV positive test result." For this variable, the date format is calendar month and year (mm/yyyy).

Example:

Data collection date: _0_ _6_/_3_ _0_/_2_ _0_ _1_ _2_ (mm/dd/yyyy)

4. Enter Number or Text

For this format, enter the text response in the space provided. Some questions may require you to specify your response, in which case a space is provided beside the response for this purpose.

Example:

Intervention name: __WILLOW_____

How to Record Missing Data

Several variables include response options so you can indicate why data were not collected. When appropriate, use the following options:

1. "Declined to answer" – when the client declines or is unwilling to provide the requested information;
2. "Client doesn't know" – when the client reports that he/she is unaware of the answer to a specific question; and
3. "Not asked" – when a question was not asked of the client.

CLIENT-LEVEL VARIABLE GUIDANCE

AGENCY VARIABLES

The variables contained in this section are used to identify the unique CBOs funded by CDC and the program announcement under which the services provided to the client are being funded. These variables will help to determine which CBOs are providing which services under specific program announcements intended to target different priority populations.

These variables should be collected once, when a client record is initiated. A client record should be initiated when a client receives any of the following services funded by a unique program announcement:

a) Enrollment in an HIV prevention intervention
b) Referral to HIV prevention and support services
c) Referrals and linkage specifically for positives

Agency variables are not updated or changed in a client record. If a client receives services funded by a different program announcement, you will need to collect these agency variables for each program announcement separately. A new client record should be initiated when the client first receives any of the services listed above under a different program announcement.

CBO Agency ID

CBO agency ID: _____

Definition: The unique ID assigned to each directly funded CBO by CDC.

Response format: Enter Number or Text

CDC will develop a master list that contains all the unique IDs and assign one ID to each directly funded CBO. Each individual CBO will receive only one unique ID regardless of the number of funding sources awarded.

Program Announcement

Program announcement:

- ○ PS11-1113
- ○ PS10-1003
- ○ PS08-803

Definition: The CDC program announcement associated with the services being provided to a client.

Response format: Select One

This is especially important for CBOs that are funded by more than one program announcement. Select only one program announcement from the choices given. You should not use the same client record to document services funded by more than one program announcement. If a client is receiving services from more than one program announcement, you should maintain separate client records for each program announcement. For each client record for that client, you should indicate the program announcement under which the services are being funded.

CLIENT CHARACTERISTICS

The variables contained in this section are used to describe the unique client. These demographic variables will help to determine whether CBOs are providing services to the intended priority population(s).

These variables should be collected once, when a client record is initiated. A client record should be initiated when a client receives any of the following services funded by a unique program announcement:

a) Enrollment in an HIV prevention intervention
b) Referral to HIV prevention and support services
c) Referrals and linkage specifically for positives

Client character variables are not updated or changed in a client record. If a client receives services funded by a different program announcement, you should collect these client characteristics for each program announcement separately. A new client record should be initiated when the client first receives any of the services listed above under a different program announcement.

Unique Client ID

Unique client ID: _____

Definition: A locally developed unique client ID assigned by the CBO to distinguish an individual client receiving services within the CBO.

Response format: Enter Number or Text

The unique client ID enables you to manage client-level data while protecting the client's identity. In addition, the ID is used to link services received by a client to that client's records.

You must develop a unique client ID for each client. This unique client ID must not contain any **personally identifiable information (PII)**. PII is information that can be used by sources outside of the agency to identify or locate a unique client. You should maintain a master list of all unique client IDs. This master list is for your use only and must not be submitted to CDC. The master list should be kept in a secure manner, with restricted access to appropriate staff only.

Definitions

Personally identifiable information (PII): Information that can be used to identify, contact, or locate a unique individual or can be used with other sources to identify a unique individual. Examples of PII include: full name, date of birth, social security number, driver's license number.

Data Collection Date

Data collection date: ____/____/____ (mm/dd/yyyy)

Definition: The calendar month, day, and year on which client characteristics data were collected.

Response format: Enter Date

It is recommended that client characteristics be collected up to two weeks before or up to two weeks after a client receives the first service.

Date of Birth

What is client's date of birth? ____/____/____ (mm/dd/yyyy)

- ○ Declined to answer
- ○ Not asked

Definition: The calendar month, day, and year on which a client was born.

Response formats: Enter Date or Select One

The client's date of birth may be self-reported or obtained by the agency through other sources or documents. Only the client's year of birth will be reported to CDC because the full date of birth is an example of PII.

Ethnicity

What is client's ethnicity?

- ○ **Hispanic or Latino**
- ○ **Not Hispanic or Latino**
- ○ Client doesn't know
- ○ Declined to answer
- ○ Not asked

Definition: A client's self-report of whether or not he or she is of Hispanic or Latino origin.

Response format: Select One

Definitions

Hispanic or Latino: a person who is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino: a person not identified by the definition of Hispanic or Latino.

Race

What is client's race? (Select all that apply)

- ☐ **American Indian or Alaska Native**
- ☐ **Asian**
- ☐ **Black or African American**
- ☐ **Native Hawaiian or Pacific Islander**
- ☐ **White**
- ○ Client doesn't know
- ○ Declined to answer
- ○ Not asked

Definition: A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories.

Response format: Select All That Apply or Select One

Note: if the response selection is one of the following, only that response may be selected and no race categories may be selected: Client doesn't know; Declined to answer; Not asked.

Definitions

American Indian or Alaska Native: a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

Black or African American: a person having origins in any of the black racial groups of Africa

Native Hawaiian or Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Sex at Birth

What was client's sex at birth? (biological sex)

- ○ Male
- ○ Female
- ○ Declined to answer
- ○ Not asked

Definition: A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia).

Response format: Select One

Note: if a client reports being born an indeterminate sex, that is the genitalia were not visually male or female at birth, then select declined to answer. This is an imperfect placeholder for the small number of client that this may affect.

PARTICIPATION IN HIV PREVENTION INTERVENTIONS

The variables in this section are collected every time a client enrolls in an HIV prevention intervention. Each CBO is funded to conduct specific interventions under each program announcement. Appendix A contains specific guidance for each intervention that CBOs are approved to implement. Because data variable requirements and definitions vary across interventions, this appendix will help you focus on the data variables you need to report for the interventions you are conducting. You should collect data on a client every time the client enrolls in an intervention. If a client enrolls in the same intervention more than once, then each enrollment should be recorded.

Enrolling in an HIV prevention intervention can be a starting point for client-level data collection; therefore, if enrollment in an HIV prevention intervention is the first service that a client receives under a program announcement, then you should initiate data collection by collecting Agency Variables and Client Characteristics data in addition to completing this section.

In addition to collecting information on a client's enrollment in an intervention, you should also collect client behavior data at each enrollment. Collecting these variables will help to determine whether a client is part of a priority population(s) at the time of enrollment into an HIV prevention intervention.

Intervention Name

Intervention name: _____

Definition: The name of the approved HIV prevention intervention in which a client enrolls.

Response format: Enter Number or Text

Only one intervention name may be entered. If a client enrolls in more than one intervention, the intervention name will be recorded in a different entry area. If you are implementing CRCS with CLEAR, you should create a separate entry for CRCS and for CLEAR so that enrollment and completion can be monitored for each intervention separately.

Date of Enrollment

Date of enrollment: ____/____/____ (mm/dd/yyyy)

Definition: The calendar month, day, and year on which the client enrolls in the intervention.

Response format: Enter Date

Date of enrollment is the date that the client is considered to have initiated participation in an intervention. Often the date of enrollment is the same as the date the client attends the first session of the intervention; however, there are a few exceptions to this general rule. Be sure to review the definition of date of enrollment for the specific interventions you are implementing. See intervention-specific definitions in Appendix A.

Enter the date that the client first enrolls in an intervention. Some CBOs may allow clients to enroll in the same intervention more than once. You will need to document the date of each new enrollment.

Completed Intervention

Completed intervention? ○ Y (Yes) ○ N (No)

Definition: Whether or not a client completes an intervention.

Response format: Select One

Often the completion of an intervention means that a client attends the full duration of an intervention's session(s); however, there are a few exceptions to this general rule. Be sure to review the definition of completion for the specific interventions you are implementing. See intervention-specific definitions in Appendix A.

In some cases, you may have received approval from your PPB Project Officer to modify the number of intervention sessions to be fewer or greater (e.g., condensing into a weekend retreat format) and still be consistent with the core elements of the intervention. Thus, clients are still being exposed to the full content of the intervention. In these cases, you may modify the definition of "completion" to accommodate the CDC-approved adaptation.

Furthermore, there may be some instances in which the facilitator should use his or her best judgment to determine whether the client received the full content of the intervention. For example, a client who attends the whole session, but is asleep throughout, may not be considered to have received the session content. In contrast, a client who is attentive during the session, but has to leave ten minutes early to make a phone call, may be considered to have completed the session.

Vaginal or Anal Sex with Male in Past 12 Months

Vaginal or anal sex with male?

- ○ Y (Yes)
- ○ N (No)
- ○ D (Declined to answer)
- ○ NA (Not asked)

Definition: A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex.

Response format: Select One

Injected Drugs in Past 12 Months

Injected drugs?

- ○ Y (Yes)
- ○ N (No)
- ○ D (Declined to answer)
- ○ NA (Not asked)

Definition: A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months. Illicit injection drugs/substances are those for which a client does not have a prescription (or which the client uses in a way other than is prescribed) or drugs/substances that are not available over the counter (or which are used in a way other than intended).

Response format: Select One

Current Gender Identity

Current gender identity?

- ○ **M (Male)**
- ○ **F (Female)**
- ○ **M2F (Transgender: Male to Female)**
- ○ **F2M (Transgender: Female to Male)**
- ○ D (Declined to answer)
- ○ NA (Not asked)

Definition: A client's self-report of the gender with which he or she most identifies.

Response format: Select One

Note: if a client's reported sex at birth is male, then the client cannot be a Female to Male Transgender. If a client's reported sex at birth is female, then the client cannot be a Male to Female Transgender.

Definitions

M = Male: a person having the behavioral, cultural, or psychological traits typically associated with the male sex

F = Female: a person having The behavioral, cultural, or psychological traits typically associated with the female sex

M2F = Male to Female (Transgender): a person whose physical or birth sex is male but whose gender expression and/or gender identity is female.

F2M = Female to Male (Transgender): a person whose physical or birth sex is female but whose gender expression and/or gender identity is male

HIV Positive

HIV positive?

- ○ Y (Yes)
- ○ N (No)
- ○ D (Declined to answer)
- ○ NA (Not asked)
- ○ CDK (Client doesn't know)

Definition: A client's self-report of whether he or she has received a positive HIV test result.

Response format: Select One

This variable is self-reported; therefore, the client has to be aware that he or she has had an HIV positive test result. If client is unaware or has not been tested, then select client doesn't know.

CONDOM DISTRIBUTION (ONLY FOR CBOS FUNDED BY PS11-1113: HIV PREVENTION PROJECTS FOR YOUNG MEN OF COLOR WHO HAVE SEX WITH MEN AND YOUNG TRANSGENDER OF COLOR)

Complete this section when a client receives condoms as part of an HIV prevention service under PS11-1113. CBOs providing services funded under PS08-803 and PS10-1003 are not required to complete this section. The condom distribution data are collected in conjunction with data on other HIV prevention services. Complete this section if a client receives condoms while participating in an HIV prevention intervention, receiving a referral to HIV prevention and support services, or receiving referrals and linkage specifically for HIV positive clients. Client-level data collection should not be initiated if a client is provided condoms but does not receive any other HIV prevention services.

Client Provided Condoms

Date client was provided condoms: ____/____/____ (mm/dd/yyyy)

Definition: The calendar month, day, and year on which a client first receives condoms in conjunction with another HIV prevention service (i.e., HIV prevention intervention, referral to HIV prevention and support services, referrals and linkage specifically for positives).

Response format: Enter Date

REFERRAL TO HIV PREVENTION AND SUPPORT SERVICES

The variables in this section are collected when clients receive referrals to HIV prevention and support services. The clients may be HIV positive, HIV negative, or HIV status unknown. Additional referrals specifically for HIV positive clients are listed in the next section. The services to which the client is referred may be provided by your agency or by another agency or organization. Receiving a referral can be a starting point for client-level data collection; therefore, if referral(s) to HIV prevention and support services is the first service that a client receives under a program announcement, then you should initiate data collection by collecting Agency Variables and Client Characteristics data in addition to completing this section.

Definitions

Referral: A process by which immediate client needs for prevention, care, and supportive services are assessed and prioritized; and by which, clients are provided with assistance in identifying and accessing services (such as setting up appointments and providing transportation). This also includes necessary follow-up efforts to facilitate initial contact with appropriate service providers. There should be a strong established inter-agency relationship supported by a written agreement (such as a memorandum of agreement (MOA)) with other providers and agencies that might be able to provide needed services.

Referral to HIV Prevention and Support Services

Which services was the client referred to?
(Enter dates for all that apply)

- **Basic education continuation and/or completion services**
- **Behavioral interventions for HIV prevention**
- Dental care
- **Employment readiness and referral programs**
- Food/clothing/other basic needs
- HIV testing
- **Housing services**
- **Insurance enrollment**
- **Mental health services program**
- **Post-exposure prophylaxis (PEP)**
- **Pre-exposure prophylaxis (PrEP)**
- **Primary health care**
- Screening and/or treatment for Hepatitis
- Screening and/or treatment for STDs
- Screening and/or treatment for substance abuse
- Screening and/or treatment for TB
- **Support groups**
- Syringe services program
- **Transgender transition services**
- Other (specify)

Definition: Enter the calendar month, day, and year of each referral that a client receives.

Response formats: Enter Date & Enter Number or Text (if needed)

If the client receives multiple referrals to the same service, enter the date of each new referral. If a client receives a referral to a service that is not listed, then use the "other" field to specify the type of referral.

Definitions

Basic education continuation and/or completion services – programs that help improve basic reading, writing, math, spelling, and language skills (such as GED preparation, or English as a Second Language (ESL) classes)

Behavioral interventions for HIV prevention – HIV prevention interventions may be implemented internally by the CBO or by an external agency. Also the intervention does not have to be funded or approved by CDC.

Employment readiness and referral programs – programs that provide employment assistance, training, and employment referral services.

Housing services – programs that help clients find adequate housing by providing services such as assistance with homelessness, rental housing, or home-buying.

Insurance enrollment – programs that help uninsured clients enroll in public or private healthcare insurance

Mental health services program – programs that are provided by a mental health professional

Post-exposure prophylaxis (PEP) – prophylactic treatment immediately after client's exposure to disease

Pre-exposure prophylaxis (PrEP) – prophylactic treatment before client's exposure to disease

Primary health care – health care providers who practice general medicine

Support groups – peer support groups

Transgender transition services – program that supports issues specific to transgender clients including name change, gender reassignment, etc.

REFERRALS AND LINKAGE SPECIFICALLY FOR POSITIVES

The variables in this section are collected only for clients who report having received a positive HIV test result. The HIV testing event that led to the diagnosis may have been conducted by your agency or at an external agency. It is important to ensure that all HIV positive clients are linked to HIV medical care, regardless of diagnosis location or date. These variables helps determine whether HIV positive clients are referred to appropriate services and linked to HIV medical care.

Initiating client-level data collection for Referrals and Linkage Specifically for Positives (RLSP) should occur whether the client is referred through an internal or external referral, or self-referral. RLSP can be a starting point for client-level data collection; therefore, if RLSP is the first service that a client receives under a program announcement, then you should initiate data collection by collecting Agency Variables and Client Characteristics data in addition to completing this section.

Date CBO Staff Initiated Discussion of Referral and Linkage to Medical Care with Client

Date CBO staff initiated discussion of referral and linkage to HIV medical care with client:
____/____/____ (mm/dd/yyyy)

Definition: The calendar month, day, and year that CBO staff initiate discussion of referral and linkage to HIV medical care with client.

Response formats: Enter Date

This discussion could be initiated because the client discloses that he or she is HIV positive, or because you as the CBO, learn of the client's HIV positive status through HIV testing. You may have previously been aware of the client's HIV positive status and are now attempting to engage the client in RLSP. For all of these cases, the date reported would be the date that you initiate a discussion of referral and linkage to HIV medical care with the client.

Date Client Receive HIV Positive Test Result

Date client received HIV positive test result: ____/____ (mm/yyyy)

Definition: The calendar month and year that a client received a positive HIV test result.

Response formats: Enter Date

This variable may be self-reported by the client or you may have a record of this date if the client received the positive test result from your agency. If the client does not remember the exact month and year, then ask the client to estimate.

Client HIV Medical Care Status

Is client currently in HIV medical care?

- ○ Yes
- ○ No
- ○ Declined to answer
- ○ Not asked

Definition: A client's self-report of whether he or she is currently seeing an HIV medical care provider.

Response format: Select One

If the response is "yes" then skip the next three variables:

Was client referred to HIV medical care?
Date HIV medical care referral was made
Date client attended 1st medical appointment

Referral to HIV Medical Care

Was client referred to HIV medical care?

- ○ Yes
- ○ No; referral offered but client declined
- ○ No; another reason

Definition: CBO report of whether CBO staff referred a client who is not currently in care to HIV medical care.

Response format: Select One

If the first attempt to provide a referral to HIV medical care is unsuccessful, then subsequent referrals can be recorded under the "Referral to Other HIV Prevention Services for HIV Positive Clients" in the variable called "HIV medical care."

Leave this blank if the response is "yes" to: *Is client currently in HIV medical care?*

Date of HIV Medical Care Referral

Date HIV medical care referral was made: ____/____/____ (mm/dd/yyyy)

Definition: The calendar month, day, and year on which CBO staff refer a client who is not currently in care to HIV medical care.

Response formats: Enter Date

Leave this blank if the response is "yes" to: *Is client currently in HIV medical care?*

Date of First Medical Appointment Attendance

Date client attended 1st medical appointment: ____/____/____ (mm/dd/yyyy)

Definition: The calendar month, day, and year on which the client attends his or her first medical appointment after referral is made by the CBO.

Response formats: Enter Date

This variable may be self-reported by the client. However, you may also get this information from HIV medical care providers who are able to disclose the information.

Leave this blank if the response is "yes" to: *Is client currently in HIV medical care?*

Referral to Other HIV Prevention Services for HIV Positive

To which services was the client referred? ***(Enter dates for all that apply)***

- **Evidence-based linkage to care activity**
- HIV medical care (after unsuccessful initial attempt to refer and/or link to care, or for client who needs to be re-engaged in care)
- Partner Services
- Treatment adherence services, including adherence to ARV
- Other (specify)

> ***Definitions***
>
> **Evidence-based linkage to care activity –** evidence-based interventions that help clients link to care (e.g. ARTAS)

Definition: Enter the calendar month, day, and year of each referral that a client receives. If the client receives multiple referrals to the same service, enter the date of each new referral. If a client receives a referral to a service that is not listed, then use the "other" field to specify the type of referral.

Response formats: Enter Date & Enter Number or Text (if needed)

These are collected when referrals are provided for services specifically for HIV positive clients. Referrals to additional HIV Prevention and Support services are listed in the previous section and should be documented for all clients, including HIV positive clients. The services to which the client is referred may be provided by your CBO or by another agency or organization.

6 AGGREGATE-LEVEL VARIABLES

GENERAL INSTRUCTIONS

Aggregate-level variables allow for a higher-level description of program activities not specific to client characteristics. In this section and in the intervention-specific guidance in Appendix A, you will find definitions for the terms used in the aggregate-level variables.

WHEN TO COLLECT AND ENTER AGGREGATE-LEVEL DATA

Aggregate-level data collection occurs on an ongoing basis for only those CBOs that are conducting the following program activities:

- Community-level interventions (CLIs). CLIs currently approved for implementation: Community PROMISE, d-up!, Mpowerment, POL, RAPP
- Condom distribution as required of PS11-1113 grantees

Aggregate-level variables should be entered into the data system monthly. These variables will be submitted to CDC on a semi-annual basis.

AGGREGATE-LEVEL TEMPLATE

Appendix I contains a template that can be used or modified to record aggregate-level variables before entering them into the data entry system. You are not required to use the aggregate-level template (ALT); it is provided as a tool for those that wish to use it or modify it to meet their own agency needs. The ALT is not intended as a tally sheet to calculate aggregate-level variables. You should develop the methods and tools for tallying data that best fit your needs.

Part A allows for the recording of one year of data for up to two community-level interventions. Start by filling in the month/year column headings, beginning with the first month of the budget period. Then, each month, fill in the data for each variable that is relevant to the specific intervention for which data are being entered. Each variable is relevant only to certain interventions. For example, the number of risk reduction conversations that took place is applicable only to d-up!, POL, or RAPP. If you are conducting Mpowerment or Community PROMISE, this variable should be left blank.

Part B is specifically for PS11-1113 grantees. It allows for recording of one year of data on the number of condoms purchased with PS11-1113 funds and distributed through PS-11-1113-funded program activities. As with Part A, start by filling in the month/year column

headings, beginning with the first month of the budget period. Then, each month, fill in the appropriate data for each variable.

TIPS FOR COLLECTING AGGREGATE-LEVEL DATA

If aggregate-level data collection is required, you should determine what the best mechanisms are to collect aggregate-level requirements. For aggregate-level data collection, you should document your agency ID, the program announcement number, and if applicable, the name of the CLI. To help ensure accurate data reporting, you should track activities for aggregate-level variables as they occur, rather than try to recall events that happened over the month or previous time period. By entering monthly totals, you can track aggregate-level variables for budget and/or calendar year reporting.

AGGREGATE-LEVEL VARIABLE GUIDANCE

COMMUNITY-LEVEL INTERVENTIONS

As a CBO conducting CLIs, you must collect and report aggregate-level variables. The CLIs currently approved for implementation are:

- Community PROMISE
- d-up!
- Mpowerment
- POL
- RAPP

Not all aggregate-level variables apply to the evaluation of each CLI. See the table following each aggregate-level variable definition for intervention-specific definitions; also see intervention-specific guidance in Appendix A for more details.

of peer educators who completed training or orientation

Definition: Number of peer educators who attended all required training sessions as planned (according to EBI guidance or approved adaptation).

Intervention name	Intervention-specific definition for # of peer educators who completed training or orientation
Community PROMISE	# of peer advocates who attend the entire Community PROMISE peer advocate training (1-3 hours), or who attend all required training in approved adaptation
d-up!	# of opinion leaders who attend all 4 training sessions (approximately 2 hours/session), or who attend all required training in approved adaptation
Mpowerment	*Not applicable to Mpowerment for this evaluation.*
POL	# of opinion leaders who attend all 4 training sessions (approximately 2 hours/session), or who attend all required training in approved adaptation
RAPP	# of peer network members who complete the following trainings or approved adaptation: • Peer network training (1 day) • Stage-based encounter training (2 days) • Role model stories training

of risk reduction conversations that took place

Definition: Number of conversations conducted by trained peer educators that include risk reduction messaging.

Intervention name	Intervention-specific definition for # of risk reduction conversations that took place
Community PROMISE	*Not applicable to Community PROMISE for this evaluation – reinforcing conversations for role model stories are not included in this variable.*
d-up!	# of risk reduction conversations conducted by all opinion leaders. Opinion leaders commit to 4 preliminary and 14 post-training risk reduction conversations. Recruitment conversations that do not include risk reduction messages are not included in this variable.
Mpowerment	*Not applicable to Mpowerment for this evaluation.*
POL	# of risk reduction conversations conducted by all opinion leaders. Opinion leaders commit to 4 preliminary and 14 post-training risk reduction conversations. Recruitment conversations that do not include risk reduction messages are not included in this variable
RAPP	# of stage-based encounters that were conducted by peer network members

# of small media with risk reduction messaging distributed

Definition: Total number of outreach materials distributed to the target population that promote HIV risk reduction.

Materials distributed solely to promote the project and its activities (including "conversation starter" logos/symbols/other items) are not included in this definition.

Intervention name	**Intervention-specific definition for # of small media with risk reduction messaging distributed**
Community PROMISE	Total # of printed, stage-based role model stories with positive behavior change messages
d-up!	*Not applicable to d-up! for this evaluation – "conversation starters" logos/symbols/other items not included in this variable*
Mpowerment	Total # of outreach materials distributed to the target population that promote safer sex. Materials distributed solely to promote the project and its activities are not included in this definition. Risk reduction materials may include printed materials such as pamphlets and brochures, YouTube videos or videos from other similar internet sites, or web pages or links with risk reduction messaging. **Distributed**: The definition of "distributed" depends on the type of small media. For printed materials, it means total # of printed materials handed to or picked up by individuals. For internet videos, it means the # of views. For web pages or links with risk reduction messaging, it means the number of hits to the page or link.
POL	*Not applicable to POL for this evaluation – "conversation starters" logos/symbols/other items not included in this variable*
RAPP	# of role model stories that were distributed during street outreach and through community network outlets (e.g., stores, others who agree to distribute materials)

of formal outreach events conducted

Definition: Number of outreach events planned and conducted where safer sex or HIV risk reduction is promoted.

Intervention name	Intervention-specific definition for # of formal outreach events conducted
Community PROMISE	*Not applicable to Community PROMISE for this evaluation*
d-up!	*Not applicable to d-up! for this evaluation*
Mpowerment	# of outreach events planned and conducted where safer sex or HIV risk reduction is promoted. These may include small, medium, and large events or outreach team performances. In these events, the presentation of HIV risk reduction messages may be subtle, as it is understood that any focus on risk reduction will be paired with efforts to strengthen recruitment and retention.
POL	*Not applicable to POL for this evaluation*
RAPP	# of safer sex gatherings that were conducted

of condoms distributed as part of the community-level intervention

Definition: Total number of condoms that are distributed specifically as part of the community-level intervention. Condoms are defined as male or female condoms; the definition of condoms does not include other safer sex barriers such as dental dams or lubricant.

Intervention name	Intervention-specific definition for # of condoms distributed as part of the CLI
Community PROMISE	# of condoms distributed as part of prevention materials
d-up!	*Not applicable to d-up! for this evaluation*
Mpowerment	# of condoms that are distributed during formal and informal outreach activities.
POL	*Not applicable to POL for this evaluation*
RAPP	# of condoms handed out during street outreach

CONDOM DISTRIBUTION (PS11-1113 ONLY)

Condoms are defined as male or female condoms; the definition of condoms does not include other safer sex barriers such as dental dams or lubricant.

Total # of condoms purchased with PS11-1113 funds

Definition: Total number of all condoms bought using PS11-1113 funding.

This total is inclusive of all condoms purchased with PS11-1113 funding, including any condoms to be distributed through PS11-1113 approved interventions (including CLIs).

# of condoms distributed through PS11-1113-funded program activities for high-risk negative/HIV status unknown persons

Definition**:** Number of condoms that were provided during activities approved by and paid for by PS11-1113 funding intended to reach persons at high-risk of acquiring HIV who are currently HIV negative or unaware of their HIV status.

This total is inclusive of all condoms distributed through PS11-1113 funded activities targeting high-risk HIV negative or status unknown persons (including CLIs).

An example is counting the number of condoms distributed at a group- or individual-level intervention targeting high-risk HIV negative or status unknown clients.

# of condoms distributed through PS11-1113-funded program activities for HIV positive persons

Definition**:** Number of condoms that were provided during activities approved by and paid for by PS11-1113 funding intended to reach persons who are HIV positive.

An example is counting the number of condoms distributed at a group- or individual-level intervention targeting HIV positive clients.

7 TARGETS

GENERAL INSTRUCTIONS

Targets are projections informed by the program announcement objectives. Targets are set annually by CBOs in order to plan for program delivery. Twenty required targets cover the following four categories of program activities:

1) HIV Testing and Follow-up for Newly Identified HIV Positive Clients
2) HIV Prevention Interventions
3) Condom Distribution (PS11-1113 Only)
4) Referrals and Linkage Specifically for Positives

Some targets are projected as numbers while others are projected as percentages. A list of required targets is presented in Appendix J. Not all targets are required of all CBOs; required targets are based on the program announcement and if the approved interventions include CLIs. Please note the italicized text below, as well as the CLI intervention-specific guidance in Appendix A, for more details.

As a CBO, you will have real time access to your collected data, which will enable you to make comparisons with your targets. Comparing targets to collected data allows you to determine whether you have set realistic targets, the extent of your progress toward reaching your targets, and ultimately whether you have reached your targets. Also, it enables you to assess where further investigation is needed to determine what is not working well and what should be adjusted.

WHEN TO SET AND ENTER TARGETS

Targets are set once a year and entered into the data entry system before the new budget year begins. If you are directly funded by more than one CDC program announcement, you should set and enter a separate set of targets at the start of each program announcement year. Some targets are only required to be set by CBOs that are conducting certain interventions. Please see guidance below and the intervention-specific guidance in Appendix A for more information.

TEMPLATE FOR TARGETS

Appendix K contains a template that can be used or modified to record targets in preparation for entering them into the data entry system. You are not required to use the targets template. It is provided as a tool for those who wish to use it or modify it to meet their needs.

A separate template would be used to record targets for each budget period. For example, in Part A, you can enter the target for the number of HIV testing events you expect to provide during a given budget period, followed by the percentage of newly identified HIV-positive testing events to be identified.

In Part B, you can enter targets for group- and individual-level interventions. A separate set of targets should be entered for each intervention you are conducting under the program announcement for which the template is being completed. If you are conducting CRCS with CLEAR, CRCS and CLEAR should be entered as separate interventions.

In Part C, you can enter targets for community-level interventions. A separate set of targets should be entered for each community-level intervention you are conducting under the program announcement for which the template is being completed. Some of the targets listed are not applicable to all community-level interventions; for example, the number of risk reduction conversations that will take place is applicable only to d-up!, POL, or RAPP. If you are conducting Mpowerment or Community PROMISE, this target should be left blank.

TIPS FOR SETTING TARGETS

For targets, you should document your agency ID, the program announcement number, budget year, and, if applicable, the name of the intervention(s) being implemented.

Targets are informed by the program announcement objectives and past program performance and should be consistent with your approved work plan set forth in the Interim Progress Report (IPR) for the upcoming budget year.

REQUIRED TARGETS GUIDANCE

HIV TESTING AND FOLLOW-UP FOR NEWLY IDENTIFIED POSITIVE CLIENTS

These are targets related to HIV testing under a particular program announcement. If you are directly funded by more than one CDC program announcement, you should set these targets for each program announcement for which you are funded to conduct HIV testing.

Definitions

Testing event: a testing event is defined as the sequence of one or more tests conducted with a person to determine his or her HIV status. During one testing event, a person may be tested once (e.g., one rapid test or one conventional test) or multiple times (e.g., one rapid test with a preliminary positive result followed by a confirmatory test). A single testing event is associated with one unique HIV testing form ID. It may involve more than one face-to-face interaction over more than one day.

# of HIV testing events to be provided

Definition**:** Number of HIV **testing events** the CBO plans to provide to clients.

% of newly identified HIV-positive testing events to be identified

Definition: Percentage of total testing events that will be associated with a newly identified HIV infection.

% of newly identified HIV-positive testing events to be identified where clients received their testing results

Definition: Percentage of total newly identified HIV-positive testing events for which clients will receive their HIV-positive test result.

% of newly identified HIV-positive testing events to be identified where client was referred to HIV medical care

Definition: Percentage of total newly identified HIV-positive testing events for which clients will receive a referral to HIV medical care. This target is set only for referrals provided through HIV testing events.

% of newly identified HIV-positive testing events to be identified where client was linked to HIV medical care (i.e. attended first HIV medical care appointment within 3 months of diagnosis)

Definition: Percentage of total newly identified HIV-positive testing events for which clients will be linked to HIV medical care (i.e., referred to HIV medical care and attended first appointment within 3 months of diagnosis). This target is set only for linkage to care provided through HIV testing events.

% of newly identified HIV-positive testing events to be identified where client was referred to Partner Services

Definition: Percentage of total newly identified HIV-positive testing events for which clients will be referred to Partner Services. This target is set only for referral to Partner Services provided through HIV testing events.

% of newly identified HIV-positive testing events to be identified where client was referred to prevention services

Definition: Percentage of total newly identified HIV-positive testing events for which clients will be referred to prevention services. This target is set only for referral to prevention services provided through HIV testing events. A prevention service is defined as any service or intervention directly aimed at reducing risk for transmitting or acquiring HIV infection (e.g., prevention counseling, behavioral interventions, risk reduction counseling). It excludes indirect services such as mental health services or housing.

HIV PREVENTION INTERVENTIONS: GROUP AND INDIVIDUAL-LEVEL INTERVENTIONS

These targets are related to clients reached through group- and individual-level interventions. If you are directly funded by more than one CDC program announcement, you should set these targets for each program announcement.

# of clients who will enroll in each intervention

Definition: Number of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct.

% of clients who will complete each intervention

Definition: Percentage of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation).

% of clients who will enroll in each intervention who are HIV positive

Definition: Percentage of clients that will be enrolled in each intervention who are HIV positive.

HIV PREVENTION INTERVENTIONS: COMMUNITY-LEVEL INTERVENTIONS

These targets are related to CLIs. Not all targets apply to the evaluation of each CLI. See the table following each aggregate-level variable definition for intervention-specific definitions; also see intervention-specific guidance in Appendix A for more details. If you are directly funded by more than one CDC program announcement, you should set these targets for each program announcement.

# of clients from the target community/population who will complete M groups or RAPP informational sessions

Definition: Number of clients that will be enrolled in the M group and RAPP HIV informational sessions.

Intervention name	Intervention-specific definition for # of clients that will be enrolled in the M group and RAPP HIV informational sessions
Mpowerment	# of clients that will be enrolled in the M group
RAPP	# of clients that will be enrolled in the RAPP HIV informational sessions

# of peer educators who will complete training or orientation

Definition: Number of peer educators who will attend all required training sessions as planned (according to EBI guidance or approved adaptation).

Intervention name	Intervention-specific definition for # of peer educators who will complete training or orientation
Community PROMISE	# of peer advocates who will attend the entire Community PROMISE peer advocate training (1-3 hours), or who attend all required training in approved adaptation
d-up!	# of opinion leaders who will attend all 4 training sessions (approximately 2 hours/session), or who attend all required training in approved adaptation
Mpowerment	*Not applicable to Mpowerment for this evaluation*
POL	# of opinion leaders who will attend all 4 training sessions (approximately 2 hours/session), or who attend all required training in approved adaptation
RAPP	# of peer network members who will complete the following trainings or approved adaptation: • Peer network training (1 day) • Stage-based encounter training (2 days) • Role model stories training

# of risk reduction conversations that will take place

Definition: Number of conversations conducted by trained peer educators that include risk reduction messaging that will take place.

Intervention name	**Intervention-specific definition for # of risk reduction conversations that will take place**
Community PROMISE	*Not applicable to Community PROMISE for this evaluation – reinforcing conversations for role model stories are not included in this variable.*
d-up!	# of risk reduction conversations to be conducted by all opinion leaders. Opinion leaders commit to 4 preliminary and 14 post-training risk reduction conversations. Recruitment conversations that do not include risk reduction messages are not included in this variable.
Mpowerment	*Not applicable to Mpowerment for this evaluation.*
POL	# of risk reduction conversations to be conducted by all opinion leaders. Opinion leaders commit to 4 preliminary and 14 post-training risk reduction conversations. Recruitment conversations that do not include risk reduction messages are not included in this variable
RAPP	# of stage-based encounters to be conducted by peer network members

# of small media with risk reduction messaging to be distributed

Definition: Total number of outreach materials that will be distributed to the target population that promote HIV risk reduction.

Materials distributed solely to promote the project and its activities (including "conversation starter" logos/symbols/other items) are not included in this definition.

Intervention name	**Intervention-specific definition for # of small media with risk reduction messaging to be distributed**
Community PROMISE	Total # of printed, stage-based role model stories with positive behavior change messages to be distributed
d-up!	*Not applicable to d-up! for this evaluation – "conversation starters" logos/symbols/other items not included in this variable*
Mpowerment	Total # of outreach materials to be distributed to the target population that promote safer sex. Materials distributed solely to promote the project and its activities are not included in this definition. Risk reduction materials may include printed materials such as pamphlets and brochures, YouTube videos or videos from other similar internet sites, or web pages or links with risk reduction messaging. **Distributed**: The definition of "distributed" depends on the type of small media. For printed materials, it means total # of printed materials handed to or picked up by individuals. For internet videos, it means the # of views. For web pages or links with risk reduction messaging, it means the number of hits to the page or link.
POL	*Not applicable to POL for this evaluation – "conversation starters" logos/symbols/other items not included in this variable*
RAPP	# of role model stories to be distributed during street outreach and through community network outlets (e.g., stores, others who agree to distribute materials)

# of formal outreach events to be conducted

Definition: Number of outreach events that will be planned and conducted where safer sex or HIV risk reduction is promoted.

Intervention name	**Intervention-specific definition for # of formal outreach events to be conducted**
Community PROMISE	*Not applicable to Community PROMISE for this evaluation*
d-up!	*Not applicable to d-up! for this evaluation*
Mpowerment	# of outreach events to be planned and conducted where safer sex or HIV risk reduction is promoted. These may include small, medium, and large events or outreach team performances. In these events, the presentation of HIV risk reduction messages may be subtle, as it is understood that any focus on risk reduction will be paired with efforts to strengthen recruitment and retention.
POL	*Not applicable to POL for this evaluation*
RAPP	# of safer sex gatherings to be conducted

# of condoms to be distributed as part of the community-level intervention

Definition: Number of condoms that will be distributed specifically as part of the community-level intervention. Condoms are defined as male or female condoms; the definition of condoms does not include other safer sex barriers such as dental dams or lubricant.

Intervention name	**Intervention-specific definition for # of condoms to be distributed as part of the CLI**
Community PROMISE	# of condoms to be distributed as part of prevention materials
d-up!	*Not applicable to d-up! for this evaluation*
Mpowerment	# of condoms to be distributed during formal and informal outreach activities.
POL	*Not applicable to POL for this evaluation*
RAPP	# of condoms to be handed out during street outreach

CONDOM DISTRIBUTION (PS11-1113 ONLY)

These targets should only be reported by PS11-1113 grantees. Condoms are defined as male or female condoms; the definition of condoms does not include other safer sex barriers such as dental dams or lubricant.

% of clients who enroll in at least one PS11-1113-funded program activity and will be provided condoms

Definition: Percentage of the total number of clients receiving at least one PS 11-1113 funded program activity (e.g., HIV prevention intervention, referral, or linkage to HIV medical care) who will be provided condoms.

Total # of condoms to be purchased with PS11-1113 funds

Definition: Total number of condoms that will be purchased through PS 11-1113 funds.

REFERRALS AND LINKAGE SPECIFICALLY FOR POSITIVES

These targets refer to referral and linkage to HIV medical care provided to clients who report having received a positive HIV diagnosis. Referral and linkage to care may be initiated whether the client is referred through an internal or external referral, or self-referral. Note that there is a separate set of targets that are set for referral and linkage to care that occurs in conjunction with an HIV test (i.e., Targets for HIV Testing and Follow-up for Newly Identified Positive Clients). The following targets are related to referrals and linkage provided to individual clients, but not associated with HIV test provision.

% of HIV positive clients not yet in HIV medical care who will be referred to HIV medical care

Definition: Percentage of HIV positive clients receiving referrals and linkage specifically for positives who are not yet in HIV medical care who will be referred to HIV medical care.

% of HIV positive clients referred to HIV medical care who will attend their HIV medical care appointment

Definition: Percentage of HIV positive clients who are referred to HIV medical care who will attend their HIV medical care appointment.

8 DATA COLLECTION QUALITY ASSURANCE

OVERVIEW

Data collection quality assurance (QA) is a process that begins prior to meeting clients or providing services to clients. QA is a proactive step that begins with your agency establishing data collection procedures that guide and direct your staff on the best practices for data collection. These procedures should detail the steps of data collection ranging from who is responsible for collecting data, who reviews data, and how the data are stored. In addition, staff members should be formally trained on all data collection instruments focusing on the purpose of each instrument and its content.

During the data collection process, it is important that questions for the clients are asked as designed and that data are collected with completeness. When a service provider is eliciting information from a client, the provider should ask all required questions and fully document the appropriate responses. At the end of the provider/client data collection session, a valid response should be documented for each question that should have been addressed during that encounter. Once the client has left the data collection session, the moment has passed and it may be too late to obtain that information. It is important that each member of your team is committed to making sure the data collection process goes as smoothly as possible.

STEPS FOR DATA COLLECTION QA

PRE-DATA COLLECTION

- Written data collection procedures should be developed by the agency and disseminated to staff
- Staff should be trained on the data collection procedures
- Staff should be trained on how to use the data collection instruments, the variables they are collecting, and best methods for interviewing clients

DATA COLLECTION

- Staff should ask every question that is required during the interview session
- Staff should ask questions in a manner best suited for the client's level of understanding without altering the meaning of the question

- Staff should review client responses during the interview to prevent the collection of inconsistent data
- Staff should document all prevention services and referrals as provided
- Staff should review the data collection instrument for completeness prior to ending the interview session with the client
- Staff should make sure that no required data are missing from the data collection instrument

POST-DATA COLLECTION

- Completed data collection instruments should be organized by client ID and stored in a secure location
- Supervisors should periodically perform spot-checks of data records and review them to identify missing and inconsistent data collection
- Supervisors should provide staff with feedback on data collection concerns and retrain as needed

APPENDICES

APPENDIX A: INTERVENTION-SPECIFIC GUIDANCE

Intervention-specific guidance

OVERVIEW

Intervention-specific guidance documents were developed for all interventions that are currently being implemented by a directly funded CBOs. These documents are intended to give you a quick reference or "cheat sheet" to guide you as to which variables need to be collected for the particular intervention(s) you are implementing. There is a specific guidance for each intervention. The guidance documents are to be used when a client enrolls in individual-, group-, or community-level interventions. However, additional client-level data may be collected when a client receives condoms, receives a referral to HIV prevention and support services, or receives referrals and linkage specifically for positives.

The guidance contains a checklist of all variables that pertain to each particular intervention, followed by a table of definitions for those variables. Variables that do not apply to a particular intervention are greyed out. Most of the definitions are the standard definitions that were outlined in the previous chapters. However, there is some variability across interventions in the definitions of specific variables. For example, among client-level variables, the two variables that vary across interventions are "date of enrollment" and "completed intervention".

CLEAR: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date a client attends the first core session of CLEAR
Completed intervention	Refers to whether a client completed the 5 required core sessions and

	the wrap-up session Select "yes" if a client attended all five core sessions and the wrap-up session Select "no" if a client did not attend all five core sessions OR did not attend the wrap-up session
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

CRCS: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date a provider and a client develop a prevention plan/risk reduction plan

Completed intervention	Refers to whether a client completed his or her prevention plan/risk reduction plan (i.e., attain his or her risk reduction goals) Select “yes” if a client completed his or her prevention plan/risk reduction plan Select “no” if a client does not complete his or her prevention plan/risk reduction plan. If a client's initial prevention plan/risk reduction plan is not completed and a client is lost to follow up then "no" should be selected. If a client's initial prevention plan/risk reduction plan is revised (instead of completed) then "no" should be selected for completion, and the revised plan represents a new CRCS enrollment
Vaginal or anal sex with male in past 12 months	A client’s self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client’s self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client’s self-report of the gender with which he or she most identifies
HIV positive	A client’s self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

Community PROMISE: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Aggregate-level Variables

- ✓ # of peer educators who completed training or orientation
  # of risk reduction conversations that took place
- ✓ # of small media with risk reduction messaging distributed
  # of formal outreach events conducted
- ✓ # of condoms distributed as part of the CLI

Targets

Community-level Interventions

- ✓ # of peer educators who will complete training or orientation
  # of risk reduction conversations that will take place
- ✓ # of small media with risk reduction messaging to be distributed
  # of formal outreach events to be conducted
- ✓ # of condoms to be distributed as part of the CLI

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Aggregate-level Variables (CLIs)	
# of peer educators who completed training or orientation	# of peer advocates who attend the entire Community PROMISE peer advocate training (1-3 hours), or who attend all required training in approved adaptation
# of risk reduction conversations that took place	*Not applicable to Community PROMISE for this evaluation – reinforcing conversations for role model stories are not included in this variable.*
# of small media with risk reduction messaging distributed	Total # of printed, stage-based role model stories with positive behavior change messages
# of formal outreach events conducted	*Not applicable to Community PROMISE for this evaluation*
# of condoms distributed as part of the CLI	# of condoms distributed as part of prevention materials
Targets	
Community-level Interventions	
# of peer educators who will complete training or orientation	# of peer educators who will attend the entire Community PROMISE peer advocate training (1-3 hours), or who attend all required training in approved adaptation
# of risk reduction conversations that will take place	*Not applicable to Community PROMISE for this evaluation*
# of small media with risk reduction messaging to be distributed	Total # of printed, stage-based role model stories with positive behavior change messages to be distributed
# of formal outreach events to be conducted	*Not applicable to Community PROMISE for this evaluation*
# of condoms to be distributed as part of the CLI	# of condoms that will be distributed as part of prevention materials. Condoms are defined as male or female condoms; the definition of

Variable	Definition
	condoms does not include other safer sex barriers such as dental dams or lubricant

Connect: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client and his or her partner attend the first facilitator-led CONNECT session

Completed intervention	Refers to whether or not a client completed initial individual session and all five CONNECT sessions with his or her partner Select "yes" if a client attended initial individual session and all five sessions with their partner Select "no" if a client and his or her partner did not attend all five sessions
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

d-up! Defend Yourself: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Aggregate-level Variables

- ✓ # of peer educators who completed training or orientation
- ✓ # of risk reduction conversations that took place

# of small media with risk reduction messaging distributed
# of formal outreach events conducted
# of condoms distributed as part of the CLI

Targets

Community-level Interventions

- ✓ # of peer educators who will complete training or orientation
- ✓ # of risk reduction conversations that will take place

# of small media with risk reduction messaging to be distributed
# of formal outreach events to be conducted
# of condoms to be distributed as part of the CLI

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Aggregate-level Variables (CLIs)	
# of peer educators who completed training or orientation	# of opinion leaders who attend all 4 training sessions (approximately 2 hours/session), or who attend all required training in approved adaptation
# of risk reduction conversations that took place	# of risk reduction conversations conducted by all opinion leaders. Opinion leaders commit to 4 preliminary and 14 post-training risk reduction conversations. Recruitment conversations that do not include risk reduction messages are not included in this variable.
# of small media with risk reduction messaging distributed	*Not applicable to d-up! for this evaluation – "conversation starters" logos/symbols/other items not included in this variable*
# of formal outreach events conducted	*Not applicable to d-up! for this evaluation*
# of condoms distributed as part of the CLI	*Not applicable to d-up! for this evaluation*
Targets	
Community-level Interventions	
# of peer educators who will complete training or orientation	# of opinion leaders who will attend all 4 training sessions (approximately 2 hours/session), or who attend all required training in approved adaptation
# of risk reduction conversations that will take place	# of risk reduction conversations that will be conducted by all opinion leaders. Opinion leaders commit to 4 preliminary and 14 post-training risk reduction conversations. Recruitment conversations that do not include risk reduction messages are not included in this variable.

Variable	Definition
# of small media with risk reduction messaging to be distributed	*Not applicable to d-up! for this evaluation*
# of formal outreach events to be conducted	*Not applicable to d-up! for this evaluation*
# of condoms to be distributed as part of the CLI	*Not applicable to d-up! for this evaluation*

Focus on Youth + ImPACT: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls

Date of enrollment	The date that a client attends the first Focus on Youth session, or the date that the client and parent (or other adult) attend the single ImPACT session, whichever comes first
Completed intervention	Refers to whether or not a client completed all eight sessions of Focus on Youth, AND client and parent (or other adult) completed the single ImPACT session Select "yes" if a client attended all eight sessions, AND if client and parent (or other adult) attended and stayed for the duration of the single ImPACT session Select "no" if a client did not attend all eight sessions, OR if client and parent (or other adult) did not stay for the duration of the single ImPACT session
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

Healthy Relationships: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends the first Healthy Relationships session
Completed intervention	Refers to whether or not a client completed all five Healthy

	Relationships sessions Select “yes” if a client attended/received content of all five sessions Select “no” if a client did not attend/receive content of all five sessions
Vaginal or anal sex with male in past 12 months	A client’s self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client’s self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client’s self-report of the gender with which he or she most identifies
HIV positive	A client’s self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

3MV: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends the first 3MV session
Completed intervention	Refers to whether or not a client completed all 3MV sessions. 2011

	guidance makes session 7 mandatory; some CBOs may not yet be implementing as such, and may only currently be implementing 3MV with six mandatory sessions. Whether a client must complete six or seven sessions depends on the project officer's approval Select “yes” if a client attended all six or seven sessions Select “no” if a client did not attend all six or seven sessions
Vaginal or anal sex with male in past 12 months	A client’s self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client’s self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client’s self-report of the gender with which he or she most identifies
HIV positive	A client’s self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

MIP: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client and a counselor develop an action plan
Completed intervention	Refers to whether or not a client completed all six MIP sessions and the

	booster session (Session 7) Select "yes" if a client attended all six sessions and the booster session Select "no" if a client did not attend all six sessions OR did not attend the booster session
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

Mpowerment: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Aggregate-level Variables

# of peer educators who completed training or orientation

# of risk reduction conversations that took place

- ✓ # of small media with risk reduction messaging distributed
- ✓ # of formal outreach events conducted
- ✓ # of condoms distributed as part of the CLI

Targets

Community-level Interventions

- ✓ # of clients from the target community who will complete M groups

# of peer educators who will complete training or orientation

# of risk reduction conversations that will take place

- ✓ # of small media with risk reduction messaging to be distributed
- ✓ # of formal outreach events to be conducted
- ✓ # of condoms to be distributed as part of a community-level intervention

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she

	most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends an M group session. If a client attends more than one M group, each M group attended counts as a separate enrollment
Completed intervention	Refers to whether or not a client completed an M group session Select "yes" if a client attended and stayed for the duration of the session Select "no" if a client did not stay for the duration of the session
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Aggregate-level Variables (CLIs)	
# of peer educators who completed training or orientation	Not applicable to Mpowerment for this evaluation.
# of risk reduction conversations that took place	Not applicable to Mpowerment for this evaluation.
# of small media with risk reduction messaging distributed	Total # of outreach materials distributed to the target population that promote safer sex. Materials distributed solely to promote the project and its activities are not included in this definition. Risk reduction materials may include printed materials such as pamphlets and brochures, YouTube videos or videos from other similar internet sites, or web pages or links with risk reduction messaging. **Distributed:** The definition of "distributed" depends on the type of small media. For printed materials, it means total # of printed materials handed to or picked up by individuals. For internet videos, it means the # of views. For web pages or links with risk reduction messaging, it means the number of hits to the page or link.
# of formal outreach events conducted	# of outreach events planned and conducted where safer sex or HIV risk reduction is promoted. These may include small, medium, and large events or outreach team performances. In these events, the presentation of HIV risk reduction messages may be subtle, as it is understood that any focus on risk reduction will be paired with efforts to strengthen recruitment and retention.
# of condoms distributed as part of the	# of condoms that are distributed during formal and informal outreach

CLI	activities.
Targets	
Community-level Interventions	
# of clients that will be enrolled in the M group	# of clients from the target community that will be enrolled in M groups
# of peer educators who will complete training or orientation	*Not applicable to Mpowerment for this evaluation*
# of risk reduction conversations that will take place	*Not applicable to Mpowerment for this evaluation*
# of small media with risk reduction messaging to be distributed	Total # of outreach materials that promote safer sex to be distributed to the target population. Materials distributed solely to promote the project and its activities are not included in this definition. Risk reduction materials may include printed materials such as pamphlets and brochures, YouTube videos or videos from other similar internet sites, or web pages or links with risk reduction messaging.
# of formal outreach events to be conducted	# of outreach events to be conducted where safer sex or HIV risk reduction is promoted. These may include small, medium, and large events or outreach team performances. In these events, the presentation of HIV risk reduction messages may be subtle, as it is understood that any focus on risk reduction will be paired with efforts to strengthen recruitment and retention.
# of condoms to be distributed as part of the CLI	# of condoms to be distributed during formal and informal outreach activities. Condoms are defined as male or female condoms; the definition of condoms does not include other safer sex barriers such as dental dams or lubricant

Nia: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends the first Nia session
Completed intervention	Refers to whether or not a client completed all two to four Nia

	sessions/six hours of Nia content. The six hours of Nia content may be conducted in up to four sessions Select "yes" if a client received all six hours of content Select "no" if a client did not receive all six hours of content
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

Partnerships for Health: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls

Date of enrollment	The date that a client visit is conducted in the clinic implementing Partnership for Health (PfH). PfH is to be done with every HIV positive patient at each and every visit
Completed intervention	Refers to whether or not a clinician conducted the brief screen and provided appropriate message(s) to a client at the client visit Select "yes" if a clinician conducted the brief screen and provided appropriate message(s) at the client visit Select "no" if a clinician did not conduct the brief screen and/or did not provide appropriate message(s) at the client visit
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

Popular Opinion Leader (POL): Guidance for Data Collection

DATA COLLECTION CHECKLIST

Aggregate-level Variables

- ✓ # of peer educators who completed training or orientation
- ✓ # of risk reduction conversations that took place

# of small media with risk reduction messaging distributed
# of formal outreach events conducted
# of condoms distributed as part of the CLI

Targets

Community-level Interventions

- ✓ # of peer educators who will complete training or orientation
- ✓ # of risk reduction conversations that will take place

# of small media with risk reduction messaging to be distributed
# of formal outreach events to be conducted
# of condoms to be distributed as part of the CLI

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Aggregate-level Variables (CLIs)	
# of peer educators who completed training or orientation	# of opinion leaders who attend all 4 training sessions (approximately 2 hours/session), or who attend all required training in approved adaptation
# of risk reduction conversations that took place	# of risk reduction conversations conducted by all opinion leaders. Opinion leaders commit to 4 preliminary and 14 post-training risk reduction conversations. Recruitment conversations that do not include risk reduction messages are not included in this variable
# of small media with risk reduction messaging distributed	*Not applicable to POL for this evaluation – "conversation starters" logos/symbols/other items not included in this variable*
# of formal outreach events conducted	*Not applicable to POL for this evaluation*
# of condoms distributed as part of the CLI	*Not applicable to POL for this evaluation*
Targets	
Community-level Interventions	
# of peer educators who will complete training or orientation	# of opinion leaders who will attend all 4 training sessions (approximately 2 hours/session), or who will attend all required training in approved adaptation
# of risk reduction conversations that will take place	# of risk reduction conversations to be conducted by all opinion leaders. Opinion leaders commit to 4 preliminary and 14 post-training risk reduction conversations. Recruitment conversations that do not include risk reduction messages are not included in this variable

Variable	Definition
# of small media with risk reduction messaging to be distributed	*Not applicable to POL for this evaluation*
# of formal outreach events to be conducted	*Not applicable to POL for this evaluation*

Project START: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends first pre-release session
Completed intervention	Refers to whether a client attends all six sessions of the intervention

	(two pre-release sessions and four post-release sessions) Select "yes" if a client attends all six sessions Select "no" if a client does not attend all six sessions
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

RAPP: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Aggregate-level Variables

- ✓ # of peer educators who completed training or orientation
- ✓ # of risk reduction conversations that took place
- ✓ # of small media with risk reduction messaging distributed
- ✓ # of formal outreach events conducted
- ✓ # of condoms distributed as part of the CLI

Targets

Community-level Interventions

- ✓ # of clients from the target community who will complete RAPP HIV informational sessions
- ✓ # of peer educators who will complete training or orientation
- ✓ # of risk reduction conversations that will take place
- ✓ # of small media with risk reduction messaging to be distributed
- ✓ # of formal outreach events to be conducted
- ✓ # of condoms to be distributed as part of a community-level intervention

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race

	categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends a RAPP HIV informational presentation This presentation is usually one session, but occasionally there may be a follow-up session. If the HIV informational presentation is conducted more than one session, enter the date the first session is conducted
Completed intervention	Refers to whether or not a client completed a RAPP HIV informational presentation Select "yes" if a client attended and stayed for the duration of the session(s). Select "no" if a client did not stay for the duration of the session(s).
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Aggregate-level Variables (CLIs)	
# of peer educators who completed training or orientation	# of peer network members who complete the following trainings or approved adaptation: • Peer network training (1 day) • Stage-based encounter training (2 days) • Role model stories training
# of risk reduction conversations that took place	# of stage-based encounters that were conducted by peer network members
# of small media with risk reduction messaging distributed	# of role model stories that were distributed during street outreach and through community network outlets (e.g., stores, others who agree to distribute materials)
# of formal outreach events conducted	# of safer sex gatherings that were conducted
# of condoms distributed as part of the CLI	# of condoms handed out during street outreach
Targets	
Community-level Interventions	
# of clients that will be enrolled in the RAPP HIV informational sessions	# of clients from the target community who will be enrolled in the RAPP HIV informational sessions
# of peer educators who will complete training or orientation	# of peer network members who will complete the following trainings or approved adaptation:

	• Peer network training (1 day) • Stage-based encounter training (2 days) • Role model stories training
# of risk reduction conversations that will take place	# of stage-based encounters that will be conducted by peer network members
# of small media with risk reduction messaging to be distributed	# of role model stories to be distributed during street outreach and through community network outlets (e.g., stores, others who agree to distribute materials)
# of formal outreach events to be conducted	# of safer sex gatherings to be conducted
# of condoms to be distributed as part of the CLI	# of condoms to be handed out during street outreach. Condoms are defined as male or female condoms; the definition of condoms does not include other safer sex barriers such as dental dams or lubricant

RESPECT: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends the one-on-one counseling session using the RESPECT protocol. If there are two one-one-one counseling

	sessions then this will be the date a client attends the first session.
Completed intervention	Refers to whether or not a client completed RESPECT. In the case where a CBO is implementing two-session RESPECT, completion would occur when a client has attended two one-on-one counseling sessions using the session 1 and session 2 protocols, respectively. If a CBO has received approval to implement one-session RESPECT, completion would occur when a client has attended the one-on-one counseling session using the one session RESPECT protocol Select "yes" if a client attended all one-on-one counseling using the approved RESPECT protocol Select "no" if a client did not attend all one-on-one counseling using the approved RESPECT protocol
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	the # of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

Safety Counts: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends the first Safety Counts group session.
Completed intervention	Refers to whether or not a client completed the two group sessions,

	one individual session, two group social events, two follow-up contacts, and HIV and hepatitis C counseling and testing (or referral for counseling and testing) Select "yes" if the client completed all activities above Select "no" if the client did not complete all activities above
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	the # of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

SiHLE: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends SIHLE Session 1 activities

	The date of pre-SiHLE enrollment and/or informational sessions are not considered the date of the first SiHLE session attended, unless a client attends the pre-SiHLE enrollment and/or information session AND participates in the SiHLE activities on the same day
Completed intervention	Refers to whether or not a client completed all four SiHLE sessions Select "yes" if a client attended all four sessions Select "no" if a client did not attend all four sessions
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

SISTA: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends the first SISTA session

	The date of pre-SISTA enrollment and/or informational sessions are not considered the date of the first SISTA session attended, unless a client attends the pre-SISTA enrollment and/or informational session AND participates in the SISTA activities on the same day
Completed intervention	Refers to whether or not a client completed all five SISTA sessions Two optional booster sessions may be offered as part of SISTA. Booster sessions do not need to be completed to answer "yes" to this variable Select “yes” if a client attends all five sessions Select “no” if a client did not attend all five sessions
Vaginal or anal sex with male in past 12 months	A client’s self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client’s self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client’s self-report of the gender with which he or she most identifies
HIV positive	A client’s self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

Sister to Sister: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends the single Sister to Sister one-on-one session

Completed intervention	Refers to whether or not a client completed the single Sister to Sister one-on-one session Select "yes" if a client attended and stayed for the duration of the single one-on-one session Select "no" if a client did not stay for the duration of the single one-on-one session
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

SHIELD: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends the first SHIELD session
Completed intervention	Refers to whether or not a client completed all six SHIELD sessions.

	Select “yes” if a client attended all six sessions Select “no” if a client did not attend all six sessions
Vaginal or anal sex with male in past 12 months	A client’s self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client’s self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client’s self-report of the gender with which he or she most identifies
HIV positive	A client’s self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

Street Smart: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends the first Street Smart session or the community resource center visit, whichever comes first

Completed intervention	Refers to whether or not a client completed a minimum of the eight group Street Smart sessions. The individual session and/or the community center visit sessions do not need to be completed to answer "yes" to this variable Select “yes” if a client attended all eight group sessions Select “no” if a client did not attend all eight group sessions
Vaginal or anal sex with male in past 12 months	A client’s self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client’s self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client’s self-report of the gender with which he or she most identifies
HIV positive	A client’s self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

VOICES/VOCES: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends the single VOICES/VOCES session
Completed intervention	Refers to whether or not a client completed the single VOICES/VOCES

	session Select "yes" if a client attended and stayed for the duration of the single session Select "no" if a client did not stay for the duration of the single session
Vaginal or anal sex with male in past 12 months	A client's self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client's self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client's self-report of the gender with which he or she most identifies
HIV positive	A client's self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

WILLOW: Guidance for Data Collection

DATA COLLECTION CHECKLIST

Client-level Variables

Agency Variables & Client Characteristics

- ✓ CBO agency ID
- ✓ Program announcement
- ✓ Unique client ID
- ✓ Data collection date
- ✓ Date of birth
- ✓ Ethnicity
- ✓ Race
- ✓ Sex at birth

Participation in HIV Prevention Interventions

- ✓ Intervention name
- ✓ Date of enrollment
- ✓ Completed intervention
- ✓ Vaginal or anal sex with male in past 12 months
- ✓ Injected drugs in past 12 months
- ✓ Current gender identity
- ✓ HIV positive

Targets

Group and Individual-level Interventions

- ✓ # of clients who will enroll in each intervention
- ✓ % of clients who will complete each intervention
- ✓ % of clients who will enroll in each intervention who are HIV positive

INTERVENTION-SPECIFIC DEFINITIONS

Variable	Definition
Client-level Variables	
Agency Variables & Client Characteristics	
CBO agency ID	The unique ID assigned to each directly funded CBO by CDC
Program announcement	The CDC program announcement associated with the services being provided to a client
Unique client ID	A locally-developed unique client ID assigned by the CBO to distinguish an individual client receiving multiple services within the CBO
Data collection date	The calendar month, day, and year on which client characteristics data were collected
Date of birth	The calendar month, day, and year on which a client was born
Ethnicity	A client's self-report of whether or not he or she is of Hispanic or Latino origin
Race	A client's self-report of the biological heritage with which he or she most closely identifies. A client may identify with one or more race categories
Sex at birth	A client's self-report of his or her biological sex at birth. Indicate whether the client reports being physically born male (with male genitalia) or female (with female genitalia)
Participation in HIV Prevention Interventions	
Intervention name	The name of the approved HIV prevention intervention in which a client enrolls
Date of enrollment	The date that a client attends the first WILLOW session
Completed intervention	Refers to whether or not a client completed all four WILLOW sessions

	Select “yes” if a client attended all four sessions Select “no” if a client did not attend all four sessions
Vaginal or anal sex with male in past 12 months	A client’s self-report of having had vaginal or anal sex with a male in the last 12 months. This question applies only to anal or vaginal sex and does not apply to oral sex
Injected drugs in past 12 months	A client’s self-report of whether he or she used hypodermic needles, syringes, or other injection drug equipment to inject illicit drugs/substances (including narcotics, hormones, silicon, etc.) at least once in the past 12 months
Current gender identity	A client’s self-report of the gender with which he or she most identifies
HIV positive	A client’s self-report of whether he or she has received a positive HIV test result
Targets	
Group and Individual-level Interventions	
# of clients who will enroll in each intervention	# of clients that will be enrolled in each HIV prevention intervention that the CBO is funded to conduct
% of clients who will complete each intervention	% of clients enrolled in each intervention that will complete the intervention (according to EBI guidance or approved adaptation)
% of clients who will enroll in each intervention who are HIV positive	% of clients enrolled in each intervention that will be HIV positive

APPENDIX B: CDC PROCESS INDICATOR LOGIC MODEL

NHM&E Logic Model for CDC Directly Funded CBOs

Program Activities

Program Promotion and Client Recruitment

- HIV Testing and Follow-up for Newly Identified HIV Positive Clients
- HIV Prevention Interventions
- Condom Distribution
- Referrals to HIV Prevention and Support Services
- Referrals and Linkage Specifically for Positives

Process Indicators

1. To what extent did CBOs engage clients in HIV testing?
# of HIV testing events[1]

2. To what extent did CBOs identify new HIV infections in clients?
(%) of newly-identified HIV positive testing events[2,3]

3. To what extent did CBOs provide HIV test results to clients?
(%) of newly-identified HIV positive testing events where clients received their test results

4. To what extent did CBOs follow-up new HIV infections in clients?[2]
(%) of newly-identified HIV positive testing events where client was referred to HIV medical care
(%) of newly-identified HIV positive testing events where client was linked to HIV medical care (i.e. attended first HIV medical care appointment within 3 months of diagnosis)
(%) of newly-identified HIV positive testing events where client was referred to Partner Services
(%) of newly-identified HIV positive testing events where client was linked to Partner Services
(%) of newly-identified HIV positive testing events where client was referred to prevention services*

5. To what extent did CBOs engage clients in group- and individual-level HIV prevention interventions?
# of clients who enroll in each intervention[1]
% of clients who complete each intervention[1]
% of clients who enroll in each intervention who are HIV positive

6. To what extent did CBOs engage clients in community-level HIV prevention interventions?
# of clients from the target community/population who completed M or RAPP groups
# of peer educators (e.g., peer advocates, opinion leaders, core group members, peer networkers) who completed training or orientation
# of risk reduction conversations (e.g., informal outreach, stage-based encounters) that took place
# of small media with risk reduction messaging (e.g., role model stories, safer sex information) distributed as part of the community-level intervention
# of formal outreach events conducted
# of condoms distributed as part of each community-level intervention

7. To what extent did CBOs distribute condoms?
% of clients who participated in at least one PS11-1113-funded program activity^ who were provided condoms[6]
Total # of condoms purchased with PS11-1113 funds.^
# of condoms distributed through PS11-1113-funded program activities^ for high-risk negative/HIV status unknown persons
# of condoms distributed through PS11-1113-funded program activities^ for HIV positive persons

8. To what extent did CBOs refer clients to HIV prevention and support services?
% of clients who participated in at least one program activity^ who were referred to at least one HIV prevention or support service[4,5]

9. To what extent did CBOs refer and link HIV positive clients to HIV medical care?
% of HIV positive clients (who participated in a program activity^) who were not yet in HIV medical care who were referred to HIV medical care[4]
% of HIV positive clients (who participated in a program activity^) who were referred to HIV medical care who attended their HIV medical care appointment[4]

10. To what extent did CBOs refer HIV positive clients to HIV prevention services specifically for HIV positive clients?
% of HIV positive clients (who participated in a program activity^) who were referred to HIV prevention services specifically for HIV positive clients[4,5]

Community Outcomes

- Increase the number of persons in the community who are aware of their HIV status.
- Increase the number of persons in the community who receive appropriate HIV prevention interventions.
- Increase access to and use of condoms by persons in the community.
- Increase the number of HIV positive persons who are linked to HIV medical care and other prevention services.

National Impact

DHAP Strategic Plan Goals

Goal A: Prevent New Infections
Objective 1: By 2015, reduce the annual number of new HIV infections by 25%
Objective 2: By 2015, increase the percentage of people living with HIV who know their status to 90%.
Objective 3: By 2015, increase the percentage of people diagnosed with HIV infection at earlier stages of disease (not stage 3: AIDS) by 25%.
Objective 5: By 2015, reduce the proportion of MSM who reported unprotected anal intercourse during their last sexual encounter with a partner of discordant or unknown HIV status by 25%
Objective 6: By 2015, reduce the proportion of IDU who reported risky sexual or drug using behavior by 25%

Goal B: Increase Linkage to and Impact of Prevention and Care Services with People Living with HIV/AIDS
Objective 1: By 2015, reduce the HIV transmission rate by 30%.
Objective 2: By 2015, increase the percentage of persons diagnosed with HIV who are linked to clinical care as evidenced by having a CD4 count or viral load measure within 3 months of HIV diagnosis to 85%.

Goal C: Reduce HIV-Related Disparities
Objective 1: By 2015, increase the percentage of HIV-diagnosed MSM with viral suppression by 20%.
Objective 2: By 2015, increase the percentage of HIV-diagnosed Blacks with viral suppression by 20%.
Objective 3: By 2015, increase the percentage of HIV-diagnosed Hispanics with viral suppression by 20%.
Objective 4: By 2015, reduce the annual number of new HIV infections among MSM, Blacks, Hispanics and IDU by at least 25% in each group
Objective 5: By 2015, ensure the percentage of persons diagnosed with HIV who have a CD4 count within 3 months of HIV diagnosis is 75% or greater for all racial/ethnic groups

NHAS Goals

- Reduce new HIV infections
- Increase access to care and improve health outcomes of PLWHA
- Reduce HIV-related disparities

[1] Stratified by client demographics, risk factors, and serostatus. [2] Stratified by client demographics and risk factors. [3] Stratified by preliminary positive and confirmatory positive result. [4] Stratified by client demographics. [5] Stratified by service type.
*A prevention service is defined as any service or intervention directly aimed at reducing risk for transmitting or acquiring HIV infection (e.g., prevention counseling, behavioral interventions, risk reduction counseling). It excludes indirect services such as mental health services or housing.
^Participation in a program activity includes enrolling in an HIV prevention intervention, or receiving referrals, or linkage to HIV medical care
Note: Although budget data will not be collected directly from CBOs, we will determine how CBOs are allocating their CDC resources across the populations they serve by using existing budget information and NHM&E data.

APPENDIX C: MONITORING AND EVALUATION QUESTIONS AND INDICATORS

NHM&E Questions and Indicators by Category for CDC Directly Funded CBOs

HIV Testing and Follow-up for Newly Identified HIV Positive Clients

1. **To what extent did CBOs engage clients in HIV testing?**
    a. # of HIV testing events[1]
2. **To what extent did CBOs identify new HIV infections in clients?**
    a. # (%) of newly-identified HIV positive testing events[2,3]
3. **To what extent did CBOs provide HIV test results to clients?**
    a. # (%) of newly-identified HIV positive testing events where clients received their test results
4. **To what extent did CBOs follow-up new HIV infections in clients?** [2]
    a. # (%) of newly-identified HIV positive testing events where client was referred to HIV medical care
    b. # (%) of newly-identified HIV positive testing events where client was linked to HIV medical care (i.e. attended first HIV medical care appointment within 3 months of diagnosis)
    c. # (%) of newly-identified HIV positive testing events where client was referred to Partner Services
    d. # (%) of newly-identified HIV positive testing events where client was linked to Partner Services
    e. # (%) of newly-identified HIV positive testing events where client was referred to prevention services*

HIV Prevention Interventions

5. **To what extent did CBOs engage clients in group- and individual-level HIV prevention interventions?**
    a. # of clients who enroll in each intervention[1]
    b. % of clients who complete each intervention[1]
    c. % of clients who enroll in each intervention who are HIV positive
6. **To what extent did CBOs engage clients in community-level HIV prevention interventions?**
    a. # of clients from the target community/population who completed M or RAPP HIV informational sessions
    b. # of peer educators who completed training or orientation
    c. # of risk reduction conversations that took place
    d. # of small media with risk reduction messaging distributed as part of the community-level intervention
    e. # of formal outreach events conducted
    f. # of condoms distributed as part of each community-level intervention

Condom Distribution (for 11-1113 only)

7. **To what extent did CBOs distribute condoms?**
    a. % of clients who participated in at least one PS11-1113-funded program activity^ who were provided condoms[4]
    b. Total # of condoms purchased with PS11-1113 funds.
    c. # of condoms distributed through PS11-1113-funded program activities^ for high-risk negative/HIV status unknown persons
    d. # of condoms distributed through PS11-1113-funded program activities^ for HIV positive persons

Referrals to HIV Prevention and Support Services

8. **To what extent did CBOs refer clients to HIV prevention and support services?**
    a. % of clients who participated in at least one program activity^ who were referred to at least one HIV prevention or support service[4,5]

Referrals and Linkage Specifically for Positives

9. **To what extent did CBOs refer and link HIV positive clients to HIV medical care?**
    a. % of HIV positive clients (who participated in a program activity^) who were not yet in HIV medical care who were referred to HIV medical care[4]
    b. % of HIV positive clients (who participated in a program activity^) who were referred to HIV medical care who attended their HIV medical care appointment[4]
10. **To what extent did CBOs refer HIV positive clients to HIV prevention services specifically for HIV positive clients?**
    a. % of HIV positive clients (who participated in a program activity^) who were referred to HIV prevention services specifically for HIV positive clients[4,5]

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[1]Stratified by client demographics, risk factors, and serostatus.

[2] Stratified by client demographics and risk factors.

[3] Stratified by preliminary positive and confirmatory positive result

[4] Stratified by client demographics.

[5] Stratified by service type

* A **prevention service** is defined as any service or intervention directly aimed at reducing risk for transmitting or acquiring HIV infection (e.g., prevention counseling, behavioral interventions, risk reduction counseling). It excludes indirect services such as mental health services or housing.

^**Participation in a program activity** includes enrolling in an HIV prevention intervention, or receiving referrals, or linkage to HIV medical care

APPENDIX D: PROGRAM ANNOUNCEMENT COMPONENTS MATRIX

CBOs M&E Program Announcement Components Matrix

	Target population	Program Promotion and Client Recruitment	HIV Counseling[1] and Testing	HIV Prevention Intervention[2]	Condom Distribution	Linkage to HIV Care and Prevention Services	Activity Combinations
PS 11-1113	**Category A:** YMSM of color and their partners **Category B:** YTG of color and their partners	√ **Required**	√ **Required**	√ **Required**	√ **Required**	√ **Required**	Must implement two interventions: one for HIV positive individuals and one for high risk negative individuals[2]
PS 10-1003	**Category A:** Members of racial/ethnic minority communities at high risk for HIV infection **Category B:** Members of groups at high risk for HIV infection or transmission	√ **Required**	± **Recommended**	√ **Required**	× **Not required**	√ **Required**	Must implement at least one and up to two EBIs. May implement CTR and/or CRCS. (minimum of 2 and a maximum of 4 activities)
PS 08-803	Individuals in Puerto Rico and the Virgin Islands who are at high risk for HIV infection or transmission	√ **Required**	± **Recommended**	√ **Required**	× **Not required**	√ **Required**	Must implement one EBI. May implement either CTR or CRCS. (minimum of 1 and maximum of 2 activities)

[1]Risk Reduction Messaging and/or Counseling. PS11-1113 grantees are required to provide Personalized Cognitive Counseling (PCC) to all high-risk repeat testers. If PS10-1003 and PS08-803 grantees are providing HIV tests they are required to provide Risk Reduction Counseling (RRC) to all high-risk testers.
[2]HIV prevention interventions for PS11-1113 include CRCS, locally-developed theory-based interventions, and FOA-approved EBIs.

List of Approved EBIs by Program Announcement

	ILIs	GLIs	CLIs
PS 11-1113	• CLEAR* • CRCS • Partnership for Health*	• Healthy Relationships* • Many Men, Many Voices (3MV) • SISTA • WILLOW*	• Community PROMISE • d-up! Defend Yourself • MPowerment • Popular Opinion Leader (POL)
PS 10-1003	• CLEAR* • CRCS • Modelo de Intervencion Psicomedica (MIP) • Partnership for Health* • Project START • RESPECT • Sister to Sister	• Connect • Focus on Youth + ImPACT • Healthy Relationships* • Many Men, Many Voices (3MV) • Nia • Safety Counts • Self-Help in Eliminating Life-Threatening Disease (SHIELD) • SiHLE • SISTA • Street Smart • VOICES/VOCES • WILLOW*	• Community PROMISE • d-up! Defend Yourself • MPowerment • Popular Opinion Leader (POL) • Real AIDS Prevention Project (RAPP)
PS 08-803	• CRCS • Modelo de Intervencion Psicomedica (MIP) • Partnership for Health* • RESPECT	• Focus on Youth • Healthy Relationships* • Many Men, Many Voices (3MV) • Safety Counts • SISTA • Street Smart • VOICES/VOCES	• Community PROMISE • MPowerment • Popular Opinion Leader (POL) • Real AIDS Prevention Project (RAPP)

* HIV Prevention Interventions for HIV positive individuals.

APPENDIX E: TEST-LEVEL REPORTING REQUIREMENTS

2012 HIV Testing Reporting Requirements

January 2012 Reporting Requirements	
Agency-level	**HIV Test Information**
Program announcement number	Sample date
Jurisdiction	Test election
Form ID	Test technology
Session date	Test result
Agency ID	Result provided
Intervention ID	If result not provided, why?
Site ID	
Site type	**Referrals**
Site zip code	Was client referred to HIV medical care?
Site county	If not, why?
	Did client attend first appointment?
Client-level	Was the first appointment within 90 days of the test date?
Year of birth	Client referred to prevention services?
State of residence	Client receive prevention services?
Client county of residence	Client referred to or contacted by partner services?
Ethnicity	Was the client interviewed for partner services?
Race	Was the interview w/in 30 days of receiving result?
Current gender	Is female client pregnant?
Assigned sex at birth	Is female client in prenatal care?
Previous HIV test	
Self-reported result	**'For HD use only'**
Behavioral risk factors	Is the client in surveillance systems/records (for positive clients only) – Note: this variable is only required of health departments, not CBOs

APPENDIX F: CLIENT-LEVEL REPORTING REQUIREMENTS

NHM&E Client-level Variables for CDC Directly funded CBOs

#	Variable	Response Type	Response Options
Agency Variables & Client Characteristics[1]			
1	CBO agency ID	Enter number	Agency ID number as assigned by CDC
2	Program announcement	Select all that apply	PS11-1113 PS10-1003 PS08-803
3	Unique client ID	Enter number or text	Client ID as assigned by CBO
4	Data collection date	Enter date	mm/dd/yyyy
5	Date of birth	Enter number	mm/dd/yyyy Declined to answer Not asked
6	Ethnicity	Select one	Hispanic or Latino Not Hispanic or Latino Client doesn't know Declined to answer Not asked
7	Race	Select all that apply	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White Client doesn't know Declined to answer Not asked
8	Sex at birth	Select one	Male Female Declined to answer Not asked
Participation in HIV Prevention Activities			
1	**Intervention(s)[2,3,4]**		
	Intervention name	Enter text	Name of the intervention
	Date of enrollment	Enter date	mm/dd/yyyy
	Client completed intervention	Select one	Yes No Declined to answer
	Current gender identity	Select one	Male Female Male to Female (Transgender) Female to Male (Transgender) Declined to answer Not asked
	HIV positive	Select one	Yes No Client doesn't know Declined to answer Not asked

#	Variable	Response Type	Response Options
	Risk behaviors in past 12 months		
	Vaginal or anal sex with male	Select one	Yes No Declined to answer Not asked
	Injected drugs	Select one	Yes No Declined to answer Not asked
Condom Distribution (For PS11-1113 Only)			
1	Date client was provided condoms	Enter date	mm/dd/yyyy
Referral to HIV Prevention and Support Services			
1	**Services to which client was referred**		
	Basic education continuation and/or completion services	Enter date(s)	mm/dd/yyyy
	Behavioral interventions for HIV prevention	Enter date(s)	mm/dd/yyyy
	Dental care	Enter date(s)	mm/dd/yyyy
	Employment and readiness and referral programs	Enter date(s)	mm/dd/yyyy
	Food/ clothing/ other basic needs	Enter date(s)	mm/dd/yyyy
	HIV testing	Enter date(s)	mm/dd/yyyy
	Housing services	Enter date(s)	mm/dd/yyyy
	Insurance enrollment	Enter date(s)	mm/dd/yyyy
	Mental health services program	Enter date(s)	mm/dd/yyyy
	Post-exposure prophylaxis	Enter date(s)	mm/dd/yyyy
	Pre-exposure prophylaxis	Enter date(s)	mm/dd/yyyy
	Primary health care	Enter date(s)	mm/dd/yyyy
	Screening and/or treatment for Hepatitis	Enter date(s)	mm/dd/yyyy
	Screening and/or treatment for STDs	Enter date(s)	mm/dd/yyyy
	Screening and/or treatment for substance abuse	Enter date(s)	mm/dd/yyyy
	Screening and/or treatment for TB	Enter date(s)	mm/dd/yyyy
	Support groups	Enter date(s)	mm/dd/yyyy
	Syringe services program	Enter date(s)	mm/dd/yyyy
	Transgender transition services	Enter date(s)	mm/dd/yyyy
	Other: _____	Specify referral type Enter date(s)	Enter text mm/dd/yyyy
	Other: _____	Specify referral type Enter date(s)	Enter text mm/dd/yyyy
Referrals and Linkage Specifically for Positives			
1	Date CBO staff initiated discussion of referral and linkage to HIV medical care with client	Enter date	mm/dd/yyyy
2	Date client received HIV positive test result	Enter date	mm/yyyy Declined to answer Not asked
3	Is client currently in HIV medical care	Select one	Yes No Declined to answer

#	Variable	Response Type	Response Options
			Not asked
4	Client referred to HIV medical care	Select one	Yes No; referral offered but client declined No; another reason
5	Date HIV medical care referral was made	Enter date	mm/dd/yyyy
6	Date client attended 1st medical appointment	Enter date	mm/dd/yyyy
7	**Services for HIV positive clients that client was referred to**		
	Evidence-based linkage to care activity	Enter date(s)	mm/dd/yyyy
	HIV medical care (after unsuccessful initial attempt to refer and/or link to care, or for client who needs to be re-engaged in care)	Enter date(s)	mm/dd/yyyy
	Partner Services	Enter date(s)	mm/dd/yyyy
	Treatment adherence services, including adherence to ARV	Enter date(s)	mm/dd/yyyy
	Other: _____	Specify referral type Enter date(s)	Enter text mm/dd/yyyy
	Other: _____	Specify referral type Enter date(s)	Enter text mm/dd/yyyy

[1]All Client Characteristic variables should only be collected one time for each client. They should be collected the first time the client enrolls in any program activity funded by the program announcement.
[2] Includes CRCS, locally-developed theory-based interventions, and FOA approved EBIs.
[3] For CBOs conducting Mpowerment, the variables will be collected for M group participation. For CBOs conducting RAPP they will be collected for RAPP HIV informational presentation. CBOs conducting Community PROMISE, d-up! Or POL should not collect these variables.
[4] Interventions funded will vary by program announcement. CBOs will collect these variables only for the interventions that they are funded to conduct under the program announcement.

APPENDIX G: CLIENT-LEVEL TEMPLATE

NHM&E Required Client-Level Variables for CDC Directly Funded CBOs

CBO agency ID: _____ | **Program announcement:** ○PS11-1113 ○PS10-1003 ○PS08-803

PART A: CLIENT CHARACTERISTICS

Instructions: *Please complete Part A for each client only once, when the client first enrolls in an intervention, receives referrals to HIV prevention and support services, or receives Referrals and Linkage Specifically for Positives (RLSP).*

1. Unique client ID: _____

2. Data collection date: ____/____/____ (mm/dd/yyyy)

3. What is client's date of birth? ____/____/____ (mm/dd/yyyy) ○Declined to answer ○Not asked

4. What is client's ethnicity?: ○Hispanic or Latino ○Not Hispanic or Latino ○Client doesn't know ○Declined to answer ○Not asked

5. What is client's race? *(select all that apply)*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Client doesn't know
- ☐ Declined to answer
- ☐ Not asked

6. What was client's sex at birth? (biological sex) ○Male ○Female ○Declined to answer ○Not asked

PART B: PARTICIPATION IN HIV PREVENTION INTERVENTIONS

Instructions: *Please update this section each time the client enrolls in or completes an intervention.*

Y=Yes N=No D=Declined to answer M=Male F=Female M2F=Male to Female F2M= Female to Male NA=Not asked CDK=Client doesn't know

Enrollment(s)		Completed Intervention?	In past 12 months…		Current gender identity?	HIV positive?
#	Date		vaginal or anal sex with male?	injected drugs?		
A. Intervention name: _____						
1	___/___/___	OY ON	OY ON OD ONA	OY ON OD ONA	OM OF OM2F OF2M OD ONA	OY ON OD ONA OCDK
2	___/___/___	OY ON	OY ON OD ONA	OY ON OD ONA	OM OF OM2F OF2M OD ONA	OY ON OD ONA OCDK
3	___/___/___	OY ON	OY ON OD ONA	OY ON OD ONA	OM OF OM2F OF2M OD ONA	OY ON OD ONA OCDK
B. Intervention name: _____						
1	___/___/___	OY ON	OY ON OD ONA	OY ON OD ONA	OM OF OM2F OF2M OD ONA	OY ON OD ONA OCDK
2	___/___/___	OY ON	OY ON OD ONA	OY ON OD ONA	OM OF OM2F OF2M OD ONA	OY ON OD ONA OCDK
3	___/___/___	OY ON	OY ON OD ONA	OY ON OD ONA	OM OF OM2F OF2M OD ONA	OY ON OD ONA OCDK
C. Intervention name: _____						
1	___/___/___	OY ON	OY ON OD ONA	OY ON OD ONA	OM OF OM2F OF2M OD ONA	OY ON OD ONA OCDK
2	___/___/___	OY ON	OY ON OD ONA	OY ON OD ONA	OM OF OM2F OF2M OD ONA	OY ON OD ONA OCDK
3	___/___/___	OY ON	OY ON OD ONA	OY ON OD ONA	OM OF OM2F OF2M OD ONA	OY ON OD ONA OCDK
D. Intervention name: _____						
1	___/___/___	OY ON	OY ON OD ONA	OY ON OD ONA	OM OF OM2F OF2M OD ONA	OY ON OD ONA OCDK
2	___/___/___	OY ON	OY ON OD ONA	OY ON OD ONA	OM OF OM2F OF2M OD ONA	OY ON OD ONA OCDK
3	___/___/___	OY ON	OY ON OD ONA	OY ON OD ONA	OM OF OM2F OF2M OD ONA	OY ON OD ONA OCDK

PART C: CONDOM DISTRIBUTION (FOR PS11-1113 ONLY)

Instructions: *Please complete Part C for all clients who were provided condoms in conjunction with PS11-1113 interventions or services.*

1. Date client was provided condoms: ____/____/____ (mm/dd/yyyy)

NHM&E Required Client-Level Variables for CDC Directly-funded CBOs

PART D: REFERRAL TO HIV PREVENTION AND SUPPORT SERVICES

Instructions: *Please complete Part D for all clients who were referred to any services listed below. Services may apply to either HIV positive or HIV negative clients.*

1. Which services was the client referred to? ***(Enter dates for all that apply)***

	Date of 1st referral	Date of 2nd referral	Date of 3rd referral
Basic education continuation and/or completion services	____/____/____	____/____/____	____/____/____
Behavioral interventions for HIV prevention	____/____/____	____/____/____	____/____/____
Dental care	____/____/____	____/____/____	____/____/____
Employment and readiness and referral programs	____/____/____	____/____/____	____/____/____
Food/ clothing/ other basic needs	____/____/____	____/____/____	____/____/____
HIV testing	____/____/____	____/____/____	____/____/____
Housing services	____/____/____	____/____/____	____/____/____
Insurance enrollment	____/____/____	____/____/____	____/____/____
Mental health services program	____/____/____	____/____/____	____/____/____
Post-exposure prophylaxis	____/____/____	____/____/____	____/____/____
Pre-exposure prophylaxis	____/____/____	____/____/____	____/____/____
Primary health care	____/____/____	____/____/____	____/____/____
Screening and/or treatment for Hepatitis	____/____/____	____/____/____	____/____/____
Screening and/or treatment for STDs	____/____/____	____/____/____	____/____/____
Screening and/or treatment for substance abuse	____/____/____	____/____/____	____/____/____
Screening and/or treatment for TB	____/____/____	____/____/____	____/____/____
Support groups	____/____/____	____/____/____	____/____/____
Syringe services program	____/____/____	____/____/____	____/____/____
Transgender transition services	____/____/____	____/____/____	____/____/____
Other: _____	____/____/____	____/____/____	____/____/____
Other: _____	____/____/____	____/____/____	____/____/____

PART E: REFERRALS AND LINKAGE SPECIFICALLY FOR POSITIVES

Instructions: *Please complete Part E only for clients who report having received a positive HIV test result. Initiating data collection for Referrals and Linkage Specifically for Positives (RLSP) should occur whether the client is referred through an internal or external referral, or self-referral.*

1. Date CBO staff initiated discussion of referral and linkage to HIV medical care with client: ____/____/____ (mm/dd/yyyy)

2. Date client received HIV positive test result: ____/____ (mm/yyyy) ○Declined to answer ○Not asked

3. Is client currently in HIV medical care? ○Yes (skip to #7) ○No ○Declined to answer ○Not asked

4. Was client referred to HIV medical care? ○Yes ○No; referral offered but client declined ○No; another reason

5. Date HIV medical care referral was made: ____/____/____ (mm/dd/yyyy)

6. Date client attended 1st medical appointment: ____/____/____ (mm/dd/yyyy)

7. To which services was the client referred?
(Enter dates for all that apply)

	Date of 1st referral	Date of 2nd referral	Date of 3rd referral
Evidence-based linkage to care activity	____/____/____	____/____/____	____/____/____
HIV medical care (after unsuccessful initial attempt to refer and/or link to care, or for client who needs to be re-engaged in care)	____/____/____	____/____/____	____/____/____
Partner Services	____/____/____	____/____/____	____/____/____
Treatment adherence services, including adherence to ARV	____/____/____	____/____/____	____/____/____
Other: _____	____/____/____	____/____/____	____/____/____
Other: _____	____/____/____	____/____/____	____/____/____

APPENDIX H: AGGREGATE-LEVEL REPORTING REQUIREMENTS

NHM&E Aggregate-level Variables for CDC Directly funded CBOs

Community Level Interventions	
1	# of peer educators who completed training or orientation
2	# of risk reduction conversations that took place
3	# of small media with risk reduction messaging distributed as part of the community-level intervention
4	# of formal outreach events conducted
5	# of condoms distributed as part of the community-level intervention
Condom Distribution (for PS11-1113 only)	
1	Total # of condoms purchased with PS11-1113 funds
2	# of condoms distributed through PS11-1113-funded program activities for high-risk negative/HIV status unknown persons
3	# of condoms distributed through PS11-1113-funded program activities for HIV positive persons

APPENDIX I: AGGREGATE-LEVEL TEMPLATE

NHM&E Required Aggregate-level Variables for CDC Directly Funded CBOs

CBO agency ID: _____

Part A: Community-level Interventions (CLIs)

1. Intervention: O PROMISE O d-up! O Mpowerment O POL O RAPP Program announcement: O PS08-803 O PS10-1003 O PS11-1113												
Month/Year (mm/yy)*												
# of peer educators who completed training or orientation (PROMISE, d-up!, POL)												
# of risk reduction conversations that took place (d-up!, POL)												
# of small media with risk-reduction messaging distributed (PROMISE, Mpowerment, RAPP)												
# of formal outreach events conducted (Mpowerment, RAPP)												
# of condoms distributed as part of the CLI (PROMISE, Mpowerment, RAPP)												

*Begin with the first month of the budget period

2. Intervention: O PROMISE O d-up! O Mpowerment O POL O RAPP Program announcement: O PS08-803 O PS10-1003 O PS11-1113												
Month/Year (mm/yy)*												
# of peer educators who completed training or orientation (PROMISE, d-up!, POL)												
# of risk reduction conversations that took place (d-up!, POL)												
# of small media with risk-reduction messaging distributed (PROMISE, Mpowerment, RAPP)												
# of formal outreach events conducted (Mpowerment, RAPP)												
# of condoms distributed as part of the CLI (PROMISE, Mpowerment, RAPP)												

*Begin with the first month of the budget period

Part B: Condom Distribution (PS11-1113 Only)

Month/Year (mm/yy)*												
Total # of condoms purchased with PS11-1113 funds												
# of condoms distributed through PS11-1113-funded program activities for high-risk negative/HIV status unknown persons												
# of condoms distributed through PS11-1113-funded program activities for HIV-positive persons												

*Begin with the first month of the budget period

APPENDIX J: REQUIRED TARGETS

NHM&E Targets for CDC Directly funded CBOs

HIV Testing and Follow-up for Newly Identified HIV Positive Clients	
1	# of HIV testing events to be provided
2	# (%) of newly-identified HIV positive testing events to be identified
3	# (%) of newly-identified HIV positive testing events to be identified where clients received their test results
4	# (%) of newly-identified HIV positive testing events to be identified where client was referred to HIV medical care
5	# (%) of newly-identified HIV positive testing events to be identified where client was linked to HIV medical care (i.e. attended first HIV medical care appointment within 3 months of diagnosis)
6	# (%) of newly-identified HIV positive testing events to be identified where client was referred to Partner Services
7	# (%) of newly-identified HIV positive testing events to be identified where client was referred to prevention services
HIV Prevention Interventions	
	Group and Individual-level Interventions
8	# of clients who will enroll in each intervention
9	% of clients who will complete each intervention
10	% of clients who will enroll in each intervention who are HIV positive
	Community-level Interventions
11	# of clients from the target community/population who will complete M groups or RAPP HIV informational sessions
12	# of peer educators who will complete training or orientation
13	# of risk reduction conversations that will take place
14	# of small media with risk reduction messaging to be distributed as part of the community-level intervention
15	# of formal outreach events to be conducted
16	# of condoms to be distributed as part of the community-level intervention
Condom Distribution (for PS11-1113 only)	
17	% of clients who enroll in at least one PS11-1113-funded program activity and will be provided condoms
18	Total # of condoms to be purchased with PS11-1113 funds
Referrals and Linkage Specifically for Positives	
19	% of HIV positive clients not yet in HIV medical care who will be referred to HIV medical care
20	% of HIV positive clients referred to HIV medical care who will attend their HIV medical care appointment

APPENDIX K: TEMPLATE FOR TARGETS

NHM&E Required Targets for CDC Directly Funded CBOs

CBO agency ID: _____ Program announcement: O PS08-803 O PS10-1003 O PS11-1113

Budget Period: __/__/____ to __/__/____ (mm/dd/yyyy)

Part A: HIV Testing and Follow-up for Newly Identified Positive Clients

	Target
# of HIV testing events to be provided	
% of newly identified HIV-positive testing events to be identified	
% of newly identified HIV-positive testing events to be identified where clients received their testing results	
% of newly identified HIV-positive testing events to be identified where client was referred to HIV medical care	
% of newly identified HIV-positive testing events to be identified where client was linked to HIV medical care (i.e., attended first HIV medical care appointment within 3 months of diagnosis)	
% of newly identified HIV-positive testing events to be identified where client was referred to partner services	
% of newly identified HIV-positive testing events to be identified where client was referred to prevention services	

Part B: HIV Prevention Interventions – Group- and Individual-level Interventions

	Target
1. Intervention name:	
# of clients who will enroll in the intervention	
% of clients who will complete the intervention	
% of clients who will enroll in the intervention who are HIV-positive	
2. Intervention name:	
# of clients who will enroll in the intervention	
% of clients who will complete the intervention	
% of clients who will enroll in the intervention who are HIV-positive	
3. Intervention name:	
# of clients who will enroll in the intervention	
% of clients who will complete the intervention	
% of clients who will enroll in the intervention who are HIV-positive	
4. Intervention name:	
# of clients who will enroll in the intervention	
% of clients who will complete the intervention	
% of clients who will enroll in the intervention who are HIV-positive	
5. Intervention name:	
# of clients who will enroll in the intervention	
% of clients who will complete the intervention	
% of clients who will enroll in the intervention who are HIV-positive	
6. Intervention name:	
# of clients who will enroll in the intervention	
% of clients who will complete the intervention	
% of clients who will enroll in the intervention who are HIV-positive	

Part C: HIV Prevention Interventions – Community-level Interventions

	Target
1. Intervention name	
# of clients from the target community/population who will complete M groups or RAPP HIV informational sessions (Mpowerment, RAPP)	
# of peer educators who will complete training or orientation (PROMISE, d-up!, POL)	
# of risk reduction conversations that will take place (d-up!, POL)	
# of small media with risk-reduction messaging to be distributed as part of the community-level intervention (PROMISE, Mpowerment, RAPP)	
# of formal outreach events to be conducted (Mpowerment, RAPP)	
# of condoms to be distributed as part of the community-level intervention (PROMISE, Mpowerment, RAPP)	
2. Intervention name	
# of clients from the target community/population who will complete M groups or RAPP HIV informational sessions (Mpowerment, RAPP)	
# of peer educators who will complete training or orientation (PROMISE, d-up!, POL)	
# of risk reduction conversations that will take place (d-up!, POL)	
# of small media with risk-reduction messaging to be distributed as part of the community-level intervention (PROMISE, Mpowerment, RAPP)	
# of formal outreach events to be conducted (Mpowerment, RAPP)	
# of condoms to be distributed as part of the community-level intervention (PROMISE, Mpowerment, RAPP)	

Part D: Condom Distribution (PS-11-1113)

	Target
% of clients who enroll in at least one PS11-1113-funded program activity who will be provided condoms	
Total # of condoms to be purchased with PS11-1113 funds	

Part E: Referrals and Linkage Specifically for Positives

	Target
% of HIV-positive clients not yet in HIV medical care who will be referred to HIV medical care	
% of HIV-positive clients referred to HIV medical care who will attend their HIV medical care appointment	

APPENDIX L: LIST OF ABBREVIATIONS

LIST OF ABBREVIATIONS

ALT	Aggregate-level Template
APR	Annual Progress Report
CBA	Capacity building assistance
CBO	Community-based organization
CLEAR	Choosing Life: Empowerment! Action! Results!
CLI	Community-level intervention
CLT	Client-level template
CRCS	Comprehensive Risk Counseling and Services
CRIS	Capacity Building Assistance Request Information System
DHAP	Division of HIV/AIDS Prevention
EBI	Effective Behavioral Interventions
F2M	Transgender – female to male
GLI	Group-level intervention
ILI	Individual-level intervention
IPR	Interim Progress Report
M&E	Monitoring and evaluation
MIP	Modelo de Intervención Psicomédica
MSM	Men who have sex with men
M2F	Transgender – male to female
NHAS	National HIV/AIDS Strategy
NHM&E	National HIV Monitoring and Evaluation
PEB	Program Evaluation Branch
PCC	Personalized Cognitive Counseling
PII	Personally identifiable information
POL	Popular opinion leader
PPB	Prevention Program Branch
PROMISE	Peers Reaching Out and Modeling Intervention Strategies
QA	Quality assurance
RAPP	Real AIDS Prevention Project
RLSP	Referrals and Linkage Specifically for Positives
SHIELD	Self-Help in Eliminating Life-threatening Diseases
SIHLE	Sistering, Informing, Healing, Living, and Empowering
SISTA	Sisters Informing Sisters about Topics on AIDS
TA	Technical assistance
VOICES	Video Opportunities for Innovative Condom Education & Safer Sex
WILLOW	Women Involved in Life Learning from Other Women

APPENDIX M: M&E IMPLEMENTATION READINESS CHECKLIST

√	ACTIVITY	DATE COMPLETED	STAFF PERSON ASSIGNED (IF APPLICABLE)
NHM&E MANAGEMENT AND OVERSIGHT			
☐	Identify a specific staff person who will have overall responsibility for NHM&E activities		
☐	Read *NHM&E for CDC Directly Funded CBOs: Overview and Data Collection Guidance*		
☐	Inventory available monitoring and evaluation (M&E) resources at your agency (e.g., available staff with needed expertise, office supplies and equipment, computers, data analysis software, data management system)		
☐	Identify specific staff members responsible for each M&E activity (i.e., management and oversight, data collection, data entry, data management and quality assurance, data submission, data analysis, data utilization, security and confidentiality). Strongly consider identifying a primary and back-up person for each activity		
☐	Establish written policies and procedures for each M&E activity (i.e., management and oversight, data collection, data entry, data management and quality assurance, data submission, data analysis, data utilization, security and confidentiality)		
☐	Make written NHM&E policies and procedures available and accessible to appropriate staff		
☐	Develop a plan for monitoring NHM&E activities		
☐	Develop a plan for training staff		
☐	Develop a plan for regular communication of NHM&E activities with staff and stakeholders		
LOCAL M&E PLAN (ONLY FOR CBOS PLANNING TO DO LOCAL-LEVEL M&E)			
☐	Identify and engage stakeholders (both internal and external) to develop a shared understanding of program goals and objectives and to assist in identifying critical M&E questions		

√	ACTIVITY	DATE COMPLETED	STAFF PERSON ASSIGNED (IF APPLICABLE)
☐	Identify and prioritize critical local M&E questions		
☐	Identify data needed to answer priority local M&E questions		
☐	Identify data sources for local M&E questions		
☐	Develop a plan for periodically reviewing and updating the local M&E plan (e.g., identify data gaps) and updating stakeholders		
DATA COLLECTION			
☐	Ensure that staff responsible for data collection are appropriately trained		
☐	Ensure that staff responsible for data collection are fully familiar with relevant policies and procedures		
☐	Modify client-level data collection template to accommodate local variables and flow of activities, as needed		
☐	Develop tool(s) for collecting aggregate-level data. Modify and use CDC-provided template for recording aggregate-level data, as needed		
☐	Develop or tool(s) for recording targets or modify and use CDC-provided template, as needed		
☐	Develop a plan to periodically spot check data collection for completeness		
DATA ENTRY			
☐	Enroll data entry staff in the CDC-provided data entry system (see also e-authentication under security and confidentiality)		
☐	Ensure that data entry staff are appropriately trained to use the CDC-provided data entry system		
☐	Develop process and timeline for data entry		
☐	Ensure that data entry staff are fully familiar with relevant policies and procedures		

√	ACTIVITY	DATE COMPLETED	STAFF PERSON ASSIGNED (IF APPLICABLE)
DATA MANAGEMENT AND QUALITY ASSURANCE (REFERS TO DATA COLLECTION, DATA ENTRY, AND FILE MANAGEMENT)			
☐	Ensure that staff responsible for data management and quality assurance are appropriately trained		
☐	Ensure that staff responsible for data management and quality assurance are fully familiar with relevant policies and procedures		
☐	For agencies that will be using their own data entry systems, ensure that there is a system in place to back up data		
☐	Develop a plan for client file management		
DATA SUBMISSION			
☐	Ensure that staff responsible for data submission understand the steps needed to submit/upload data to the CDC-provided data entry system, and are aware of the data submission deadlines		
	For agencies that will be using their own data entry systems:		
☐	Complete a crosswalk for variables to align with CDC-required variables		
☐	Develop a program to generate XML files or other appropriate file formats for upload to the CDC-provided data entry system		
DATA ANALYSIS			
☐	Enroll analytic staff in the CDC-provided data entry system (see also e-authentication under security and confidentiality)		
☐	Ensure that analytic staff are appropriately trained to use the CDC-provided data entry system		
☐	Develop plan for local data analysis		
DATA UTILIZATION			
☐	Develop plan for using data (e.g., for improving the program, for communicating with funders and other stakeholders)		

√	ACTIVITY	DATE COMPLETED	STAFF PERSON ASSIGNED (IF APPLICABLE)
SECURITY AND CONFIDENTIALITY			
☐	Identify a secure, password-protected computer for data entry and analysis		
☐	Develop local policies and procedures for securing hard copy data file		
☐	Identify a secure, locked file cabinet for storing hard copies of client-level data collection forms		
☐	Sign and submit to CDC the Memorandum of Understanding (MOU) on using CDC data systems		
☐	Ensure that all staff with access to the CDC-provided data entry system have completed the e-authentication process		
☐	Ensure that all staff with access to the CDC-provided data entry system have signed the Rules of Behavior (ROB) for using CDC data systems and that these ROBs are on file at your agency		