Agency Name:

Evaluation and Performance Measurement Plan: Template for PS22-2203 Awardees

Introduction

Congratulations on being awarded Notice of Funding Opportunity (NOFO) PS22-2203: Comprehensive High-Impact HIV Prevention Programs for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color funding.

CDC developed PS22-2203 to ensure funded CBOs deliver High-Impact HIV Prevention Programs to persons in the priority populations who are living with HIV or at increased risk for acquiring HIV. This NOFO focuses on five required strategies and activities:

- 1) Prioritized HIV Testing
- 2) Status Neutral Comprehensive High Impact HIV Prevention
- 3) Program Collaboration, Promotion and Recruitment
- 4) Community Engagement Group (CEG)
- 5) HIV Planning Group (HPG)

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

NHM&E for PS22-2203 provides an approach to evaluating HIV prevention programs that emphasizes priority program processes and focuses on only collecting data that are needed to answer critical monitoring and evaluation questions.



NHM&E Outcomes, Indicators, and Performance Measures

Outcome	Indicator	Performance
Prioritized HIV Testing Increased HIV testing among priority populations	Number and percentage of HIV tests conducted among priority	At least 75% of HIV tests must be among
Increased HIV diagnoses among	populations 2. Number and percentage of persons	priority populations Cat. A: Minimum of 8
priority population clients unaware of their HIV status	with newly diagnosed HIV identified through PS22-2203 funds	Cat. B: Minimum of 6
Status Neutral Comprehensive Hig	h Impact HIV Prevention	
Prevention and Essential Services		
Increased access to prevention and essential support services	 Percentage of persons referred to or provided prevention and essential support services 	At least 90% of priority population clients
Increased receipt of integrated screenings	 Percentage of PS22-2203 HIV tests conducted where client was provided screening for STIs, viral hepatitis, or TB in conjunction with PS22-2203 funded HIV testing 	N/A
Increased access to condoms by priority populations	Number of condoms offered to priority populations	100% of priority population clients
Prevention Services for Persons Re	gardless of HIV Status	
Increased screenings, referrals, and linkage to PrEP	Number and percentage of HIV- negative persons screened for, referred to, and linked to PrEP	At least 90% of priority population clients at increased risk for HIV
Increased linkage to HIV care among persons with newly diagnosed HIV within 30 days	7. Number and percentage of persons with newly diagnosed HIV linked to HIV medical care within 30 days	At least 90% of persons with newly diagnosed HIV
Increased linkage to or re- engagement in HIV care among persons with previously diagnosed HIV, not in care, within 30 days	8. Number and percentage of persons with previously diagnosed HIV, who are not in care, who are then linked to or re-engaged in HIV medical care within 30 days	At least 90% of persons with previously diagnosed HIV who are not in care
Increased access to Partner Services among persons newly diagnosed with HIV or qualifying STI	Percentage of persons newly diagnosed with HIV referred to Partner Services	100% of persons newly diagnosed with HIV or qualifying STI
Increased access to appropriate medication adherence services	 Number and percentage of clients referred to or provided medication adherence services for HIV treatment 	At least 90% of clients

A web-based NHM&E data entry system will be used to enter and submit data to CDC. The NHM&E data entry system allows you to have real-time access to your data to help improve program processes.

CDC will develop rapid feedback reports (RFRs) on the HIV prevention services provided by PS22-2203 CBOs. The report will be distributed biannually to all PS22-2203-funded CBOs and their project officers. The RFRs will help answer critical questions, and ultimately, help improve service delivery to reach the priority populations and achieve the intended program outcomes. Although NHM&E for PS22-2203 focuses primarily on process data at the local CBO level, it will ultimately help CDC gauge how funded CBOs are collectively helping to reach CDC's HIV prevention goals at a national level.

Your Evaluation and Performance Measurement Plan (EPMP), NHM&E, and This Template

As a requirement of PS22-2203 funding, you must submit an agency-specific EPMP "that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description" (see page 31-34 of the NOFO). CDC created the NHM&E framework for PS22-2203 to align with the required NOFO activities as well as the HIV National Strategic Plan and Ending the HIV Epidemic.

CDC expects that you will use the data you collect to monitor your program, to evaluate its effectiveness, and to continuously improve your PS22-2203 program.

This template is based on PS22-2203 NHM&E requirements and includes all the necessary EPMP elements listed in the NOFO. By completing this template, submitting it to CDC on time, and receiving approval from CDC, you will satisfy this NOFO requirement for your EPMP.

Overall Evaluation Plan

Describe Your Program

Describing exactly what you are evaluating is an important first step in developing your plan. Attach your existing logic model to the end of this template (Appendix A) and add notes about your PS22-2203 prevention program here:

Describe Your Program
Program name:
Priority population:
Location of services:
Need for the program/services:

Evaluation Management

Naming individuals who are responsible for managing and implementing the overall evaluation helps to ensure that evaluation requirements are met and your agency reports high quality data that will be used to improve your PS22-2203 program. Enter the evaluation management information here:

Evaluation Management
Name of evaluation manager(s) & their role(s):
How will information from the evaluation be used?

Engaging Stakeholders

Stakeholders are persons or organizations that have an interest in your PS22-2203 program and its evaluation. Examples of stakeholders are program management and staff, funding agencies, and community members. Engaging stakeholders in your evaluation can: increase the chances that the evaluation will be useful; improve the evaluation's credibility; clarify roles and responsibilities; enhance cultural competence; help protect human subjects; and, avoid real or perceived conflicts of interest. Add your stakeholders here:

Stakeholder name	Their Role & Perspective	How & when to engage them

Training & Capacity Building

Conducting an evaluation requires training the individuals involved in data collection, entry, reporting, analysis, interpretation, and use. CDC will be providing evaluation training on many of these topics. Will everyone involved attend all trainings directly, or will you designate someone at your agency to attend the CDC trainings and be responsible for training other staff? Who will make sure everyone is trained and what support will be in place? What will happen when new staff are hired? CDC also offers capacity building assistance that can be tailored to your agency – what areas of your agency could use capacity building now? How will you identify capacity building needs in the future? Describe your plan here:

Training and Capacity Building Plan		

Data Collection and Entry

Collecting and entering data consistently is critical to the success of your evaluation. Enter here the role or position of the person(s) designated to conduct these activities, as well as how often your staff will be expected to perform these duties:

Data Collection and Entry Plan
Staff responsible for data collection:
Staff responsible for data entry:
Describe frequency of data entry into NHM&E web-based data entry system:
Describe any additional data systems that these data may be entered into:

Data Quality and Management

Establishing quality assurance (QA) procedures helps ensure that data are accurate and complete before submission to CDC. You will need to know who is responsible for overall evaluation data quality, and how issues that are identified will be handled and resolved. Describe your QA plan here:

Data Quality and Management Plan		

Data Security and Confidentiality

Protecting and securing data is a priority across all public health programs. One requirement of your PS22-2203 funding is compliance with the National Center for HIV/AIDS Viral Hepatitis, TB, and STD Prevention (NCHHSTP) Data Security and Confidentially Guidelines (http://www.cdc.gov/nchhstp/programintegration/Data-Security.htm), including plans for NOFO partner(s) or subcontractor(s) compliance. Describe your data security and confidentiality plan here:

Data Security and Confidentiality
Name of the Overall Responsible Party:
Describe a check for compliance at your agency? How often will checks be completed?
How will E-Authentication be handled?

Communication and Reporting

Sharing and using your evaluation findings to improve your HIV prevention program is the goal of program evaluation. Your target audiences for sharing evaluation findings likely would include agency executive staff, board members, program management, and service delivery staff. You have lots of options about what you will share, how you will share it, and when. List here what, how, when, and with whom you will share evaluation findings:

Target audience	What to share?	How to share?	When to share?

Local Evaluation

If you plan to conduct local evaluation, please complete the table(s) below, or write a description of what you plan to do. If not, please enter N/A for "not applicable." In addition to what you have described regarding the required NHM&E above, does your organization have plans to conduct local evaluation of your program? If so, please describe below.

Evaluation Quest	ion:		
Evaluation Indicator(s):		Performance Measure:	
Data Collection	Source:	Staff:	_ Frequency:
Data Entry	System:	Staff:	_ Frequency:

Evaluation Quest	ion:		
Evaluation Indicator(s):		Performance Measure:	
Data Collection	Source:	Staff:	Frequency:
Data Entry	System:	Staff:	Frequency:

Appendix A: Your Program Logic Model