

## ACKNOWLEDGMENTS

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We wish to acknowledge the efforts of the development team of Macro International Inc. and the support of Macro's HIV Project Director, Dr. David Cotton.

It is hoped that this guide will prove useful to those implementing Sister to Sister across the nation. It is our goal to keep this guide and its information as current as possible. To achieve this, we welcome your comments. Please contact Dr. Gilliam, DHAP, CDC, via electronic mail at [aisha.gilliam@cdc.hhs.gov](mailto:aisha.gilliam@cdc.hhs.gov) with any comments or concerns.

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## INTRODUCTION

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### PURPOSE

The *Sister to Sister Evaluation Field Guide* was developed to provide community-based organizations implementing Sister to Sister with systematic methods to conduct evaluation processes and activities that will inform, guide, and assess their Sister to Sister activities and their effectiveness. The evaluation field guide recommends staff responsibilities, indicates how an agency should track intervention activities and collect and manage data, states how data could be analyzed, and suggests plans for the dissemination of the data to Sister to Sister stakeholders. This field guide is designed as a supplement to the Evaluation Capacity Building Guide developed for the Capacity Building Branch (CBB), Division of HIV/AIDS Prevention (DHAP), National Center for HIV, Hepatitis, STD, and TB Prevention, and the Centers for Disease Control and Prevention (CDC) under a contract with Macro International Inc. (CDC, 2008a). (All references can be found in Appendix D.)

This manual is one of several documents disseminated by DHAP to provide information and guidance on HIV prevention program evaluation, data collection, data utilization, and variable use included in CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS). Related documents include:

- ***Evaluation Capacity Building Guide.*** This guide provides an overview of monitoring and evaluating evidence-based interventions, with particular focus on process monitoring and evaluation activities, tools, and templates (CDC, 2008a).
- ***National Monitoring and Evaluation Guidance for HIV Prevention Programs (NMEG).*** This manual provides a framework and specific guidance on using NHM&E DS variables to monitor and evaluate HIV prevention programs (CDC, 2008b).
- ***Program Evaluation and Monitoring (PEMS) User Manual.*** This how-to manual describes the functionality within the application and provides step-by-step instructions for each module within the Web-based software tool. Screenshots, example extracts, and reports are used to illustrate key features included in the PEMS software. You can download this manual at the PEMS Web site (<http://team.cdc.gov>) under Trainings/PEMS User Manual (CDC, 2008c).
- ***National HIV Prevention Program Monitoring and Evaluation Data Set.*** This is the complete list and description of all M&E variables required for reporting to CDC, which are optional for local M&E and specific to certain interventions (CDC, 2008d).

**Disclaimer:** The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Data Set presented in this document are current as of September 2008. Please refer to the PEMS Web site (<https://team.cdc.gov>) for the most current reporting requirements.

These documents provide a foundation for monitoring and evaluating HIV prevention programs and reporting required data using PEMS software. Health departments and organizations directly funded by CDC can request monitoring and evaluation technical assistance through CBB's Web-based system, Capacity Request Information System (CRIS). For more information about and access to CRIS, visit <http://www.cdc.gov/hiv/cba>. Additional information or technical assistance for the National HIV Prevention Program Monitoring and Evaluation Plan and the PEMS software may be accessed through the Program Evaluation Branch's National HIV Prevention Program Monitoring and Evaluation Service Center, which you can reach by calling 1-888-PEMS-311 (1-888-736-7311) or e-mailing [pemsservice@cdc.gov](mailto:pemsservice@cdc.gov); visiting the PEMS Web site (<https://team.cdc.gov>); or contacting the DHAP Help Desk (1-877-659-7725 or [dhapsupport@cdc.gov](mailto:dhapsupport@cdc.gov)).

## MODIFYING MATERIALS

The evaluation questions and data collection forms contained in this document are very general in nature. These questions and data collection forms reflect the reporting requirements of CDC<sup>1</sup> and the basic monitoring and evaluation requirements of Sister to Sister. Your agency may have additional reporting requirements or you may have information needs within your organization that are not reflected in the evaluation questions or data collection forms. The data collection forms and questions can be modified to reflect the needs of your organization. The *Evaluation Capacity Building Guide* provides additional information on developing an agency-specific evaluation plan (CDC, 2008a).

## ORGANIZATION OF THIS DOCUMENT

Section 1 of this document contains an overview of CDC's reporting requirements for Sister to Sister. Section 2 contains the evaluation objectives, followed by evaluation questions. A brief narrative that describes the relevance of the question follows each question. The table below each question provides a list of data that would answer the question, methods that can be used to obtain the data, and recommendations on how to analyze the data so that you can use the information to enhance your implementation of Sister to Sister and plan future implementation. Section 3 has data collection tables that summarize the data collection activities (arranged by Sister to Sister primary activities), recommend data collection schedules, provide a brief description of agency resources needed, and suggest ways to use the data. Section 4 includes all the required and optional Sister to Sister instruments. Each evaluation instrument is arranged by Sister to Sister activity. The appendices consist of the Sister to Sister behavioral risk analysis (Appendix A), logic model (Appendix B), and a list of the required NHM&E DS variables for 2008 (all of which may not be required for this intervention) (Appendix C).<sup>2</sup>

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<sup>1</sup> NHM&E DS variables for program planning, HIV testing, and agency data were finalized for January 1, 2008 reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating the Sister to Sister in its entirety. They also are designed to capture most program planning and client services NHM&E DS variables. Agencies should check with their CDC Project Officer or other contract monitors specific reporting requirements Sister to Sister.

<sup>2</sup> The variable requirements in Appendix D are for the January 1 and July 1, 2008 data collection periods, excluding variable requirements for HIV Testing and Partner Counseling and Referral Services (PCRS). Since this document only provides a summary of the requirements, please refer to the NHM&E DS (CDC, 2008d) for a more detailed description of definitions and value choices.

The development of the *Sister to Sister Evaluation Field Guide* was informed by the development of a behavioral risk analysis and logic model. The risk analysis explores possible circumstances that may place members of the target population at risk for acquiring or transmitting HIV and factors that may contribute to that risk. The conceptual framework links the types of intervention activities to the risk and protective factors identified in the behavioral risk analysis. The logic model describes the relationships between risk behaviors, the activities of the intervention, and the intended outcomes. These appendices are on the basis of program materials and consultations with members of the Science Application Team within the CBB.

## **THEORETICAL BASIS AND CORE ELEMENTS**

Sister to Sister is a brief (20–30 minutes), one-on-one, skill-based intervention. It is designed to promote condom use and increase condom negotiation skills among heterosexual African American women ages 18–45 years. The objectives of Sister to Sister are to

- identify the correct information regarding the transmission, etiology, and prevention of HIV;
- identify their feeling of being personally vulnerable to HIV;
- identify and demonstrate the correct steps to using a condom and show the steps on a penis model;
- explain that condoms can be made to be a pleasurable part of the sexual experience.

The intervention goals are to

- increase participants' perceived vulnerability to HIV/STIs,
- build participants' self-efficacy and skills to use condoms correctly and consistently,
- improve participants' self-efficacy and skills to negotiate condom use or abstinence with their partners,
- bolster positive beliefs/outcome expectancies regarding condom use.

The beliefs targeted for change are

- sexual pleasure belief (the belief that condoms interfere with sexual pleasure);
- partner reaction belief (the belief that their partner may hit them, leave them, or find another woman);
- prevention belief (the belief that condoms prevent HIV/STIs).

Sister to Sister was developed on the basis of the Social Cognitive Theory (SCT), which states that one's decision to engage in a behavior (or not) is on the basis of that person's knowledge of and skills related to the behavior and confidence to perform the behavior, and the belief that the behavior will produce an outcome that is desirable to both the individual and his or her peers weighed against the risk of not engaging in the behavior (Bandura, 1982, 1986, 1989; O'Leary, 1985). More specifically, Sister to Sister focuses on four constructs of SCT.

- Expectations: Anticipated outcomes of a behavior (e.g., health outcome, peer response)
- Expectancies: The given values (positive or negative) that the person places on a given outcome
- Behavioral capability: One’s knowledge and skill to perform a given behavior
- Self-efficacy: The person’s confidence in performing a particular behavior

Through information sharing, modeling and skills building, Sister to Sister addresses these constructs (sometimes referred to as behavioral determinants) to influence participants’ expectations regarding condom use as positive and to build their skills and self-efficacy to use condoms correctly and to negotiate condom use. Sister to Sister was demonstrated to be effective in helping African American women change behaviors that place them at risk for HIV/STIs by increasing their knowledge of sexually transmitted disease (STD)/HIV transmission, helping them make a more realistic assessment of their personal risk, and increasing the condom negotiation and safe sex skills.

Sister to Sister has been demonstrated to be effective in helping African American women between the ages of 18 to 45 years to change behaviors that place them at risk for HIV/STIs. There are seven core elements of Sister to Sister (see Table 1). According to CDC, “Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based; they are thought to be responsible for the intervention’s effectiveness. Core elements are essential and cannot be ignored, added to, or changed.” (CDC, April 2006). The core elements are categorized into two groups: content and implementation. Content core elements are the essential “WHAT” taught by the intervention that is believed to change risk behaviors. Implementation core elements are the essential characteristics of the intervention that relate to the logistics that result in a positive learning environment (Education, Training and Research (ETR) Associates & CDC, in press).

**TABLE 1: CORE ELEMENTS OF SISTER TO SISTER**

Content Core Elements	
1.	Bolster three outcome expectancies regarding condom use. <ul style="list-style-type: none"> <li>(a) Prevention outcome expectancy (the perception that condoms prevent HIV/STIs)</li> <li>(b) Sexual pleasure outcome expectancy (the perception that condoms interfere with sexual pleasure)</li> <li>(c) Partner reaction outcome expectancy (the perception that their partner will hit them, leave them, or find another woman)</li> </ul>
2.	Teach, demonstrate, and practice negotiation and refusal skills. <ul style="list-style-type: none"> <li>(a) Teach negotiation, refusal, and reframing skills using the 4-step SWAT Negotiation Strategy to respond to partner’s negative reaction towards condom use.</li> <li>(b) Practice negotiation, refusal, and reframing skills through role-play activities.</li> </ul>
3.	Condom use demonstration (2-step procedure) <ul style="list-style-type: none"> <li>(a) The health care provider teaches condom use skills by demonstrating how to use a condom on an anatomically correct penis model.</li> <li>(b) The client demonstrates and practices the skill on the same model.</li> </ul>
4.	Build self-efficacy to empower the women to want to be safe sexually. <ul style="list-style-type: none"> <li>(a) Incorporate the theme, “Sister to Sister Respect Yourself Protect Yourself Because You Are Worth It” throughout the intervention.</li> <li>(b) Incorporate positive reinforcement, support, and constructive feedback in all intervention</li> </ul>

activities, especially in the role-plays and condom demonstrations.

**TABLE 1: CORE ELEMENTS OF SISTER TO SISTER (CONTINUED)**

**Implementation Core Elements**

5. Demonstrate a caring attitude.
  - (a) The facilitator must create a supportive and caring environment.
  - (b) For example, there should be a, “I truly care about you, I believe in you, and you can do this,” feeling throughout the intervention (active listening, eye contact, supportive feedback, be nonjudgmental, show respect, etc.).
6. Integrate and use the core intervention materials.
  - (a) The Facilitator Teaching Guide
  - (b) The Participant Guide
  - (c) An anatomically correct penis model
  - (d) The video clips specifically selected for the intervention
  - (e) A personalized sexual risk assessment tool to initiate discussion
7. Implemented by specially trained female health care facilitator that provides direct service to women (who attended the 8-hour training).

In addition to core elements, there are five key characteristics of Sister to Sister (Table 2). Key characteristics are activities and delivery methods for conducting an intervention that, while considered of great value to the intervention, can be altered without changing the outcome of the intervention. They can be adapted and tailored for your agency or target populations (CDC, 2003).

**TABLE 2: THE KEY CHARACTERISTICS OF SISTER TO SISTER.\***

- The trained clinic health care provider delivering the intervention can vary (i.e., nurse, social worker, health educator)
- Epidemiological data for women stated in the Teaching Guide can be specific to State/region
- Setting (could be any confidential room available at the clinic site)
- Risk assessment tool can vary by site based on the current one the site is implementing
- The pictures of women on the cover of the brochure can vary as long as it depicts positive aspects of womanhood/sisterhood

\* These key characteristics bring immediate credibility and access to the intervention session.

## SECTION 1: REPORTING HIV PREVENTION PROGRAM INFORMATION TO CDC

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CDC has undertaken significant efforts to ensure that the HIV prevention programs it funds are effective in preventing the spread of HIV (Thomas, Smith, & Wright-DeAgüero, 2006). One strategy employed by CDC to strengthen HIV prevention is improving organizational capacity to monitor and evaluate prevention programs (CDC, 2007). NHM&E DS is a major component of this strategy.

The NHM&E DS is the complete set of CDC's HIV prevention monitoring and evaluation (M&E) variables, including required variables for reporting to CDC and optional variables specific to an intervention or for local M&E. Implementation of NHM&E DS makes it possible for CDC to answer critical national questions about the following:

- Demographic and risk behavior of clients being served by its grantees
- Resources used to provide these services
- Effectiveness of these services in preventing HIV infection and transmission

All HIV prevention grantees funded by CDC are required to collect and report data using the NHM&E DS. CDC has provided various M&E resources to assist grantees in this effort, including the following:

- ***National Monitoring and Evaluating Guidance for HIV Prevention Programs***—describes how to use the NHM&E DS to improve program, inform programmatic decisions, and answer local M&E questions (CDC, 2008b).
- ***Program Evaluation and Monitoring System (PEMS) software***—an optional, secure, browser-based software that allows for data management and reporting. PEMS includes all required and optional NHM&E DS variables (CDC, 2008c).

**Disclaimer:** The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Data Set presented in this document are current as of September 2008. Please refer to the PEMS Web site (<https://team.cdc.gov>) for the most current reporting requirements.

The NHM&E DS is organized into a series of data tables with specific variables. Variables from these tables are captured in the PEMS software in different modules according to categories, (e.g., information about your agency, your HIV prevention programs, and the clients you serve). You should be familiar with following key elements in the NHM&E DS:

- Variables required for reporting to CDC and optional variables needed for the Sister to Sister intervention or for local M&E
- Variable name
- Variable number
- Definition of each variable

This evaluation field guide is designed to help your agency monitor and evaluate your day-to-day implementation of Sister to Sister. Collecting and analyzing Sister to Sister data will help you improve your implementation of Sister to Sister and provide you with information to guide

future planning. This section details only those tables and associated NHM&E DS modules you will use to collect and report information specific to Sister to Sister. Though the data you collect will include NHM&E DS variables, you will collect and use more data than actually submitted to CDC. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) for the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E.

## **NHM&E PROGRAM PLANNING DATA**

Program planning data provides information about what you intend to do. Your program plan describes:

- The population you will serve with Sister to Sister
- The name you will use for Sister to Sister within your agency
- The intervention type you will deliver
- The funds available to support delivery of the intervention
- Staff members who will deliver the intervention
- How the intervention will be delivered
- How many times the intervention will be delivered

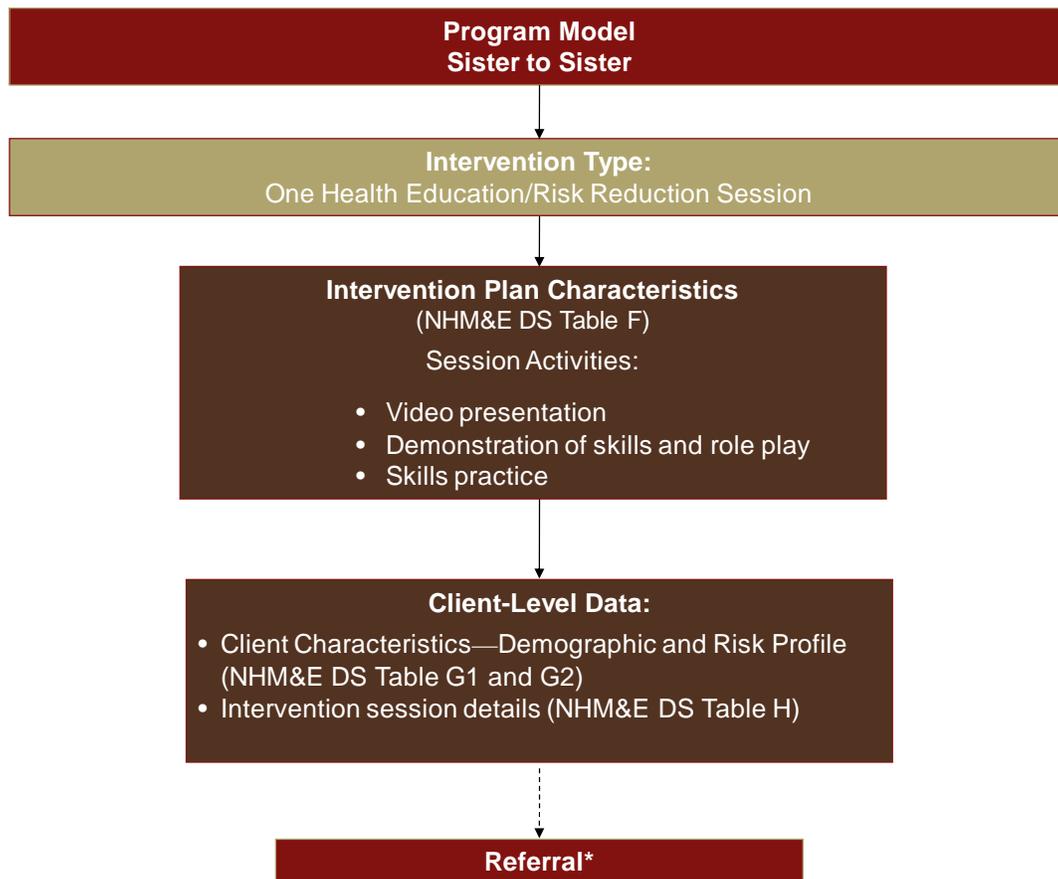
Carefully describing your program is a process that will help your agency determine how to best implement and monitor Sister to Sister. A clearly described and well thought out program plan will allow you to use your process monitoring data to conduct process evaluations. Please refer to CDC's *Evaluation Capacity Building Guide* (CDC, 2008a) for additional information on conducting process evaluations and using that information to plan and improve your implementation of Sister to Sister.

### **Recommended Activity**

Review your client intake and session record forms to ensure that you are gathering all the required NHM&E DS variables and the optional variables specific to Sister to Sister.

Figure 1 illustrates how Sister to Sister is organized in NHM&E DS.

**FIGURE 1: ORGANIZATION OF SISTER TO SISTER IN NHM&E**



\* In NHM&E DS, reporting on referral information is required when agency staff members provide a formal referral for which they intend to conduct a referral follow up.

The following table (Table 3) provides guidance on selecting NHM&E DS variables you can use to describe your intervention as you develop your program plan. The table depicts program information variables that are applicable to and required for Sister to Sister. For instance, Program Model Name (NHM&E DS number E101) is labeled “Agency Determined” because the name of your Program Model can be Sister to Sister or any other name determined by your agency.

Note that the variables presented in the table include only those specific to monitoring Sister to Sister; additional, agency-specific variables are required. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix C).

**TABLE 3: PROGRAM INFORMATION**

Variable	DVS Number	Variable Code	Guidance
Program Model Name	E101	Agency determined	The name of the Program Model can be Sister to Sister or any other name determined by the agency. See the <i>National Monitoring and Evaluation Guidance</i> (CDC, 2008b) for additional information if you are implementing more than one Sister to Sister within the same program.
Evidence Base	E102	N/A	Currently, there is not a variable value code for Sister to Sister in NHM&E DS. Enter evidence basis in E104.
Other Basis for Program Model	E104	6.00	Sister to Sister is based on the research studies of Jemmott and Jemmott (variable value code: 6.00–study). <sup>*</sup> In the text field, enter: “Jemmott, L. S., Jemmott, J. B., III, & O’Leary, A. (2007). <i>American Journal of Public Health</i> , 97.”
Target Population	E105	Agency determined	Sister to Sister was designed for heterosexual African American women between the ages of 18 to 45. If you are targeting a different population with Sister to Sister, select the appropriate variable code.

<sup>\*</sup> Organizations funded directly by CDC to implement Sister to Sister are required to adhere to the core elements of the intervention. Other organizations may alter or not follow the core elements at the discretion of their funding agency; however, the program can no longer be called Sister to Sister. If you intend to drop or change a core element of Sister to Sister to meet the needs of your priority populations, use the fields provided in E104 to describe the changes to the core elements.

Intervention plan characteristics provide information about what you plan to do in your implementation of the intervention of Sister to Sister. It describes the activities you intend to implement, the planned number of cycles and sessions, the duration of the cycles, how the intervention will be implemented, and whether client services data will be reported at the aggregate or individual level. The table below lists NHM&E DS intervention plan variables with the NHM&E DS number, the variable value code, and guidance to help you understand how to apply these variables when implementing Sister to Sister.

Note that the variables presented in Table 4 include only those specific to monitoring Sister to Sister. Additional, agency-specific variables are required. The complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements can be found in Appendix C. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for further information and updates.

**TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS**

Variable	DVS Number	Variable Code	Guidance
Intervention Type	F01	06	Sister to Sister is a <i>Health Education/Risk Reduction</i> intervention (variable value choice: 06).
Total Number of Clients	F05	Agency determined	The total number of clients is equal to the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each intervention cycle.  Program materials recommend that you administer Sister to Sister in single sessions (one client per session)
Planned Number of Cycles	F07	Agency determined	A cycle is the complete delivery of an intervention to its intended audience. For Sister to Sister, one session = one cycle.  Calculate the number of times you intend to implement a complete cycle of Sister to Sister within the period reflected in your plan.
Number of Sessions	F08	1	Sister to Sister is a single-session intervention
Unit of Delivery	F09	01	Sister to Sister may be delivered individually (variable value code: 01)
Activity	F10	08.01 08.10 09.01 09.03 10.01 10.03 13.01 13.02	<p><b>Culturally/gender specific video:</b> provides information on HIV risk behavior, personal vulnerabilities, and condom negotiation</p> <ul style="list-style-type: none"> <li>■ <b>08.01</b> Information—HIV/AIDS transmission</li> <li>■ <b>08.10</b> Information—sexual risk reduction</li> <li>■ <b>09.01</b> Demonstration—condom/barrier use</li> <li>■ <b>09.03</b> Demonstration—negotiation and communication</li> <li>■ <b>10.01</b> Practice—negotiation and communication</li> </ul>
			<p><b>Condom demonstration:</b> using an anatomically correct penis model to show the proper way to put on a condom</p> <ul style="list-style-type: none"> <li>■ <b>09.01</b> Demonstration—condom/barrier use</li> </ul>
			<p>Practicing with anatomically correct penis model</p> <ul style="list-style-type: none"> <li>■ <b>10.01</b> Demonstration—condom/barrier use</li> </ul>
			<p>Condom negotiation role playing</p> <ul style="list-style-type: none"> <li>■ <b>10.03</b> Practice—negotiation and communication</li> </ul>
			<p><b>Condom distribution:</b> at the end of the session</p> <ul style="list-style-type: none"> <li>■ <b>13.01</b> Distribution—male condoms</li> <li>■ <b>13.02</b> Distribution—female condoms</li> </ul>
Delivery Method	F11	01.00 03.02 03.04 7.00	The intervention is delivered in person (variable value code: 01.00), video (variable value code: 07.00), posters (variable value code: 03.04), and printed materials (variable code: 03.02)

**TABLE 4: PROGRAM INFORMATION—INTERVENTION DETAILS (CONTINUED)**

Variable	DVS Number	Variable Code	Guidance
Detailed Behavior Data Collection	F13	0	Detailed behavior data are not collected for Sister to Sister (variable value code: 0)
Level of Data Collection	F14	1	Implementation of Sister to Sister requires the collection of individual client level data (variable value code: 1)
Duration of Intervention Cycle	F15	01.00	Sister to Sister is a single session intervention (i.e., 1 day) (variable value code: 01.00)
Unit of Duration	F16	2	Sister to Sister is a single-session intervention (i.e., 1 day) (variable value code: 2)
Specific Recall Period	F17	02	Identify the recall period your agency wants to use for the collection of detailed behavioral data.  The forms in this evaluation field guide use a 90-day recall period (variable value code: 02)

## NHM&E CLIENT SERVICES DATA

Client services data provide information about the clients who are receiving services and information about each service session or encounter in which the client participates. Client services data describe the demographic and risk characteristics of individuals that participated in Sister to Sister, the sessions that clients participated in, and the activities implemented during each session. The client services data for Sister to Sister involve the collection of client level-data for NHM&E DS tables H, G1, and G2.

### Client-Level Data

Specific information is gathered about each client (e.g., the client was a 19-year-old African American female).

Client services data provide your agency with process monitoring data. These data allow you to monitor who you are serving and what you are doing. You compare information from your implementation of Sister to Sister to what you included in your plan. This will help ensure that your activities and your participants are consistent with your plan.

## SECTION 2: SISTER TO SISTER OBJECTIVES AND EVALUATION QUESTIONS

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This section includes objectives relative to the intervention and related evaluation questions. The objectives and evaluation questions are organized by stage of monitoring and evaluation—formative, process, and outcome. Below each question is a brief rationale for why the question is important. Following the rationale is a table which describes the types of data needed, potential data sources, and how data may be analyzed to answer the question.

These questions will help your agency collect data that can be used for program planning and improvement. Your agency may choose to ask additional questions. As your agency and stakeholders develop and prioritize questions, it may be beneficial to define the importance of the question and use the table to identify data sources. This will help your agency determine the feasibility of answering questions.

### SISTER TO SISTER PROGRAM OBJECTIVES

The objectives that will be addressed as part of the Sister to Sister evaluation are listed below.

- To implement Sister to Sister as described in the implementation manual
- To determine if the following anticipated outcomes occurred:
  - ◆ Increase in knowledge about HIV/STD transmission
  - ◆ Development of realistic personal risk assessments
  - ◆ Increase in skills for effective condom negotiation
  - ◆ Increase in positive beliefs about condom use
  - ◆ Increase in consistent condom use
  - ◆ Reduction in STD infections

### PROCESS MONITORING QUESTIONS

The following are potential process M&E questions that stakeholders may ask about your agency's implementation of Sister to Sister. Process monitoring information allows you to get a picture of the activities implemented, populations served, services provided, or resources used. This information can be used to inform program improvement and to conduct process evaluation. Process monitoring information often answers questions such as “What are the characteristics of the population served?” “What intervention activities were implemented?” and “What resources were used to deliver those activities?”

**1. Which of the core elements were implemented as described in the implementation manual?**

It is important to know if all of the core elements of Sister to Sister were implemented in order to learn whether the intervention was implemented as intended and consistent with the design of the intervention.

<b>DATA</b>	<b>DATA SOURCE</b>	<b>ANALYSIS</b>
<ul style="list-style-type: none"> <li>■ Description of the culturally/gender specific videos portraying personal vulnerabilities condom negotiation</li> <li>■ Description of activities/materials used to conduct the role playing sessions</li> <li>■ Description of activities/materials used to educate program participants about how to properly use a condom</li> <li>■ Description of activities/materials used during the teaching sessions</li> </ul>	<ul style="list-style-type: none"> <li>■ Fidelity Checklist</li> <li>■ Health Care Provider Observation Form</li> <li>■ Quality Assurance Checklist</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare the activities conducted to the core elements as they are described in the Sister to Sister manual</li> </ul>

**2. Which session activities were implemented as described in the implementation manual?**

Agencies may modify program activities on the basis of agency resources, priorities, and in consideration of current activities as long as the core elements are maintained. For example, intervention activities may be tailored or modified to accommodate characteristics of the target population. It is important to know which activities health care providers are implementing differently and why. Such information may help in understanding why process or outcome data differ among certain groups; the data also can be used to inform future planning of the intervention.

<b>DATA</b>	<b>DATA SOURCE</b>	<b>ANALYSIS</b>
<ul style="list-style-type: none"> <li>■ Length of sessions</li> <li>■ Description of activities conducted and materials covered during each session</li> <li>■ Description of materials used (e.g., condom poster board, video)</li> <li>■ Description of materials disseminated (e.g., condoms, lubricants)</li> </ul>	<ul style="list-style-type: none"> <li>■ Fidelity Checklist</li> <li>■ Health Care Provider Observation Form</li> <li>■ Quality Assurance Checklist</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare the activities conducted to descriptions in the Sister to Sister implementation manual</li> <li>■ Identify which activities were implemented as planned and which were not</li> </ul>

### 3. What is the risk profile of the participants served?

Sister to Sister was designed to encourage condom use and improve condom negotiation skills among heterosexual African American women at very high risk for HIV infection.

DATA	DATA SOURCE	ANALYSIS
Risk data from individuals including: <ul style="list-style-type: none"> <li>■ Information on behavioral intentions information on sexual risk behaviors</li> <li>■ STD prevalence data</li> </ul>	<ul style="list-style-type: none"> <li>■ Participant Intake</li> </ul>	<ul style="list-style-type: none"> <li>■ Calculate the proportion of participants served by risk category</li> <li>■ Calculate the proportion of participants diagnosed with an STD</li> </ul>

### 4. What is the demographic profile of the participants served?

Sister to Sister was designed for heterosexual African American women at very high risk of becoming infected with and/or transmitting HIV and other STDs. Intervention participants often include individuals seeking services from neighborhood health centers, family planning clinics, HIV outreach programs, STD clinics, and from other community-based settings. This information can be used to guide planning. A demographic profile of the target population served by the program demonstrates that the population for which the intervention is intended is being reached. The demographic profile also provides information that can be used to inform the development of other prevention activities.

DATA	DATA SOURCE	ANALYSIS
Demographic data from individuals including: <ul style="list-style-type: none"> <li>■ Geographic location</li> <li>■ Gender</li> <li>■ Race/Ethnicity</li> <li>■ Sexual orientation</li> <li>■ Age</li> </ul>	<ul style="list-style-type: none"> <li>■ Participant Intake</li> </ul>	<ul style="list-style-type: none"> <li>■ Calculate the proportion of participants for each of the demographic categories (e.g., gender, race, ethnicity)</li> </ul>

### 5. How many Sister to Sister sessions were conducted within a 3-month period?

Specifically this information will inform whether the number of sessions conducted is consistent with your target number. As more sessions are conducted over time, you will be able to measure how effective the intervention has been in changing the target population's knowledge, skills, and intentions to reduce their risk for HIV/STD infection. If your agency is not meeting its target numbers, you can make decisions regarding the recruitment or targeting of this intervention at your organization.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Number of the individual sessions conducted during 3-month period</li> </ul>	<ul style="list-style-type: none"> <li>■ Quality Assurance Checklist (client data gathered from Fidelity Forms)</li> </ul>	<ul style="list-style-type: none"> <li>■ Count the number of the individual session conducted during the 3-month period</li> </ul>

## PROCESS EVALUATION QUESTIONS

Process evaluation involves an analysis of process data that facilitates comparison between what was planned and what actually occurred during implementation. Process evaluation allows you to determine if your process objectives can be met and provides information that guides planning and improvement. Process evaluation questions address issues such as “Was the intervention implemented as planned?” “Did the intervention reach the intended audience?” and “What barriers were experienced by clients and staff during the course of the intervention?”

### 1. How and why were program activities modified?

Agencies may modify program activities on the basis of agency resources, priorities, and in consideration of current activities as long as the core elements are maintained. For example, intervention activities may be tailored or modified to accommodate characteristics of the target population. It is important to know which activities health care providers are implementing differently and why. Such information may help in understanding why process or outcome data differ among certain groups; the data also can be used to inform future planning of the intervention.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"> <li>■ Length of sessions</li> <li>■ Description of activities conducted and materials covered during each session</li> <li>■ Description of materials used (e.g., condom poster board, video)</li> <li>■ Description of materials disseminated (e.g., condoms, lubricants)</li> </ul>	<ul style="list-style-type: none"> <li>■ Fidelity Checklist</li> <li>■ Health Care Provider Observation Form</li> <li>■ Quality Assurance Checklist</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare the activities conducted to the core elements as they are described in the Sister to Sister manual</li> <li>■ Document the rationale for the changes made</li> <li>■ Identify trends (how participants responded to particular activities where more or less emphasis was needed, etc.)</li> </ul>

### 2. What proportion of participants matched the risk profile of the intended target population?

Sister to Sister was designed to encourage condom use and improve condom negotiation skills among heterosexual African American women at very high risk for HIV infection.

DATA	DATA SOURCE	ANALYSIS
Risk data from individuals including: <ul style="list-style-type: none"> <li>■ Information on behavioral intentions information on sexual risk behaviors</li> <li>■ STD prevalence data</li> </ul>	<ul style="list-style-type: none"> <li>■ Participant Intake</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare of the risk characteristics of intervention participants to the population you intended to target</li> </ul>

**3. What proportion of participants matched the demographic profile of the intended target population?**

Sister to Sister was designed for heterosexual African American women at very high risk of becoming infected with and/or transmitting HIV and other STDs. Intervention participants often include individuals seeking services from neighborhood health centers, family planning clinics, HIV outreach programs, STD clinics, and from other community-based settings. This information can be used to guide planning. A demographic profile of the target population served by the program demonstrates that the population for which the intervention is intended is being reached. The demographic profile also provides information that can be used to inform the development of other prevention activities.

<b>Data</b>	<b>Data Source</b>	<b>Analysis</b>
Demographic data from individuals including: <ul style="list-style-type: none"> <li>■ Geographic location</li> <li>■ Gender</li> <li>■ Race/Ethnicity</li> <li>■ Sexual orientation</li> </ul>	<ul style="list-style-type: none"> <li>■ Participant Intake</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare the demographic characteristics of intervention participants to the population you intended to target</li> </ul>

**4. What were the barriers to and health care providers of implementation?**

Identifying the barriers (i.e., what made it difficult) to implement Sister to Sister can help to enhance or improve strategies used to implement the intervention. It also is important to identify health care providers (i.e., what made it easy) to implement Sister to Sister, recognizing successful implementation activities and approaches.

<b>DATA</b>	<b>DATA SOURCE</b>	<b>ANALYSIS</b>
<ul style="list-style-type: none"> <li>■ Challenges/issues and best practices/successes identified by intervention session health care providers</li> <li>■ Challenges/issues and best practices/successes identified by program supervisors and intervention observers</li> <li>■ Data provided by session participants</li> </ul>	<ul style="list-style-type: none"> <li>■ Fidelity Checklist</li> <li>■ Health Care Provider Observation Form</li> <li>■ Quality Assurance Checklist</li> <li>■ Participant Satisfaction Survey</li> </ul>	<ul style="list-style-type: none"> <li>■ Identify and summarize barriers and health care providers to implementation</li> <li>■ Identify themes</li> </ul>

**5. What proportion of planned sessions was conducted during the 3-month period?**

Specifically this information will inform whether the number of cycles of the session conducted is consistent with your target number. As more sessions are conducted over time, you will be able to measure how effective the intervention has been in changing the target population’s knowledge, skills, and intentions to reduce their risk for HIV/STD infection. If your agency is not meeting its target numbers, you can make decisions regarding the recruitment or targeting of this intervention at your organization.

DATA	DATA SOURCE	ANALYSIS
<ul style="list-style-type: none"><li>■ Number of individual sessions conducted during 3-month period</li><li>■ Proposed number of individual sessions noted in the intervention implementation plan or described in work plan objectives</li><li>■ Session ID number</li></ul>	<ul style="list-style-type: none"><li>■ Quality Assurance Checklist (client data gathered from Fidelity Checklist)</li></ul>	<ul style="list-style-type: none"><li>■ Divide the number of individual sessions conducted during the 3-month period by the target numbers of each type of session proposed in the program implementation plan</li><li>■ Determine if the target number of sessions was reached for that quarter</li></ul>

**OUTCOME MONITORING QUESTIONS**

Outcome monitoring involves reviewing and assessing changes that occurred after exposure to the intervention, such as changes in the knowledge, attitudes, behaviors, or service access of individuals who participated in the intervention; or changes in community norms or structural factors. Answers to outcome monitoring questions allow you to determine if your outcome objectives were met. Outcome monitoring answers the question, “Did the expected outcomes occur?”

**1. To what degree was there a change in participants’ outcome expectancies regarding condom use?**

This information informs whether or not there is a change in outcome expectancies regarding condom use among intervention participants. According to the theory on which Sister to Sister is designed, outcome expectancies is one of the factors which influence an individual’s intention to engage in a particular behavior. Any positive change in outcome expectancies among individuals participating in Sister to Sister may affect their intention to consistently use condoms.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> <li>■ Outcome monitoring data from an instrument that measures changes in beliefs, attitudes, and intentions to obtain condoms</li> <li>■ Outcome monitoring data from an instrument that measures changes in beliefs, attitudes, and intentions to use condoms regularly</li> <li>■ Observations of participants (comments made about obtaining condoms and condom use) during the individual session</li> </ul>	<ul style="list-style-type: none"> <li>■ Risk Assessment Survey (available in implementation manual)</li> </ul>	<ul style="list-style-type: none"> <li>■ Compare and contrast participants' attitudes and intention to obtain use condoms regularly pre and post intervention implementation</li> <li>■ Review observations and feedback from health care providers regarding changes in attitudes and intentions</li> <li>■ Summarize results</li> </ul>

**2. What proportion of individual session participants demonstrated an increase in knowledge of condom types, where to obtain condoms, and how to negotiate their use?**

Changes include an increase or decrease in client knowledge of various features and types of condoms as well as where to obtain condoms and how to use them with partners. An increase in this knowledge will increase the likelihood of participants using condoms more regularly.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> <li>■ Outcome monitoring data from instruments that measure knowledge in condom features, types, use, and how to obtain them</li> <li>■ Perceptions and comments made about condom features, types, use and strategies for obtaining them</li> </ul>	<ul style="list-style-type: none"> <li>■ Risk Assessment Survey (available in implementation manual)</li> </ul>	<ul style="list-style-type: none"> <li>■ Examine and compare change in knowledge of condom features, types, access points, and how to use with partners</li> <li>■ Summarize results</li> </ul>

**3. What proportion of participants demonstrated an increase in skills for effective condom negotiation with partners?**

Changes include an increase or decrease in effective condom use and negotiation skills by participants. An increase in condom negotiation skills will increase the likelihood of regular condom use by participants.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> <li>■ Outcome monitoring data from instruments that measure skills in negotiating condom use</li> <li>■ Perceptions and comments made about participant skills level regarding the use of condom negotiating strategies</li> </ul>	<ul style="list-style-type: none"> <li>■ Risk Assessment Survey (available in implementation manual)</li> </ul>	<ul style="list-style-type: none"> <li>■ Examine and compare change in condom use skills negotiation strategies pre- and postimplementation</li> <li>■ Summarize results</li> </ul>

**4. To what degree was there a change in knowledge about HIV/STD transmission among participants?**

This information informs whether participants have an enhanced understanding of the variety of sexually transmitted diseases and their routes of transmission as well as basic knowledge of sexual health and safety. An increased understanding of STD/HIV transmission will likely lead to positive outcome expectancies regarding condom use.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> <li>■ Outcome monitoring data on HIV/STD transmission knowledge</li> <li>■ Perceptions and comments made about HIV/STD transmission</li> </ul>	<ul style="list-style-type: none"> <li>■ Risk Assessment Survey (available in implementation manual)</li> </ul>	<ul style="list-style-type: none"> <li>■ Examine and compare change in knowledge of HIV and STD transmission</li> <li>■ Summarize observations and feedback from health care providers and observers</li> </ul>

**5. What proportion of participants demonstrated improved assessment of their perceived risk for HIV/STD infection?**

This information informs whether participants have an enhanced understanding of how their behaviors put them at risk for HIV/STD infection.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> <li>■ Documentation of participant perceived perceptions of risk behaviors and their individual risk assessment for HIV/STD infection pre- and post implementation</li> </ul>	<ul style="list-style-type: none"> <li>■ Risk Assessment Survey (available in implementation manual)</li> </ul>	<ul style="list-style-type: none"> <li>■ Examine and compare change in participant perceptions of risk behaviors and assessment of individual risk</li> <li>■ Summarize results</li> </ul>

**6. What proportion of participants showed a decrease in repeat STD infections 3 months after participating in the intervention?**

A reduction in repeat STD infections is one of the intended outcomes of this intervention. This data will inform whether or not your agency's implementation of Sister to Sister is achieving the intended outcomes.

DATA	DATA SOURCE/METHODS	ANALYSIS
<ul style="list-style-type: none"> <li>■ STD prevalence rates among intervention participants prior to and 3 months following participation in the intervention</li> </ul>	<ul style="list-style-type: none"> <li>■ Participant Intake Form</li> <li>■ Client service records pre- and postimplementation (i.e., 3 months), if available</li> </ul>	<ul style="list-style-type: none"> <li>■ Examine and compare STD prevalence rates among intervention participants pre and post implementation</li> <li>■ Summarize results</li> </ul>

## SECTION 3: DATA COLLECTION SCHEDULE AND ACTIVITIES

### DATA COLLECTION SCHEDULE

This section describes the data collection processes and instruments for Sister to Sister. Table 5 indicates when each instrument should be administered, who administers the instruments, and who should complete the instrument. Subsequent tables (Tables 6–8) provide more detail regarding data collection activities and schedules for each component of Sister to Sister.

Instrument	When to Use	Administered by	Completed by
Participant Intake Form	During client intake activities at service provider's office	<ul style="list-style-type: none"> <li>■ Service provider</li> <li>■ Health care provider</li> </ul>	<ul style="list-style-type: none"> <li>■ Service provider</li> <li>■ Health care provider</li> <li>■ Participant</li> </ul>
Risk Assessment Survey	Within 15 minutes before implementing the intervention session	<ul style="list-style-type: none"> <li>■ Service provider</li> <li>■ Health care provider</li> </ul>	<ul style="list-style-type: none"> <li>■ Participant</li> </ul>
Health Care Provider Observation Form	At least once a month	<ul style="list-style-type: none"> <li>■ Program supervisor</li> </ul>	<ul style="list-style-type: none"> <li>■ Program supervisor</li> </ul>
Fidelity Checklist	At the end of session after collecting and participant satisfaction survey	<ul style="list-style-type: none"> <li>■ Health care provider</li> </ul>	<ul style="list-style-type: none"> <li>■ Health care provider</li> </ul>
Participant Satisfaction Survey	After implementation of session, following completion of Risk Assessment Survey	<ul style="list-style-type: none"> <li>■ Health care provider</li> </ul>	<ul style="list-style-type: none"> <li>■ Participant</li> </ul>
Quality Assurance Checklist	Every 3 months as a follow-up to the sessions conducted during that period	<ul style="list-style-type: none"> <li>■ Program supervisor</li> </ul>	<ul style="list-style-type: none"> <li>■ Program supervisor</li> </ul>
Referral Tracking Form	As needed for formal referrals	<ul style="list-style-type: none"> <li>■ Health care provider</li> </ul>	<ul style="list-style-type: none"> <li>■ Health care provider</li> </ul>

## DATA COLLECTION ACTIVITIES

The tables below (Tables 6–8) are arranged by Sister to Sister activity. Each table indicates when data should be collected, resources needed to collect data, data provided by the instruments located later in this field guide, how the data can be analyzed, the evaluation questions the data will answer, and ways to use the data to plan, implement, and improve your implementation of Sister to Sister.

The preimplementation phase is for activities conducted before the Sister to Sister session begins, and implementation phase refers to the 20- to 30-minute session. Postimplementation activities occur after the session ends—either immediately after or at some point shortly thereafter.

<b>Data Collection Methods</b>	<ul style="list-style-type: none"> <li>■ Questionnaires and surveys</li> </ul>
<b>Instruments</b>	<ul style="list-style-type: none"> <li>■ Participant Intake Form</li> <li>■ Risk Assessment Survey</li> <li>■ Posttest Survey</li> </ul>
<b>When to Collect the Data</b>	<ul style="list-style-type: none"> <li>■ Before the intervention session</li> <li>■ During the health care providers client intake activities</li> </ul>
<b>Resources Needed</b>	<ul style="list-style-type: none"> <li>■ Program staff members and health care provider staff members and time to administer surveys</li> <li>■ Staff time to organize and analyze data</li> <li>■ Expertise to analyze data</li> <li>■ Access to health care provider/clinic client population</li> <li>■ Database to manage data</li> </ul>
<b>Data Provided</b>	<ul style="list-style-type: none"> <li>■ Demographic characteristics of session participants</li> <li>■ Risk profile of session participants</li> <li>■ Behavioral intentions regarding sexual risk, safer sex, and condom use</li> <li>■ HIV/STD symptom and transmission knowledge</li> <li>■ Condom use attitudes</li> <li>■ Reported condom use</li> <li>■ STD infections</li> </ul>
<b>Analysis</b>	<ul style="list-style-type: none"> <li>■ Descriptive analysis</li> </ul>

**TABLE 6. PREIMPLEMENTATION DATA COLLECTION ACTIVITIES (CONTINUED)**

<b>Related Evaluation Questions</b>	<ul style="list-style-type: none"> <li>■ What was the risk profile of the individuals that participated in the intervention?</li> <li>■ What was the demographic profile of the target population that participated in the intervention?</li> <li>■ To what degree was there a change in participants' beliefs and attitudes regarding consistent condom use?</li> <li>■ To what degree was there a change in participants' intentions to use condoms consistently?</li> <li>■ What proportion of individual session participants demonstrated an increase in knowledge of condom types, where to obtain condoms, and how to use them with partners?</li> <li>■ What proportion of individual session participants demonstrated an increase in skills for effective condom negotiation with partners?</li> <li>■ To what degree was there a change in knowledge about HIV/STD transmission among individual session participants?</li> <li>■ What proportion of individual session participants demonstrated improved assessment of their risk for HIV/STD infection?</li> </ul>
<b>Possible Uses of Data</b>	<ul style="list-style-type: none"> <li>■ Improve implementation</li> <li>■ Ensure that target population is being reached</li> <li>■ Baseline data to compare against postimplementation data</li> </ul>

\* Some evaluation questions require a comparison of participant data before and after the intervention to measure change. The preimplementation instruments provide the baseline data for comparison.

**TABLE 7. IMPLEMENTATION PHASE DATA COLLECTION ACTIVITIES**

<b>Data Collection Methods</b>	<ul style="list-style-type: none"> <li>■ Observation</li> <li>■ Questionnaire</li> <li>■ Document Review</li> </ul>
<b>Instruments</b>	<ul style="list-style-type: none"> <li>■ Health Care Provider Observation Form</li> <li>■ Fidelity Checklist</li> </ul>
<b>When to Collect the Data</b>	<ul style="list-style-type: none"> <li>■ At least once a month</li> <li>■ During the intervention session</li> </ul>
<b>Resources Needed</b>	<ul style="list-style-type: none"> <li>■ Program staff time to observe the session</li> <li>■ Staff time to organize and analyze data</li> <li>■ Expertise to analyze data</li> <li>■ Access to intervention session</li> <li>■ Database to manage observation data</li> </ul>
<b>Data Provided</b>	<ul style="list-style-type: none"> <li>■ Participant perceptions and issues regarding HIV/STD and their risk, risk reduction, condom use, and negotiation</li> <li>■ Session management, facilitation characteristics, fidelity, and quality assurance</li> <li>■ How the session was implemented</li> </ul>
<b>Analysis</b>	<ul style="list-style-type: none"> <li>■ Descriptive analysis</li> <li>■ Thematic analysis of observation data</li> </ul>
<b>Related Evaluation Questions</b>	<ul style="list-style-type: none"> <li>■ Which of the core elements were implemented as written in the program implementation manual?</li> <li>■ How and why were program activities modified?</li> <li>■ What were the barriers to and health care providers of implementation?</li> <li>■ How many individual sessions were conducted within a 3-month period?</li> </ul>
<b>Possible Users of Data</b>	<ul style="list-style-type: none"> <li>■ Monitor fidelity to the implementation plan</li> <li>■ Monitor fidelity to the core elements</li> <li>■ Improve implementation</li> <li>■ Identify training needs for health care providers</li> </ul>

**TABLE 8. POSTIMPLEMENTATION DATA COLLECTION ACTIVITIES**

<b>Data Collection Methods</b>	<ul style="list-style-type: none"> <li>■ Surveys and questionnaires</li> <li>■ Observation</li> <li>■ Document review</li> </ul>
<b>Instruments</b>	<ul style="list-style-type: none"> <li>■ Risk Assessment Survey</li> <li>■ Quality Assurance Checklist</li> <li>■ Referral Form</li> </ul>
<b>When to Collect the Data</b>	<ul style="list-style-type: none"> <li>■ After implementation of intervention session</li> <li>■ 3-month followup (Quality Assurance Checklist)</li> </ul>
<b>Resources Needed</b>	<ul style="list-style-type: none"> <li>■ Program staff time to review analyzed data</li> <li>■ Staff time to organize and analyze data</li> <li>■ Database to manage data</li> <li>■ Program staff time to conduct document review</li> </ul>
<b>Data provided</b>	<ul style="list-style-type: none"> <li>■ Behavioral intentions regarding sexual risk, safer sex, and condom use HIV/STD symptom and transmission knowledge</li> <li>■ Session management and facilitation characteristics</li> <li>■ How the session was implemented</li> <li>■ Barriers to implementation</li> <li>■ Reported condom use, STD infections (repeat STD infections), and requests for STD/HIV tests</li> </ul>
<b>Analysis</b>	<ul style="list-style-type: none"> <li>■ Descriptive and statistical analysis</li> <li>■ Thematic analysis of observation data</li> </ul>
<b>Related Evaluation Questions</b>	<ul style="list-style-type: none"> <li>■ Which of the core elements were implemented?</li> <li>■ Which of the core elements were implemented as written in the program implementation manual?</li> <li>■ How and why were the program activities modified?</li> <li>■ What were the barriers to and health care providers of implementation?</li> <li>■ How many single sessions were conducted within a 3-month period?</li> <li>■ To what degree was there a change in participants' attitudes to use condoms consistently?</li> <li>■ What proportion of participants demonstrated an increase in skills for effective condom negotiation with partners?</li> <li>■ To what degree was there a change in knowledge about HIV/STD transmission among individual session participants?</li> <li>■ What proportion of individual session participants demonstrated improved assessment of their risk for HIV/STD infection?</li> </ul>
<b>Possible Users of Data</b>	<ul style="list-style-type: none"> <li>■ Improve implementation</li> <li>■ Ensure that target population is being reached</li> <li>■ Baseline data to compare against postimplementation data</li> <li>■ Identifying whether or not process and outcome objectives and performance indicators were achieved</li> </ul>

## SECTION 4: DATA COLLECTION PROTOCOLS

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This section includes the framework for each of the data collection activities previously described. The data collection and reporting requirements of CDC are incorporated in the data collection forms. This field guide includes monitoring and evaluation tools from the Sister to Sister Implementation Manual; some of these tools have been modified to include NHM&E DS variables. These forms can be modified to meet your agency's specific information needs. There is no requirement to use the data collection forms included in this evaluation plan. However, it is important to make sure that any modifications to the instruments maintain the basic integrity of the original forms in order to fulfill reporting requirements of your funding agency. In other words, do not remove questions that provide information you will need to report to your funding agency or use in implementing your intervention. You may, however, rephrase the question so that your participants better understands what you want to know.

The instruments and data collection forms in this section are organized by phase of implementation. Each form includes instructions and recommendations for administering and/or completing the form. Additionally, certain forms include items that collect NHM&E DS variable that will be submitted to CDC.<sup>3</sup> Following the instructions for these forms is a table listing the NHM&E DS variables and the item on the form which corresponds to that variable.

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<sup>3</sup> NHM&E DS program planning, HIV testing, and agency data variables were finalized for January 1, 2008 reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating Sister to Sister in its entirety. They also are designed to capture most program planning and client services NHM&E DS variables. Agencies should check with their CDC Project Officer or other contract monitors specific reporting requirements for Sister to Sister.

## PARTICIPANT INTAKE FORM

### **When to Use It:**

- Before implementation of single session, during client intake activities by the service provider's clinic

### **Administered by:**

- Service provider
- Health care provider

### **Completed by:**

- Service provider
- Health care provider
- Participant

### **Instructions:**

This instrument should be a part of the intake or program enrollment activities. This form may be administered by the service provider or health care provider as an interview, or can be completed by the participant as a survey. This form was developed to be administered orally by the staff person recruiting or enrolling the client into Sister to Sister. If your agency plans to have clients complete a written form, please revise the document to exclude nonresponse categories (e.g., “Did not ask,” “Refused to answer”).

The person administering this form should explain to the participant the reasons for wanting such personal information and how it will be used to provide better services. Encourage respondents to answer the questions as honestly and thoroughly as possible. It is important to remind the respondent that all answers will remain confidential to the extent allowed by law. Staff members should check with their agency if participants are required to sign a HIPAA waiver or consent form prior to participating in Sister to Sister. For example,

*“This information will help improve our agency’s understanding what is working and how our program can be improved. Some of these questions are very personal and ask about different types of behaviors or other personal things. While some of the information we receive from all participants will be shared with our funding agency to help them understand what we are doing, we only share generalizations and no names are associated with the information we share. I encourage you to answer all the questions honestly, but if you do not want to answer a question, we can skip that question. Remember, all answers will be kept private and are strictly confidential. Your name is not written on this form.”*

If the form is administered as an interview, ask the respondent to listen to each question and the corresponding answer choices before responding. It is not necessary to read the response categories for all items (e.g., were you born as a male or female? What language do you speak most often?), and for response options such as “Don’t know,” “Did not ask,” and “Refused to answer.”

Certain information may be included in the participant’s patient file, and if the service provider has access to the file, the participant may want to check the file to answer to any question previously asked. This will help expedite the process of completing the questionnaire.

Your agency may already have some of the client’s demographic and behavioral risk information in the client’s clinical records (e.g., date of birth, age, race, ethnicity, state of residence, STD history). To expedite the enrollment process, this form may be modified to include only those items your agency does not have.

The NHM&E DS variables listed in the table below are collected on the Program Enrollment Form. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix C).

<b>CDC’S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET (NHM&amp;E DS) VARIABLES</b>			
<b>NHM&amp;E DS Table</b>	<b>NHM&amp;E DS Number</b>	<b>Variable Name</b>	<b>(Item #)</b>
G1: Client Characteristics— Risk Profile	01	Data collected	Date
	02	NHM&E DS client unique key	*
	12	Date of birth—year	1
	13	Age	*
	14	Ethnicity	4
	16	Race	3
	20	State/territory of residence	2
	23	Assigned sex at birth	5
	24	Current gender	6
	26	Relationship status	7
G2: Client Behavioral Characteristics—Detailed	00	Date collected	Date
	04	Previous HIV test	11
	05	Self-reported HIV status	12
	08	In HIV medical care/treatment	13
	09	Pregnant	8
	10	In prenatal care ( <i>only if pregnant</i> )	9
	11	Client risk factors	15
	12	Additional client risk factors	15
	13	Recent STD ( <i>not HIV</i> )	14

\* PEMS software generated data

## Participant Intake Form

Staff ID: \_\_\_\_\_

Date: \_\_\_\_\_

Site ID: \_\_\_\_\_

Participant ID: \_\_\_\_\_

### Instructions to the Client:

Please listen carefully to each question and answer the following questions as truthfully as possible; there is no right or wrong answer. Some sections require you to provide numbers. Others require you to select an answer from a set of responses. The questions are designed to collect demographic information and to assess your risk levels. Program staff members will use this information to understand what is working and how our program can be improved. We may share some of this information with our funding agency to help them better understand what we are doing. However, we will not associate your name with any of the responses. All answers will remain confidential to the extent allowed by law.

### Section 1: Client Demographic and Risk Profile Information

1. What is your birth date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)
2. In what State do you currently reside? \_\_\_\_\_
3. What best describes your race? (check all that apply)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Pacific Islander
  - White
  - Don't know
  - Did not ask
  - Refused to answer
4. What best describes your ethnicity?
  - Hispanic or Latino
  - Not Hispanic or Latino
  - Don't know
  - Did not ask
  - Refused to answer
5. Were you born as a male or a female?
  - Male
  - Female
  - Don't know
  - Did not ask
  - Refused to answer

6. How do you view your gender now (i.e., what is your current gender)?
- Male
  - Female
  - Transgender—male to female
  - Transgender—female to male
  - Don't know
  - Did not ask
  - Refused to answer
7. What is your marital status?
- Single, never married
  - Married
  - Widowed
  - Separated
  - Divorced
  - Don't know
  - Did not ask
  - Refused to answer
8. Are you currently pregnant?
- Yes
  - No (*skip to question 10*)
  - Don't know (*skip to question 10*)
  - Did not ask (*skip to question 10*)
  - Refused to answer (*skip to question 10*)
9. Are you receiving prenatal care? (*Ask only if pregnant*)
- Yes
  - No
  - Don't know
  - Did not ask
  - Refused to answer
10. In the past 90 days, have you been in jail or prison?
- No
  - Yes
  - Don't know
  - Not asked
  - Refused to Answer
11. Have you ever had an HIV test?
- No (*skip to question 14*)
  - Yes
  - Don't know (*skip to question 14*)
  - Not asked (*skip to question 14*)
  - Refused to answer (*skip to question 14*)

12. What is the result of your HIV test?
- HIV-positive (HIV+)
  - HIV-negative (HIV-) (*skip to question 14*)
  - Not asked (*skip to question 14*)
  - Refused to answer (*skip to question 14*)
  - Don't know (*skip to question 14*)

13. Are you currently receiving medical care or treatment for HIV?
- No
  - Yes
  - Don't Know
  - Not Asked
  - Refused to Answer

14. In the past 90 days, have you been diagnosed with an STD (not including HIV)?
- Yes → If yes, with which STD(s) were you diagnosed?
    - Syphilis
    - Chlamydia
    - Gonorrhea
    - Other (specify: \_\_\_\_\_ )
    - Don't know
    - Did not ask
    - Refused to answer
  - No
  - Don't know
  - Did not ask
  - Refused to answer

15. Please indicate if you have engaged in the following behaviors in the last 90 days:

	Yes	No	Did Not Ask	Refused to Answer
Injection drug use (IDU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex with a male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a male**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex with a female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a female**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a transgender**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exchange sex for drugs or money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex while high or intoxicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with IDU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with an HIV+ partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a person of unknown HIV status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Continued</b>	<b>Yes</b>	<b>No</b>	<b>Did Not Ask</b>	<b>Refused to Answer</b>
Sex with a person who exchanges sex for drugs or money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a man who has sex with other men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with an anonymous partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a hemophiliac or transplant recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with someone you met through the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*\*Note: If the participant answered “no” to all of the asterisked sex questions, end the interview.

**That’s it! Thank you for taking the time to answer our questions.**

## HEALTH CARE PROVIDER OBSERVATION FORM

### ***When to Use It:***

- At least once every 30 days during intervention session

### ***Administered by:***

- Program supervisor
- Managers

### ***Completed by:***

- Program supervisor
- Managers

### ***Instructions:***

When implementing this intervention, it is important to do the following:

- Determine whether a health care provider is delivering Sister to Sister with fidelity to its core elements
- Document the quality of the facilitation and management of the session's activities

This form is for program supervisors and managers monitor the provider's skills and compliance in following the intervention design. Supervisors and managers should use these observations to provide constructive feedback to build the capacity of their health care providers to implement Sister to Sister confidently and with fidelity to the intervention.

Before observing a session, explain the purpose of the observer to the participant. Ask the participant if she is comfortable with the observer in the room.

When conducting the observation, it is important to focus specifically on a health care provider's interactions with the participants and their nonverbal behavior. The observer should use active "seeing" and "listening" skills paying particular attention to any important details.

## Health Care Provider Observation Form

Provider ID: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Start time \_\_\_\_:\_\_\_\_ a.m./p.m.

End time \_\_\_\_:\_\_\_\_ a.m./p.m.

Location: \_\_\_\_\_

Observer name: \_\_\_\_\_

### Instructions:

Before you begin, explain the purpose of the observation to the participant and request their permission to sit in on the session. As you observe the health care provider, please circle the number that best represents your response to the questions below.

How did the health care provider:		Not Very Well	Not Well	Well	Very Well	Not Applicable
1.	Encourage participation?	1	2	3	4	5
2.	Respond to the participant (i.e. address questions)?	1	2	3	4	5
7.	Deal with crises?	1	2	3	4	5
8.	Stay on time for each activity?	1	2	3	4	5
9.	Demonstrate a caring attitude?	1	2	3	4	5
10.	Maintain neutral judgment?	1	2	3	4	5
11.	Maintain their degree of professionalism?	1	2	3	4	5
12.	Explain and discuss the topics covered in the video?	1	2	3	4	5
13.	Conduct condom use demonstration?	1	2	3	4	5
14.	Demonstrate condom negotiation activities?	1	2	3	4	5
15.	Engage participant in role playing with condoms?	1	2	3	4	5
16.	Engage participant in role playing negotiation scenarios?	1	2	3	4	5
17.	Provide positive reinforcement?	1	2	3	4	5
18.	Provide corrective feedback?	1	2	3	4	5
19.	Manage all the materials (i.e., videos and handouts)?	1	2	3	4	5

**Continued on next page**

<b>How did the health care provider:</b>		<b>Not Very Well</b>	<b>Not Well</b>	<b>Well</b>	<b>Very Well</b>	<b>Not Applicable</b>
20.	Demonstrate respect and appreciation for cultural, racial, gender, and religious diversity?	1	2	3	4	5
21.	Lead discussion about the gender/culturally specific video viewed at the beginning of the session?	1	2	3	4	5
22.	Facilitate the skill-building sessions to work on overcoming barriers to condom use?	1	2	3	4	5
23.	Encourage participant discussion about different types of condoms and their features?	1	2	3	4	5
24.	Distribute samples of condoms that best meet participants' needs?	1	2	3	4	5

25. Strengths and facilitators to implementation:

26. Barriers to implementation and areas to be improved:

27. Action plan/next steps:

## **FIDELITY CHECKLIST**

### ***When to Use It:***

- During the intervention session or immediately following the session

### ***Administered by:***

- Health care provider

### ***Completed by:***

- Health care provider

### ***Instructions:***

***Do not distribute this instrument to the participants.***

The Fidelity Checklist is for use by the health care providers to monitor their own implementation of the Sister to Sister sessions. This instrument asks for feedback on the ways each component or activity was implemented within the intervention session.

There is a section for each activity conducted during the session. The Fidelity Checklist includes an “activity grid,” which provides an opportunity for you to give feedback on each activity within the session. For each program activity, indicate whether you taught the activity as suggested, taught the activity with changes, or did not teach the activity. Modify this form to reflect any changes to your agency’s Sister to Sister implementation plan.

Provide as much feedback as possible. The more feedback you provide, the more helpful this evaluation tool will be in future implementations of the intervention. Please explain any changes made to each activity in the session in the “session activities” sections as well as any recommendations you have. Comments and suggestions concerning the program content, structure, and clarity of the materials are particularly helpful and should be shared with your program supervisor.

## Fidelity Checklist

### Instructions:

Please complete one form for each participant after the Sister to Sister intervention session has completed.

Location name: \_\_\_\_\_ Type of setting: \_\_\_\_\_  
Session date: \_\_\_\_\_ Participant ID #: \_\_\_\_\_  
Provider's name : \_\_\_\_\_  
Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Which staff member referred this participant for this session? \_\_\_\_\_

Was an incentive provided for this session?

- Yes → If yes, specify what was provided: \_\_\_\_\_  
 No

The four session activities below represent the content core elements for Sister to Sister. For the following activities listed below, please check a box to indicate if the activity was “taught as suggested,” “taught with changes,” or you “did not teach.” Please also describe the reasons for modifying or not conducting the activity in the space provided. Also, if problems were encountered, please indicate how they might be overcome.

#### **Content Core Element 1:**

#### **Viewing culturally/gender specific videos portraying condom negotiation**

- |                                                  |                                                       |
|--------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> AIDS Changing the Rules | <input type="checkbox"/> Let's Do Something Different |
| <input type="checkbox"/> My Sister's Keepers     | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> The Cheeking Video      |                                                       |
- Taught as suggested       Taught with changes       Did not teach

**Remarks** (Describe here reasons for modifying or not conducting the activity and any suggested changes/recommendations):

**Content Core Element 2:  
Teach, demonstrate, and practice condom negotiation skills one on one with the participant, and provide information on HIV/AIDS transmission and risk reduction**

- Taught as suggested       Taught with changes       Did not teach

**Remarks** (Describe here reasons for modifying or not conducting the activity and any suggested changes/recommendations):

--

**Content Core Element 3:  
Educating program participants on proper condom use through condom use demonstration**

- Taught as suggested       Taught with changes       Did not teach

**Remarks** (Describe here reasons for modifying or not conducting the activity and any suggested changes/recommendations):

--

**Content Core Element 4:  
Building self-efficacy to empower participants to want to be safe sexually**

- Taught as suggested       Taught with changes       Did not teach

**Remarks** (Describe here reasons for modifying or not conducting the activity and any suggested changes/recommendations):

--

**Which of the following intervention materials were used during this session?**

- Facilitator Teaching Guide
- Participant Guide
- Anatomically correct penis model
- Video clips specifically selected for the intervention
- Personalized sexual risk assessment tool to initiate discussion

**Please describe any barriers (challenges and issues) with this session.**

**Please describe any best practices and successes experienced in implementing this session.**

**Please describe any change in the session participants' attitudes and intentions to use condoms you observed**

**Additional observations and feedback:**

## **PARTICIPANT SATISFACTION SURVEY**

### ***When to Use It:***

- At the end of each session (after dialogue is complete)

### ***Administered by:***

- Health care provider

### ***Completed by:***

- Client/participant

### ***Instructions:***

This survey should be administered by the health care provider and completed by the client at the end of the session—after the dialogue is finished. The questions are designed to solicit participant feedback regarding their level of satisfaction with the session activities.

Please direct the participants to read each question and response choice carefully and to complete this survey as honestly and thoroughly as possible. The information collected can be compared with the preimplementation data you collected before the session, which will help assess the effectiveness of the Sister to Sister intervention and allow you to make improvements as necessary.

## Participant Satisfaction Survey

Worker ID: \_\_\_\_\_

Date: \_\_\_\_\_

Site ID: \_\_\_\_\_

Client ID: \_\_\_\_\_

Session date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Instructions:

We would appreciate you taking a few minutes to answer the following questions that look at behavioral intentions regarding sexual risk, safer sex, and condom use. We would also like to know what you thought of the video and discussion session. Please answer the questions as truthfully as possible. There are no right or wrong answers. Your answers will help us understand how we can improve these sessions for other clients in the future. Thank you.

1. Do you agree or disagree with the following statements about the *video*?

	Agree	Disagree
a. the video showed real-life situations with characters like me and was culturally specific.		
b. The video showed both partners (men and women) taking responsibility for negotiating condom use.		
c. I could see myself in the same situations that were presented in the video.		
d. Some of the things the actors did and said in the video about condoms and negotiating about safer sex would work for me.		

2. Do you agree or disagree with the following statements about the *single session intervention*?

	Agree	Disagree
a. I found it helpful to practice responses to my partner's excuses for not wanting to wear condoms.		
b. I felt the activities and materials helped increase my understanding of HIV/STD transmission.		
c. I felt the activities and materials helped increase my understanding of my risk for infection.		
d. I felt the activities and materials helped me with my condom negotiation skills.		
e. I felt the activities and materials helped me better understand my risk for HIV/STD infection.		
f. I know more about different condom types, where to obtain them, and how to use them with partners.		

3. Do you agree or disagree with the following statements about the *health care provider*?

	Agree	Disagree
a. The health care provider used clear, simple language.		
b. The health care provider listened carefully to what the participant said.		
c. The health care provider gave the participant a chance to contribute and ask questions.		
d. The health care provider knew the subject matter.		
e. The health care provider was comfortable talking about sensitive topics.		
f. The health care provider defined terms in ways I could understand.		
g. The health care provider was nonjudgmental.		
h. The health care provider was respectful.		
i. The health care provider was friendly and enthusiastic.		
j. The health care provider created a comfortable learning environment.		

4. What did you like best about the session?

5. What did you like least about the session?

6. What could we do to make this session better?

7. Overall, how did you find the video and discussion session?

8. Do you have additional comments or feedback?

**Thank You.**

## **QUALITY ASSURANCE CHECKLIST**

### ***When to Use:***

- Every 3 months as a follow-up to the sessions conducted during that period

### ***Administered by:***

- Program supervisor

### ***Completed by:***

- Program supervisor

### ***Instructions:***

The Quality Assurance Checklist is required for program reporting only. When implementing Sister to Sister, it is important to (1) determine whether staff members are delivering Sister to Sister with fidelity to its core elements and (2) identify any issues that should be addressed to assure that the intervention is meeting the needs of your agency's clients and staff members. The quality assurance checklist will help staff members assess the quality of the implementation activities.

The program supervisor should complete the quality assurance checklist every 3 months as a follow-up to the sessions held during that period. The program supervisor should review the completed instruments collected during the 3-month period, which will help them complete this form. Instruments that are important to review include the Client Satisfaction Survey; HIV/AIDS and STD Knowledge, Attitudes, and Intentions pre- and posttest surveys; the Fidelity Form; and the Health Care Provider Observation Form. The program supervisor can also include other data collection instruments that would be helpful in completing the checklist.

Be sure to have the staff person completing the checklist include his or her name, date, period of review, and the number of intervention cycles carried out during the period of review. They also should provide explanations for why the intervention protocol was not followed and any other relevant information that would be helpful in improving the implementation of the intervention.

# Quality Assurance Checklist

Date: \_\_\_\_\_ Period of review: \_\_\_\_\_

Total number of sessions (during period of review): \_\_\_\_\_

## Instructions:

Please complete this form every 3 months as a follow-up to the sessions conducted during that period. To help complete this form, review the data collection instruments completed during the period of review. These instruments include:

- Participant Intake Form
- Participant Satisfaction Survey
- Fidelity Checklist
- Health Care Provider Observation Form

It is important to (1) determine whether providers are delivering Sister to Sister with fidelity to its core elements and (2) identify any issues that should be addressed to assure that the intervention is meeting the needs of your agency's clients and staff members. Below is a simple checklist you can use during implementation to assess the quality of the implementation activities.

## How many women participated in Sister to Sister during the period of review?

African American women \_\_\_\_\_

Other race: \_\_\_\_\_

Other race: \_\_\_\_\_

**Total # of women:** \_\_\_\_\_

## How many monitoring and evaluation instruments were completed?

Number of **Participant Intake Forms** completed \_\_\_\_\_

Number of **Risk Assessment Inventories** completed \_\_\_\_\_  
(available in the Sister to Sister implementation manual)

Number of **Participant Satisfaction Surveys** completed \_\_\_\_\_

Number of **Fidelity Checklists** completed \_\_\_\_\_

Number of **Health Care Provider Observation Forms** completed \_\_\_\_\_

**1. Were incentives provided to participants?**

- Yes
- No

a. If yes, describe what types below.

**2. Describe the methods used for recruiting session participants.**

**3. Are health care providers following the protocol for conducting Sister to Sister skill-building sessions?**

**4. Of the sessions conducted during this period, how many times did they:**

a. Work one-on-one with a client? \_\_\_\_\_

Number of sessions for which this was not documented: \_\_\_\_\_

What were the reasons for not doing this?

b. Show a brief videos portraying condom use negotiation? \_\_\_\_\_

Number of sessions for which this was not documented: \_\_\_\_\_

What were the reasons for not doing this?

c. Conduct a condom negotiation skills-building discussion after every showing of the Sister to Sister videos? \_\_\_\_\_

Number of sessions for which this was not documented: \_\_\_\_\_

What were the reasons for not doing this?

d. Provide HIV/AIDS transmission and risk reduction information? \_\_\_\_\_

Number of sessions for which this was not documented: \_\_\_\_\_

What were the reasons for not doing this?

e. Conduct the sessions in 20 to 30 minutes? \_\_\_\_\_

Number of sessions for which this was not documented: \_\_\_\_\_

What were the reasons for not doing this?

f. Provide condom education to clients by conducting a condom use demonstration? \_\_\_\_\_

Number of sessions for which this was not documented: \_\_\_\_\_

What were the reasons for not doing this?

g. Document client participation in Sister to Sister? \_\_\_\_\_

Number of undocumented session: \_\_\_\_\_

What were the reasons for not doing this?

h. Distribute types of condoms participants identify as best meeting their needs? \_\_\_\_\_

Number of undocumented session: \_\_\_\_\_

What were the reasons for not doing this?

**5. In how many sessions were the following core intervention materials used:**

- a. Facilitator Teaching Guide \_\_\_\_\_
- b. Participant Guide \_\_\_\_\_
- c. Anatomically correct penis model \_\_\_\_\_
- d. Video clips specifically selected for the intervention \_\_\_\_\_
- e. Personalized sexual risk assessment tool to initiate discussion \_\_\_\_\_

**6. Are there enough Sister to Sister health care providers prepared to meet the client demand?**

- Yes
- No

If no, explain why:

**7. Have you met your objectives for the numbers of individuals served?**

- Yes
- No

If no, explain why:

**8. Are there individuals who are not participating in the Sister to Sister intervention that should be?**

- Yes
- No

If yes, explain why:

**9. Did clients provide feedback regarding the Sister to Sister sessions?**

- Yes
- No

*Please summarize the feedback provided by participants.*

**10. What did participants like best about the session?**

**11. What did participants like least about the session?**

**12. What recommendations did they provide to make this session better?**

**13. Overall, how did participants find the video and discussion session?**

*Please summarize the feedback provided by health care providers.*

**What were the barriers, challenges, and issues with implementing Sister to Sister?**

**What best practices and successes were identified or experienced in when implementing Sister to Sister?**

**Additional Notes:**

## REFERRAL TRACKING FORM

### When to Use:

- As formal referrals are made

### Administered by:

- Agency staff members providing referral (e.g., Sister to Sister health care provider, outreach worker, program manager)

### Completed by:

- Agency staff members providing referral

### Instructions:

The Referral Tracking Form is optional but should be completed for each individual who receives a referral that will be tracked over time. Complete this form for any formal referral given to a client by agency staff members. A formal referral is one for which the staff member giving the referral intends to follow-up with the client and/or referred agency to make sure the client accessed services. Refer to the National Monitoring and Evaluation Guidance for HIV Prevention Programs (CDC, 2008b) for additional information and reporting requirements.

The codes and explanations on how to use and complete this form are listed below.

REFERRAL CODES AND EXPLANATIONS		
A.	Referral Code:	Create and enter a unique code that your agency will use to track the client's referral to another agency.
B.	Referral Date:	The date the referral was made.
C.	Referral Service Type:	Indicate the type of service the client is being referred to.
D.	Referral Follow-up Method: (Choose only one)	Indicate the method by which the referral will be verified. Options include: <ul style="list-style-type: none"> <li>■ <b>Active referral</b>—Direct linkage (access) to a service provider</li> <li>■ <b>Passive referral—agency verification:</b> Confirmation that the client accessed services by the receiving agency</li> <li>■ <b>Passive referral—client verification:</b> Confirmation by the client that he/she accessed services</li> <li>■ <b>None</b>—No plan to verify the completion of this referral</li> </ul>
E.	Referral Outcome: (Choose only one)	Indicate the current status of the referral at the time of follow-up. Options include: <ul style="list-style-type: none"> <li>■ <b>Pending</b>—Status of the referral can't be confirmed or denied</li> <li>■ <b>Confirmed</b>—Accessed Service</li> <li>■ <b>Confirmed</b>—Did not access service</li> <li>■ <b>Lost to follow-up</b>—Provider has been unable to verify the status of the referral within 60 days of the referral date</li> </ul>
F.	Referral Close Date:	A date indicating when the referral is confirmed or lost to follow-up.
G.	Referral Notes:	(Optional) Additional notes about the referral.

The NHM&E DS variables listed in the table below are collected on the Referral Tracking Form. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix C).

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET (NHM&E DS) VARIABLES			
NHM&E DS Table	NHM&E DS Number	Variable Name	Item
X-7 Referral	01	Referral code	A
	02	Referral date	B
	03	Referral service type	C
	05	Referral follow-up	D
	06	Referral outcome	E
	10	Referral close date	F
	16	Age	<i>Available on Participant Intake Form</i>
	17	Ethnicity	
	18	Race	
	19	Current gender	
	20	Risk category	
	21	Self-reported HIV status	

## Referral Tracking Form

Client ID: \_\_\_\_\_

<b>A. Referral Code:</b>			
<b>B. Referral Date:</b>	____/____/____ (mm / dd / yyyy)		
<b>C. Referral Service Type:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> HIV testing  <input type="checkbox"/> HIV confirmatory test  <input type="checkbox"/> HIV prevention counseling  <input type="checkbox"/> STD screening/treatment  <input type="checkbox"/> Viral hepatitis screening/treatment/immunization  <input type="checkbox"/> TB testing  <input type="checkbox"/> Syringe exchange services  <input type="checkbox"/> Substance abuse prevention or treatment services  <input type="checkbox"/> IDU risk reduction services  <input type="checkbox"/> Reproductive health services  <input type="checkbox"/> Prenatal care  <input type="checkbox"/> HIV medical care/treatment  <input type="checkbox"/> General medical care                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> PCRS  <input type="checkbox"/> PCM  <input type="checkbox"/> Other HIV Prevention services  <input type="checkbox"/> Mental health services  <input type="checkbox"/> Other support services (specify):                      _____                      _____  <input type="checkbox"/> Other services (specify):                      _____                      _____  <input type="checkbox"/> Other services (specify):                      _____                      _____                 </td> </tr> </table>	<input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral hepatitis screening/treatment/immunization <input type="checkbox"/> TB testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse prevention or treatment services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Reproductive health services <input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care/treatment <input type="checkbox"/> General medical care	<input type="checkbox"/> PCRS <input type="checkbox"/> PCM <input type="checkbox"/> Other HIV Prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Other support services (specify): _____ _____ <input type="checkbox"/> Other services (specify): _____ _____ <input type="checkbox"/> Other services (specify): _____ _____
<input type="checkbox"/> HIV testing <input type="checkbox"/> HIV confirmatory test <input type="checkbox"/> HIV prevention counseling <input type="checkbox"/> STD screening/treatment <input type="checkbox"/> Viral hepatitis screening/treatment/immunization <input type="checkbox"/> TB testing <input type="checkbox"/> Syringe exchange services <input type="checkbox"/> Substance abuse prevention or treatment services <input type="checkbox"/> IDU risk reduction services <input type="checkbox"/> Reproductive health services <input type="checkbox"/> Prenatal care <input type="checkbox"/> HIV medical care/treatment <input type="checkbox"/> General medical care	<input type="checkbox"/> PCRS <input type="checkbox"/> PCM <input type="checkbox"/> Other HIV Prevention services <input type="checkbox"/> Mental health services <input type="checkbox"/> Other support services (specify): _____ _____ <input type="checkbox"/> Other services (specify): _____ _____ <input type="checkbox"/> Other services (specify): _____ _____		
<b>D. Referral Follow-up Method:</b> (Choose only one)	<input type="checkbox"/> None <input type="checkbox"/> Active referral <input type="checkbox"/> Passive referral—agency verification <input type="checkbox"/> Passive referral—client verification		
<b>E. Referral Outcome:</b> (Choose only one)	<input type="checkbox"/> Pending <input type="checkbox"/> Confirmed—accessed service <input type="checkbox"/> Confirmed—did not access service <input type="checkbox"/> Lost to followup		
<b>F. Referral Close Date:</b>	____/____/____ (mm/ dd / yyyy)		
<b>G. Referral Notes:</b>	_____ _____ _____ _____ _____ _____ _____ _____ _____		

## APPENDIX A: SISTER TO SISTER BEHAVIORAL RISK ANALYSIS

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This appendix provides a generic behavior risk analyses for the populations identified in Sister to Sister—heterosexual African American females, 18–45 years of age, engaged in unprotected sex with one or more partners. A behavioral risk analysis shows the relationships between the personal, interpersonal, societal, and environmental factors (also referred to as “behavioral determinants” or “determinants of risk”) which facilitate high-risk behaviors. This information is used to understand why members of the target population engage in the identified risk behavior, and where Sister to Sister intervenes to protect individuals against the determinants of risk. You should modify the risk analysis to illustrate the influencing factors specific to your target population and local environmental conditions. Use information obtained through a needs assessment of your target populations. Please refer to the *Evaluation Capacity Building Guide* (CDC, 2008a) for additional information about using and modifying a behavioral risk analysis to plan for and evaluate your intervention.

## APPENDIX A. SISTER TO SISTER BEHAVIORAL RISK ANALYSIS

WHO	RISK BEHAVIOR	WHY . . .					
African American Women ages 18–45	Unprotected sex with men of unknown HIV/STD status	→ Hedonistic or inaccurate perceptions of condom use	→ Belief that partner will refuse to use condoms because it will interfere with sexual pleasure		→ Lack condom use knowledge and negotiation skills		
			→ Belief that partner will react negatively if asked to use a condom		→ Gender/cultural misconceptions about condom use		
			→ Belief that condoms aren't effective		→ Fear loss of relationship		
		→ Belief that condoms reduce sexual pleasure	→ Lack of access or unresponsive to accurate information		→ Fear of partner being abusive or cheating	→ Messages not culturally appropriate	
			→ Negative past experience using condoms		→ Limited knowledge of condom use, types, and features		
			→ Lack of access or unresponsive to accurate information		→ Limited knowledge of condom use, types, and features		
		→ Unaware of vulnerability to HIV/AIDS and other STDs	→ Lack knowledge about HIV/STD transmission and risks		→ Lack of access or unresponsive to accurate information		→ Messages not culturally appropriate
			→ Lack knowledge about partners' HIV/STD status	→ Unaware of partners' risk behaviors or history	→ Inaccurate assumptions about partners' behavior		→ Defined gender roles
					→ Doesn't ask		→ Denial
				→ Partner does not disclose	→ Partner fears loss of relationship	→ Fear	
→ Lack of condom use and negotiation skills	→ Limited condom use and negotiation experience	→ Negative or inaccurate perceptions of condom use					
		→ Lack of access to condoms					
		→ Limited opportunities to learn about condom negotiation	→ Lack of access or unresponsive to accurate information	→ Messages not culturally appropriate			
→ No desire to use condoms	→ Lack of knowledge about the risks associated with not using a condom						
	→ Limited knowledge of condom use, types, and features						

## **APPENDIX B: SISTER TO SISTER LOGIC MODELS**

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This section provides a generic logic model for Sister to Sister. The model reflects activities designed to affect the behaviors and attitudes of members of targeted communities and illustrates the relationship of the program's activities to the expected outputs and outcomes as described in the Sister to Sister Implementation Manual. The first logic model (B-1) is the one included in the implementation materials disseminated at the Sister to Sister trainings. The second logic model (B-2) depicts graphically the relationship between the determinants, activities, and outcomes as described in the first logic model. As with the behavioral risk analysis, it is important that you adapt and tailor this logic model to reflect your agency's implementation of Sister to Sister.

## APPENDIX B-1: SISTER TO SISTER LOGIC MODEL

### STATEMENT OF THE PROBLEM FOR INTERVENTION

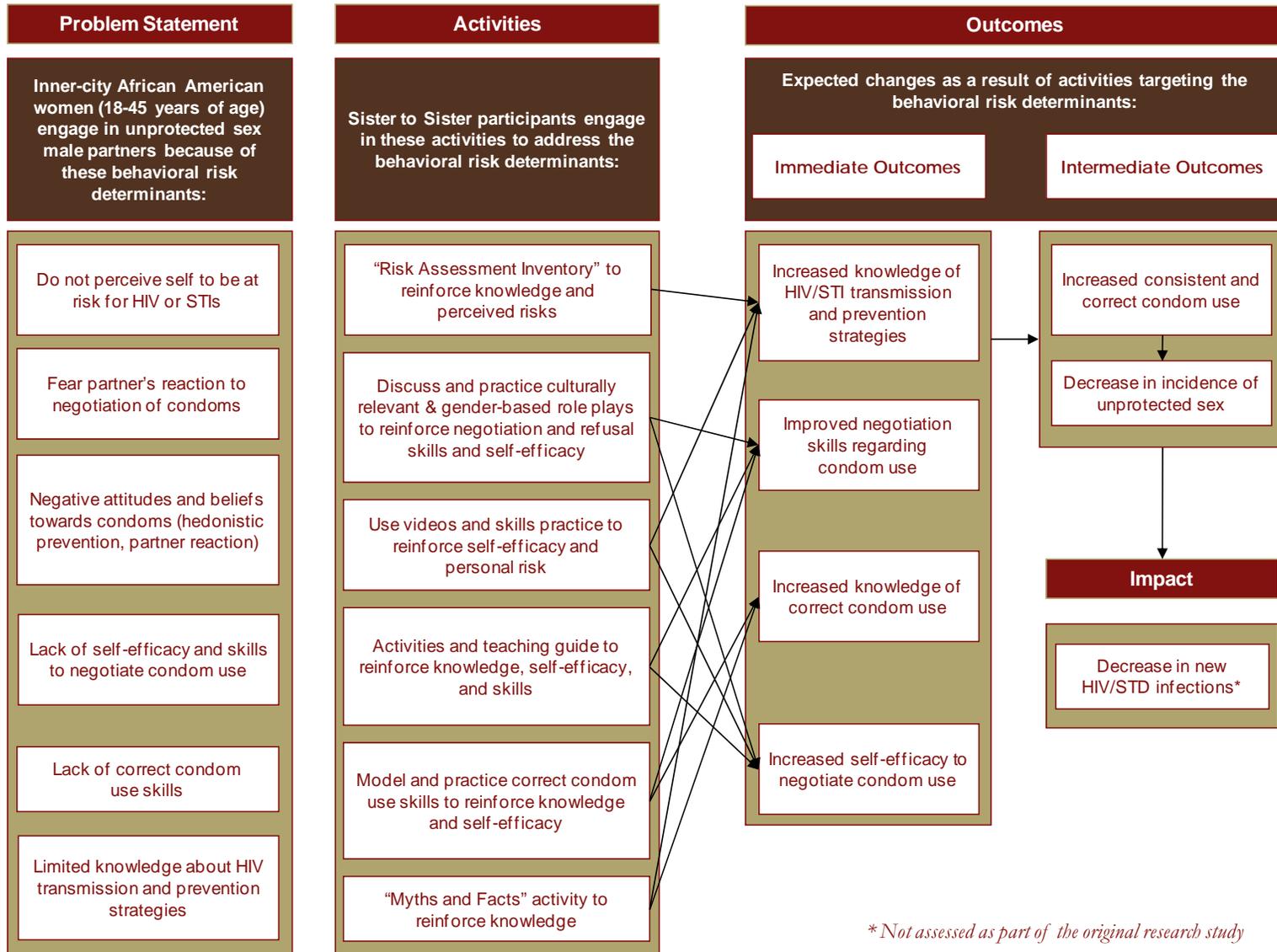
The **target population** is inner-city African American women between the ages of 18-45 years.

The **risk behavior** is unprotected sex with a male partner who has HIV or an STI or who does not know his status.

The **risk factors** include: Women who have limited financial resources, particularly those who are under 25 years of age, and who are of African-American or Hispanic/Latino descent are at increased risk for STIs. Sexual transmission is a major cause of the increasing number of HIV/AIDS cases among women, particularly African American women. Other risk factors include women's inability to negotiate condom use successfully with their male partner, improper condom use, and women's fear of their partner's reaction to adopting condom use.

<b>Determinants</b> <i>To address risk behavior/factors</i>	<b>Activities</b> <i>To address behavioral determinants</i>	<b>Outcomes</b> <i>Expected changes as a result of activities targeting behavioral risk determinants</i>	
<ul style="list-style-type: none"> <li>■ Don't perceive self at risk</li> <li>■ Fear partner's reaction to negotiation of condoms</li> <li>■ Negative attitudes/beliefs toward using condoms (hedonistic prevention, partner reaction)</li> <li>■ Lack self-efficacy and skills to negotiate condoms</li> <li>■ Lack of correct condom use skills</li> <li>■ Limited knowledge about HIV (transmission and prevention strategies)</li> </ul>	<ul style="list-style-type: none"> <li>■ "Risk Assessment Activity" to reinforce knowledge and perceived risks</li> <li>■ Discuss and practice culturally relevant and gender-based role-playing to reinforce negotiation and refusal skills and self-efficacy</li> <li>■ Using videos and skills practice to reinforce self-efficacy and personal risk</li> <li>■ Intervention activities and teaching guide to reinforce knowledge, self-efficacy, and skills</li> <li>■ Model and practice correct condom use skills to reinforce knowledge and self-efficacy</li> <li>■ "Myths and Facts Activity" to reinforce knowledge</li> </ul>	<u>Immediate</u> <ul style="list-style-type: none"> <li>■ Increase negotiation skills</li> <li>■ Increased knowledge</li> </ul>	<u>Intermediate</u> <ul style="list-style-type: none"> <li>■ Reduce the incidence of unprotected sex</li> <li>■ Increase consistent and correct condom use</li> </ul>

## APPENDIX B-2: SISTER TO SISTER LOGIC MODEL



## APPENDIX C: 2008 NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLE REQUIREMENTS

The table below presents a summary of the variable requirements for the data collection periods of January 1 and July 1, 2008, excluding variable requirements for HIV Testing and Partner Counseling and Referral Services (PCRS). HIV Testing variable requirements are currently specified in the HIV Testing Form and Variables Manual and the CDC HIV Testing Variables Data Dictionary (both are available on the PEMS Web site, <https://team.cdc.gov>). Requirements for PCRS will be released later in 2008. Since this document only provides a summary of the requirements, please refer to the NHM&E DS (CDC, 2008d) for a more detailed description of definitions and value choices.

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
General Agency Information (Table A)		
A01	Agency Name	Required
A01a	PEMS Agency ID	Required
A02	Community Plan Jurisdiction	Required
A03	Employer Identification Number (EIN)	Required
A04	Street Address 1	Required
A05	Street Address 2	Required
A06	City	Required
A08	State	Required
A09	ZIP Code	Required
A10	Agency Web site	Required
A11	Agency DUNS Number	Required
A12	Agency Type	Required
A13	Faith-based	Required
A14	Race/Ethnicity Minority Focused	Required
A18	Directly Funded Agency	Required
A21	Agency Contact Last Name	Required
A22	Agency Contact First Name	Required
A23	Agency Contact Title	Required
A24	Agency Contact Phone	Required
A25	Agency Contact Fax	Required
A26	Agency Contact E-mail	Required

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
<b>CDC Program Announcement Award Information (Table B)</b>		
B01	CDC HIV Prevention PA Number	Required
B02	CDC HIV Prevention PA Budget Start Date	Required
B03	CDC HIV Prevention PA Budget End Date	Required
B04	CDC HIV Prevention PA Award Number	Required
B06	Total CDC HIV Prevention Award Amount	Required
B06a	Annual CDC HIV Prevention Award Amount Expended	Required
B07	Amount Allocated for Community Planning	Required
B08	Amount Allocated for Prevention Services	Required
B09	Amount Allocated for Evaluation	Required
B10	Amount Allocated for Capacity Building	Required
<b>Contractor Information (Table C)</b>		
C01	Agency Name	Required
C04	City	Required
C06	State	Required
C07	ZIP Code	Required
C13	Employer Identification Number (EIN)	Required
C14	DUNS Number	Required
C15	Agency Type	Required
C16	Agency Activities	Required
C17	Faith-based	Required
C18	Race/Ethnicity Minority Focused	Required
C19	Contract Start Date - Month	Required
C20	Contract Start Date-Year	Required
C21	Contract End Date - Month	Required
C22	Contract End Date - Year	Required
C23	Total Contract Amount Awarded	Required
C25	CDC HIV Prevention Program Announcement Number	Required
C26	CDC HIV Prevention PA Budget Start Date	Required
C27	CDC HIV Prevention PA Budget End Date	Required
<b>Site Information (Table S)</b>		
S01	Site ID	Required
S03	Site Name	Required
S04	Site Type	Required
S08	County	Required
S09	State	Required
S10	ZIP Code	Required
S16	Use of Mobile Unit	Required

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
Program Name - Planning (Table D)		
D01	Program Name	Required
D02	Community Planning Jurisdiction	Required
D03	Community Planning Year	Required
Program Model and Budget - Planning (Table E.1)		
E101	Program Model Name	Required
E102	Evidence Base	Required
E103	CDC Recommended Guidelines	Required
E104	Other Basis for Program Model	Required
E105	Target Population	Required
E107	Program Model Start Date	Required
E108	Program Model End Date	Required
E109	Proposed Annual Budget	Required
Intervention Plan Characteristics (Table F)		
F01	Intervention Type	Required
F02	Intervention Name/ID	Required
F03	HIV + Intervention	Required
F04	Perinatal Intervention	Required
F05	Total Number of Clients	Required
F06	Sub-Total Target Population	Required
F07	Planned Number of Cycles	Required
F08	Number of Sessions	Required
F09	Unit of Delivery	Required
F11	Delivery Method	Required
F14	Level of Data Collection	Required
Client Characteristics (Table G)		
G101	Date Collected	Required
G102	PEMS Client Unique Key	Required
G112	Date of Birth - Year	Required
G113	Calculated Age	Required
G114	Ethnicity	Required
G116	Race	Required
G120	State/Territory of Residence	Required
G123	Assigned Sex at Birth	Required
G124	Current Gender	Required
G200	Date Collected	Required
G204	Previous HIV Test	Required
G205	Self-Reported HIV Test Result	Required
G208	In HIV Medical Care/Treatment (only if HIV+)	Required
G209	Pregnant (only if female)	Required

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
<b>Client Characteristics (Table G) (continued)</b>		
G210	In Prenatal Care (only if pregnant)	Required
G211	Client Risk Factors ***	Required
G212	Additional Client Risk Factors ^^	Required
G213	Recent STD (Not HIV)	Required
<p>***Note: The recall period for client risk factors is 12 months.            ^^Note: Additional value choices for risk factors added:</p> <ul style="list-style-type: none"> <li>■ Sex without using a condom</li> <li>■ Sharing drug injection equipment</li> </ul>		
<b>Client Intervention Characteristics (Table H)</b>		
H01	Intervention Name/ID	Required
H01a	Cycle	Required
H05	Session Number	Required
H06	Session Date - Month	Required
H07	Session Date - Day	Required
H08	Session Date - Year	Required
H10	Site Name/ID	Required
H13	Recruitment Source	Required
H18	Recruitment Source - Service/Intervention Type	Required
H21	Incentive Provided	Required
H22	Unit of Delivery	Required
H23	Delivery Method	Required
<b>Referral (Table X7)</b>		
X701	PEMS Referral Code	Required
X702	Referral Date	Required
X703	Referral Service Type	Required
X706	Referral Outcome	Required
X710	Referral Close Date	Required
<b>Aggregate HE/RR and Outreach (Table AG)</b>		
AG00	Intervention Name	Required
AG01	Session Number	Required
AG02	Date of Event/Session	Required
AG03	Duration of Event/Session	Required
AG04	Number of Client Contacts	Required
AG05a	Delivery Method	Required
AG05c	Incentive Provided	Required
AG06	Site Name/ID	Required
AG08a	Client Primary Risk - MSM	Required
AG08b	Client Primary Risk - IDU	Required
AG08c	Client Primary Risk - MSM/IDU	Required
AG08d	Client Primary Risk - Sex Involving Transgender	Required

<b>VARIABLE NUMBER</b>	<b>VARIABLE NAME</b>	<b>HD &amp; CDC REPORTED REQUIRED</b>
<b>Aggregate HE/RR and Outreach (Table AG) (continued)</b>		
AG08e	Client Primary Risk - Heterosexual Contact	Required
AG08f	Client Primary Risk - Other/Risk Not Identified	Required
AG09a	Client Gender - Male	Required
AG09b	Client Gender - Female	Required
AG09c	Client Gender - Transgender MTF	Required
AG09d	Client Gender - Transgender FTM	Required
AG10a	Client Ethnicity - Hispanic or Latino	Required
AG10b	Client Ethnicity - Not Hispanic or Latino	Required
AG11a	Client Race - American Indian or Alaska Native	Required
AG11b	Client Race - Asian	Required
AG11c	Client Race - Black or African American	Required
AG11d	Client Race - Native Hawaiian or Other Pacific Islander	Required
AG11e	Client Race - White	Required
AG12a	Client Age - Under 13 years	Required
AG12b	Client Age - 13–18 years	Required
AG12c	Client Age - 19–24 years	Required
AG12d	Client Age - 25–34 years	Required
AG12e	Client Age - 35–44 years	Required
AG12f	Client Age - 45 years and over	Required
AG14a	Materials Distributed - Male Condoms	Required
AG14b	Materials Distributed - Female Condoms	Required
AG14c	Materials Distributed - Bleach or Safer Injection Kits	Required
AG14d	Materials Distributed - Education Materials	Required
AG14e	Materials Distributed - Safe Sex Kits	Required
AG14f	Materials Distributed - Referral list	Required
AG14g	Materials Distributed - Role Model Stories	Required
AG14h	Materials Distributed - Other (specify)	Required

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
<b>Health Communication / Public Information (Table HC)</b>		
HC01	Intervention Name	Required
HC02	HC/PI Delivery Method	Required
HC05	Event Start Date	Required
HC06	Event End Date	Required
HC07	Total Number of Airings	Required
HC08	Estimated total Exposures	Required
HC09	Number of Materials Distributed	Required
HC10	Total Number of Web Hits	Required
HC11	Total Number of Attendees	Required
HC12	Number of Callers	Required
HC13	Number of Callers Referred	Required
HC14	Distribution - Male Condoms	Required
HC15	Distribution - Female Condoms	Required
HC16	Distribution - Lubricants	Required
HC17	Distribution - Bleach or Safer Injection Kits	Required
HC18	Distribution - Referral Lists	Required
HC19	Distribution - Safe Sex Kits	Required
HC20	Distribution - Other	Required
<b>Community Planning Level (Table CP-A/B/C)</b>		
CP-A01	Name of HIV Prevention CPG	HD only
CP-A02	Community Plan Year	HD only
CP-B01	Priority Population	HD only
CP-B02	Rank	HD only
CP-B03	Age	HD only
CP-B04	Gender	HD only
CP-B05	Ethnicity	HD only
CP-B06	Race	HD only
CP-B07	HIV Status	HD only
CP-B08	Geo Location	HD only
CP-B09	Transmission Risk	HD only
CP-C01	Name of the Prevention Activity/Intervention	HD only
CP-C02	Prevention Activity/Intervention Type	HD only
CP-C04	Evidence Based	HD only
CP-C05	CDC Recommended Guidelines	HD only
CP-C06	Other Basis for Intervention	HD only
CP-C07	Activity	HD only

## APPENDIX D: REFERENCES

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