

WILLOW

DESCRIPTION

The WILLOW (Women Involved in Life Learning from Other Women) intervention is a small-group, social-skills training and educational intervention for heterosexual adult women, regardless of race or ethnicity, who are living with HIV/AIDS. An adaptation of the Sisters Informing Sisters About Topics on AIDS (SISTA) intervention, WILLOW is designed for women living with HIV/AIDS who are 18 to 50 years of age and who have known their HIV status for at least 6 months. The WILLOW intervention does not address HIV disclosure or focus on the women's HIV-positive status, and the intervention is not designed to be a counseling or service provision program for women living with HIV/AIDS. Rather, it is designed to provide women with information, skills, and strategies that will enhance the quality of their lives and, specifically, encourage the adoption of safer-sex behaviors to prevent sexually transmitted disease (STD) transmission and HIV reinfection. Women who require HIV-specific counseling and services should be referred for comprehensive risk counseling services, individual case management, or other programs that include these services because these are not included in the WILLOW intervention. WILLOW is delivered in four 4-hour sessions to groups of 8 to 10 women and is conducted in a community-based setting. The intervention emphasizes gender pride, informs women how to identify and maintain supportive social networks, teaches coping strategies to reduce life stressors, enhances awareness of STD transmission and HIV reinfection risk behaviors, teaches communication skills for negotiating safer sex, reinforces proper and consistent condom use, distinguishes between healthy and unhealthy relationships, and defines types of abuse in relationships and their effect on a woman's ability to negotiate safer sex.

Theoretical Framework

The WILLOW intervention is based on 2 social science theories, social cognitive theory and the theory of gender and power.

Social cognitive theory (Bandura, 1977)¹

Social cognitive theory views behavior change as a social process influenced by interaction with other people. A person's physical and social environments reinforce and shape her ability to change behavior. The theory suggests that a person learns from watching people who have some influence on her and who model or perform behaviors or attitudes. A person's belief that she is capable of performing a new behavior (i.e., self-efficacy) that is modeled and reinforced by her peers makes it more likely that she will adopt the new behavior. According to social cognitive theory as applied to HIV/AIDS, before a person can change an HIV risk behavior, she needs information about HIV risk, training in social and behavioral skills to apply risk-reduction strategies, knowledge about social norms, and a belief that she can perform the new behavior (self-efficacy).

The theory of gender and power (Connel, 1987)²

The theory of gender and power accounts for gender-based power differences in male-female relationships. It examines the division of labor between men and women, the distribution of power and authority in male-female relationships, and gender-based definitions of sexually appropriate conduct. In addition, the theory considers a woman's willingness to adopt and maintain sexual risk-reduction strategies in heterosexual relationships as it pertains to how much power she has, her commitment to the relationship, and her role in the relationship. This theory suggests that difficulties arise in practicing safer sex because self-protection is often influenced by abusive partners, economic needs, values around intimacy, and norms supporting women's passive behavior in sexual relationships.

The theory of gender and power acknowledges the gender-based differences in male-female relationships in societies or cultures where men have more power than women. These power differences result in the following:

- The division of labor between men and women (e.g., what kind of jobs and positions women are likely to hold).
- The distribution of power and authority in male-female relationships (i.e., men hold more power than women; men have control over women).
- Gender-based definitions of sexually appropriate conduct (e.g., roles and characteristics that are deemed appropriate for women, such as non-assertiveness, sexual naiveté, valuing intimacy and relationships).

As applied to HIV/AIDS, these gender-based differences may affect a woman's ability to negotiate and practice HIV risk-reduction strategies with male sex partners. Also, women may have a hard time practicing safer sex if they follow gender norms that promote male partners' decision making about their sexual behaviors, are in abusive relationships, or depend on their male partners for financial and other forms of practical support.

Intervention process

WILLOW activities are designed to empower women living with HIV through discussions, skills development, role-plays, demonstrations, and self-assessments. The activities address the challenges and joys of being a woman living with HIV and provide information and skills on coping mechanisms, strengthening one's social support network, proper condom use, and protecting oneself from STDs, HIV reinfection, and relationship abuse. WILLOW activities include the following:

- Discussions on gender pride, strong and positive role models, personal values and decision making, social support networks, stress management and coping strategies, communication techniques, STDs and HIV reinfection, proper condom use, and healthy and unhealthy relationships.
- Stress management and coping strategies development, including exercise, relaxation techniques, goal setting, decision making, assertive communication, and enhancing social support networks.
- Activities to build skills regarding risk of STD and HIV reinfection (e.g., assertive communication, condom use) for women living with HIV.

- Activities to build skills designed to identify and clarify attributes of healthy and unhealthy relationships and to provide information on local resources available for abusive relationships.

The WILLOW intervention sessions are facilitated by 2 skilled adult female facilitators, at least 1 of whom is living with HIV/AIDS. Facilitators should be well-versed in how to prevent STDs and HIV, possess excellent group facilitation skills, be knowledgeable about issues and challenges faced by women living with HIV/AIDS, and have a nonjudgmental attitude toward people living with HIV/AIDS.

Each session begins with introductory and review components followed by the introduction of the topics for the specific session. Participants establish ground rules to guide the intervention process. Sessions are facilitated by using newsprint/training chart papers that indicate participant input, handouts to process key concepts and questions, role-plays to provide practice and modeling opportunities, and demonstrations and games to illustrate specific skills or to reinforce information. Skills development for enhancing social support networks, coping strategies, assertive communication, proper condom use, and identifying relationship characteristics are key components of the intervention. Mini-lectures, small- and large-group discussions, quizzes, case study scenarios, goal setting, personal contracts and assessments, writing exercises, and “thoughts for the day” are also used in the delivery of WILLOW. The final session provides an opportunity for participants to learn from other women by teaching a selected aspect of 1 of the 4 sessions. A graduation ceremony concludes the intervention.

Research Findings

WILLOW was first implemented and evaluated in clinics and health departments that provided medical care, social services, and support groups to women living with HIV/AIDS.³ The intervention was implemented from 1997 through 2002 in rural and non-urban areas of Anniston, Birmingham, and Montgomery, Alabama, and in urban areas of Atlanta, Georgia.

The study was originally conducted with 366 women living with HIV/AIDS. Women were eligible if they were age 18 through 50 years, sought medical care for HIV/AIDS at a study recruitment site, were sexually active in the previous 6 months, and provided written informed consent. The participants in the study had been living with HIV for an average of 5 years and were a mean age of 37 years. Eighty-four percent of the women were African American, 15% were Caucasian, and 1% was of another race or ethnicity. Although 64% had completed high school, 70% did not work; 83% of participants had one or more children.

The women were randomly assigned to 1 of 2 study conditions: the sexual risk reduction and social network intervention (WILLOW), or the health promotion comparison group. The primary behavioral outcome in WILLOW was demonstrated efficacy in reducing unprotected vaginal sex and the contraction of new STDs. Women who completed the WILLOW intervention reported less unprotected vaginal sex, fewer new STDs, more condom use, and fewer partner-related barriers to using condoms. They also reported

more condom use self-efficacy, skill in using condoms, and knowledge about reducing HIV transmission reduction. Results indicated that training in social skills in a community setting can increase condom use, reduce unprotected vaginal sex, and reduce new STDs.

CORE ELEMENTS, KEY CHARACTERISTICS, AND PROCEDURES

Core Elements

Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory on 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, deleted, or changed.**

WILLOW has the following 8 core elements:

- Conduct small group interactive sessions that are supportive and meet the goals of the intervention.
- Implement WILLOW with heterosexual women 18 to 50 years of age who are living with HIV/AIDS and who have known their HIV status for at least 6 months in a setting that offer HIV/AIDS services to HIV-positive women..
- Use 2 skilled adult female facilitators to implement WILLOW sessions, at least 1 of whom is a woman living with HIV/AIDS.
- Use materials that are gender and culturally appropriate to foster self-worth and self-efficacy.
- Train women in coping, decision making, goal setting, condom negotiation, and proper condom use skills, all of which support safer sexual behaviors.
- Teach women about social support networks, STD and HIV reinfection, and consistent and proper condom use to support their decision making about sexual health issues.
- Inform women about aspects of healthy and unhealthy relationships and types of abuse as related to the negotiation of safer sexual practices.
- Use an educational and informational focus in the sessions as opposed to a counseling and services provision focus.

Key Characteristics

Key characteristics are those parts of an intervention (activities and delivery methods) that can be adapted to meet the needs of the community-based organization (CBO) or target population.

WILLOW has the following 7 key characteristics:

- Sessions should include 8 to 10 women living with HIV/AIDS.
- New members should not join the intervention once the series of sessions has begun.
- Each session should last approximately 4 hours, with opportunities for breaks, snacks, or meals.
- Can be adapted for different populations of HIV-positive women.

- Must be implemented with passion and sensitivity.
- Should be publicized as a program that was developed by women for women.
- Should include information and discussions that address coping, social support, STD and HIV reinfection, maintaining healthy relationships, and sexual health issues and challenges in the context of experiences of women living with HIV/AIDS.

Procedures

Procedures are detailed descriptions of some of the elements and activities listed above.

Preparing to implement WILLOW

Pre-implementation is the first phase of implementing any intervention and involves the preparations that are necessary to begin the program activities. The CBO may take 3 to 6 months to obtain project acceptance, develop community collaborations, establish a referral network, find a meeting location, conduct the community assessment, and recruit and train staff. Before implementing the WILLOW intervention, CBOs should conduct a readiness assessment to determine whether they possess the capacity, or can build the capacity, to adopt and implement the WILLOW intervention. The success of WILLOW will depend on CBOs having the appropriate recruitment mechanisms, resources, and relationships in place.

Three implementation worksheets are provided in the implementation manual—recruitment, logistics, and community collaborations—to help CBOs plan for and prepare to implement the WILLOW intervention. The recruitment worksheet explores various topics that must be addressed before identifying and enrolling women living with HIV/AIDS into the program. The logistics worksheet provides a realistic examination of the logistical aspects to consider before implementing WILLOW. The community collaborations worksheet emphasizes how to involve other community agencies in a manner that benefits all parties involved.

Conducting WILLOW sessions

The WILLOW sessions should occur on a weekly basis for 4 hours each. Each of the sessions has a specific purpose and key objectives. The purpose and objectives of each of the sessions are as follows.

Session 1: Gender Pride and Social Support. The purpose of this session is to explore the concepts of gender pride and what it means to be a woman; to emphasize self-love, pride, and the positive qualities of being a woman; to discuss having and prioritizing personal values; and to identify ways by which women can increase the various forms of social support—informational, emotional, and practical. This session has the following objectives:

- Enhance personal self-worth and female pride.
- Identify positive attributes of being a woman.
- Identify and prioritize personal values.
- Establish short- and long-term goals.

- Distinguish among informational, emotional, and practical forms of social support.
- Enhance existing social support networks.
- Identify new social support networks.

Session 2: Coping Skills. The purpose of this session is to discuss stress, its effects, and coping strategies; to identify various life stressors and learn ways to cope with stress; to explore communication styles and how they affect relationships; and to establish an assertive communication goal. This session has the following objectives:

- Define stress and stressors.
- Identify the effects of stressors on health.
- Identify personal stressors.
- Identify ways of managing stress.
- Perform stress reduction activities.
- Understand the role of good communication for stress management and positive relationships.
- Know the differences between assertive, non-assertive, and aggressive communication styles.
- Apply effective decision-making strategies for stress management.

Session 3: Condom Use. The purpose of this session is to reinforce the correct and consistent use of condoms, to provide information about STDs and HIV reinfection, to encourage the development of more positive attitudes about condoms, and to provide an opportunity to practice correct condom use. This session has the following objectives:

- Demonstrate increased knowledge about STDs and HIV reinfection.
- Understand the need to use condoms for each sexual experience.
- Identify high-, low-, and no-risk sexual activities.
- Demonstrate and practice how to use a condom properly.
- Demonstrate and practice negotiating condom use with partner.
- Identify benefits of using condoms.
- Dispel common myths about using condoms.
- Develop more positive attitudes toward using condoms consistently and correctly.

Session 4: Healthy Relationships. The purpose of this session is to delineate differences between healthy and unhealthy relationships and to outline the types of abuse in relationships. This session has the following objectives:

- Identify characteristics of healthy and unhealthy relationships.
- Define relationship abuse.
- Identify types of abuse.
- Identify ways to cope with abuse in a relationship.

RESOURCE REQUIREMENTS

Staff

Program coordinator

A program coordinator (10% full-time equivalent) will be responsible for all activities related to recruitment, pre-implementation, implementation, and evaluation of the intervention.

Facilitators

The WILLOW intervention was designed to be implemented by 2 skilled adult female facilitators, at least 1 of whom should be a woman who is living with HIV/AIDS. **A skilled and experienced peer facilitator—that is, a woman living with HIV/AIDS—is the key to ensuring the success of the intervention.** This facilitator will provide participants with a role model they can relate to during the sessions and a facilitator who can help field some of the questions and issues that are unique to women living with HIV/AIDS. The role of the peer facilitator is crucial in WILLOW. In addition to planning and delivering the intervention and serving as a role model for the participants, the peer facilitator must feel comfortable discussing and disclosing some of her own HIV-related issues with the participants, be able to empathize and share with other women living with HIV/AIDS, and be able to enlighten the implementation team on specific issues related to women living with HIV/AIDS.

WILLOW is not designed to be delivered by 1 facilitator; 2 women should co-facilitate the WILLOW sessions. The facilitators should function as true co-facilitators; each should have equal responsibility for managing and conducting the sessions. Facilitators for WILLOW will **not** operate in the role of counselors or mental health professionals. The facilitators need to be clear that WILLOW is a social skills–building and educational intervention and that the sessions are not designed for counseling or therapy.

A WILLOW facilitator’s role is to skillfully lead the group and to make every participant feel safe and valued. Facilitators also help the participants feel connected to each other, share experiences, and respond to each other. Good facilitators need to develop effective communication skills, understand and use effective facilitation skills, and use a variety of teaching strategies. Ideally, WILLOW facilitators should have all of the following characteristics:

- Be of the same gender as the target population (women).
- Possess strong group facilitation skills.
- Have experience working with women living with HIV/AIDS.
- Be empathetic and compassionate.
- Be aware of and sensitive to the emotional state of participants.
- Be knowledgeable about HIV transmission and prevention and be able to explain this information to others.
- Have a nonjudgmental attitude toward persons living with HIV/AIDS.

Experience in delivering the intervention has shown that women feel more comfortable and safe discussing issues of sex and sexuality with female facilitators. If any of the women are victims of intimate partner violence or other crimes against women, the presence of female facilitators helps create a safe and supportive environment.

Facilitators should also create a culturally sensitive environment and should understand the participants' cultural heritage, peer norms, and partner relationships. Facilitator-participant language and dialect matches should also be considered. This will enable the facilitators to understand how women living with HIV relate to their peers, partners, and the community.

Counselor/mental health professional

In implementing the WILLOW intervention, it is important to have access to a skilled counselor or mental health professional. The counselor or mental health professional could be someone with a bachelor's degree in counseling or mental health work, a psychologist, a social worker, or a licensed practicing counselor. This position does not need to be filled by an agency staff member; however, someone in this capacity must be onsite at each of the WILLOW sessions so that participants can be referred for services if needed. If an agency is unable to hire a provider for each session, then at a minimum, one should be hired for onsite services during session 4, which addresses characteristics of unhealthy relationships and intimate partner violence.

In addition to the general facilitator characteristics listed above, the counselor or mental health professional should have experience counseling people living with HIV/AIDS and working with women living with HIV/AIDS on the critical issues they may face that are addressed in the intervention (e.g., stress management, social support, condom negotiation with partners, STDs and HIV reinfection, unhealthy relationships, and intimate partner violence). Participants in WILLOW may have emotional issues that emerge during the intervention that require special attention. Since the intervention is not designed to process or resolve these issues, the counselor or mental health professional is needed to help participants address these issues. The counselor or mental health professional will assist participants who may become overwhelmed during the WILLOW sessions in response to topics discussed, require assistance with stressful life situations, discover they are in an abusive or unhealthy relationship, have suicidal or homicidal thoughts, or just need someone to talk with after the sessions if something is bothering them. Each agency will need to establish the specific protocol to be used by the facilitators for referring participants to the counselor or mental health professional when needed.

Intervention Package

The WILLOW intervention package is available through trainings conducted by the CDC. The intervention package includes the WILLOW implementation manual (includes a listing of all resources needed for implementing the sessions; instructions, handouts, and activity cards and sheets; information on pre-implementation, implementation, and evaluation tools; and adaptation and monitoring forms), a WILLOW bag, a WILLOW CD (contains copies of all handouts, activity sheets, and activity cards for the intervention), and poster of the WILLOW motto and logo. In addition to the WILLOW intervention package, CDC provides additional information and tools for those selecting, implementing, or evaluating WILLOW. These materials can be found at www.effectiveinterventions.org.

Before implementing the intervention, facilitators should thoroughly review all program manuals, materials, plans, and logistics. Specific materials and instructions are provided in the intervention package. In addition, the staff should copy materials and purchase supplies, equipment, incentives, and other materials necessary to implement the intervention.

Space

WILLOW is designed to take place in a private and secure location. The following are some suggestions for location selection and room logistics:

- Flexible seating arrangements.
- Large enough for 8 to 10 people to sit in a circle and move around comfortably.
- Large enough to allow for large movements of all participants during the relaxation and exercise activities of session 2.
- Accessible to public transportation.
- Along major transit routes so participants without transportation can easily and readily access the location.
- Private and secure, so that confidentiality can be maintained.
- Allows for audiovisual equipment and easel charts (which need to be set up near the facilitators).
- Quiet and without interruptions (such as people entering and exiting the room or outside noise).
- Extra rooms or private space to hold meetings with the counselors or mental health professionals and for women to rest or retire if they become overwhelmed during or after a session.

The length of the intervention (i.e., 16 hours) means that space and time considerations are critical for the intervention. Several factors should be considered when choosing the days and times for the sessions. If a community assessment is done, ask potential participants about the most appropriate times and places for holding these kinds of group sessions. Otherwise, agency staff may be aware of some of the factors, such as the meeting time for HIV/AIDS support groups, which will affect the decision. The availability of the facilitators and room availability also need to be considered.

Supplies

Various supplies are needed to effectively implement the WILLOW intervention:

- Anatomically correct penile models for condom demonstrations and practice and anatomically correct vaginal models.
- A variety of latex male condoms.
- Incentives for participants to encourage their attendance (e.g., bus tokens, toiletry items, food, child care, phone cards, music CDs, gift certificates, flowers).
- Intervention materials (e.g., the WILLOW implementation manual, session handouts, newsprint or training chart paper, CDs, exercise mats, game cards).
- Culturally relevant room and table decorations (e.g., decorative cloths, wall hangings, photos, drawings) to set a positive and affirming climate for the sessions and to make participants feel comfortable.

WILLOW also requires a computer and monitor, printer or photocopier (for making copies of various materials that will be used in sessions), easels, a CD player, and a timer or stopwatch.

RECRUITMENT

Recruitment of Participants

WILLOW is designed to target sexually active heterosexual women ages 18 through 50 years who are living with HIV/AIDS. To encourage participation, WILLOW should be publicized as a program for women living with HIV; developed by women for women; that discusses gender pride, personal values, social support, coping strategies, healthy sexual practices, STD transmission and HIV reinfection, and intimate partner violence; and that works to improve women's ability to effectively communicate with sex partners. Women may be recruited for WILLOW from a CBO's existing programs, health and social service organizations, family planning clinics, STD clinics, other CBOs, shelters, or focus groups.

Before implementing the WILLOW intervention, a clear recruitment strategy must be developed that is designed to work in the setting in which the CBO plans to implement the intervention and with the women who are targeted for recruitment. CBOs should have a recruitment plan in place that details how participants will be recruited, recruitment venues and locations, recruitment and marketing tools, and number to be recruited. Additionally, an advisory board can provide answers to some recruiting questions, such as:

- Where is the best place to recruit?
- What are the best recruiting strategies for your populations?
- What might motivate members of the target population to attend WILLOW?

Local Community Businesses

Obtaining support from community organizations and businesses is an important function of the WILLOW intervention. Local businesses can support the program in various ways. These include providing snacks, gift certificates, or other incentives. Businesses can be recruited for support via donation letters and face-to-face visits. Help should be solicited at the beginning of the program since certain businesses' donations have to be approved in advance and go through a chain of command.

POLICIES AND STANDARDS

Before an agency attempts to implement WILLOW, the following policies and procedures should be in place to protect the participants, the agency, and the facilitators.

Targeting of Services

Agencies must establish criteria for, and justify the selection of, the target populations. Selection of appropriate populations of women living with HIV must be based on epidemiologic data, behavioral and clinical surveillance, and the state or local HIV prevention plan created with input from the state or local community planning groups.

Informed Consent

CBOs must have a consent form that carefully and clearly explains (in appropriate language) the CBO's responsibility and the program participants' rights. Consent should be obtained from each participant. Participation must always be voluntary, and documentation of this informed consent must be maintained in the participant's record.

Attendance Policy

CBOs should have an attendance policy in place. The policy should clearly explain the agency's expectation that participants attend every session and that the sessions are closed to new members. The attendance policy also should address tardiness and the notification process for absences. Each session builds on the previous session, so missing sessions undermines the ability of participants to fully participate and benefit from the intervention.

Debriefing

WILLOW deals with issues that may cause emotional responses in both participants and facilitators. Debriefing with facilitators during clinical supervision or with supportive co-workers prevents burn-out for employees who must work with vulnerable populations every day. Debriefing with a client who has had a particularly strong emotional response during an intervention session allows the facilitators a time to address those emotions in a supportive space.

Confidentiality and Informed Consent

A system must be in place to ensure that confidentiality is maintained for all participants. Before sharing any information with another agency to which a participant is referred, signed informed consent from the participant must be obtained.

Cultural Competence

CBOs must strive to offer culturally competent services by being aware of the demographic, cultural, and epidemiologic profile of their communities. CBOs should hire, promote, and train all staff to be sensitive to the populations they serve. In addition, they should offer materials and services in the preferred language of participants, if possible, or make translation available, if appropriate. The Office of Minority Health of the Department of Health and Human Services has published the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, which should be used as a guide for ensuring cultural competence in programs and services. (Please see Ensuring Cultural Competence in the [Introduction](#) of these guidelines for standards for developing culturally and linguistically competent programs and services.)

Data Security

CBOs should ensure data security and the confidentiality of participant information collected and reported to CDC or other funders. Data should be stored (in a locked file cabinet, inside a locked office, away from the implementation site if possible. Re-identification links should be stored in a separate (locked) file cabinet. Only the project coordinator and program evaluator should have access to the data set and re-identification links.

Legal and Ethical Policies

CBOs must know their state laws regarding disclosure of HIV status to sex partners and needle-sharing partners; CBOs are obligated to inform participants of the organization's responsibilities if a participant receives a positive HIV test result and the organization's potential duty to warn. CBOs also must inform program participants about state laws regarding the reporting of dating violence, child abuse, and sexual abuse of minors.

Linkage of Services

Project staff should link program participants to care and prevention services (counseling and referral services) available to women who are HIV positive. Moreover, project staff should link participants to services that cater to women involved in dating violence and abusive relationships. Staff should also develop ways to assess whether referrals made were completed.

Personnel Policies

CBOs conducting recruitment, outreach, health education, and risk reduction must establish a code of conduct for personnel. This code should include, but may not be limited to, the following: do not use drugs or alcohol, use appropriate behavior with program participants, and do not loan or borrow money.

Referrals

CBOs must be prepared to refer participants for additional services as needed. For program participants who need additional assistance in decreasing risk behavior, facilitators must know about local referral sources for prevention interventions and counseling by providing them with a resource guide for services such as partner counseling referral services, mental health and abuse services, and other health department and CBO prevention programs.

Safety

CBO policies must exist to ensure the safety of facilitators and participants. Plans for dealing with medical or psychological emergencies must be documented.

Volunteers

If the CBO uses volunteers to assist with or conduct this intervention, then the CBO should know and disclose how its liability insurance and worker's compensation applies to volunteers. CBOs must ensure that volunteers also receive the same training and are held to the same performance standards as employees.

QUALITY ASSURANCE

Quality assurance is the process by which someone familiar with the intervention observes its delivery and provides feedback and documentation on implementation issues.

The responsibility for quality assurance falls to the program coordinator. Periodically he or she should observe different sessions. After each observation, the program coordinator can provide the intervention team with feedback, help them in areas that need improvement, and discuss the need for further training or technical assistance.

MONITORING AND EVALUATION

Specific guidance on the collection and reporting of program information, client-level data, and the program performance indicators will be distributed to agencies after notification of award.

General monitoring and evaluation reporting requirements for the programs listed in the procedural guidance will include the collection of standardized process and outcome measures. Specific data reporting requirements will be provided to agencies after notification of award. For their convenience, grantees may utilize PEMS software for data management and reporting. PEMS is a national data reporting system that includes a standardized set of HIV prevention data variables, web-based software for data entry and management. CDC will also provide data collection and evaluation guidance and training and PEMS implementation support services.

Funded agencies will be required to enter, manage, and submit data to CDC by using PEMS or other software that transmits data to CDC according to data requirements. Furthermore, agencies may be requested to collaborate with CDC in the implementation of special studies designed to assess the effect of HIV prevention activities on at-risk populations.

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KEY ARTICLES AND RESOURCES

CDC. HIV/AIDS and women. Available at:
http://www.cdc.gov/hiv/topics/women/overview_partner.htm.

CDC. HIV/AIDS fact sheet: HIV/AIDS among women. Available at:
<http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm#3>.

US Department of Health and Human Services. Women and HIV/AIDS fact sheet.
Available at: http://www.aids.gov/facts/women_factsheet.html.

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RECOMMENDED READINGS

CDC. Costs of intimate partner violence against women in the United States. Available at: http://www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm.

CDC. Understanding intimate partner violence: fact sheet. Available at:
<http://www.cdc.gov/ViolencePrevention/pdf/IPV-FactSheet.pdf>.

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