**INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE**

**FINAL FISCAL YEAR (FY) 2023 RYAN WHITE HIV/AIDS PROGRAM (RWHAP) PART A**

**ANNUAL PROGRESS REPORT**

**GENERAL INSTRUCTIONS**

The RWHAP Part A Progress Report is made up of the following components:

1. **Programmatic Narrative**
   1. **Program Successes and Challenges**
   2. **Planning Council/Body Activities**
   3. **Subrecipient Monitoring Update**
   4. **Early Identification of Individuals with HIV/AIDS (EIIHA) Update**
   5. **Subpopulations of Focus Update**
   6. **Integrated HIV Prevention and Care Plan Update**
2. **Final FY 2023 Service Category and HIV Care Continuum Services Tables**
3. **FY 2023 Women, Infants, Children and Youth (WICY) Expenditures Report**

**To ensure that progress reports include all required components, recipients are asked to format required sections using the categories and numbering, as noted below.**

1. **Programmatic Narrative**
   1. **Program Successes and Challenges** 
      1. Describe at least three program accomplishments and at least three program challenges addressing the [National HIV/AIDS Strategy goals](https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025); include activities implemented from the FY 2023 RWHAP Part A non-competing application and submitted competitive application. (HRSA 22-018). Also include a narrative for strategies to address challenges.
      2. Explain how the following factors have impacted the HIV care continuum outcomes for people with HIV in your jurisdiction:
         1. Expanded/reduced resources;
         2. Unmet need;
         3. Public health emergencies (e.g., COVID-19, mpox) and/or natural disasters;
         4. Evolving healthcare landscape (e.g., changes in health care coverage options); and
         5. Improved strategies following updates to the Integrated HIV Prevention and Care Plan.
      3. Describe how you share HIV care continuum outcome information with community stakeholders.
   2. **Planning Council/Body Activities**
      1. **Planning Council/Body Accomplishments -** Discuss at least three planning council/body accomplishments during the reporting period, (March 1, 2023, through February 29, 2024), that impacted providing services that resulted in improved outcomes on the HIV care continuum.
      2. **Planning Council/Body Challenges -** Discuss at least three challenges facing the planning council/body during the reporting period, (March 1, 2023, through February 29, 2024), that impeded improvements in HIV care continuum outcome targets.
         1. For each challenge identified, include a brief discussion of the following:
            1. Describe the challenge;
            2. Discuss the plan developed to overcome the challenge; and
            3. Provide implementation updates to overcome the challenge.
      3. Discuss any issues and challenges related to compliance with planning council/body legislative requirements, (e.g., reflectiveness and representation, needs assessment, priority setting and resource allocation, etc.), and strategies used to address the challenges.
   3. **Subrecipient Monitoring Update**
      1. Provide information on subrecipient monitoring activities that took place during the budget period (e.g., number of subrecipient compliance monitoring visits). Include the number of corrective actions; improvements in monitoring process, etc. This update can be given in either narrative or table format.
   4. **Early Identification of Individuals with HIV/AIDS (EIIHA) Update**

The goals of the EIIHA plan will present a strategy for: (1) identifying individuals with HIV who are unaware of their HIV status; (2) working with individuals for awareness of their HIV status and enabling them to use health and support services; and (3) reducing barriers to routine testing and disparities in access to services among affected subpopulations and historically underserved communities.

* + 1. Outline EIIHA activities that were successfully implemented and describe the following:
       1. Specific activity outcomes and the strategy(ies) used to achieve them;
       2. Resources and partnerships used, (internal and external to the program);
       3. Barriers and/or challenges to achieve specific successful outcomes; and
       4. Overall FY 2023 EIIHA activities that contributed to the [National HIV/AIDS Strategy’s goals](https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025).
    2. For EIIHA activities that were unsuccessfully implemented, describe the following:
       1. Barriers and/or challenges; and
       2. Alternative approaches to achieve more favorable outcomes.
    3. Since your FY 2022 competitive application submission, describe any efforts undertaken to remove legal barriers to increase access to care, including state/local laws and regulations. Clearly state “None” if no efforts were undertaken.
    4. Describe how the EIIHA plan and its outcomes were shared with the HIV stakeholder community, (e.g., presentations at conferences, journal articles, presentations to planning council/body, etc.).
  1. **Subpopulations of Focus Update**

Subpopulations of focus are specific groups of people with HIV within RWHAP Part A jurisdictions that are disproportionately affected by HIV. Per your most recent competitive application, the jurisdiction subpopulations of focus were identified for the 3-year period of performance.

Similar to other components of RWHAP, the goal of the Minority AIDS Initiative (MAI) is to improve health outcomes among people with HIV who are racial and ethnic minorities, as demonstrated by viral suppression. MAI funds must be used to deliver services designed to address the unique barriers and challenges faced by hard-to-reach, disproportionately impacted individuals within the Eligible Metropolitan Area (EMA)/Transitional Grant Area (TGA).

Describe in the narrative:

* + 1. Viral suppression rates for the three subpopulations of focus identified, describing any significant changes in outcomes; indicate the data source. The data source must remain the same for the 3-year period of performance.
    2. Describe how MAI services implemented in FY 2023 address the needs of the three subpopulations of focus. And, the impact of the services on outcome measures in viral suppression, as applicable.
    3. Describe any challenges meeting the needs of the subpopulations of focus and how these challenges were addressed.

**e. Integrated HIV and Care Plan Update**

1. Detail HIV activities within the jurisdiction; include processes used to measure progress towards the goals and objectives of the Integrated Plan.
2. Describe how you have provided regular updates to the planning councils /bodies and stakeholders on the progress of Integrated Plan implementation, how you solicit feedback from stakeholders and you use that feedback for Integrated Plan improvements.
3. Since the Integrated Plan is a living document, indicate if there have been any updates to the plan.
4. **Final FY 2023 Service Category Plan Table and HIV Care Continuum Services Table**

The Service Category Plan Table template has been updated to a multi-year table to collect trend data from the 3-year period of performance. Recipients should report data on the same template each year with the previous FY sections completed, and previous year data should match past approved Service Category Plan Tables.

* 1. Submit an updated version of your FY 2023 Service Category Plan Table showing actual expended amounts, unduplicated clients, and service units on the Service Category Plan Table for the reporting period, (March 1, 2023, through February 29, 2024), with matching estimates submitted in the FY 2023 Program Submission.

On the Service Category Plan Table, provide a summarized analysis explaining any variance that exceeds 20 percent, (over or under), in the comments tab located in the excel workbook. Variances for expended amount, unduplicated clients, and service units will automatically highlight the line on the comments sheet.

Note: The average cost per service unit column will automatically populate based on the expended amount and service units entered on the provided spreadsheet template; this column will assist in determining reasonableness of the average cost per service unit and inform future program planning activities.

* 1. Submit an updated version of the diagnosis-based FY 2023 HIV Care Continuum Services Table showing actual outcomes.

**Instructions:** Use [CDC HIV Care Continuum](https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf) definitions and appropriate baseline and actual surveillance data to update the diagnosis-based HIV Care Continuum Services Table. ***Data source should remain the same for each year in the 3-year grant cycle.***  You must include the previously submitted and approved baseline.

The provided CDC definitions must be used when calculating numerators and denominators for each step of the diagnosis-based HIV Care Continuum, regardless of the HIV Care Continuum Table format used.

**Important notes:**

Attention to the following elements of the HIV Care Continuum Table will assist in ensuring the Table is completed correctly:

* The surveillance data source must be the same as the surveillance data source cited on your accepted FY 23 Program Submission.
* A formula in the spreadsheet auto-calculates the numerator and denominator percentage column.
* A “Percentage Change from Baseline to Actual” cell was added, which calculates automatically. Note: the baseline number should be the same as the submitted baseline from the approved FY 23 Program Submission.
* [Any bracketed red text indicates an input field]
* Complete the narrative box below the table, describing the Integrated Plan implementation impact on actual outcomes.

1. **FY 2023 Women, Infants, Children and Youth (WICY) Report**

Part A of Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Modernization Extension Act of 2009, requires RWHAP Part A recipients to use a proportionate amount of their grant dollars to provide services to women, infants, children, and youth (WICY) based on not less than the percentage constituted by the ratio of each WICY population with HIV to the general population in the jurisdiction with HIV unless a waiver is approved.

Recipients may use the provided RWHAP Part A FY 2023 WICY report workbook template to report these expenditures. Use the calendar year (CY) 2022 CDC WICY percent data, (a tab on the WICY report workbook), to prepare your EMA/TGA’s report of WICY expenditures for FY 2023.

For further guidance on preparing your WICY report, please use the instructions tab on the WICY report workbook. The guidelineswere prepared by the Health Resources and Services Administration’s HIV/AIDS Bureau to assist RWHAP Part A recipients with continued implementation of the WICY requirement and the preparation of required annual WICY reports.