

(a) Counseling—Conduct routine, periodic assessments to ensure that the counseling being provided includes the recommended, essential counseling elements (Please reference Attachment 1 for a link to the *CDC Revised Guidelines for HIV Counseling, Testing, and Referral*. MMWR 2001,50 (RR-19); 1–58). Quality assurance elements may include but are not limited to the following components: training and continuing education; supervisor observation with feedback to counselors; case conferences; counselor or client satisfaction evaluations; or periodic evaluation of space, flow, and time concerns.

(b) HIV Testing—Develop and implement a quality assurance system for all CTR and PCRS providers, with special attention to ensuring that HIV-positive clients learn their test results. Develop and implement a quality assurance system for implementation of HIV rapid testing.

(c) Referral—Develop and implement a mechanism for assessing the proportion of HIV-positive persons referred for additional services who complete their referrals. Review data and improve process as necessary.

(d) PCRS—Develop, implement, and maintain a system to assess the PCRS program and improve its function, e.g., improving the percentage of persons who receive PCRS, the quality of PCRS interview sessions, and the notification of partners.

#### (2) HE/RR Activities

(a) Develop and implement a mechanism to ensure HE/RR activities are appropriate, understandable and acceptable for the specific populations served.

(b) Develop and maintain a mechanism to ensure the consistency, accuracy, and relevance of information provided to the public through local hotlines and other channels, including information about referral services.

(c) Develop or use existing standard procedures or protocols for interventions implemented by health departments and their contractors.

(d) Actively monitor services and programs provided by funded CBOs and other contractors to assist in identifying training and technical assistance needs and to ensure that interventions are implemented as planned and that program objectives are met.

(e) Use feedback from client satisfaction surveys in assessing the services provided, including prevention services for people living with HIV/AIDS. Other science-based methods of assessing services provided can also be used.

#### (3) Policies, Procedures, and Training

(a) Develop comprehensive written quality assurance policies and procedures to ensure that all HIV prevention activities are delivered in an appropriate, competent, and sensitive manner.

(b) Make quality assurance policies and procedures available to all program staff (health departments and their contractors).

(c) Deliver training to all staff providing HIV prevention activities, especially those staff providing CTR, PCRS, and HE/RR (health departments and their contractors).

(d) Train all managers (health departments and their contractors) to ensure that quality assurance policies and procedures are followed.

(4) Data Collection—Develop, implement, and maintain a system to assess the quality of data collection.

#### b. In your application:

Describe your quality assurance efforts regarding CTR, PCRS, HE/RR, data collection, training, procedures, and any other relevant programmatic areas for which you have quality assurance plans.

#### 4. Evaluation

##### a. All recipients must:

(1) Conduct program evaluation. Follow the requirements specified in PEMS.

(2) Collect and report data for the core indicators for community planning, HIV prevention activities, evaluation, and capacity-building as will be specified in PEMS. For each indicator, provide the information as specified on the indicator reporting form (see all attachments as posted on CDC website).

(3) Develop and implement an annual evaluation plan to be updated each year. The evaluation plan for the first year shall include at a minimum, the following topics:

- Description of how the minimum data requirements for counseling, testing, and referral, financial reporting, community planning, and core indicators will be met;

- Description of current data collected for program evaluation and monitoring and how these data are compatible with (and not in place of) the CDC counseling, testing, and referral reporting system, financial reporting, community planning, and core indicators;

- Current system of data collection and reporting of HIV prevention activities including data system specifications and data management information systems; and,

- Procedures to ensure that data quality and data security are consistent with CDC guidelines.

For subsequent years, develop and implement a comprehensive evaluation plan that includes, at a minimum, the above elements and addresses the following topics:

- Collection of process monitoring data including client-level information;
- Priority prevention activities selected for outcome monitoring and the rationale for their selection; and,
- Plans for entry and transmission of data on CDC's browser-based system or plans to make a local system compatible with CDC's requirements as outlined in the most current evaluation guidance.

(4) Identify the prioritized populations and prevention activities funded under this cooperative agreement.

(5) Collect and report data on the following:

- Community planning related to the goals outlined in the Community Planning Guidance;
- Financial and other service agency characteristics (this includes information previously reported in budget tables);

- HIV prevention services that may be measured through client-level data, including but not limited to ILI, GLI, PCM, CTR, PCRS, and outreach; and,
- Aggregate-level data for interventions including, but not limited to health communication and public information as specified in the most recent evaluation guidance.

(6) Collect and report outcome monitoring and evaluation data for prioritized populations and prevention activities.

(7) Collect and report data on prevention of perinatal transmission.

(8) Collect and report data consistent with the CDC requirements to ensure client confidentiality and security.

(9) Collaborate with CDC in assessing the impact of HIV prevention activities by participating in special projects upon request, e.g., national behavioral surveillance and incidence.

(10) Use either the CDC data system or compatible local systems to report data electronically as specified in the most recent evaluation guidance.

#### b. In your application:

(1) Provide a copy of your evaluation plan for community planning and process and outcome monitoring and evaluation of HIV prevention activities for the first year.

(2) Provide a description of your local program evaluation and data management system functions and specifications and copies of statewide uniform data reporting forms, if they exist.

(3) Specify base-line level, one-year interim target, and a five-year overall