

Instructions for using this form:

Purpose. The primary purpose of the Process Monitoring Aggregate Form is to document the number of persons who participated in activities funded by an HIV prevention contract from the Department of Community Health (DCH), by intervention and by target population. The Process Monitoring Aggregate Form is also a helpful record of necessary program data and serves as an internal control deterring fraud, abuse and waste. Each Process Monitoring Aggregate Form can be directly reconciled against the information contained in narrative progress reports, individual client records and other internal documents. Note: No funds may be paid unless this report is completed correctly and filed in a timely fashion for each of the periods required.

Date due. Process Monitoring Aggregate Forms are due by the 15th day of the next month.

Submission. Process Monitoring Aggregate Forms should be submitted by email to both the contract monitor and the PEMS Administrator. See your contract monitor for the specific email addresses.

Format. This form must be completed using Microsoft Excel. The format of the form (including font size and wording) should not be modified.

Specific Instructions

1. Month. Enter the month and year for which you are providing data on this form.

2. Name of contractor organization. Enter the complete legal name of the organization contracted to perform services for DCH.

3. Intervention. Enter the name of the intervention for which you are providing data on this form. Enter only one intervention name. If the contractor is funded to implement more than one intervention, use separate forms to report data for the each of those other interventions. Some examples of interventions include: d up, Many Men Many Voices (3MV), MPowerment, Popular Opinion Leader, Promise, RAPP, RESPECT, Safety Counts, Sihle, SISTA, Street Smart, Together Learning Choices, Voices/Voces and WILLOW.

4. Cycle numbers. Enter the number(s) of the completed intervention cycle(s) counted on this form. Example: In June, contractor had 3 cycles of Safety Counts in progress simultaneously but actually completed only 2 of those (which are #9 and #10). Contractor therefore enters #9 and #10 on line 4.

5. Population shown. Select only one of the 22 boxes provided. Usually, the population selected in line 5 will also be the primary intended target population specified in your contract. You may provide aggregate level client data for only one population per form. If you served clients that are not from the target population checked in line 5, you must report those clients separately using a another form. You may use the "other" line (and select box 11 or box 22) if you are reporting data about clients who do not belong to the primary intended target population of this contract.

6. Breakdown of clients served. Provide a breakdown of clients served in this intervention by ethnicity, race, HIV status, age and gender. The gender breakdown must be provided (M= male, F= female, MTF= transgender male-to-female, FTM= transgender female-to-male). In some situations, the age of the clients will not be known; those clients may be counted in the "age unknown" column. Do not count any client more than once anywhere in the table. The spreadsheet will automatically calculate totals for the ethnicity section, race section and HIV status section. These totals must be equal. If the totals are not equal, red shading will appear behind the cell totals to indicate that you have made an error.

7. Total number of clients that participated in at least 1 session of this intervention during these cycle(s). Provide the total number of unduplicated clients who participated in the completed intervention cycle number(s) shown in line 4 -- even if they did not participate in all of the required sessions.

8. Total number of clients that completed this intervention (participated in one entire cycle). Provide the total number of unduplicated clients who participated in all of the required sessions for this intervention. This number should not be greater than the number shown in line 7.

9. Distribution of materials. Provide the total number (count) of materials distributed this month.

10. Other activities conducted. Select each of the activities implemented as part of this intervention this month. Check all that apply.

The format and content of this form may be modified from time to time. You should visit the web site of the HIV Unit periodically to check that you have the most current version:
www.health.state.ga.us/programs/stdhiv/