NEW JERSEY HIV PLANNING GROUP

Monitoring and Evaluation Guidance

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Definition of Monitoring and Evaluation

Monitoring can be defined as the ongoing process by which New Jersey HIV Planning Group (NJHPG) can receive regular feedback on the progress being made towards achieving their deliverable within their SMARTIE Recommendations. Contrary to many definitions that treat monitoring as merely reviewing progress made in implementing actions or activities, the definition used in this Guidance doesn't necessarily focus on asking questions like "*Are you completing the action steps NJHPG recommended?"* but rather asking questions like "*Is the New Jersey Department of Health (NJDOH) making progress on achieving the results and deliverables that we wanted to achieve?*" The difference between these two approaches is extremely important. In the more limited approach, monitoring may focus on tracking projects and the use of the agency's resources. In the broader approach, monitoring involves tracking the strategies and actions being taken by NJDOH, but most importantly tracks the end results or deliverables.

Evaluation is a rigorous and independent assessment of either completed or ongoing activities to determine the extent to which they are achieving stated objectives and contributing to decision making. The key distinction between monitoring and evaluation is that evaluations are done independently to provide managers and staff with an objective assessment of whether or not they are on track. They are more rigorous in their design and methodology, and generally involve more extensive analysis.

The aims of both monitoring and evaluation are very similar: *to provide information that can help inform future decisions, improve performance and achieve planned results.*

Principles of Monitoring and Evaluation

1. **OWNERSHIP;** Ownership is fundamental in formulating and implementing changes and new projects to achieve the desired results. There are two major aspects of ownership to be considered: 1) the depth, or level, of ownership 2) the breadth of ownership.
    a. Depth/Level of Ownership: Many times, organizations go through a planning process to fulfil requirements of their governing or supervisory bodies. In this the case, the plans, programs or projects have all been neatly prepared by the New Jersey HIV Planning Group (NJHPG) Community for submission to the New Jersey Department of Health (NJDOH). While it is important to have monitoring and evaluation systems, it is more important that people understand and appreciate *why* they are doing the things they are doing and adopt a results-oriented approach at work. The link between stakeholders & the department of health can vary depending on the work assigned. Accountability for each recommendation can look different depending on the aspects the DOH & NJHPG Leaders identify when building the Monitoring & Evaluation Framework. Buy-in from stakeholders is essential in the completion and implementation of recommendations.
    b. Breadth of Ownership: There is an important question to address with respect to breadth of ownership: *who does the development program or project benefit or impact?* The NJDOH is ultimately responsible for achieving results across the entire state of NJ. This is why all SMARTIE Recommendations include the stakeholders who may be needed when implementing these new practices, programs, and procedures.
2. **FOCUS ON RESULTS**; The monitoring and evaluation process should be geared towards ensuring that deliverables are accomplished. *Note; this means that the NJDOH will prioritize the output or deliverables rather than production or the action steps*. The NJDOH has the capacity and influence to impact high-level statewide results. While individual agency outputs and activities are very important, they will always have to follow the NJDOH's support in creating sustainable changes throughout the state. Outside partners and stakeholders should, wherever possible, remain centered on supporting the Integrated Plan and the implementation of NJHPG Recommendations. This argument is in line with the statewide approach to end HIV transmission as a unified front.
3. **REMINDERS**;
    a. Articulate Assumptions- The process of creating a monitoring and evaluation framework requires NJHPG to be explicit about the wants and needs of the desired deliverables. Illustrate how much and what type of work should be done to achieve desired outcomes so the NJDOH can determine what resources will be needed for that work.
    b. Manage Expectations- There needs to be a shared understanding of the relationship between NJHPG and the NJDOH. The action steps listed in the SMARTIE Recommendations may not be a realistic pathway to fulfil the Activity by completing the deliverable. The NJDOH may have barriers due to budget, capacity, policies, etc.
    c. Concentrate on Realistic Ideas- The NJDOH may not have the necessary resources to complete every action item. However, a visual or physical depiction of change or the desired deliverable, could be used to see an Activity was completed.

d. The relationships with stakeholders will be essential in achieving the desired deliverables for each recommendation. Buy in from these organizations & agencies should be of the upmost importance to the DOH. The actions taken by each stakeholder may be different however their responsibilities will be specified within the Monitoring and Evaluation Framework.

Monitoring and Evaluation Framework

A clear framework, agreed among NJDOH and NJHPG Leadership at the end of the planning stage, is essential in order to carry out monitoring and evaluation systematically. This framework serves as a plan for monitoring and evaluation, and should clarify:

1. What needs to be monitored and evaluated?
2. Who is responsible for monitoring and evaluation of deliverables?
3. What methods of monitoring and evaluation will suffice?
4. What resources are required to fulfil these needs? *Is there capacity to complete this?*

The framework will be housed on Airtable, a collaborative online workspace. It will be completed by NJHPG and the NJDOH to create a cohesive and realistic system used to monitor and evaluate the state's progress and completion of SMARTIE Recommendations.

Monitoring and Evaluation Framework						
Baseline Data	Committee Action Steps	Time Schedule or Frequency	Progress Update	Data Collection or Tracking Methods	Responsibility of Data Reporting	Outcome/Impact
The starting data pooled/restated from the Integrated Plan	Pulled from NJHPG Recommendations	*Level of detail depends on the recommendations of NJHPG Committees and practical needs of the NJDOH.*	*Drafts, Campaigns, Educational Programs, Completed Deliverables, or Changes Made*	*Identify the Data Source that will be used & describe how it will used to collect/track data.*	*Who is responsible for organizing the data collection and verifying data quality and source? Data Manager-the person responsible for tracking data & outcomes*	*Data and Analysis- obtaining and analyzing accurate statewide data on the progress. Participation- get feedback from any stakeholders on the progress and implemented changes.*

A common challenge with monitoring and evaluation is how to "prove" that a particular outcome or impact is the direct result of a given intervention or output. Often, it is not possible to show complete certitude about the cause-and-effect relationship between outputs and outcomes in complex systems. Because there is no way to create controlled experiments, this research is often observational. It is even more difficult to show relationships between products and impacts, which are longer-term and usually affected by factors outside a project's control.

Accountability

Accountability refers to "the principle that individuals, organizations and the community are responsible for their actions and may be required to explain them to others" (Measurement and Accountability - For the Public's Health - NCBI Bookshelf (nih.gov). The NJDOH's accountability will be recorded by their contributions and progress to fulfilling each recommendation's deliverables. Ensuring the NJDOH implements NJHPG recommendations requires a multi-faceted approach that focuses on transparency and accountability for the greater state of NJ.

1. Airtable: The NJHPG and NJDOH will share a collaborative online dashboard that contains the agreed upon Monitoring and Evaluation Framework. This dashboard will be accessible to the NJDOH and NJHPG Support Team to regularly update it.
2. Public Reporting: The NJDOH will publicly report on its progress in implementing NJHPG recommendations at Committee Meetings every Quarter. If the NJDOH is unable to complete deliverables by their desired due date they must provide an explanation or valid reason as to why it was not completed. These quarterly reports will be published on the NJHPG website and shared with community stakeholders.
    a. Community Forums: Utilize NJHPG Members and Guests to advocate and raise awareness about NJHPG recommendations and hold the NJDOH accountable for their implementation. This can be shown is ways like collecting data via a Collaborative Research Survey, having focus groups with tangible documentation *(who was there, what was spoken about),* organizing public forums, media campaigns, or alternative strategies.
3. Additional Oversight Option: If there is a necessity & capacity/resources establish a liaison, to monitor the NJDOH's implementation of NJHPG recommendations. This body could meet with their team to provide direction or clarity of recommendations, conduct site visits, and make recommendations for how to complete the deliverables. *(possibly JSI as a consultant)*

By implementing this multi-pronged approach, there will be a system that effectively holds the NJDOH accountable for implementing NJHPG recommendations and ultimately improve the health and well-being of people living with or who are vulnerable to acquiring HIV in New Jersey.

Future Planning

In the future NJHPG and NJDOH will work collectively to update or change SMARTIE Goals. These updates can occur when there is new data available, when the Integrated Plan needs to be renewed, or for any other statewide changes.

When changes happen it is the responsibility of NJDOH and NJHPG to report out to the state of New Jersey through regional councils including Consumer Advisory Boards (CABs), TGAs, and EMAs.

For individuals not included in structured bodies or HIV specific care, reporting out can be seen within NJHPG Website.

Glossary of Integrated Planning Terms

Source: Target HIV (July 2023)

Community and Other Stakeholder Engagement

Required section of the Integrated HIV Prevention and Care Plan for CY 2022-2026. This section should describe how the jurisdiction approached the planning process, engaged community members and stakeholders, and fulfilled legislative and programmatic requirements, including a) the statewide coordinated statement of need (SCSN) b) RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV; and c) CDC planning requirements.

This section incorporates information from the "Collaborations, Partnerships, and Stakeholder Involvement" and the "People Living with HIV and Community Engagement" sections of the CY 2017-2021 Integrated Plan Guidance.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022- 2026.

Contributing Data Sets

A section of the Integrated Plan that provides an analysis of the qualitative and quantitative data used by the jurisdiction to describe how HIV impacts the jurisdiction. This process is used to determine the services needed by clients to access and maintain HIV prevention, care and treatment services as well as to identify barriers for clients accessing those services; and to assess gaps in the service delivery system. This section fulfills several legislative requirements including the SCSN, the RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV, and CDC planning requirements.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022- 2026.

Ending the HIV Epidemic in the U.S. (EHE)

Ending the HIV Epidemic in the U.S. (EHE) is a federal initiative that aims to end the HIV epidemic in the United States by 2030. The plan seeks to reduce the number of new HIV infections in the United States by 75 percent within five years, and then by at least 90 percent within 10 years, for an estimated 250,000 total HIV infections averted.

Source: What Is Ending the HIV Epidemic in the U.S.?

Epidemiologic Snapshot
Also known as: *Epi overview, known as the Epidemiologic profile in the Integrated HIV Prevention and Care Plan Guidance, Including the SCSN, CY 2021-2026*

A snapshot summary of the most current epidemiologic profile for the jurisdiction which uses the most current available data (trends for most recent 5 years). The snapshot should highlight key descriptors of people diagnosed with HIV and at-risk for exposure to HIV in the jurisdiction using both narrative and graphic depictions. Provide specifics related to the number of individuals with HIV who do not know their HIV status, as well as the demographic, geographic, socioeconomic, behavioral, and clinical characteristics of persons with newly diagnosed HIV, all people with diagnosed HIV, and persons at-risk for exposure to HIV. This snapshot should also describe any HIV clusters identified and outline key characteristics of clusters and cases linked to these clusters. Priority populations for prevention and care should be highlighted and align with those of the NHAS.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.

Executive Summary of Integrated Plan and SCSN

Provides an overall description of a jurisdiction's Integrated Plan, including the SCSN, and the extent to which other plans and/or SCSNs informed the Integrated Plan. This is a new requirement for the 2022-2026 Integrated Plan submission.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.

Fast Track Cities

The Fast-Track Cities Initiative is a global partnership between cities and four core partners – the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the City of Paris.

City officials appoint their cities as Fast-Track Cities, committing to getting to zero new HIV infections and zero AIDS-related deaths.

Source: About Fast-Track Cities

Goals and Objectives

Also known as: *2022-2026 Goals and Objectives*

A detailed description of HIV prevention and care goals and objectives for the years 2022-2026. Each should describe how the jurisdiction will diagnose, treat, prevent and respond to HIV, and should be directly in response to the needs identified throughout the planning process.

This section is similar to the CY 2015-2021 Guidance, with one significant change - the inclusion of the four EHE strategies (Diagnose, Treat, Prevent, and Respond). Jurisdictions may align their goals with the four EHE strategies, or use another organizing structure for this section. At a minimum, jurisdictional goals should include strategies to accomplish the aims of Diagnosis, Treat, Prevent, and Respond, and plans should include at least three goals for each strategy. This is different from the 2017-2021 Guidance, which only encouraged jurisdictions to align their goals and objectives with the National HIV/AIDS Strategy goals, as the EHE initiative did not exist at the time.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.

HIV Care Continuum

1) The HIV care continuum depicts the stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to reach viral suppression. Supporting people with HIV to reach viral suppression not only increases their own quality of life and lifespan, it also prevents sexual transmission to an HIV-negative partner, thus providing an additional strategy to prevent new HIV infections.

The HIV care continuum allow recipients and planning groups to measure progress and to direct HIV resources most effectively. The 2022-2026 Integrated Plan Guidance uses the HIV care continuum model. HRSA and CDC encourage jurisdictions to use the HIV care continuum to identify populations for whom the service system may not adequately prevent exposure to HIV or may not support improved HIV health outcomes.

2) A model that is used by federal, state, and local agencies to identify issues and opportunities related to improving the delivery of services to people with HIV across the entire HIV care continuum. HIV care continuum has five main "steps" or stages including: HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression.

3) There are two different approaches to monitor the HIV care continuum. The two approaches are used for different purposes, and both are essential to monitor the nation’s progress and identify key HIV prevention and care needs.

The **prevalence-based** HIV care continuum describes the number of people who are at each step of the continuum as a percentage of the total number of people with HIV (known as HIV prevalence). Prevalence includes both people whose infection has been diagnosed and those who are infected but don’t know it.

The **diagnosis-based** HIV care continuum shows each step as a percentage of the number of people with diagnosed HIV.

The diagnosis-based HIV Care Continuum shows each step of the continuum as a percentage of the number of people with HIV who were only diagnosed. The diagnosed-based continuum informs steps that can be taken to get individuals with HIV into care and get them to viral suppression.

Sources:

1) Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026

2) What is the HIV Care Continuum?

3) Understanding the HIV Care Continuum

HIV Planning Body
Also known as: *Advisory committee/group, community advisory group, planning council, planning body*

All CDC DHAP and HRSA HAB funded jurisdictions (the 50 states, RWHAP Part A-funded Eligible Metropolitan Areas and Transitional Grant Areas, directly-funded CDC HIV prevention cities, Puerto Rico, the United States Virgin Islands, and the United States Affiliated Pacific Island jurisdictions) are required to have a planning process that includes the development of a system-wide plan for the delivery of HIV prevention and care services and the establishment of an HIV planning group, planning council, or advisory group, also known as a planning body. By design, the HIV planning body must engage people with different interests, responsibilities, and involvement with HIV to inform and support the development and implementation of an Integrated Plan submission that guides the delivery of HIV prevention and care services. [1]

RWHAP Part A recipients are legislatively required to have a Planning Council or Planning Body that sets HIV-related service priorities and the resource allocation of Part A funds on the basis of the size, demographics, and needs of people with HIV. [2]

Similarly, RWHAP Part B programs must ensure community and stakeholder involvement in the planning process as a way to bring diverse experience and input into such tasks as needs assessment, developing a comprehensive plan, setting priorities, and recommending the allocation of funds to service categories. Unlike the RWHAP Part A Planning Councils, RWHAP Part B planning bodies are not charged legislatively with responsibility for service dollar allocation. [3]

Directly-funded CDC Prevention jurisdictions are also required to convene an HIV Planning Group which is responsible for developing specific strategies to enhance coordinated, collaborative, and seamless access to HIV prevention, care, and

treatment services (including mental health, substance abuse, and coinfections of viral hepatitis, STDs, and TB) for the highest-risk populations.[4]

Many Part A, Part B, and CDC HIV Prevention Planning Bodies and recipients now have integrated HIV planning bodies that address both prevention and care/treatment concerns. There are varying types and levels of integration that jurisdictions have implemented.

Sources: 1. Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026, 2. HRSA website, 3. RWHAP Part B manual, 4. CDC HIV Planning Guidance

HIV Prevention, Care, and Treatment Resource Inventory

Also known as: *was previously known as the financial and human resources inventory in the 2015 Integrated Plan Guidance for 2017-2021*

Requirement of the Integrated HIV Prevention and Care Plan for 2022-2026. A description of the organizations and agencies providing HIV care and prevention services in the jurisdiction, all HRSA (must include all RWHAP Parts) and CDC funding sources, and public and private funding sources, such as those through HRSA's Community Health Center Program, HUD's HOPWA program, Indian Health Service (IHS) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration programs, and foundation funding.

The inventory must describe: a) the jurisdiction’s strategy for coordinating the provision of substance use prevention and treatment services (including programs that provide these services) with HIV prevention and care services; b) services and activities provided by these organizations in the jurisdiction and if applicable, which priority population the agency serves; and c) describe how services will maximize the quality of health and support services available to people at-risk for or with HIV.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.

HIV Status Neutral

A status-neutral approach to HIV care means that all people, regardless of HIV status, are treated in the same way. It all starts with an HIV test. Any result, positive or negative, kicks off further engagement with the healthcare and prevention system, leading to a common final goal, where HIV is neither acquired nor transmitted. The 2021 Integrated HIV Prevention and Care Plan Guidance for 2022-2026 promotes a status neutral approach, where testing serves as an entry point to services regardless of a positive or negative results, to improve HIV prevention and care outcomes. Jurisdictions are encouraged to implement innovate program models that integrate HIV prevention and care with other services as a means to address comorbid conditions and to promote a status neutral approach to care.

Sources: Redefining Prevention and Care: A Status-Neutral Approach to HIV and Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026

Integrated Guidance for Developing Epidemiologic Profiles: HIV Prevention and Ryan White HIV/AIDS Program Planning

CDC and HRSA have updated the epidemiologic profile guidance to reflect new data sources and new core questions that align with the National HIV/AIDS Strategy (2022–2025) (NHAS) and the Ending the HIV Epidemic in the U.S. (EHE) initiative. The document provides one set of guidance to help profile writers produce integrated epidemiologic profiles and advise them on how to interpret epidemiologic data in ways that are consistent and useful in meeting the planning and evaluation needs of both HIV prevention and care programs.

Source: CDC and HRSA. Integrated Guidance for Developing Epidemiologic Profiles: HIV Prevention and Ryan White HIV/AIDS Programs Planning. Atlanta, Georgia: Centers for Disease Control and Prevention; 2022.

Integrated HIV Prevention and Care Plan including the Statewide Coordinated Statement of Need, CY 2022-2026
Also known as: *Integrated HIV Prevention and Care Plan, including the SCSN, Integrated Plan*

Integrated HIV Prevention and Care Plan including the Statewide Coordinated Statement of Need is a vehicle to identify HIV prevention and care needs, existing resources, barriers, and gaps within jurisdictions, and outlines the strategies to address them.

Each HRSA and CDC-funded jurisdiction is required to participate in the completion and submission of an Integrated HIV Prevention and Care Plan. As part of that document, it should include an Integrated HIV Prevention and Care Plan section that outlines the Goals, Objectives, Strategies, Activities and Resources needed to achieve HIV prevention, care, and treatment goals set forth by jurisdictions and planning bodies. The Integrated HIV Prevention and Care Plan should respond to the needs identified in the SCSN/needs assessment and is intended to support and align with the National HIV/AIDS Strategy.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026

Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026

Also known as: *Integrated Plan Guidance, 2021 Integrated Plan Guidance*

Guidance set forth for health departments and HIV planning groups funded by the CDC and HRSA HAB for the development of an Integrated HIV Prevention and Care Plan, which is intended to allow each jurisdiction to develop new goals and objectives that align public and private sectors to leverage strengths from the last five years and to add or revise services to address local health inequities that may remain. The Integrated Plan Guidance speaks to the need for aggressive actions necessary to achieve the National HIV/AIDS Strategy goals and targeted efforts to end the HIV epidemic by the year 2030.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026

Integrated Planning Implementation, Monitoring, and Jurisdictional Follow Up
Also known as: *monitoring and improvement, monitoring and reporting*

Required section of the Integrated Plan CY 2022-2026. This section describes how jurisdictions will undertake the key phases of integrated planning: implementation, monitoring, evaluation, improvement, reporting, and dissemination. This section is similar to the Monitoring and Improvement section of the CY 2017-2021 Guidance.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.

Jurisdictional Plans
Also known as: *Local Getting to Zero or Ending the HIV Epidemic Plans, Local HIV planning efforts, City/county funded treatment and prevention programs*

Local or state-level developed plans aimed towards ending the HIV epidemic. These plans are often community-led, address a number of domains for action, and continue to be updated as progress continues.

Source: Ending the HIV Epidemic Plans

Jurisdictional Planning Process

A description of how a jurisdiction approached the integrated planning process, including the steps used in the planning process, the groups involved in implementing the needs assessment and/or developing planning goals and how the jurisdiction incorporated data sources in the process. This is a required part of Section II: Community Engagement and description of Jurisdictional Planning Process.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.

Letters of Concurrence
Letter(s) submitted on behalf of planning bodies which specifies how the planning body(ies) was involved in the Integrated Plan development and expresses concurrence or concurrence with reservations of the jurisdiction's Integrated Plan. Letters of Concurrence should be provided from the following (as applicable):

- CDC Prevention Program Planning Body Chair(s) or Representative(s)
- RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s)
- RWHAP Part B Planning Body Chair or Representative
- Integrated Planning Body
- EHE Planning Body

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026, Section VII.

National HIV/AIDS Strategy (2022-2025)
Also known as: *NHAS*

The National HIV/AIDS Strategy (2022–2025) provides stakeholders across the nation with a roadmap to accelerate efforts to end the HIV epidemic in the United States by 2030. The Strategy reflects President Biden's commitment to re-energize and strengthen a whole-of-society response to the epidemic while supporting people with HIV and reducing HIV-associated morbidity and mortality.

Source: National HIV/AIDS Strategy (2022-2025)

Priority Populations

Refers to the populations identified in the National HIV/AIDS Strategy (2022-2025) as being disproportionately impacted by HIV. This includes the following:

- gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/ Alaska Native men
- Black women
- transgender women
- youth aged 13–24 years
- people who inject drugs.

The 2022-2026 Integrated Plan guidance requires that jurisdictions describe how their Integrated Plan's goals and objectives address the needs of the priority populations within a jurisdiction.

Source: National HIV/AIDS Strategy (2022-2025)

Situational Analysis

An overview of strengths, challenges, and identified needs with respect to HIV prevention and care in each of the following areas:

- Diagnosing all people with HIV as early as possible
- Treating people with HIV rapidly and effectively to reach sustained viral suppression
- Preventing new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)
- Responding quickly to potential HIV outbreaks.

A required section of the Integrated Plan for 2022-2026. The Situational Analysis synthesizes information from Sections II and III of the Integrated Plan and is expected to lay the foundation for the goals, objectives, and strategies detailed in Section V

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026, Section IV.

SMARTIE Recommendations

NJHPG's goal of ending the transmission of HIV in NJ is completed through fulfilling the Integrated Plan. The Planning Body creates recommendations to the NJDOH elaborating how to carry out the different activities within the Integrated Plan. Each recommendation follows the SMARTIE Recommendation and are strategic and specific, measurable, ambitious and attainable, realistic & relevant, time-bound, inclusive, and equitable. SMARTIE Recommendations are a concrete way to drive statewide progress towards achieving the Integrated Plan's Activities.

Statewide Coordinated Statement of Need (SCSN)
Also known as: *Needs assessment*

The Statewide Coordinated Statement of Need (SCSN) is a written statement of need developed through a collaborative process with other Parts of the RWHAP. The SCSN must reflect, without replicating, a discussion of existing needs assessments and should include a brief overview of epidemiologic data, existing quantitative and qualitative information, and emerging trends/issues affecting HIV/AIDS care and service delivery in the State. Important elements in assessing need include a determination of the population with HIV are aware of their status but not in care (unmet need), individuals who are unaware of their HIV positive status, a comprehensive understanding of primary care and treatment in the State, and a consideration of all available resources.

Source: RWHAP Part B Manual, 2015.

Resources

- imep_manual_15_feb_17.pdf (ccrp.org)
- pme-handbook.pdf (undp.org)
- Planning for monitoring and evaluation | Reintegration Handbook (iom.int)
- Measurement and Accountability - For the Public's Health - NCBI Bookshelf (nih.gov)
- developing-monitoring-evaluation-plans-guide.pdf (sprep.org)