



**A GROUP-LEVEL INTERVENTION WITH  
AFRICAN AMERICAN MEN WHO HAVE  
SEX WITH WOMEN**

**STARTER KIT**

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### **Nia Starter Kit**

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# Starter Kit

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## **Introduction to the Nia Starter Kit**

This Starter Kit is designed to help you decide whether or not to adopt the **Nia** intervention in your agency. Once that decision has been made, there is a complete package of materials that, along with training, will help you and your staff to implement the intervention with fidelity to the original study. These materials are available at the **Nia** Training of Facilitators course.

### **Important Information for Users**

This HIV/STD risk-reduction intervention is intended for use with persons who are at high risk for acquiring or transmitting HIV/STD and who are voluntarily participating in the intervention. The materials in this intervention package are not intended for general audiences.

The intervention package includes implementation manuals, training and technical assistance materials, and other items used in intervention delivery. Also included in the package in **Appendix B** are:

- 1) The Centers for Disease Control and Prevention (CDC) factsheet on male latex condoms,
- 2) The CDC Statement on Study Results of Products Containing Nonoxynol-9,
- 3) The Morbidity and Mortality Weekly Report (MMWR) article “Nonoxynol-9, Spermicide Contraception Use-United States, 1999,”
- 4) The ABC’s of Smart Behavior, and
- 5) The CDC guidelines on the content of HIV educational materials prepared or purchased by CDC grantees (Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs).

Before conducting this intervention in your community, all materials must be approved by your community HIV review panel for acceptability in your project area. Once approved, the intervention package materials are to be used by trained facilitators when implementing the intervention.

# Nia Overview

## Description of Nia

**Nia** is a group-level, video-based intervention with African American men 18 years and older, with at least six hours of content. While the original researcher split the content into two, three-hour sessions, the intervention can also be conducted as three or four sessions (see **Appendix F** for sample agendas). The goal of the **Nia** intervention is to reduce sexual risk behavior among African American men who have sex with women. The sessions create a context through which men can do the following:

- ★ Learn new information and affirm existing correct knowledge about HIV/AIDS,
- ★ Examine their own sexual risks,
- ★ Build motivation and skills to reduce their risks, and
- ★ Receive feedback from others.

**Nia** sessions are interactive meetings that have both an educational and an entertaining aspect. In addition, **Nia** uses factors, such as male pride, racial and sexual identity, receiving and giving respect, and maintaining sexual pleasure while reducing risk, to reinforce procedures for risk reduction. A male facilitator helps create an environment where the men are comfortable learning, while a female facilitator is present to assist with practice of making and communicating safer sex decisions and to help challenge and change negative attitudes towards women. **Nia** groups can be held in a variety of settings, as long as they are conducted in a private room where the men will feel comfortable enough to participate. **Nia** sessions are not classes, lectures, or forums.

**Nia** is based on the idea that men can take control of their personal risk-taking behaviors and help solve the problem of HIV infection in their community. Its name comes from the Swahili word for “purpose.” **Nia** is also the principle for the fifth day of Kwanzaa, a day to celebrate “making it our collective vocation to build and develop our community in order to restore our people to their traditional greatness.”<sup>1</sup> For more information on Kwanzaa, an African American and Pan-African holiday which celebrates family, community and culture, see the website referenced in the footnote.

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<sup>1</sup> The Official Kwanzaa Web Site: [www.officialkwanzaawebsite.org](http://www.officialkwanzaawebsite.org)

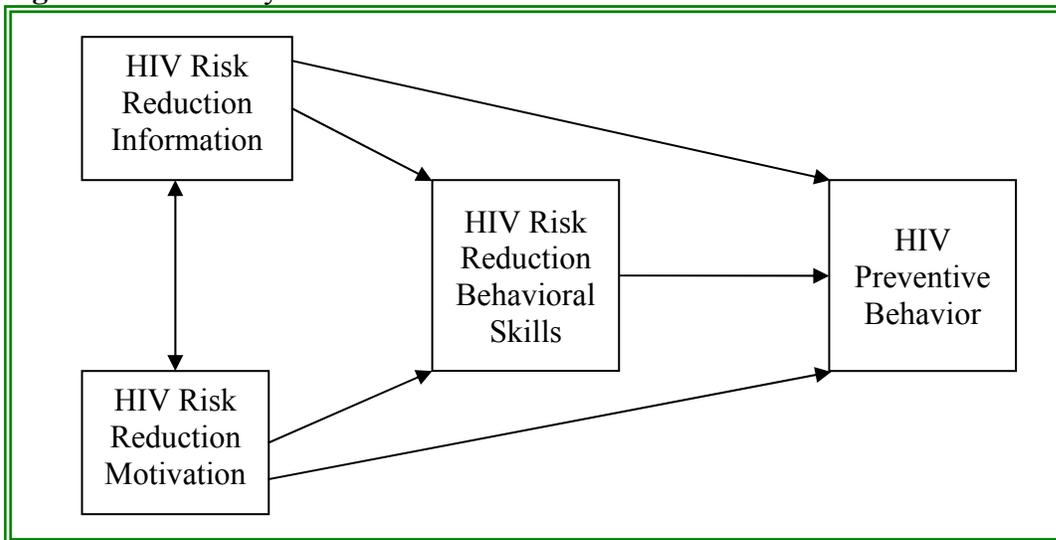
# Science behind Nia

## Theoretical Foundation

The **Nia** intervention design comes from the Information-Motivation-Behavioral Skills (IMB) model<sup>2</sup> with enhanced motivational components using techniques described by Miller, et al.,<sup>3</sup> as adapted for HIV prevention.<sup>4</sup> The IMB model states that information about the modes of HIV transmission and methods of preventing transmission is a necessary precursor to risk-reduction behavior. Motivation to change also directly affects whether one acts or intends to act based on information about risk and risk reduction. Finally, the model states that behavioral skills related to preventive actions are needed in order for information and motivation to make a change in HIV preventive behaviors.

The IMB model assumes that information, motivation, and behavioral skills ultimately create risk-reduction behaviors. The IMB model is, therefore, constructed from elements found in other theories, such as Social Cognitive Theory, but configured specifically for HIV risk reduction. A diagram of these pathways is in Figure A-1 below. A similar diagram, listing the Personal Feedback Reports (PFRs) and other examples from **Nia**, is in Figure A-2 on the following page. PFRs take information provided by the participants at the start of the intervention and provide it to the participants at appropriate times for discussion as part of the motivational component of **Nia**.

**Figure A-1:** Pathways of IMB Model

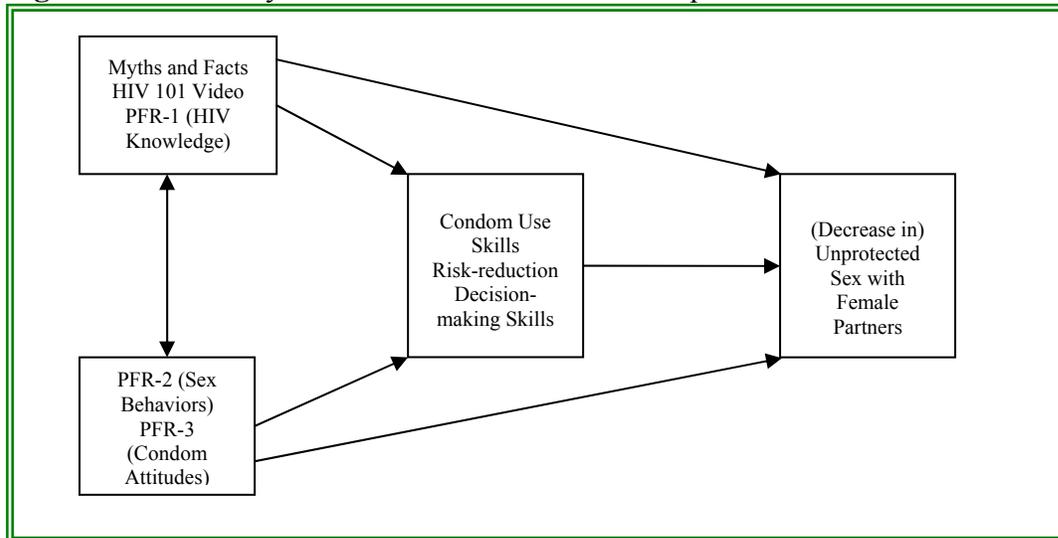


<sup>2</sup> Fisher, J. D., & Fisher, W. A. (1992). Changing AIDS-risk behavior. *Psychological Bulletin*, 111, 455-474.

<sup>3</sup> Miller, W. R., Zweben, A., DiClemente, C., & Rychtarik, R. (1992). *Motivational enhancement therapy manual* (DHHS Publication No. ADM 92-1894). Washington, DC: U.S. Government Printing Office.

<sup>4</sup> Carey, M. P., Maisto, S. A., Kalichman, S. C., Forsyth, A., Wright, L. & Johnson, B. T. (1997). Enhancing motivation to reduce risk for HIV infection for economically disadvantaged urban women. *Journal of Consulting and Clinical Psychology*, 65, 531-541.

**Figure A-2: Pathways of IMB Model with Nia Examples**



**Nia** also uses elements of strategies from Motivational Enhancement.<sup>5</sup> These strategies encourage favorable group processes by actively involving participants in the behavior change process and in developing risk-reduction strategies that are suited to their own circumstances. Examples of these strategies found in **Nia** are:

- ★ Fostering a collaborative atmosphere by giving all participants an opportunity to voice their opinions.
- ★ Affirmation of strengths and self-efficacy as they are identified during group discussion.
- ★ Feedback based on the results of a baseline knowledge, attitude, and risk assessment, which helps the participant identify reasons for change and self-motivating statements.

The IMB Model is incorporated in **Nia**'s curriculum, goals, objectives, activities, and exercises. Strategies for the informational element include educational materials; interactive exercises, such as games and flash cards; and videos. The motivational element is represented in **Nia** by a video that raises awareness of HIV as a problem in the participants' community and activities that allow participants to reflect back on their own behavior and how that behavior may be placing them at risk for HIV. Behavioral skills-building in **Nia** occurs through modeling demonstrations of successful behaviors by men like the participants, practicing skills in a supportive group setting, and reinforcing behaviors through supportive responses and suggestions.

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<sup>5</sup> Miller, et al. Ibid.

There are three main types of skills addressed in **Nia**:

- ★ Identifying triggers to unsafe sex in risky sexual situations
- ★ Using safer sex decision-making to manage risky sexual situations
- ★ Correctly using condoms

The first two skills are addressed in Session One and practiced in Session Two using scenarios from movie clips. Participants reflect on their own behavior and risky situations and learn the signs, or triggers, that may signal a risky situation in the future. Once they can identify triggers, participants learn the steps to risk reduction decision-making and apply them in realistic situations.

Condom use and other risk reduction skills are an important part of the intervention. Participants examine their attitudes toward condom use and create a pros and cons list for condoms. Then they discuss ways to turn the cons from the list into pros/benefits. The facilitators help the group learn and, where possible, practice proper condom application and ways to communicate about condom use or risk reduction.

### **Benefits to the Clients**

Participants can benefit in a number of ways from attending and completing **Nia** group sessions. Most importantly, the participants can improve their knowledge about HIV/AIDS, become more motivated to reduce their HIV risks, and build new skills for protecting themselves, their partner, and their community. Here are some of the other benefits of participation in **Nia** groups.

- ★ Bonding with other African American men
- ★ Sharing ideas and experiences
- ★ Learning from each other
- ★ Gaining a sense of purpose regarding preventing the spread of HIV
- ★ Increasing their risk perception
- ★ Changing their negative attitudes towards condom use
- ★ Increasing their condom use
- ★ Identifying personal triggers that put them at risk for HIV
- ★ Building skills for making risk-reduction decisions

## **The Core Elements**

*Core Elements* are the aspects of evidence-based interventions, such as **Nia**, that represent the theory and internal logic of the intervention and most likely produce the intervention's main effects on behavior change. *Internal logic* is the explanation of the relationships between intervention activities, the factors from behavioral theory that impact behavior (*behavioral determinants*), and the intended outcome(s) of the intervention. Core Elements are derived by the researcher from the components of the behavioral theory or theories used in the intervention design and/or from the experience of implementing the intervention.

Core Elements must be implemented with fidelity to increase the likelihood that prevention providers will have program outcomes that are similar to those of the original research. *Fidelity* is defined as implementing an intervention in such a way that you adhere to the Core Elements and Internal Logic as originally designed. While the Core Elements cannot be altered, there are still elements of each intervention that can be modified to fit the needs and strengths of the target population you serve as well as those of the implementing agency. The **Nia** intervention package materials do not specify Key Characteristics for **Nia**. However, more information regarding how to modify aspects of the **Nia** intervention, without changing the components found to reduce HIV risk behaviors, can be found in **Appendix F** on adaptation.

**Nia** has five Core Elements, which are listed on the next page. These Core Elements, as noted above, must be maintained without change to ensure fidelity to the intervention and, thus, provide the best opportunity to achieve similar behavior change results. Several Core Elements include the showing of videos and movie clips. It is important to note that the intervention package does provide educational videos, but other videos can be used if found to be more appropriate for the target population and to meet the requirements stated in **Appendix G**. The movie clips are not contained in the package. The titles of the movies and the specific clips are described in **Appendix G**. The suggested movie clips can also be replaced with others that meet the requirements stated in **Appendix G**.



Conducting small group sessions with men who have sex with women that are led by culturally competent male and female co-facilitators who:

- ★ Use videos and movie clips appropriate for and appealing to men to present HIV information, motivate risk-reduction, and build skills for handling common risk situations
- ★ Challenge negative attitudes towards women through group rules that disallow adversarial language against women



Correcting misperceptions and misinformation regarding HIV by using gender and culturally appropriate videos and interactive exercises, especially:

- ★ Providing Personal Feedback Report on HIV knowledge
- ★ Showing and leading discussion of HIV educational videos
- ★ Conducting Myths and Facts activity
- ★ Conducting HIV Risk Continuum activity



Inducing and enhancing motivation to reduce risks for HIV by having men identify themselves and their behavior with the HIV epidemic through:

- ★ Providing Personal Feedback Reports on sex behaviors and condom attitudes
- ★ Showing and leading discussion of videos featuring men who have been affected by HIV with whom participants can identify
- ★ Conducting HIV Risk Continuum activity
- ★ Eliciting and exploring personal risky sexual situations



Building skills for identifying and managing sexual risk situations by:

- ★ Eliciting and exploring personal risky sexual situations
- ★ Building trigger-identification and safer sex decision-making skills
- ★ Guiding practice of trigger-identification and safer sex decision-making skills using movie clips



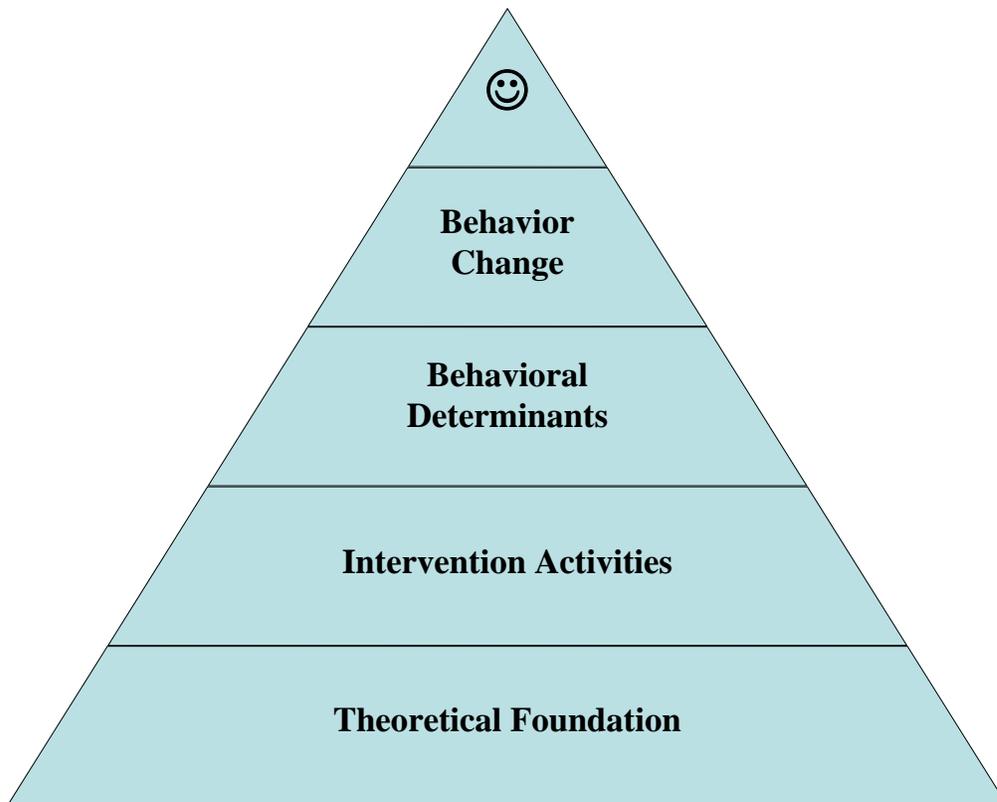
Enhancing motivation and building behavioral skills for condom use or safer sex by:

- ★ Exploring attitudes toward and pros/cons for condom use
- ★ Identifying safer sex alternatives
- ★ Building behavioral skills for correctly using condoms and communicating sexual decisions regarding condom use
- ★ Guiding practice of condom use and safer sex decisions using movie clips

## The Behavior Change Logic Model

Intervention activities are derived from the foundational theory. Each behavioral determinant is addressed by one or more activities of the intervention. The immediate outcomes expected from these activities are changes in the behavioral determinants, such as a decrease in negative condom use attitudes. The intermediate outcomes are decreases in risk behaviors, such as unprotected vaginal sex, or increases in protective behaviors, such as correct condom use.

**Figure B:** Intervention Development



The **Nia** Behavior Change Logic Model is presented on the next page. Logic models are systematic and visual ways to present the internal logic of an intervention, which begins with its theoretical foundation. The models depict the relationships between:

- ★ The factors from behavioral theory that impact a risk behavior (*behavioral determinants*)
- ★ The activities of the intervention that are meant to act on those behavioral determinants, and
- ★ The expected outcomes, or changes, as a result of the activities targeting behavioral determinants.

## Nia Behavior Change Logic Model

### Problem Statement

*Nia is designed for adult African American males 18 and older who have sex with women.*

*This population is at risk of transmitting or acquiring HIV due to having unprotected sex with female partners.*

*Major risk factors for HIV include: membership in a demographic group highly impacted by HIV, lack of condom use as a means of protection, sex while under influence of drugs/alcohol, and lack of comfort talking about HIV risk and condom use with female sex partners.*

### Nia Behavior Change Logic

<b>Behavioral Determinants</b> <i>Factors from behavioral theory that impact behavior</i>	<b>Activities</b> <i>To address behavioral determinants</i>	<b>Outcomes</b> <i>Expected changes as a result of activities targeting behavioral determinants</i>	
		<b>Immediate Outcomes</b>	<b>Intermediate Outcomes</b>
<ul style="list-style-type: none"> <li>★ HIV/AIDS knowledge</li> <li>★ Risk perception regarding self</li> <li>★ Intentions regarding risk reduction options</li> <li>★ Identifying triggers to unsafe sex in risky sexual situations skills</li> <li>★ Identifying triggers to unsafe sex in risky sexual situations skills self-efficacy</li> <li>★ Managing risky sexual situations skills</li> <li>★ Managing risky sexual situations self-efficacy</li> <li>★ Risk reduction decision-making skills</li> <li>★ Risk reduction decision-making self-efficacy</li> <li>★ Condom use attitudes</li> <li>★ Condom use/safer sex skills</li> <li>★ Condom use/safer sex self-efficacy</li> <li>★ Sexual communication skills</li> <li>★ Sexual communication self-efficacy</li> </ul>	<ul style="list-style-type: none"> <li>★ Review personalized Personal Feedback Report (PFR) -1 form on HIV knowledge.</li> <li>★ Identify HIV information as myth or fact and discuss.</li> <li>★ Review personalized PFR-2 form on HIV risk behaviors.</li> <li>★ Place sexual risk behaviors on a risk continuum banner from very high risk to very low risk and discuss.</li> <li>★ Build skills in identifying triggers to unsafe sex and making risk reduction/safer sex decisions.</li> <li>★ Review personalized PFR-3 form on condom attitudes.</li> <li>★ Generate list of pros &amp; cons of condom use and discuss.</li> <li>★ View demonstration of condom skills and practice these skills.</li> <li>★ View and discuss culturally relevant videos;                             <ul style="list-style-type: none"> <li>○ HIV 101 video</li> <li>○ HIV community impact video</li> <li>○ “Edutainment” video</li> <li>○ Condom skills video</li> </ul> </li> <li>★ View culturally relevant movie clips and practice identifying triggers, safer sex decision making, and sexual communication.</li> </ul>	<ul style="list-style-type: none"> <li>★ Levels of correct knowledge will increase.</li> <li>★ Risk perception will increase.</li> <li>★ Intentions to use condoms will increase.</li> <li>★ Trigger identification self-efficacy will increase.</li> <li>★ Managing risky sexual situations self-efficacy will increase.</li> <li>★ Risk reduction decision-making self-efficacy will increase.</li> <li>★ Negative attitudes toward condoms will decrease and positive attitudes will increase.</li> <li>★ Condom use skills will improve.</li> <li>★ Condom use/safer sex self-efficacy will increase.</li> <li>★ Sexual communication self-efficacy will increase.</li> </ul>	<ul style="list-style-type: none"> <li>★ Increased condom use/ decreased unprotected vaginal/anal intercourse</li> <li>★ Increased talking with partner about HIV risk and condom use</li> <li>★ Decreased drug/alcohol use before or with sex</li> <li>★ Improved management of risky sexual situations, e.g.,                             <ul style="list-style-type: none"> <li>○ Planned ahead to practice safer sex</li> <li>○ Refused unsafe/unprotected sex</li> <li>○ Increased condom carrying</li> </ul> </li> </ul>

## **The Implementation Summary**

The Implementation Summary on the next page focuses on activities to prepare for and conduct the **Nia** intervention. Agencies and members of their Board of Directors can use this summary to assist with decisions about intervention selection. Once an agency selects **Nia**, staff can use the summary for planning, implementation, and monitoring and evaluation. The basic information in the Implementation Summary can be expanded to include detailed budgets and timelines, as well as plans for implementation, quality assurance, and evaluation.

### Nia Implementation Summary

<p style="text-align: center;"><b>Inputs</b></p> <p>Inputs are the resources needed to implement and conduct intervention activities.</p>	<p style="text-align: center;"><b>Activities</b></p> <p>Activities are the actions needed to prepare for and conduct the intervention. There are two sets of activities: those needed to get the intervention started and those needed to implement and conduct intervention activities.</p>	<p style="text-align: center;"><b>Outputs</b></p> <p>Outputs are the deliverables or products that result from implementation activities. Outputs provide evidence of service delivery.</p>
<ul style="list-style-type: none"> <li>★ Resources include funds, facilities, supplies, equipment, training and capacity-building assistance, and policies, plans, and procedures.</li> <li>★ 2 FTE experienced and culturally competent facilitators</li> <li>★ 1 FTE program manager</li> <li>★ Starter Kit</li> <li>★ Program Manager’s Guide</li> <li>★ Facilitator’s Guide</li> <li>★ Technical Assistance Guide</li> <li>★ Appendices (General and Session)</li> <li>★ <b>Nia</b> videos</li> <li>★ 6-7 movie clips</li> <li>★ TV/DVD player with remote control</li> <li>★ Myths and Facts cards</li> <li>★ HIV Risk Continuum Banner and Cards</li> <li>★ Condoms (male and female) and lubricant</li> <li>★ Penile models</li> </ul>	<p>Getting the intervention started:</p> <ul style="list-style-type: none"> <li>★ Check agency readiness and improve as needed</li> <li>★ Create implementation plan (cost sheet, task list, timeline)</li> <li>★ Hire/select staff</li> <li>★ Develop quality assurance plan</li> <li>★ Attend Training of Facilitators and other trainings as needed</li> <li>★ Secure “buy-in”</li> <li>★ Develop evaluation plan (decide if follow-up assessment will be done)</li> <li>★ Select replacement videos and clips</li> <li>★ Select and schedule meeting space</li> <li>★ Select and schedule meeting dates and times</li> <li>★ Confirm meeting space</li> <li>★ Recruit participants</li> <li>★ Enroll participants</li> <li>★ Have participants complete Pre-Intervention Assessment Survey</li> <li>★ Prepare PFRs and other session materials</li> </ul> <p>Conducting the intervention:</p> <ul style="list-style-type: none"> <li>★ Conduct six hours of content for each cycle (two to four sessions)</li> <li>★ Manage quality assurance plan</li> <li>★ Monitor evaluation plan</li> <li>★ Collect data</li> <li>★ Debrief facilitators</li> </ul> <p>Maintaining the intervention:</p> <ul style="list-style-type: none"> <li>★ Use data to improve program</li> <li>★ Maintain buy-in</li> <li>★ Submit reports</li> </ul>	<ul style="list-style-type: none"> <li>★ (#) cycles of the six hours of <b>Nia</b> content</li> <li>★ (#) participants enrolled for each cycle</li> <li>★ (%) African American men enrolled for each cycle</li> <li>★ (#) participants completed each cycle</li> <li>★ (%) African American men completed each cycle</li> <li>★ (#) Facilitator Debriefing Sessions per cycle</li> <li>★ (#) Observations of facilitators per (required time period)</li> <li>★ (#) Pre-Intervention Assessment Surveys completed</li> <li>★ (#) Participant Satisfaction Surveys completed</li> <li>★ (#) Post-Intervention Assessment Surveys completed</li> <li>★ (#) Follow-up Assessment Surveys completed</li> </ul>

# Getting Started

## Agency Assessment

If you are considering **Nia** as a prevention program, it is important to assess whether or not this intervention is appropriate for your agency. First, check your agency's cultural competency for implementing an intervention designed for African American men who have sex with women. Then, look at other ways in which the intervention may or may not be a good fit for your agency. One way to do this is with the checklist below.

## Checklist of Appropriateness of Intervention

The purpose of this checklist is to stimulate thinking and engage key people in dialogue, so they might ask each other the right questions to determine if your agency should implement **Nia**. The checklist also provides questions agencies need to explore when thinking about adapting the intervention and making any organizational changes required to implement the intervention. This checklist is not exhaustive, so add any agency-specific questions you feel are needed.

- ★ Does **Nia** fulfill the mission of your agency?
- ★ Does your agency have the resources necessary for the intervention?
- ★ Would **Nia** serve the needs of your population?
- ★ Does **Nia** address the factors that put individuals in your target population at risk?
- ★ Will any of your agency's organizational practices change as a result of implementing **Nia**?
- ★ What type of organizational changes will need to occur?
- ★ Will implementing **Nia** change your agency's relationship with prevention and/or services agencies?
- ★ Does your target population need an intervention which deals with safer sex decision-making skills and the negotiation of safer sex practices?
- ★ How does **Nia** fit into your current prevention services?
- ★ Will **Nia** be more effective than current prevention services for the target population?
- ★ What is your agency's philosophy of prevention? What are the values, attitudes, and beliefs of your staff about prevention? What is your staff's commitment to prevention services for individuals who are at high risk for HIV?
- ★ What were your agency's prior prevention programs, and how effective were those programs?
- ★ Does your agency have the resources necessary for the intervention?

## Agency Readiness Assessment

If you decide **Nia** is appropriate for your agency, you will then need to check your agency's readiness to implement the **Nia** intervention, in terms of commitment, capacity, and resources. On page 16 is a brief self-assessment form intended to help you in this process. Additional information about most topics listed can be found in this guide and/or the **Nia** package appendices; where information is not otherwise available, the form references the Program Manager's Guide. See the first column in the form for relevant document(s) and page number(s).

In general, commitment refers to an agency's resolve to assign the time, effort, and funding or other resources needed to implement the intervention. For example, if an agency wants to use a current employee as one of the **Nia** facilitators, they need to commit to assigning a large portion of that person's existing duties to a different or new employee. It is also important to have the commitment of any staff members who will impact or be impacted by the program. For example, the front desk person might have to stay late one day a week to keep the doors open for group members.

Capacity refers to the ability of the agency to add **Nia** to their current programs without damaging existing services. For example, a small agency may have only one program manager who is already working at full capacity. If that person has to spend 50 percent of his/her time on **Nia** during the start-up period, the agency may not have staffing options to deal with the program manager's other duties, even on a short-term basis.

Resources include funding, staff, space, and equipment, but it can also refer to collaborations, existing or potential. For example, if an agency does not have a group meeting space or the funds to rent one, they still might have the resources to provide this through an agreement with another organization. One of the reasons to look at resources at this point is to ensure your budget reflects the actual funds needed to implement the intervention.

Commitment, capacity, and resources will vary depending on the topic area in the assessment form. For example, the sixth topic is "access to Community Advisory Board (CAB) to review all materials for cultural sensitivity." Commitment here would refer to the agency's commitment to use their CAB for this program, the CAB members' willingness to review **Nia** materials, and, if no CAB exists, the staff commitment to spend the time and effort involved in recruiting members and setting up the board. Capacity would refer to the staff being able to find and motivate appropriate members, schedule and run meetings, and adapt materials as suggested. Resources could include a meeting space, funds or donations for snacks or other incentives, and equipment for showing **Nia** videos and movie clips.

In order to help your agency measure its readiness to implement **Nia**, please think about each item on the Agency Readiness Self-Assessment form on pages 16-18. Decide whether or not your agency has the adequate commitment, capacity, or resources needed. If so, indicate that by placing a check mark (✓) in each appropriate column. Make notes

in the “Ways to Improve Readiness” column for each topic about how you plan to build your commitment, capacity, or resources in that area.

Even if you place a check in all three columns of each question, it is possible to improve your agency’s ability to implement **Nia** with success. The CDC funds a number of training and capacity building organizations; many of these specialize in behavioral interventions like **Nia**. You can find more information and available trainings at [www.cdc.gov/hiv/cba](http://www.cdc.gov/hiv/cba) or work with your project officer or contract manager to identify the best resources for your agency.

If your agency has identified any barriers to being fully ready to implement **Nia**, the next step is to develop a plan to address each of the barriers individually. It is important that your agency look for ways to involve the community in the process of overcoming the identified barriers. Identify the many types of people and organizations that can help you make **Nia** a success with your clients; getting them to “buy in” to what you are doing is a crucial step. These people and organizations are your stakeholders. See the Securing Stakeholders’ “Buy-in” section, starting on page 34, for more information and related forms.

Another important step is to identify one or more people willing to serve as the intervention champion. Someone enthusiastic and knowledgeable about **Nia** may have the most success helping to secure “buy-in” and in building commitment, capacity, and/or resources necessary for implementation. If your agency does not have and cannot find anyone who is willing to be a champion for **Nia**, it may be a sign that this intervention is not right for your agency. For example, if your agency is having trouble finding a group facilitator, you could identify other agencies in your area that conduct small groups with a similar population. Your champion could ask each if they would be willing to collaborate with you on implementing **Nia**. If they are open to the idea, the champion can set up a meeting to discuss sharing their facilitators and what you might provide to their agency in return. You might also consider other ways to work together. These could include:

- ★ Setting up a Community Advisory Board,
- ★ Renting/borrowing a meeting space for groups,
- ★ Recruiting participants,
- ★ Conducting evaluation,
- ★ Securing incentives,
- ★ Reviewing movies for potential new clips, and
- ★ Sharing equipment.

## Agency Readiness Self-Assessment

Does Our Agency Have What is Needed for Nia?	Commitment	Capacity	Resources	Ways To Improve Readiness
1. To implement the entire six hours of the <b>Nia</b> intervention multiple times? (Starter Kit: page 3)				
2. To complete 3 days of training on <b>Nia</b> ? (Starter Kit: pages 21, 46)				
3. To evaluate original videos and clips and, as needed, select and edit up to four new videos and six scenes from popular movies appropriate for target population? (Starter Kit: page 20, and <b>Appendix G</b> )				
4. Sufficient funds to implement <b>Nia</b> ? (Starter Kit: pages 19-25)				
5. Access to Program Review Panel to review all materials for appropriateness? ( <b>Appendix B</b> )				

## Agency Readiness Self-Assessment

Does Our Agency Have What is Needed for Nia?	Commitment	Capacity	Resources	Ways To Improve Readiness
6. Access to Community Advisory Board to review all materials for cultural sensitivity? (Appendix F)				
7. Access to possible recruitment venues that are frequented by men who have sex with women? (Program Manager's Guide, page 60)				
8. Access to and rapport with target population? (Starter Kit: page 44)				
9. Access to location appropriate for conducting <b>Nia</b> groups (large enough for up to 12 people to sit in circle, plus equipment in #10 below)? (Program Manager's Guide, pages 58-59)				
10. Access to TV/VCR or DVD player with remote, easel, easel chart paper, and markers? (Starter Kit: pages 21, 23-24)				
11. Ability to generate database for data collected, manage database, and use basic commands for aggregating and reporting data? (Program Manager's Guide, page 80)				

## Agency Readiness Self-Assessment

Does Our Agency Have What is Needed for Nia?	Commitment	Capacity	Resources	Ways To Improve Readiness
12. One program manager to conduct evaluation and QA activities @ 50% full-time (FTE) during preparation stage/25% FTE during delivery of sessions? (Starter Kit: pages 20-22)				
13. One experienced, culturally competent male facilitator, preferably a peer, at 100% FTE? (Starter Kit: pages 20-22, 44, and <b>Appendix C</b> )				
14. One experienced, culturally competent female facilitator who is assertive and non-threatening at 100% FTE? (Starter Kit: pages 20-22, 44, and <b>Appendix C</b> )				
15. One or more people who are willing to serve as “Nia’s champion”? (Starter Kit: page 15)				

## **Implementation Plan**

Implementation plans are an effective way for your agency to organize all the different tasks and activities involved in preparation for, delivery of, and maintenance of an intervention. This section includes information on creating an implementation plan that is right for your agency. It also provides samples of the three most important parts of a plan: a budget or cost sheet, a list of the major tasks for your agency, and an implementation timeline.

## **Plan Monitoring**

In order to obtain funding for the **Nia** intervention, you probably already have created a basic implementation plan. As you review the samples that follow, look at how you might improve your current plan and make it more specific. It is important to ensure that the budget includes all expenses and considers the number of cycles of **Nia** your agency plans to conduct. Adjust the implementation timeline to reflect your agency's current situation, including other projects, staff issues and facilitator availability.

As a program manager, you are responsible for making sure the plan for implementation of **Nia** is followed, including managing the costs. From the beginning of the project, you will need to monitor the plan, especially spending. Other parts that require early monitoring are planning for evaluation, securing "buy-in", and preparing the staff. Establish how you will keep track both of the budget and the implementation timeline, as well as a process for making adjustments as needed.

As your facilitators prepare to deliver **Nia**, you will need to keep track of their progress. You will also want to look at how well they are doing their tasks, particularly when they begin holding groups.

## **Sample Cost Sheet**

There is an increasing need for efficient use of HIV prevention dollars. With the exception of personnel costs, **Nia** can be implemented with relatively few expenses. The following information and sample cost sheet are provided to help your agency in creating or refining a budget for **Nia**.

As with any group-level intervention, there are expenses related to the phases before, during, and after the sessions. The start-up costs are largely one-time expenses, such as purchasing a TV or sending staff for training. A few issues, such as turnovers in the intervention team, may require your agency to pay for some of these costs again. Both before the first session and over time, your agency may decide to replace outdated videos or movie clips. Delivery expenses are necessary for each implementation of the entire intervention, referred to as a "cycle." Delivery includes activities that occur before and after the sessions, such as enrollment of participants and post-cycle evaluation, as well as the actual sessions. Certain activities, such as recruitment of participants, begin during start-up but continue throughout the entire implementation process.

To conduct **Nia**, your agency will need two experienced and culturally competent group facilitators, one male and one female, for each population for whom **Nia** sessions will be offered. Your agency also will need a program manager, who will supervise the facilitators, and an administrative staff person or additional time from either the program manager or facilitators. The “Full Time Employee” (FTE) percentages for the staff members will vary; more time is required during the start-up period. If an employee is paid on an hourly basis, compute their salary accordingly. For more details about staffing, see pages 44-47.

Typically, an agency will need at least 30 hours to identify and acquire six movie clips to use during the sessions. The actual number of hours and costs for selecting the clips will depend on staff knowledge of movies and appropriate clips, and the number of populations who will be receiving the intervention. More time will be required if your agency also decides to replace the videos or to combine clips on a single VCR tape or DVD disk. The cost sheet assumes that agency staff will be able to locate the clips to be used in **Nia**. If this is not the case, you will need to add contractual costs for production services.

This guide includes a blank cost sheet. Your agency should fill in the blank sheet with their actual costs and calculate based on those costs. When using the cost sheet to create a budget, presume that there will be no donations, volunteers, or in-kind contributions unless you have confirmed sources for those expenses. Multiply the delivery costs, which are based on one **Nia** cycle in the cost sheet, by the planned number of cycles.

The cost sheet lists the expense categories to consider when implementing the **Nia** intervention. There are two sets of columns for expenses: one for the start-up costs, lettered “A-E”, and another for the cost per cycle of **Nia**, lettered “F-J”. Columns “E” and “J” contain simple formulas that can be used to come up with the costs; all involve multiplying the information in two or more of the preceding columns. Note that the cost sheet formula in “E” for the program manager is  $(A*B*C*D)$ ; the letters refer to the columns and the “\*” means to multiply. Compare the cost sheet with the example in Figure C, which is described below and can be found on the next page.

Fill in the blanks in the sheet with actual costs for both start-up and delivery. A number of line items ask for the cost per week; to determine this figure, take the yearly cost and divide it by 52. For example, if the program manager’s salary is \$33,800 per year, determine the portion of that salary paid per week ( $\$33,800/52 = \$650$ ) and enter this in the two “Salary per week” columns (D and I). Multiply the numbers in columns A (1), B (50% or .50), C (12), and D (\$650) of the program manager row, and put the total in column E of the same row; the total for our example is \$3,900. Multiply columns F, G, H, and I, and put the total in column J; the total for our example is \$650. Round all figures to the nearest dollar. Figure C shows the start-up segment of the cost sheet filled in for this example.

**Figure C:** Sample of **Nia** start-up costs for program manager with \$33,800 annual salary.

Expense Categories	Start-up				Start-up Totals
	A	B	C	D	E
Personnel	# staff	% FTE time spent on Nia	# of weeks	Salary per Week	
Program Mgr.	1	50%	12	\$650	\$3,900

Both facilitators will need to be compensated for their time spent attending the Training of Facilitators course (three days) and any other required training, adapting or customizing the intervention, recruiting participants, and practicing during pre-implementation. Intervention delivery time includes continued recruiting, interviewing participants, review before each session, travel to the sessions, session preparation and delivery, and debriefing. It assumes weekly sessions for two weeks, plus a week for preparation and another for wrap-up.

The cost sheet can be modified based on agency circumstances. For example, the number of weeks estimated for pre-implementation and delivery of the intervention may need to be adjusted based on the program manager being responsible for other projects. Some of the equipment listed in the cost sheet is optional, though helpful, such as a computer and copier. Travel costs for any additional training courses may be added or lodging costs deleted if the training is nearby. Your agency may also want to add or subtract items from the supply list. Incentives, if used, should be itemized.

Figures are based on one implementation of the complete intervention cycle to one target population. Additional facilitators may be needed for each implementation delivered to a different target population, as well as additional start-up time and certain supplies. Fringe benefits are presumed to be 25%; your agency should adjust this percentage as needed to be accurate. This cost sheet lists a DVD player and DVDs; if a VCR is to be used, substitute VCR player and VHS tapes.

Intervention delivery costs for this cost sheet are based on one cycle with an average of 10 participants' times two sessions (20). If your agency chooses the three or four session option or decides to conduct an introductory meeting or reunion meeting, the costs related to sessions should be adjusted to reflect those changes. For example, if name badges are provided, you will need one badge per participant for each session. Some costs will not change. For example, your agency will need one Pre-Intervention Assessment Survey and three Personal Feedback Report (PFR) forms per participant for each cycle of **Nia**, no matter how many sessions are held.

Nia Cost Sheet

Expense Categories	Start-up				Start-up Totals	Delivery				Delivery Totals
	A	B	C	D	E	F	G	H	I	J
<b>Personnel</b>	<b># Staff</b>	<b>% FTE time spent on Nia</b>	<b># of weeks</b>	<b>Salary per week</b>		<b># staff</b>	<b>% FTE time spent on Nia</b>	<b># of weeks</b>	<b>Salary per week</b>	
Program Manager	1	50%	12	\$	(A*B*C*D)	1	25%	4	\$	(F*G*H*I)
Admin. Assistant	1	20%	8	\$	(A*B*C*D)	1	10%	2	\$	(F*G*H*I)
Facilitators	2	100%	10	\$	(A*B*C*D)	2	25%	4	\$	(F*G*H*I)
			<b>Start-up Personnel Costs (Total Column E above for all staff)</b>	\$				<b>Delivery Personnel Costs (Total Column J above for all staff)</b>	\$	
Fringe benefits				25%	(C*D)				25%	(H*I)
<b>Location(s)</b>		<b>Cost per week</b>	<b># of weeks</b>	<b>% time used for Nia</b>			<b>Cost per week</b>	<b># of weeks</b>	<b>% time used for Nia</b>	
Office rent		\$	12		(B*C*D)		\$	4		(G*H*I)
Utilities		\$	12		(B*C*D)		\$	4		(G*H*I)
Telephone/fax		\$	12		(B*C*D)		\$	4		(G*H*I)
Upkeep		\$	12		(B*C*D)		\$	4		(G*H*I)
Insurance		\$	12		(B*C*D)		\$	4		(G*H*I)
Small group meeting space rent		\$	0	0	(B*C*D)		\$	2		(G*H*I)

## Nia Cost Sheet

Expense Categories	Start-up				Start-up Totals	Delivery				Delivery Totals
	A	B	C	D	E	F	G	H	I	J
<b>Nia equipment</b>			# needed	Cost each				# needed	Cost each	
Television			1	\$	(C*D)			0	\$	(H*I)
DVD player with remote			1	\$	(C*D)			0	\$	(H*I)
Easel			1	\$	(C*D)			0	\$	(H*I)
<b>Other equipment</b>		Cost per week	# of weeks	% time used for Nia			Cost per week	# of weeks	% time used for Nia	
Computer		\$	12		(B*C*D)		\$	4		(G*H*I)
Copier		\$	12		(B*C*D)		\$	4		(G*H*I)
Equipment maintenance		\$	12		(B*C*D)		\$	4		(G*H*I)
Internet service		\$	12		(B*C*D)		\$	4		(G*H*I)
<b>Condoms:</b>		# needed	Unit	Cost per unit			# needed	Unit	Cost per unit	
Male		0	dozen	\$	(B*D)		2	dozen	\$	(G*I)
Female		0	each	\$	(B*D)		2	each	\$	(G*I)
Individual lubricant ("lube") packets		0	dozen	\$	(B*D)		2	dozen	\$	(G*I)
<b>Anatomical models:</b>		# needed	Unit	Cost per unit			# needed	Unit	Cost per unit	
Male		6 - 10	each	\$	(B*D)		0	each	\$	(G*I)
Female		1	each	\$	(B*D)		0	each	\$	(G*I)

Nia Cost Sheet

Expense Categories	Start-up				Start-up Totals	Delivery				Delivery Totals
	A	B	C	D	E	F	G	H	I	J
<b>Video supplies</b>		# needed	Unit	Cost per unit			# needed	Unit	Cost per unit	
Movies		6	each	\$	(B*D)		0	each	\$	(G*I)
Educational videos		4	each	\$	(B*D)		0	each	\$	(G*I)
Blank DVDs		2	each	\$	(B*D)		0	each	\$	(G*I)
<b>Office supplies:</b>		# needed	Unit	Cost per unit			# needed	Unit	Cost per unit	
Paper (white)		1	ream	\$	(B*D)		1	ream	\$	(G*I)
Paper (colored)		0	ream	\$	(B*D)		1	ream	\$	(G*I)
Certificate paper		0	package	\$	(B*D)		1	package	\$	(G*I)
Pens		1	dozen	\$	(B*D)		1	dozen	\$	(G*I)
Name badges		0	each	\$	(B*D)		20	each	\$	(G*I)
Easel paper		0	pad	\$	(B*D)		2	pad	\$	(G*I)
Markers		0	package	\$	(B*D)		1	package	\$	(G*I)
Push pins		0	box	\$	(B*D)		1	box	\$	(G*I)
Masking tape		0	roll	\$	(B*D)		1	roll	\$	(G*I)
<b>Other expenses:</b>	# of units	Cost per unit	Unit	% time used for Nia		# of units	Cost per unit	Unit	% time used for Nia	
Postage & mailing	12	\$	week		(A*B*D)	4	\$	week		(F*G*I)
Printing Pre-Assessment	0	\$	each	0	(A*B*D)	10	\$	each	100%	(F*G*I)
Printing PFR posters/forms	3 posters	\$	each	0	(A*B*D)	30 forms	\$	each	100%	(F*G*I)
Copying & other printing	12	\$	week		(A*B*D)	4	\$	week		(F*G*I)

## Nia Cost Sheet

Expense Categories	Start-up				Start-up Totals	Delivery				Delivery Totals
	A	B	C	D		E	F	G	H	
<b>Recruitment &amp; Retention</b>		# needed	Unit	Cost per unit			# needed	Unit	Cost per unit	
Information sheets/flyers		0	each	\$	(B*D)		100	each	\$	(G*I)
Incentives (optional)		0	each	\$	(B*D)		20	each	\$	(G*I)
Catering/ Refreshments		0	per participant	\$	(B*D)		20	per participant	\$	(G*I)
<b>Travel</b>	# staff	# needed	Unit	Cost per unit		# staff	# needed	Unit	Cost per unit	
To/from intervention site (if other than regular work place)	0	0	mile	\$	(A*B*D)	2		mile	\$	(F*G*I)
To Training of Facilitators (ToF)	3	1	trip	\$	(A*B*D)	0	0	trip	\$	(F*G*I)
Food during ToF	3	3	per day	\$	(A*B*D)	0	0	per day	\$	(F*G*I)
Lodging during ToF	3	3	per day	\$	(A*B*D)	0	0	per day	\$	(F*G*I)
<b>TOTALS</b>										

## Sample Task List

A sample task list for **Nia** implementation follows. Tasks include intervention planning and other start-up activities, conducting **Nia** sessions, and other aspects of evaluating and maintaining the intervention. It is based on the assumption that your agency already has assessed the community, secured funds for the intervention, and hired staff.

Your agency should modify this task list to fit your organization’s circumstances, including adding sub-tasks as needed. You may have already done certain tasks, such as “secure ‘buy-in’,” but they are included in this plan because of their importance to intervention success. You also can use the plan to assign staff to specific tasks or sub-tasks and to set deadlines for completion of tasks.

Once you have adjusted the task list, you can create a timeline to match and make any budgetary changes that are needed. **These three documents together make up your implementation plan.** Carefully monitor this implementation plan all during **Nia** cycles and make adjustments as needed.

### **Nia Implementation Tasks and Sub-tasks**

<b>Tasks</b>	<b>Sub-tasks</b>	<b>Staff Assigned</b>	<b>Notes</b>
I. Customize implementation plan.	<ul style="list-style-type: none"><li>★ Review task list, timeline, and budget.</li><li>★ Modify task list according to agency needs.</li><li>★ Modify timeline to match task list.</li><li>★ Modify budget to reflect any changes related to costs.</li><li>★ Assign staff to each task/sub-task.</li></ul>		
II. Monitor implementation plan (task list, timeline, and budget).	<ul style="list-style-type: none"><li>★ Track tasks on timeline.</li><li>★ Adjust timeline as needed.</li><li>★ Track costs.</li><li>★ Adjust budget as needed.</li></ul>		

Tasks	Sub-tasks	Staff Assigned	Notes
III. Prepare to manage staff.	<ul style="list-style-type: none"> <li>★ Create quality assurance (QA) plan.</li> <li>★ Arrange needed training and skills-building.</li> </ul>		
IV. Develop evaluation plan.	<ul style="list-style-type: none"> <li>★ Review evaluation requirements for funding agency.</li> <li>★ Review and customize <b>Nia</b> evaluation forms as needed.</li> <li>★ Develop plan of when, why, and how to use and submit forms.</li> <li>★ Develop system to follow participants if doing Follow-up Assessment Survey.</li> </ul>		
V. Secure “buy-in.”	<ul style="list-style-type: none"> <li>★ Identify stakeholders.</li> <li>★ Identify roles for stakeholders.</li> <li>★ Involve stakeholders.</li> </ul>		
VI. Prepare for delivery.	<ul style="list-style-type: none"> <li>★ Attend training course(s) as needed.</li> <li>★ Coordinate duties with co-facilitator.</li> <li>★ Review <b>Nia</b> materials.</li> <li>★ Customize materials as needed.</li> <li>★ Prepare materials for session practice.</li> <li>★ Participate in session practice.</li> </ul>		

Tasks	Sub-tasks	Staff Assigned	Notes
VII. Select new videos and clips.	<ul style="list-style-type: none"> <li>★ Review original videos and clips.</li> <li>★ Decide which need to be replaced.</li> <li>★ Find potential replacements.</li> <li>★ Select best replacements with community input.</li> </ul>		
VIII. Schedule sessions.	<ul style="list-style-type: none"> <li>★ Select meeting space.</li> <li>★ Select meeting dates and times.</li> <li>★ Set schedule.</li> <li>★ Confirm space.</li> </ul>		
IX. Recruit participants.	<ul style="list-style-type: none"> <li>★ Develop recruitment plan.</li> <li>★ Customize marketing materials.</li> <li>★ Obtain appropriate incentives. (optional)</li> <li>★ Conduct recruitment.</li> <li>★ Screen clients for appropriateness.</li> <li>★ Review recruitment plan</li> </ul>		
X. Enroll participants.	<ul style="list-style-type: none"> <li>★ Follow-up with interested clients.</li> <li>★ Obtain consent as needed and follow-up information if doing Follow-up Assessment Survey.</li> <li>★ Conduct Pre-Intervention Assessment Survey.</li> <li>★ Assign to group.</li> </ul>		

<b>Tasks</b>	<b>Sub-tasks</b>	<b>Staff Assigned</b>	<b>Notes</b>
XI. Prepare session materials.	<ul style="list-style-type: none"> <li>★ Prepare Personal Feedback Report (PFR) forms.</li> <li>★ Print or gather other materials for sessions.</li> </ul>		
XII. Manage quality assurance plan.	<ul style="list-style-type: none"> <li>★ Monitor staff using the quality assurance plan.</li> <li>★ Address issues that are found using the plan.</li> <li>★ Hire and train new staff as needed.</li> </ul>		
XIII. Monitor evaluation plan.	<ul style="list-style-type: none"> <li>★ Brief staff on plan for collecting data.</li> <li>★ Distribute and collect forms.</li> <li>★ Enter data.</li> <li>★ Submit data to funding agency, as required.</li> <li>★ Monitor system to follow participants if doing Follow-up Assessment Survey.</li> </ul>		
XIV. Conduct sessions.	<ul style="list-style-type: none"> <li>★ Set up space.</li> <li>★ Bring all materials required for session.</li> <li>★ Greet participants.</li> <li>★ Deliver content.</li> </ul>		
XV. Evaluate sessions.	<ul style="list-style-type: none"> <li>★ Complete Session Evaluations and Consistency Outlines at end of each session.</li> <li>★ Have participants complete Participant Satisfaction Survey at end of last session.</li> <li>★ Turn in all evaluation materials.</li> </ul>		

Tasks	Sub-tasks	Staff Assigned	Notes
XVI. Debrief sessions.	<ul style="list-style-type: none"> <li>★ Schedule debriefings.</li> <li>★ Attend debriefings.</li> <li>★ Complete debriefing forms.</li> </ul>		
XVII. Analyze data.	<ul style="list-style-type: none"> <li>★ Summarize collected evaluation data.</li> <li>★ Compare data to evaluation plan.</li> </ul>		
XVIII. Use evaluation data to improve program.	<ul style="list-style-type: none"> <li>★ Review <b>Nia</b> data for places where the program could be improved.</li> <li>★ Modify implementation plan as needed.</li> <li>★ Modify quality assurance plan as needed.</li> <li>★ Modify evaluation plan as needed.</li> <li>★ Make any other needed changes.</li> </ul>		
XIX. Use evaluation data to improve session delivery.	<ul style="list-style-type: none"> <li>★ Review <b>Nia</b> data for places where session delivery could be improved.</li> <li>★ Re-customize delivery of <b>Nia</b> sessions as indicated.</li> <li>★ Re-customize <b>Nia</b> materials as indicated.</li> <li>★ Practice using changes.</li> </ul>		

Tasks	Sub-tasks	Staff Assigned	Notes
XX. Maintain “buy-in.”	<ul style="list-style-type: none"> <li>★ Check-in with current stakeholders about renewing commitment.</li> <li>★ Identify roles that need to be filled.</li> <li>★ Review stakeholder files and check-in with people/agencies that couldn’t “buy-in” before.</li> <li>★ Match newly committed stakeholders to appropriate roles.</li> </ul>		
XXI. Conduct Post-Intervention Assessment and, if doing, Follow-up Assessment Surveys.	<ul style="list-style-type: none"> <li>★ Have participants complete Post-Intervention Assessment Survey at end of last session.</li> <li>★ Track participants after cycle ends.</li> <li>★ Contact past participants regarding follow-up.</li> <li>★ Conduct Follow-up Assessment Surveys.</li> </ul>		

## **Sample Implementation Timeline**

A suggested implementation timeline follows on the next page. Like the task list, it is based on the assumption that your agency has already assessed the community, secured funds for the intervention, and hired new or reassigned in-house staff prior to the first week. Just as your agency adjusted the sample task list to fit agency needs, you will revise this timeline to match.

The implementation timeline lists the major responsibilities related to properly implementing the **Nia** intervention. The “Staff” column contains suggestions for which position(s) might be assigned each task, using the abbreviations “PM” for Program Manager and “F” for Facilitator(s). Agencies may identify additional tasks or assign some of these responsibilities to different staff.

The tasks are listed in two week segments except for the last two columns, which are in four week segments. Your agency may prefer to create a timeline using a different breakdown, such as one week segments. You may also extend the timeline to include your entire funding period or multiple cycles of **Nia**.

The timeline assumes that the Follow-up Assessment Survey (part of Task XXI) will be conducted two months after the end of each cycle. If your agency chooses a different follow-up period, the timeline should reflect that change.

### Sample Implementation Timeline

Tasks	Staff	Weeks 1 & 2	Weeks 3 & 4	Weeks 5 & 6	Weeks 7 & 8	Weeks 9 & 10	Weeks 11 & 12	Weeks 13 & 14	Weeks 15 & 16	Weeks 17-20	Weeks 21-24
I. Customize implementation plan.	PM	X									
II. Monitor implementation plan.	PM	X	X	X	X	X	X	X	X		
III. Prepare to manage staff.	PM	X	X								
IV. Develop evaluation plan.	PM	X									
V. Secure “buy-in.”	PM	X	X	X	X	X	X	X	X		
VI. Prepare for delivery.	F		X	X	X	X	X	X			
VII. Select new videos and clips.	PM/F		X	X	X	X	X	X			
VIII. Schedule sessions.	PM/F		X								
IX. Recruit participants.	PM/F			X	X	X	X	X	X		
X. Enroll participants.	PM/F				X	X	X	X	X		
XI. Prepare session materials.	F				X	X	X	X	X		
XII. Manage quality assurance plan.	PM				X	X	X	X	X		
XIII. Monitor evaluation plan.	PM				X	X	X	X	X		
XIV. Conduct sessions.	F								X		
XV. Evaluate sessions.	F								X		
XVI. Debrief sessions.	PM/F								X		
XVII. Analyze data.	PM								X	X	
XVIII. Use evaluation data to improve program.	PM								X	X	X
XIX. Use evaluation data to improve session delivery.	F								X	X	X
XX. Maintain “buy-in.”	PM/F								X	X	X
XXI. Conduct Post-Intervention Assessment Survey(s).	PM/F								X	X	X

## Securing Stakeholders’ “Buy-in”

As discussed in the Getting Started section, securing “buy-in” can lead to an increased chance of implementation success. Funders, Executive Board members, Community Advisory Board (CAB) members, agency staff and administration, and other “stakeholders” all need to be committed to **Nia** and see its benefits. The three “Stakeholders Checklists” described below provide step-by-step guides to help the **Nia** champion(s) to obtain this type of support.

There are three main tasks in securing “buy-in”:

- ★ Identifying potential stakeholders,
- ★ Identifying specific roles for your stakeholders to perform, and
- ★ Getting stakeholders informed, supportive, and involved.

The first checklist lists categories of potential stakeholders; in the far right columns, enter the names and contact information of people for each category who might support your agency’s implementation of **Nia**. Ask other staff members and stakeholders for recommendations as well. It is important to update your files about stakeholders regularly.

The second checklist covers potential stakeholder roles. Review the roles listed, and put a check by all the ways you would like to involve stakeholders. Consider where and how your agency would be best served by collaboration with another organization. Prioritize the list to make sure you find support for the most important roles by marking each checked role as “H” (high), “M” (medium), or “L” (low) in the priority column. Using the first checklist, enter the names of the one or more people, groups, or organizations you believe would be the best match for each role. Individuals can be listed more than once, since you may want to give them a choice of the way or ways in which they can support **Nia**. Executive or Community Advisory Board members may want to take on more than one role, and some stakeholders may be interested in becoming board members. However, do plan to involve several people and not burden just a few people with tasks.

Once potential stakeholders and their roles have been identified, use the suggested steps in the third checklist to get stakeholders involved. If desired, make copies of this checklist and put one in a file for each potential stakeholder. This will allow each step in the first column to be checked off as it is performed, as well as providing a place to store other materials related to that person or agency. The last column is a place for notes on your progress with stakeholders; it could also be used to record the date when letters were sent, meetings were arranged, and so on.

All of these checklists can be modified to be more appropriate for your agency. Use rows marked “Other” to add types of stakeholders, roles, or steps that are not listed. The second list can be rearranged in order of priority; steps can be added, rearranged, or deleted on the third list.

## Stakeholders Checklist #1: Potential Stakeholders

Identify your stakeholders, such as those listed below.	Name	Contact Information
Your target population, including traditional and non-traditional gatekeepers to the community	1. 2. 3.	1. 2. 3.
Your agency's Board of Directors/Executive Board	1. 2. 3.	1. 2. 3.
Your agency's Community Advisory Board (CAB)	1. 2. 3.	1. 2. 3.
Your Program Materials Review Board	1. 2. 3.	1. 2. 3.
Staff members from your agency who will have a role in the operation of the intervention or interact with participants at any level	1. 2. 3.	1. 2. 3.
Your funding source	1. 2. 3.	1. 2. 3.
Local health department	1. 2. 3.	1. 2. 3.
Local medical and mental health associations	1. 2. 3.	1. 2. 3.

<b>Identify your stakeholders, such as those listed below.</b>	<b>Name</b>	<b>Contact Information</b>
Local community-based or faith-based organizations (CBOs/ FBOs) offering support groups or other services for people at risk for acquiring or transmitting HIV	1. 2. 3.	1. 2. 3.
Health care providers and mental health professionals serving people at risk for acquiring or transmitting HIV	1. 2. 3.	1. 2. 3.
Social service agencies reaching people at risk for acquiring or transmitting HIV	1. 2. 3.	1. 2. 3.
Substance treatment facilities	1. 2. 3.	1. 2. 3.
Veterans Health Administration (VHA) organizations and facilities	1. 2. 3.	1. 2. 3.
Correctional facilities	1. 2. 3.	1. 2. 3.
Video production groups, such as college video production classes, community cable organizations, corporate video production departments, videographers	1. 2. 3.	1. 2. 3.
Agencies, merchants, printers, publishers, broadcasters, and others involved in advertising or public relations	1. 2. 3.	1. 2. 3.

<b>Identify your stakeholders, such as those listed below.</b>	<b>Name</b>	<b>Contact Information</b>
Other local merchants and businesses:	1. 2. 3.	1. 2. 3.
Other:	1. 2. 3.	1. 2. 3.

## Stakeholders Checklist #2: Potential Stakeholder Roles

\* Mark priority as “H” for High, “M” for Medium, or “L” for Low.

Priority*	√	Potential Roles	Potential Matches
		Provide or obtain financial support.	1. 2. 3.
		Refer men who have sex with women to the intervention.	1. 2. 3.
		Help you find and connect with other stakeholders.	1. 2. 3.
		Serve as or recruit a <b>Nia</b> group facilitator.	1. 2. 3.
		Be a resource to which you can refer participants.	1. 2. 3.
		Join or recruit members for your Community Advisory Board (CAB).	1. 2. 3.
		Help customize or adapt <b>Nia</b> for your target population.	1. 2. 3.
		Help identify appropriate videos and/or movie-quality clips.	1. 2. 3.

Priority*	√	Potential Roles	Potential Matches
		Lend videos or DVDs for duplication.	1. 2. 3.
		Provide equipment access and/or skill to assemble clips on a VCR or DVD.	1. 2. 3.
		Assist in advertising the intervention.	1. 2. 3.
		Provide a room in which the sessions can be held.	1. 2. 3.
		Supply refreshments for participants.	1. 2. 3.
		Donate small incentives or prizes for participants.	1. 2. 3.
		Provide child care.	1. 2. 3.
		Provide transportation.	1. 2. 3.
		Help maintain good relationships with the community and other agencies.	1. 2. 3.

Priority*	√	Potential Roles	Potential Matches
		Speak supportively about <b>Nia</b> in conversations with their associates.	1. 2. 3.
		Other:	1. 2. 3.

### Stakeholders Checklist #3: Getting Stakeholders Involved

Name of stakeholder: \_\_\_\_\_

√	Task	Notes
	Assign staff person to this stakeholder.	
	Create a file for this stakeholder.	
	Send letter to give stakeholder basic information about <b>Nia</b> and <ul style="list-style-type: none"> <li>★ Why it is important to the community</li> <li>★ When your agency is or will be making the intervention available</li> <li>★ What specific role(s) you think that they might play in the success of the intervention</li> <li>★ What they can expect to gain by getting involved</li> <li>★ How they can learn more</li> </ul>	
	Call within two weeks after the letter is sent, and assess their interest.	
	If they are interested, schedule a time to meet and method (e.g., one-on-one, lunch-and-learn at your agency with a group of other stakeholders, presentation at their agency for several of their staff or association members).	
	Hold the meeting, do <b>Nia</b> presentation, and answer questions.	
	If interested, provide stakeholder with more information on <b>Nia</b> and roles they could play. <ul style="list-style-type: none"> <li>★ Emphasize the benefits of their involvement to themselves, their agency, and the community.</li> <li>★ Encourage and answer questions.</li> </ul>	
	Invite them to support <b>Nia</b> by taking on one or more roles.	
	Keep track of responses by recording contacts and responses in a log or other organizational system.	

√	Task	Notes
	If stakeholder makes a commitment, send a thank you letter that specifies the role(s) to which they committed.	
	If collaborating with another agency, establish a memorandum of agreement (MOA) that outlines the expectations for each agency.	
	Schedule an orientation for committed stakeholder and put them to work as soon as possible.	
	Provide brief progress updates regularly.	
	<p>Hold periodic meetings or parties for all stakeholders to keep them engaged.</p> <ul style="list-style-type: none"> <li>★ Acknowledge your appreciation for and the value of their contributions, current or upcoming.</li> <li>★ Update them on the intervention's progress.</li> </ul>	
	<p>If they did not commit, send a letter that:</p> <ul style="list-style-type: none"> <li>★ Thanks them for their time and interest</li> <li>★ Asks them to keep the letter on file in case they reconsider later</li> <li>★ Provides an idea of when/if you will be calling on them again</li> </ul>	
	Other:	

## **Marketing Tools**

**Appendix E** contains two types of materials your agency could use for marketing Nia. The factsheet presents the basics of **Nia** in a condensed format. The marketing piece can be printed and your agency information added.

The marketing piece can be customized for your population, based on your community assessment and with the assistance of your Community Advisory Board (CAB). There is an electronic version of it on the package disc in Microsoft Publisher. This is in addition to the PDF version in **Appendix E**.

# Staffing

## Facilitators

The selection of the facilitators is an important process. The facilitators need to be experienced and skilled in group facilitation; they also need to be culturally competent and have experience working with the target population. Your agency may want to consider selecting and training several facilitators, if you are working with more than one population, such as drug users and college students.

It is important to understand that the facilitators for **Nia** will not serve in the role of counselors. The facilitators guide the participants through the content and conduct the skills-building exercises. The success of the intervention depends in large part on the rapport facilitators are able to build with and among participants.

One of the facilitators will need to be a female, preferably African American, and the other an African American male peer for the population you plan to serve. Delivery experiences found that men were more likely to limit inappropriate sexual talk and “acting out” with a female facilitator present. Having a male facilitator who matches the ethnicity and sexual orientation of the target population will build trust and rapport with participants, as well as a level of comfort within the group.

The personal characteristics of potential facilitators need to be considered. Some are characteristics you would look for in any employee, such as being trustworthy and understanding the importance of confidentiality. Others may be more specific to working with groups, such as the following:

- ★ Are they patient with people?
- ★ Do they show respect for others and their opinions?
- ★ Are they non-judgmental?

**Nia** facilitators should have excellent group facilitation skills or be in the process of improving those general skills. These include keeping the clients engaged, dealing with videos and movie clips, creating a learning environment consistent with male culture, and challenging negative attitudes towards women. The **Nia** package contains tools for evaluating the skills and personal characteristics of potential facilitators (**Appendix C**), as well as skills and tips on group facilitation (**Appendix H**).

The checklist on the next page is designed for self-evaluation by facilitators. Encourage facilitators to review the skills listed, which are the major group facilitation skills needed for **Nia**, and note their strengths and weaknesses. You also might use the list to help you develop interview questions for potential facilitators.

<b>GROUP FACILITATION SKILL</b>	<b>LEVEL OF SKILL</b>			
	<b>No Skill</b>	<b>Get By</b>	<b>Competent</b>	<b>Excel</b>
<b>1.</b> Knowledge of behavioral interventions, group process, and HIV/STDs				
<b>2.</b> Able to create warm and welcoming environment				
<b>3.</b> Able to guide group discussion effectively				
<b>4.</b> Understand and able to adapt to group dynamics				
<b>5.</b> Flexible, an active listener, and willing to learn from the group				
<b>6.</b> Able to promote communication within the group				
<b>7.</b> Maintain eye contact				
<b>8.</b> Able to manage and control problems in the group				
<b>9.</b> Able to get participants involved				
<b>10.</b> Use humor effectively and appropriately				
<b>11.</b> Able to make appropriate referrals to services				
<b>12.</b> Adjust agenda times to meet needs of the group				
<b>13.</b> Able to meet people where they are				
<b>14.</b> Commitment to follow up on deferred questions				
<b>15.</b> Able to deal with crises appropriately				

## **Training**

Once the intervention team has been selected or hired, they will need to be trained on how to implement the **Nia** intervention. The content and materials provided in this guide are further explained at the three day **Nia** Training of Facilitators (ToF) course. A copy of the article on the original research will also be provided at that time. For more information about the training, see the DEBI website [www.effectiveinterventions.org](http://www.effectiveinterventions.org).

You should assess your staff's need for other training as well. You may find that your facilitators need to attend courses on or receive support around group facilitation, adapting evidence-based interventions, or counseling, such as Motivational Interviewing. You can find available trainings by checking the Training Events Calendar on the CDC's Training Events Calendar website ([www.cdc.gov/hiv/cba](http://www.cdc.gov/hiv/cba)) or by working with your project officer or local contract manager.

## **Reviewing Materials**

The facilitators will receive their **Nia** materials at the ToF course and begin their review at that time. On return to the agency, you need to be sure they continue the learning process, paying particular attention to all forms and session content. Since the package is provided electronically, you may allow facilitators to print the entire package for review or to pick and choose the pieces they wish to print.

## **Facilitator Coordination and Practice**

Since **Nia** requires two co-facilitators, they will need to practice working together. The facilitators may begin this process during the **Nia** training course, but you will also want to schedule times after they return to hold simulated **Nia** sessions. This could be a part of your quality assurance plan.

The main goal of these simulated sessions is to give the facilitators an opportunity to spend time getting familiar with the **Nia** content and activities and practice with each other before the sessions begin. In addition, the practice time will give the facilitators a feel for the basic logistics of **Nia**. After a few sessions, the practice will be most helpful if you can get volunteers, such as other staff members, to play the part of participants; it is important to make sure everyone understands their role and the goal of the practice sessions.

The facilitators should decide who will lead which parts of the sessions, even though these roles may be adjusted between practices. Facilitators may also want to practice steps in setting up the movie clips and related discussion. During facilitator coordination and practice, facilitators practice being aware of participant knowledge or lack of knowledge about HIV, awareness of risk, and emotional state. They identify protocols for dealing with specific issues and establish related signals to alert each other. They also practice managing conflict, providing referrals to meet the participants' needs, and other common facilitator responsibilities. The practice sessions will increase the facilitators'

comfort-level with group process and promote flexibility in adjusting the agenda when necessary.

You may want to observe the practice sessions and provide facilitators with feedback; you could also involve other skilled staff in this process. The Session Consistency Outlines can be used to assess whether all the agenda items were covered in the correct order. These forms can be found in **Appendices O** and **T**.

In addition, these sessions can help facilitators assess their facilitation skills. Some potential self-evaluation questions are:

- ★ How did the session facilitation go?
- ★ What went well? Why did it go well?
- ★ What did not go well? Why did it not go well?

The end result of facilitation and practice is that the facilitators will learn and develop strategies for improving their facilitation skills and quality of the session delivery.

### **Technical Assistance (TA)**

One of the materials in the **Nia** intervention package is the Technical Assistance (TA) Guide. The TA Guide was developed as a resource for the provision of TA to agencies that are implementing the **Nia** intervention. The manual provides a review of where to find key information regarding **Nia**, such as the Core Elements and implementation activities. It also addresses common questions that agencies may have regarding planning for and implementing the intervention. If you have a question about implementing **Nia** that is not covered in the guide, contact your funder for help in accessing additional TA.

The appendices to the package can also provide a great deal of information and eliminate the need for some types of TA. See the appendices list on the following page for a brief description of each appendix.

## Appendices List

There are 22 appendices to the **Nia** package, which are described below. Only a few of these are needed by people who are using the Starter Kit to decide whether or not to implement the intervention. These same appendices, which are marked below, are recommended for those using the Starter Kit to prepare for implementation of **Nia** before receiving training and the full package.

### **Appendix A: Replication Case Study Agencies**

Information on the community based organizations that tested the **Nia** package during its development and lessons learned from those experiences (**use with Starter Kit**)

### **Appendix B: CDC Required Materials**

Factsheets, study results, articles, guidelines, and reports provided by the Centers for Disease Control and Prevention (CDC) (see Important Information for Users on page two of this Starter Kit) (**use with Starter Kit**)

### **Appendix C: Quality Assurance Forms**

Sample forms that can be used for quality assurance purposes, such as facilitator evaluations and forms for tracking session consistency (**use with Starter Kit**)

### **Appendix D: Evaluation Field Manual Forms**

Sample forms that can be used for evaluation purposes, such as pre- and post-assessments, process monitoring forms, and participant feedback questions

### **Appendix E: Stakeholder “Buy-in” and Participant Recruitment**

**Nia** factsheet and marketing piece (**use with Starter Kit**)

### **Appendix F: Adaptation**

Overview of adaptation, information on what can be adapted in **Nia** and how to do so, and sample alternate agendas (**use with Starter Kit**)

### **Appendix G: Videos and Movie Clips**

Information on the videos and movie clips used during the research study and sample forms that can be used when selecting replacements (**use with Starter Kit**)

## **Appendix H: Skills and Tips for Group Facilitation**

Information on how to improve your skills as a group facilitator

## **Appendix I: Resources**

Lists of websites that can be useful when implementing **Nia**

## **Appendix J: Pre-Intervention Assessment Survey**

Sample of the required baseline assessment

## **Appendix K: Myths and Facts Activity (Session One)**

Information on and instructions for creating the materials for the Myths and Facts activity

## **Appendix L: PFR-1/Key (Session One)**

Sample of the HIV knowledge form created from participants' Pre-Intervention Assessment Surveys and distributed in Session One and the instructions and key for creating it

## **Appendix M: HIV Risk Continuum Banner and Cards (Session One)**

Information on and instructions for creating the materials for the HIV Risk Continuum activity

## **Appendix N: PFR-2/Key (Session One)**

Sample of the form about safer sex self-efficacy and past sexual behaviors which is created from participants' Pre-Intervention Assessment Surveys and distributed in Session One and the instructions and key for creating it

## **Appendix O: Session Consistency Outline (Session One)**

Checklist of Session One activities that can be used by facilitators or observers to track fidelity to the intervention

## **Appendix P: PFR-3/Key (Session Two)**

Sample of the condom attitudes form created from participants' Pre-Intervention Assessment Surveys and distributed in Session Two and the instructions and key for creating it

### **Appendix Q: Condom Checklist (Session Two)**

Optional handout to be used in connection with the condom demonstration and practice in Session Two

### **Appendix R: Personal Safer Sex Plan Worksheet (Session Two)**

Sample handout to be used in connection with the discussion of the participants' plans for safer sex in Session Two

### **Appendix S: Participant Satisfaction Survey (Session Two)**

Sample document for participants to use to provide feedback after **Nia** sessions

### **Appendix T: Session Consistency Outline (Session Two)**

Checklist of Session Two activities that can be used by facilitators or observers to track fidelity to the intervention

### **Appendix U: Session Evaluation Forms (Sessions One and Two)**

Sample evaluation form that can be used by facilitators or observers to track fidelity to the intervention and process monitoring data

### **Appendix V: Easel Chart Guides**

Sample guides that can be enlarged and used to help facilitators deliver session content