THE TOOLKIT

Women Taking Power Over HIV/AIDS



THE WOMEN'S COLLECTIVE



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Acknowledgments

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SECTION 1: Introduction

- Purpose of the Toolkit
- How to Use the Toolkit



SECTION 1: Introduction

Purpose of the Toolkit

This toolkit has been written by women who understand the comprehensive care, support, and services women, girls, and their families need because HIV has personally impacted them. It is created for agencies and organizations that want to replicate The Women's Collective (TWC) model or incorporate parts of the model into their own programs. The toolkit *Women Taking Power Over HIV/AIDS* is a companion document to TWC's booklet, *Sisters Helping Sisters to Thrive: The Women's Collective Model* and DVD documentary *The Women's Collective: Sharing our Stories, Saving Our Lives*. The strategies, approaches, and interventions described in this booklet have proven effective in meeting the needs of women and girls of color living with, or at risk for, HIV/AIDS. As new tools are created, they will be posted on The Women's Collective Web site (www.womenscollective.org).

We recommend the toolkit for smaller agencies or support groups that provide HIV services to women, girls, and families and are interested in expanding their capacity by using a peer-based, woman-focused, and family-centered model. In addition, the toolkit can be adapted to use in other countries where HIV is a serious concern for women and girls.

The toolkit will help organizations or agencies that provide general, or HIV/AIDS-specific, medical or support services to their community and are interested in developing a women-centered approach in dealing with their female clients and consumers. These settings may include OB/GYN and physician offices, shelters, church-based support groups, transitional housing facilities, birthing centers, free clinics, and agencies that serve both male and female clients. The toolkit can equip service providers that work in these settings to effectively address the comprehensive health needs of women and girls.

For agencies not interested in replicating the entire TWC model, but want to learn how to integrate elements of the model into their existing mission and services, the toolkit offers suggestions. For example, a birthing center that wants to implement a Prevention With Positives program for mothers living with HIV can find useful information in this toolkit. For a free clinic that offers pap smears, breast exams, and pregnancy tests and wants to introduce HIV testing in a safe, woman-friendly environment, the toolkit offers an effective model of HIV counseling, testing, and referral to medical and social services.

How to Use the Toolkit

Before using the toolkit, it will be helpful to read the *Sisters Helping Sisters to Thrive* booklet that describes The Women's Collective Model in detail. It will also be useful to view the 7-minute or 20-minute version of the *The Women's Collective: Sharing Our Stories, Saving Our Lives* DVD, because it captures the spirit and essence of the model. A copy of this booklet and DVD are available from The Women's Collective. Agencies should feel free to ask The Women's Collective about reproducing these copyrighted materials. When using the toolkit, remember that your agency can adapt each of the tools to meet the needs of the women and girls you serve, taking into account their distinct social, economic, and cultural backgrounds.



SECTION 2: Overview of The Women's Collective Model

- The Women's Collective Mission
- The Women's Collective Story
- Core Values of the Model
- Four Major Components of the Model



SECTION 2: Overview of the Women's Collective Model

Understanding The Women's Collective's history and story will help your agency to understand the different factors that have shaped the TWC model's development.

The Women's Collective Mission

The mission of The Women's Collective is to meet the self-defined needs of women and girls of color and their families living with, or at risk for, HIV/AIDS. We do this by reducing barriers to care and strengthening their network of support and services. As a Washington, DC-based nonprofit organization led by women with HIV and their allies and advocates, TWC works to fulfill its mission by:

- Providing services that are peer-led, woman- and girl-focused, familycentered, and culturally appropriate
- Providing a safe, nonjudgmental environment for all women, girls, and families
- Providing a voice for women, girls, and their families who are living with, or at-risk for, HIV/AIDS through local, national, and international advocacy
- Creating partnerships among service providers, governmental, nongovernmental, and private entities

The Women's Collective Story

The Women's Collective grew out of the life experience of the Founder and Executive Director, Patricia Nalls, a woman living with HIV/AIDS. Pat has been successful in using her personal story to create a unique organization and model of providing holistic services for women, girls, and their families.

In 1987, after losing her husband and 3-year-old daughter to AIDS within six months of each other, Pat learned that she was HIV positive. At the time of her diagnosis, there were few if any services specifically for women living with, or at risk for, HIV/AIDS in the Washington, DC, metropolitan area. At the time, few people understood or acknowledged that women could be and were being infected with HIV.



Patricia Nalls, Founder and Executive Director

Pat found herself repeatedly trying to find support and services in an environment that catered mainly to gay men. As a single mother, her family's needs were different from those of men. Eventually, Pat set up a private phone line in her home for women living with HIV to share their struggles and concerns. This evolved into a confidential support group around Pat's coffee table where women could come together and laugh, cry, share resources, and gain strength from each other. The group proved to be a powerful vehicle for women who had never before had this sisterhood of support, care, and confidence. As their numbers grew, so did their knowledge of HIV and the demand for care and services equal to those available to men.

The Women's Collective evolved out of the support group's desire to reach more women living with, and at risk for, HIV/AIDS in concrete ways that are appropriate for and accessible to women. To support programs and services over the past 20 years, funding has come from many sources, including federal and local government agencies, philanthropic foundations, businesses, and community supporters.

Core Values of the Model

The Women's Collective has adopted a set of 13 core values that influence the planning and implementation of all -programs, services, and advocacy activities. If an agency decides to implement The Women's Collective model, it should understand and honor the core values that inform the model's programs, interventions, and services. Below is a summary of the core values.

VALUE 1–PEER LEADERSHIP. Through peer leadership, the perspectives of women and girls living with HIV/AIDS are integrated into programs.

VALUE 2–EQUALITY. Every woman and girl is equal to those who came before her.

VALUE 3–RESPECT. Acceptance, and Non-judgment. All women and girls are treated with the highest degree of respect and dignity and are not judged based upon their lifestyles, life choices, or life stories.

VALUE 4—COMPASSION. A genuine sensitivity to the needs and concerns of women, girls, and staff is exhibited by all who are involved in TWC's programs, services, and activities.

VALUE 5–EMPOWERMENT. Empowering women, girls, and staff is a foundation of the mission of The Women's Collective.

VALUE 6—HEALTH AND WELL-BEING. TWC is devoted to promoting the mental, physical, emotional, and spiritual health and well-being of women, girls, and staff and encouraging all to live healthy and full lives.

VALUE 7–TRANSFORMATION AND RESTORATION. Women, girls, and staff are mentored and supported to become their best, most confident selves and are given a sense of power and hope that helps them restore their own lives and transform their circumstances.

VALUE 8–COOPERATION AND TEAMWORK. The focus is on cooperation and collective responsibility. Each staff member strives to work collegially with her peers to ensure the success of the organization, and not just of her own individual program.

VALUE 9—COMMITMENT TO EXCELLENCE. TWC is committed to providing the highest quality programs and services that improve the health and transform the lives of women and girls.

VALUE 10–COMMITMENT TO FAMILIES. TWC is committed to accepting, without judgment, the self-defined family in all its many forms.

VALUE 11–COMMITMENT TO CREATING A SAFE SPACE. Clients are often dealing with complex issues that make their lives unsafe. TWC offers a safe space to women, girls, and their families filled with warmth, acceptance, and love.

VALUE 12–COMMITMENT TO CREATING A HEALING AND STIGMA-FREE SPACE. TWC is committed to creating a warm, comforting, healing, and stigma-free space for women, girls, and their families and making this a feature of all programs or services.

VALUE 13–COMMITMENT TO CREATING EFFECTIVE ADVOCATES. The Women's Collective is dedicated to supporting policy advocacy by and for women and girls living with, and at risk for, HIV/AIDS and building the capacity of HIV-positive women and girls to advocate for themselves.

These 13 core values have become organizational norms for The Women's Collective and are key elements of every client interaction. The values operate at every level of program planning, implementation, evaluation, and administration. Adopting this set of core values has led to the creation of an environment where women and girls feel a sense of ownership, warmth, welcome, love, acceptance, safety, and hope.

Any agency seeking to replicate or adapt the TWC model should consider going through a core values and visioning discussion with staff and board members. TWC has used this exercise to become clear about the core values that are the foundation of our HIV programs. Consider replicating or adapting this sample exercise at your agency:

SAMPLE TWC VALUES AND VISIONING EXERCISE

- #1. Identify a person on your board, staff, or in the community to lead the discussion of core values.
- #2. Ask everyone to come to the meeting prepared to share at least two values that inform how services are (or should be) delivered to clients, and how clients are (or should be) involved in the program.
- #3. Discuss the recommended core values. Feel free to use TWC's 13 core values to jumpstart the discussion. Be sure to have someone take responsibility for taking notes and capturing the spirit of the core values discussion.
- #4. Before the discussion of core values ends, agree upon next steps. For instance, do the core values that the group has discussed need board approval? Does there need to be another discussion session before the core values are given final approval?
- #5. Ensure that the core values you have selected are consistent with your agency's mission.
- #6. When the agency's core values are agreed upon, print them on a poster and place them around the agency for all to see. Your agency can print them on palm cards for clients, staff, volunteers, and board members.
- #7. Take opportunities like staff meetings, brown bag presentations, or retreats to discuss how the core values are being implemented on a day-to-day basis at your agency.
- #8. Revisit your agency's core values from time to time to see if any changes are needed.

The Four Components of the Model

To accomplish its mission, The Women's Collective has developed the model around four components: HIV Care Management, HIV Prevention, Policy & Advocacy, and Administration. Each component is implemented by a team. To be consistent with The Women's Collective model, it is not necessary that an agency structure its organization or programs in the same way, but the core values and peer-based and family-centered approaches should be incorporated in an agency's programming for women and girls.

COMPONENT 1-HIV CARE MANAGEMENT. The HIV Care Management component provides a wide range of services for women and girls living with, and at risk for, HIV/AIDS and their families. TWC uses a holistic approach to that includes 1) linking clients to information, 2) providing HIV care services and family-centered case management (FCCM) that helps clients and their families identify their needs and seek solutions, and 3) linking clients to resources and assisting them with remaining care (such as primary medical care, housing, food, and medicines). HIV care management services in the TWC model include: mental health therapy services, comprehensive risk and counseling services (CRCS), and group-level skills-building interventions to help women and girls of color living with HIV adopt behaviors to protect themselves, disclose their status to family and partners, adhere to their medication, and live a healthier lifestyle.





COMPONENT 2—HIV PREVENTION. The HIV Prevention component incorporates education, outreach, and risk reduction activities all linked to HIV testing and counseling to address the needs of women and girls. The focus is on 1) educating the community about HIV/AIDS and women's health issues through outreach, 2) providing free, confidential girl- and woman-friendly HIV counseling, testing, and referral services, 3) offering tailored, evidence-based, group-oriented primary and secondary HIV prevention and skills-building programs targeting girls and women, and 4) linking individuals and groups to risk reduction counseling and supportive services. These strengthen TWC's ability to address a wide range of HIV prevention needs in a complementary and comprehensive way through HIV prevention, risk reduction, and behavior change for women and girls of color. Efforts strengthen intergenerational communication through HIV prevention and risk reduction initiatives.

COMPONENT 3—POLICY & ADVOCACY. The Policy & Advocacy component enables HIV-positive women to be involved in advocacy around public policy. The voices of women living with, and at risk for, HIV/AIDS are often absent in venues where health policies are set that impact women's access to life-saving medicines or technologies, and where their needs are determined and policy is set in response. The Policy & Advocacy component ensures that women living with, and at risk for, HIV/AIDS are an integral part of national and local debates about issues that affect their lives. Women are empowered to voice their opinions and to tell their

inspirational stories to policymakers, decision makers and concerned members of their community.

COMPONENT 4–ADMINISTRATION. The Administration component puts systems in place to ensure that day-to-day operations are carried out effectively and efficiently. The primary activities include: fiscal management, human resources management, staff professional development, facility management, grant writing and reporting, program development and monitoring, board relations, and fundraising activities.

How the Four Components are Integrated

Although each component of the TWC model is described separately, the components are well integrated to provide a continuum of care for every client. Staff are trained to have a holistic point of view and to ensure that clients receive integrated, seamless services. Below are examples of how the components work together.

A woman who tests HIV positive begins with counseling, testing, and the TWC referral program (CTR). She is immediately linked with a staff member who is living with HIV to address her questions or emotional concerns. The HIV Care Management and HIV Prevention components collaborate to ensure that the client is linked to primary care and enrolled in TWC's case management program where her needs and her family's needs can be assessed and addressed.

An older woman living with HIV/AIDS might be referred to TWC's Prevention with Positives (PWP) program for one-on-one comprehensive risk counseling and services (CRCS) to inform her about HIV treatment, adherence, and how to protect her health. Through PWP, she receives referrals to the family-centered case management program, or to the Coffee House support group for additional support and sisterhood. If the client wants to be trained as an HIV policy advocate and spokesperson, then the Policy & Advocacy component would come into play as well.

Clients who are enrolled in case management are encouraged to participate with their families in programs such as the SisterAct program, where women can improve their skills in communication about sexual health and HIV prevention with their daughters and other female family members. Also, the daughters of women enrolled in case management can participate in the Between Us Girls HIV prevention program and can receive CTR.



Throughout the year there are many events and activities that TWC hosts in which every department of the agency assists and engages. For example, on National Women and Girls HIV/AIDS Awareness Day, held each year on March 10th, Care, Prevention, Policy & Advocacy, and Administrative staff engage clients to participate in the events of the day to raise awareness around the issues women and girls face. For Mother's Day—and other special event days, such as family trips to the aquarium in the summer— all staff work to ensure the success of the day regardless of the component on which they work.

Incorporating the Four Components into Your Program

- Component 1: HIV Care Management
- Component 2: HIV Prevention
- Component 3: Policy and Advocacy
- Component A: Administration
- How the Four Components are Integrated



SECTION 3:

Incorporating the Four Components of the TWC Model Into Your Programs

This section of the toolkit describes ways that your agency or organization can incorporate the comprehensive woman- and girl-focused, peer-based, and family-centered activities and services into your programs that define the four components. Each component includes the following tools:

FAQ: Frequently Asked Questions

TWC staff members with hands-on experience in implementing the model answer some "frequently asked questions" your agency may have about replicating or incorporating elements of each component into your own program.

Basic Tips

Basic Tips gives simple, straightforward advice to your agency or organization to help with program implementation.

Agency Checklist

The *Agency Checklist* is a user-friendly list of steps or tasks your agency or organization may need to consider when implementing each component.

Background Information

Background Information provides a list of references and reading material that may help agencies and organizations a better understand the interventions and/or service delivery approaches that are utilized in each component.

COMPONENT 1: HIV CARE MANAGEMENT

It is very important to coordinate the comprehensive services most often needed by women living with, and at risk for, HIV. Mental health, substance abuse, primary care, housing, and employment services need to be carefully coordinated to provide the best outcomes for clients.

Margot Isaac, Care Management Program Director
The Women's Collective

FAQ: Frequently Asked Questions

What are some of the first things my agency should do to adopt elements of The Women's Collective HIV Care Management component into our existing programs?

First, ask yourselves a few important questions:

- Are you willing to incorporate a peer-based approach where women living with or impacted by HIV are in leadership positions and manage the delivery of HIV care services?
- Are you meeting your clients where they are? In other words, is your staff able to approach clients using principles of harm reduction?
- Do you have adequate staff and volunteers who are trained to implement approaches such as family-centered case management services or grouplevel skills-building interventions that promote prevention with positives?
- Do your staff and agency buy in to the core values that this model is built upon?
- Can your staff help clients make the safest lifestyle choices? For example, can they make appropriate referrals to clean needle distribution centers for substance dependent clients? Can they correctly demonstrate condom use and discuss with clients the implications of re-infection and safer sex, including clients who trade sex for food, drugs, clothing, or housing?

- Do you have a separate area that can be devoted exclusively to female clients?
- Does your agency have a policy upholding the confidentiality of clients and their records? Are your staff trained and aware of these policies? Do you have a grievance procedure in place to address when client confidentiality is broken?

2. What staff, services, facilities, or funding must be in place if our agency is to successfully adopt this component?

STAFF. Staff should include women who are peers, whether this means HIV-positive women or staff who reflect the client base in terms of gender, culture, race, socio-economic background, or life experience. Staff should be genuinely caring, compassionate, patient, committed, and non-judgmental about a client's lifestyle and personal choices. Finally, staff should be willing to help in all aspects of the client's lives when they can and meet the client where she is, not where the staff member thinks the client should be in her life journey.

SKILLS. To replicate the HIV Care Management component, staff should have skills in counseling, case management, HIV treatment strategies, and working directly with women living with, or at risk for, HIV/AIDS. In addition to having a commitment to the organization's mission, core values, and the peer-based approach, staff should have program management skills, communication and interpersonal skills, and writing and analytical skills.

TWC recommends a minimum of a bachelor's degree in social work with some experience in HIV/AIDS, mental health, and substance abuse service delivery. However, given the competition for people with even the minimum credentials, TWC has used creative ways to oversee and supervise case management staff by hiring part-time licensed clinical supervisory professionals who can consult with and supervise staff weekly. The best skill sets are maturity, compassion, and empathy that come more from the depth and breadth of experience and less from an accumulation of academic credentials. TWC recognizes that for staff this is intense and emotionally demanding work and that they need support, too.

SERVICES. TWC recommends that agencies provide holistic, comprehensive and family-centered case management services to clients—services that speak to the "whole person." Family-centered services are not limited to the client's biological family, but whomever she defines as her primary support system. Case management services should be provided for the client, as well as extended

to her family. Client referrals may include transportation, housing, and food assistance and would extend to more than HIV/AIDS, such as skills development, job referral services, parenting and budgeting workshops, and legal services.

FACILITIES. An agency's facilities have to include a private space where women can be interviewed and counseled confidentially, as well as a room where they can rest. Many clients may not have a place to go during the day, so provide a couch, television, or computer to help women feel like they have a safe and comfortable place to go. Agencies should provide food for clients—warm meals that can be eaten during the day and food items that clients can take home with them. The facilities should be as "homey" and as comfortable as possible and avoid the look of a sterile office.

FUNDING SUPPORT. Financial support for HIV care services can come from a wide range of sources, including foundations, government, individual donors, faith-based organizations, and agency fundraising activities. In addition, volunteers can be utilized to provide HIV care-related services at no cost. Linkages can also be made to local organizations that operate food banks, offer job counseling, or provide volunteers.



3. If our agency chooses to phase in some of the HIV Care programs and activities that The Women's Collective has implemented, is there a particular order in which they should be phased in?

The first step is to create a private and separate space for women where they can come and go discreetly. This space should include a place to rest, food, and relevant information. Hiring skilled, sensitive case managers is the next step. The third step is to foster development of staff members who are also peers.

4. Our support group that has been meeting in a local church basement for the past five years. How can we expand into an organization that offers more comprehensive HIV care services to women?

Organizational development is an ongoing, dynamic process affected by the internal and external environments that determine if, how, and to what extent the organization grows. The booklet *Sisters Helping Sisters to Thrive: The Women's Collective Model* and the accompanying DVD *The Women's Collective: Sharing Our Stories, Saving Our Lives* tell how TWC expanded from a support group held around a dining room table, to the well-established and effective organization that it is today.

Explore these questions through a facilitated and participatory process.

- What need is being addressed by your support group? What draws members to your group?
- What other needs would the support group members like to see addressed?
- What resources are available in the community to address some of these needs?
- How feasible is it, from a resource point of view, to expand your support group? How would an expansion be sustained?
- What gaps does your support group see in what it needs, and what is currently available?
- Is there a particular niche that your support group might identify and fill? Will this expanded service draw others to your group?
- What opportunities might be available through collaborating with other groups or organizations?

- How much of an expansion does your support group desire and does your group have the internal capacity to expand?
- Is there someone who would provide the leadership for exploring an expansion effort?
- Are there support group or community members who could provide specific assistance such as legal advice, program planning, or grant writing skills?

Low or no-cost resources are available via the Internet to assist support groups wishing to expand. They include resources on needs assessments, strategic planning, community resource mapping, organizational development, fundraising strategies, staff recruitment and development, board development, legal and contractual requirements, and much more. The *Background Information* at the end of this component lists many resources that can help.

TWC recommends that a decision to expand your organization be considered in

a deliberate, critically honest, and informed manner to ensure success and sustainability, regardless of the size of your organization. This helps to avoid wasted time and effort, or burnout. After going through this internal discussion, your agency may decide not to expand, but instead to further develop the quality of the services the agency already offers.

5. Are there any circumstances in which you would recommend that an organization not try to incorporate the TWC HIV Care Management component into its existing program? In other words, when is an organization "not ready"?

An organization may not be ready if it cannot accept the core values and peer leadership approach underlying the TWC model or devote a separate space for their female clients or are unable to find staff who are genuinely committed to using a harm reduction, non-judgmental approach to case management.

6. How would you suggest that an agency create a warm, loving, homey, supportive environment for clients like the one that has been created by The Women's Collective?

Besides having the separate space with couches, a television, and a computer and the food packages and snacks described earlier, agencies must create a supportive atmosphere where staff share their own stories so clients know they are not alone as they struggle to navigate life and manage their care.

7. How important is it to plan complementary activities, such as family picnics, women's wellness days, and family holiday parties?

Social activities and special events are important interventions that help to define TWC's holistic model. TWC's family picnics, women's wellness days, and holiday parties complement other services provided to women, girls, and families. As your agency considers incorporating some of these activities into your program, decide on a process for identifying the activities your clients would like to have, when to schedule them, how often to schedule them, how structured the activities should be, and how best to market the activities to your clients.

Complementary activities have helped women create stronger social networks, strengthen their support systems, promote self-care, and navigate complex medical and treatment systems. They also offer opportunities for women to enjoy activities that are not HIV-related while increasing their sense of self and connection with others. Social activities like picnics and holiday parties are important bonding times for family members.

BASIC TIPS for Ensuring Your Clients are Linked to Comprehensive Community Services

Linking clients to comprehensive community services as quickly and smoothly as possible is a cornerstone of TWC's model. Here are some tips to help your organization establish good relationships with local organizations.

- Establish formal referral relationships with girl and woman-friendly partners
 in your community (such as health department clinics, HIV testing sites, STD
 clinics, and social service agencies) and agree to refer clients for services.
 This agreement can be formalized through a Memorandum of Agreement
 (MOA). (See Section 4: Additional Resources for a sample MOA.)
- Build relationships with people in the community who may have direct contact
 with and influence on women or girls with, or at risk for, HIV/AIDS. This may
 include shelter providers, youth organization directors, drug counselors,
 clergy, high school and college counselors, or social service agencies.
- Join coalitions and informal discussion groups where providers gather to discuss services and share resources.
- Make periodic calls and visits to referral agencies to keep communications open
 with their staff. These visits can help you observe whether your clients will receive
 quality care from professionals who are compassionate and competent. Follow
 up with community service providers when clients experience poor service.

- Advocate on behalf of your clients and encourage them to be advocates concerning services referral organizations provide. From time to time, use your staff meetings to discuss how effective your agency's referral procedures are from the client's point of view.
- Utilize every opportunity to get feedback from clients about their satisfaction with the quality of care they receive from other providers and service agencies where they have been referred. You may want to do periodic, confidential surveys that allow clients to share their honest opinions. Ask questions like: Were you treated with respect? Were the services provided with compassion? Did you have to wait for hours to receive the service? Would you recommend this service or provider to others?
- Do not stop at offering only traditional case management to clients, but be prepared to help clients in any aspect of their lives where they need and want support.

BASIC TIPS for Maintaining Confidentiality of Client Health Information and Records

Confidentiality in all aspects of service delivery is of primary importance.

Agencies seeking to replicate the TWC model will want to discuss the following confidentiality issues to ensure that handling client information and records is held to the highest standards.

- Have written confidentiality policies and guidelines in place. Ensure that the
 agency confidentiality standards are explained as part of orientation for new
 staff and annual training for existing staff.
- Be sure that your agency's policy spells out what actions constitute a breach
 of confidentiality, as well as consequences for staff, volunteers, and others
 who violate confidentiality standards. Options must be clear and available to
 both staff and clients through written grievance and human resource policies
 when they think that client confidentiality has been compromised or violated.
- Ensure that local, state, or federal guidelines are implemented. For example, agencies with HIV-positive populations should be trained in HIPAA (Health Insurance Portability and Accountability Act) regulations that protect the privacy of an individual's health information. There should also be training with respect to OSHA (Occupational Safety and Health Administration) health regulations, especially if your agency provides HIV testing.

- Maintain electronic or hard copies of client information or both. Whichever
 method your agency chooses, be sure that reasonable steps are taken
 to ensure that client records are stored in a secure location and are not
 available to unauthorized persons. Client records should be transferred or
 disposed of in a manner that protects confidentiality and is consistent with
 state or local laws governing patient records.
- In an age of electronic files, think through the process of maintaining confidentiality. This includes maintaining double locked file cabinets, keeping password protected files, transferring records and information through computers, electronic mail, facsimile machines, telephones, and telephone answering machines.

AGENCY CHECKLIST

This checklist gives a few important areas for consideration for agencies considering replicating, or implementing elements of the HIV Care Management component.

- Read Section 2 pages 18–33 of Sisters Helping Sisters to Thrive: The Women's
 Collective Model to learn more about the different elements of The Women's
 Collective HIV Care Management component.
- Understand the importance of comprehensive, integrated services to your clients and ensure that your staff have the necessary skills to provide highquality services.
- Understand how family-centered case management works and what type of staffing is required to implement this approach effectively.
- Determine if your agency is willing to adopt a peer-based, peer-led, woman-focused, and family-centered approach to HIV care.
- Identify your own agency's core values through a group visioning exercise.
- Ensure that new and existing staff receive training in the core values and how to live them out in their work with clients and their families.
- To provide clients with comprehensive services, create and update your directory of service providers and key contacts so that you can make appropriate referrals. Take time to visit these service providers to ensure that your clients will be treated with respect and receive quality, compassionate care.

- Create tools to get client feedback on a regular basis. If you use a survey instrument, be sure that it is written for all reading levels.
- Ensure that client feedback is incorporated into program design and implementation.
- If there are programs, activities, and special events related to the HIV Care Management component that you would like to learn more about, visit The Women's Collective Web site for more detailed information (www.womenscollective.org).

BACKGROUND INFORMATION

These U.S. agencies, regulations, and resources have been important in developing the services and approaches used in The Women's Collective HIV Care Management component.

- THE U.S. CENTERS FOR DISEASE CONTROL (CDC): The CDC has many informative
 fact sheets on their Web sites. They cover topics such as Women and AIDS,
 HIV among African Americans, HIV among Latino Americans. All of the CDC
 fact sheets can be downloaded. For more information refer to www.cdc.gov.
- THE UNIVERSITY OF CALIFORNIA-SAN FRANCISCO CENTER FOR AIDS PREVENTION STUDIES: The Center is one of the most comprehensive HIV prevention Web sites. For more information, refer to www.caps.ucsf.edu.
- THE HENRY J. KAISER FAMILY FOUNDATION (KFF): KFF issues updated
 factsheets that incorporate the most recent CDC statistics on HIV/AIDS.
 These are very useful for proposal writing and understanding the epidemic
 broadly as well as specifically for each state. The State Health Facts portion
 of the Web site is useful for researching what is happening at the state level.
 For more information go to www.fhi.org.
- THE UNITED NATIONS JOINT PROGRAMME ON HIV/AIDS (UNAIDS): UNAIDS
 provides the latest statistics on the global AIDS pandemic at www.unaids.org.
- HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) HIV/AIDS
 BUREAU (HAB): To better understand the Ryan White-supported HIV
 case management services provided by The Women's Collective HIV Care

Management component, refer to the their Web site at www.hab.hrsa. gov. The Web site offers an overview of Ryan White Comprehensive AIDS Resources Emergency (CARE) Act programs, structure, and funding. Ryan White programs reduce disparities in access to care for more than half a million people each year.

- HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) HIV/AIDS
 BUREAU (HAB): To learn more about current programming trends in care
 services, read *The Power of Connections: 2008 Ryan White HIV/AIDS Program* Progress Report. This publication will give your agency a comprehensive
 assessment of trends. The report is available at http://hab.hrsa.gov
- **CHILD WELFARE INFORMATION GATEWAY:** To better understand the TWC's family-centered case management approach, refer to the following Web site: www.childwelfare.gov.
- The U.S. Centers for Disease Control (CDC): To learn more about the Comprehensive Risk Counseling Services (formerly known as Prevention Case Management), go to the CDC Comprehensive Risk Counseling Services Web site. The Web site provides information to community-based organizations and health departments that are or will be implementing CRCS—an intensive, individual, client-centered risk reduction intervention for people at high risk for HIV infection or transmission. Refer to www.cdc.gov.
- THE PRESIDENT'S EMERGENCY FUND FOR AIDS RELIEF (PEPFAR): For more detailed information on TWC's group interventions with HIV-positive women, Prosper! and Prevention with Positives, go to www.womenscollective.org. To learn about more Prevention with Positives programs that are being implemented by community-based organizations around the world, refer to the PEPFAR Web site www.pepfar.gov.
- NATIONAL MINORITY AIDS EDUCATION AND TRAINING CENTER (NMAC): NMAC
 has a history of providing capacity building training for clinical staff who
 serve minority populations. The center provides national leadership on the
 coordination, evaluation, and the development of the required infrastructure
 and services that address the clinical needs of underserved communities
 and populations increasingly affected by the HIV/AIDS epidemic. For more
 information, contact NMAETC at www.nmaetc.org.
- AIDS EDUCATION AND TRAINING CENTERS (AETC) NATIONAL RESOURCE CENTER
 (NRC): AETC conducts targeted, multidisciplinary education and training
 programs for health care providers treating persons living with HIV/AIDS. For
 more information, go to www.aids-ed.org.

COMPONENT 2: HIV PREVENTION

Our multi-faceted approach to HIV prevention incorporates education, testing, and risk reduction counseling in order to effectively address the HIV prevention needs of the women and girls we serve.

FARAH NAGEER-KANTHOR, PREVENTION PROGRAM DIRECTOR THE WOMEN'S COLLECTIVE

FAQ: Frequently Asked Questions

What are some of the first things my agency should do to include elements of The Women's Collective HIV Prevention component into our existing programs?

First, conduct brainstorming sessions to determine if you are ready to add HIV prevention programs to your existing services. Some guiding questions for brainstorming are:

- What internal or external programs do you now have in HIV prevention?
- What value would be added to your agency's existing services and clients by including elements of TWC's HIV Prevention component? What new or different approach to HIV prevention can your agency offer?
- What target population do you hope to serve?
- Which kinds of HIV prevention interventions are best suited to your agency's mission and capacity and your target population's needs?
- How do you plan to recruit and retain participants for your planned intervention?
- What challenges and opportunities do you anticipate by expanding services and what are your strategies for responding to each?
- What vision, or long term plans, does your agency have for HIV prevention programming?



- How will you collect the client data that may be required by the funders of new prevention programs?
- How will your HIV prevention programs be evaluated? What evaluation skills and tools will your agency need?

Before expanding into a new program area, your agency should conduct an agency and a community needs assessment. These will help your agency decide whether your interest in expansion will match a need in the community. Getting input from the target population, current and former staff and clients, board members, community members, local health department (if appropriate), other providers

in HIV/AIDS and women and community health areas, and possible funding partners can help you find out if there is a need for the HIV prevention programs that you wish to provide. (See *Basic Tips for Conducting a Needs Assessment on a Shoestring Budget* in this component.)

Your agency will need to be clear about what it aims to achieve in HIV prevention. This will drive the appropriate agency infrastructure, funding searches, staffing assessments, and program development and implementation.

After completing an agency and community assessment, if your agency decides to phase in some of TWC's HIV prevention programs, make sure that the services build on your agency's existing services and complement one another. For example, if your agency decides to operate your own HIV testing program, have an HIV prevention education component in place to complement it. When offering HIV testing and counseling, either provide onsite care and support services for newly diagnosed HIV-positive persons or have trusted and culturally competent referral partners where you can send newly diagnosed persons for needed consultation and care.

2. What staff, services, facilities, or funding must be in place if our agency is to successfully adopt this component?

STAFF. Staff should come from or be able to relate to the communities being served. They should have similar life experience or have a sincere understanding of women and girls who are your clients. TWC has learned that having a diverse

staff of women and girls who represent or understand the age, gender, race, culture, education, socio-economic background, and life story of those it serves is important in providing culturally appropriate and genuinely women and girl-focused services.

The staff should be knowledgeable about HIV/AIDS and women's health topics and have training and experience relevant to implementing HIV prevention programs. Specific skills staff should have are listed below.

SKILLS. Although TWC recommends a minimum of a bachelor's degree in social work for staff in most TWC programs, HIV prevention requires special knowledge and skills, such as:

- Counseling, testing, and referral (CTR)
- HIV prevention counseling
- CTR test administration
- HIPPA and OSHA regulations
- Interpersonal communications
- Conflict resolution
- · Community health outreach
- Peer-to-peer educator training
- Qualitative research skills, such as focus group moderation, key stakeholder interviewing, and community needs assessment
- Motivational interviewing
- Group facilitation
- Basic computer literacy
- Event planning
- Program evaluation (using Excel, SPSS)

TWC has learned that women can be effective HIV educators without college degrees as long as they obtain the necessary skills. The key to ensuring that you have the appropriate staff for the job is to be certain that you match the qualifications with the job responsibilities.

TWC provides ongoing training for staff to keep them abreast of the latest HIV prevention interventions and approaches. Staff attend HIV/AIDS conferences, workshops, or courses, in-house refresher trainings by staff with expertise on relevant topics, and in-service trainings presented by experts in such topics as data collection for CTR surveillance reporting, effectively reaching youth with targeted HIV prevention, approaches to harm reduction, and behavior change philosophy.

SERVICES. An agency that serves women or girls who are living with, or at risk for, HIV/AIDS may want to consider implementing both primary prevention and secondary prevention programs. Primary prevention programs focus on preventing women or girls from becoming infected by HIV. Secondary prevention programs focus on preventing co-infection or re-infection of HIV-positive women or girls. (Examples of these prevention programs are found in the Sisters Helping *Sisters to Thrive: The Women's Collective Model* in Section 2 on pages 28–31.

FACILITIES: Ideally, your agency's facilities would include a space where HIV prevention workshops and skills building sessions can be held. If your agency does not have confidential and comfortable space, however, explore community venues such as libraries, community centers, nonprofit agencies, restaurants, girls' and boys' clubs, churches, and government buildings that often allow community groups to use their meeting spaces at low or no cost.

To ensure client confidentiality, some HIV prevention interventions, such as CTR and individual harm reduction counseling require:

- Sound proof room with solid walls (meaning no glass walls or cubicles that allow others to see or hear) and an exit for both the counselor and client
- Entrance and exit for people seeking services without having to pass other clients in the waiting area
- Windows and good ventilation
- OSHA-compliant testing space and waste disposal that correspond with the type of test and specimen being used
- A confidential fax machine or e-fax system to send and receive client-related information

For group interventions and teaching, facilities should ensure client confidentiality, as mentioned above. Other elements that might be appropriate include:

- Large conference space(s) that can be closed to the public or other traffic and can accommodate breakout groups
- Wireless connectivity
- Electrical outlets to enable use of computers, projectors, TV/DVD, or music player
- Space for a blackboard, flip charts, or projector screen
- Separate child care room

Test kits and controls must be stored at temperatures recommended by the manufacturer.

Creating a private and safe space that is only for women, where they can rest, put up their feet, lie down, wash their laundry (if dealing with a homeless population), see woman-focused images, posters, and art work, and listen to music can be beneficial for your clients and program. A similar sort of space for girls and young women can also be beneficial; agencies serving both populations may want to consider a separate space for girls and mature women.

FUNDING SUPPORT: Financial support for HIV prevention programs can come from a wide range of sources including foundations, government, individual donors, faith-based organizations, and agency fundraising activities. In addition, community agencies can collaborate on programs like HIV testing, outreach, and education to save resources. (Refer to Section 4: Additional Resources for more information on sources of funding to support HIV prevention programs.)

BASIC TIPS for HIV Prevention Programs

Here are a few practical tips for your organization to consider for adding or expanding an HIV prevention component.

- Let your agency's mission drive HIV prevention programming instead of letting your programs be driven solely by the type of funding available. As important as funding is, it is more important to stay focused on your agency's mission regarding services to women and/or girls.
- Be sure that your prevention programs meet the needs of the women and girls you serve.
- Maintain detailed records of how your programs are developed from the

beginning, including major outcomes. It is just as important to keep a record of your challenges and setbacks as it is to track your successes. Document lessons learned; these can be useful when preparing grant applications or writing reports to funders.

- Ensure that your staff have the necessary skills and training to perform their jobs effectively and efficiently.
- Include an evaluation component so you can measure the success of the programs your agency provides to women living with, or at risk for, HIV.
- Seek assistance from your local health department if you need help in implementing any of the CDC-supported HIV prevention interventions identified on www.effectiveinterventions.org. This Web site also provides a schedule of free training opportunities in evidence-based HIV prevention interventions.
- As important as technical assistance and skills training are, they cannot take
 the place of staff who are committed to serving the needs of women, girls,
 and families.
- Value clients as the experts in knowing their needs, challenges, and motivators. Recognize clients for their knowledge and experience in program planning and implementation.

BASIC TIPS for Effective HIV Prevention Interventions and Activities for Women and Girls

The following are some examples of successful HIV prevention interventions that TWC has implemented. Network with other providers in your community or talk with your health department HIV prevention director to learn of other interventions that may suit the needs of your clients.

Interventions for Individuals

Confidential and Rapid HIV Counseling, Testing, and Referral Services (CTR). These are services that ensure that persons living with, or at increased risk for, HIV have access to HIV testing to promote early knowledge of their HIV status, receive high-quality HIV prevention counseling to reduce their risk for transmitting or acquiring HIV, and have access to appropriate medical, preventive, and psychosocial support services.

Comprehensive Risk Counseling and Services (CRCS). CRCS promotes behavior changes that will reduce the risk of HIV re-infection or co-infection among HIV-positive clients. CRCS includes intensive, client-centered, one-on-one counseling sessions to help clients adopt and maintain HIV risk reduction behaviors. It can be offered to HIV positive women and girls who are at high risk for acquiring or transmitting HIV and other sexually transmitted infections.

Interventions for Groups

SisterAct Institute. TWC developed an intergenerational HIV prevention intervention to reach African American girls and women, ages 13 and above with risk reduction strategies. It is grounded in the premise that by building and strengthening communication across generations, girls and women will be empowered to share safer sex information with each other and engage in safer sex practices that reduce their risk of HIV infection.

Between Us Girls. This is TWC's first youth-focused program. Between Us Girls targets African American girls and young women ages 12–25 living in the Washington, DC, metropolitan area. It increases awareness and knowledge about HIV/AIDS transmission, prevention, and care among young women and empowers them to become active in HIV prevention in their communities.

Prevention with Positives. TWC has two group-level interventions targeting African American women 18 and older living with HIV/AIDS—Prosper! and Healthy Relationships. Prosper! is an adaptation of Healthy Relationships and addresses the prevention needs of women living with HIV/AIDS. Clients receive education on topics such as living well with HIV, practicing safer sex as an HIV-positive woman, disclosing an HIV-positive status to loved ones, understanding and adhering to HIV medication, mother-to-child transmission, and strengthening coping skills.

Interventions for Communities

Mobile HIV Testing Van. Part of a community outreach and education strategy is to identify HIV-positive women and link them to care immediately after they receive a positive diagnosis. TWC's mobile testing unit provides HIV testing in the community, emphasizing hot spots or neighborhoods with the highest HIV/AIDS infection rates. A team gives the tests and engages individuals at set times of the day, evenings, and weekends.

Community Outreach and Education. Skilled peer outreach workers conduct ongoing community outreach and education coupled with HIV counseling and testing. Peer outreach workers distribute safer-sex tools and resources while encouraging confidential HIV testing.

BASIC TIPS for Creating a Proactive Approach to Referral at Your Agency

The Women's Collective model uses a proactive referral system that provides immediate and intensive follow-up to women and girls who test HIV positive.

- TWC has learned that "passive referral"—giving a referral card with a
 telephone number and address—is less effective for women. It is better
 when a peer counselor or outreach worker sits with the client, makes an
 appointment with a health provider on their behalf, and even accompanies
 her to the appointment if necessary.
- During the post-test counseling session, clients who test HIV positive are
 given their result by a peer counselor who is HIV positive and has "walked
 down this road" before, or is immediately linked with another peer who can
 be supportive at this critical moment.
- After the woman's diagnosis has been confirmed, and if she is interested in being served by another community provider, the appropriate referral should be made as soon and smoothly as possible so that the client is connected to care.
- Staff are intentional about discussing with clients ideas that will remove barriers so clients can access care and services from other providers. For example, if your client is hesitant about going to a community service provider for fear of how she may be accepted, your agency may want to call the person who will receive your clients at the referral site to let them know that your client will be coming for an appointment. If necessary, you may want to accompany your client to a referral site to give them that extra support.

BASIC TIPS for Conducting a Needs Assessment on a Shoestring Budget

A needs assessment will help your agency identify met and unmet needs for HIV prevention among your target population. It identifies prevention programs already offered in your community and will reveal gaps in services. A formal needs assessment may be expensive because it involves hiring staff or consultants and related expenses. The following are some ways that your agency can conduct an HIV prevention needs assessment with minimal funds:

 Identify a staff person or board member from your agency who can manage the needs assessment process and can chair the Needs Assessment Committee.

- Bring together a team of volunteers to form the Needs Assessment
 Committee. The committee will design the needs assessment survey
 instrument (questionnaire), assist with interviews, analyze the results of the
 interviews, and make recommendations about the high priority prevention
 needs of women and girls in your community. Volunteers can be local
 researchers, university professors, HIV prevention specialists, outreach
 workers, clients, and/or board members with experience in conducting needs
 assessments.
- To encourage volunteers to join the Needs Assessment Committee, have a timeline so they know when their volunteer service will begin and when it will end.
- The Needs Assessment Committee will need to follow six basic steps:
 - Determine the purpose and objectives of the needs assessment.
 - Identify other resources they may need.
 - Agree upon their roles and responsibilities.
 - Decide on the questions to be asked in the interviews.
 - Decide whom to interview.
 - Set a realistic timeline and interview schedule for competing the needs assessment.
- After the survey instrument is designed, staff can pilot test it with a few clients and give feedback to the Needs Assessment Committee before it is finalized.
- Once you are satisfied with a final survey instrument, your committee, joined by staff members, conducts interviews with key individuals to get information on the prevention needs in your community. Your committee will want to interview clients, community members, and other HIV service providers who have knowledge of the needs of your target population and the existing prevention programs in your community. The interviews can be done over the phone or in person, rather than written questionnaires. There may also be events where clients or community members you would like to interview will be present. Your committee can interview many people at one place.
- After the interviews have been completed, the committee comes together and summarizes the findings, then shares with your agency their recommendations of priority HIV prevention needs that you may want to address.

Because this process uses volunteers, it may take longer to complete the
needs assessment, but it will give you results without having to hire an
outside research firm or consultant. After the assessment is completed, your
agency should consider publicly acknowledging the members of your Needs
Assessment Committee who contributed their time and expertise. This can
be done with a certificate presented at a potluck luncheon to keep the costs
down, and followed up by a letter of thanks from your agency director or the
board chairperson.

For more detailed information on conducting HIV-related needs assessments, here are two excellent resources:

- Ryan White CARE Act Needs Assessment Guide, HRSA/HIV/AIDS Bureau www.hab.hrsa.gov
- Assessing the Need for HIV Prevention Services: A Guide for Community Planning. Groups, Academy for Educational Development, 2000 www.coach. aed.org



AGENCY CHECKLIST

This checklist can be used by agencies that are considering replicating or implementing elements of The Women's Collective HIV Prevention component.

- Read Section 2, pages 28–31 of Sisters Helping Sisters to Thrive: The
 Women's Collective Model to learn more about the different elements of The
 Women's Collective HIV Prevention component.
- Make sure that your staff receive the training they need to effectively implement the HIV prevention programs important to your agency.
- Incorporate training for staff in cultural awareness, competence, and sensitivity.
- Make sure that staff are aware of different evidence-based approaches to HIV/AIDS education, outreach, counseling and testing, and risk reduction for women and girls.
- Develop woman-friendly educational materials with positive images of women and girls.
- Ensure that your staff includes peers who can relate to the population being served.
- Consider using incentives to promote participation in prevention programs and as a recruitment strategy to encourage women and girls to test for HIV.
 Build the cost of incentives into your prevention program budget.
- Build strong referral relationships with other agencies and service providers.
- When planning HIV prevention programs, consider the need for transportation and childcare.
- Build relationships with potential funders and learn about their funding cycles and eligibility criteria.
- Help funders to become aware of what your agency's "value added" might be for a new prevention program. Seek multi-year funding to be able to sustain your HIV prevention programs.
- Identify staff, board members, or volunteers who have experience in proposal development and ask them to help write grant proposals for HIV prevention programs.
- Let the lessons learned during the program implementation phase inform the development of new HIV prevention programs.

BACKGROUND INFORMATION

This background information helps agencies can refer to better understand different elements of The Women's Collective HIV Prevention component.

- THE U.S. CENTERS FOR DISEASE CONTROL (CDC): The CDC has many informative fact sheets on their Web sites. They cover topics such as Women and AIDS, HIV among African Americans, HIV among Latino Americans. All of the CDC fact sheets can be downloaded for your use. For more information refer to www.cdc.gov.
- THE UNIVERSITY OF CALIFORNIA-SAN FRANCISCO CENTER FOR AIDS PREVENTION
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 factsheets that incorporate the most recent CDC statistics on HIV/AIDS.
 These are very useful for proposal writing and understanding the epidemic
 broadly as well as specifically for each state. The State Health Facts portion
 of the Web site is useful for researching what is happening at the state level.
 For more information go to www.fhi.org.
- SISTERS HELPING SISTERS TO THRIVE: The Women's Collective Model: For more detailed information about HIV prevention services offered by The Women's Collective read Section 2, pages 28–31 of Sisters Helping Sisters to Thrive: The Women's Collective Model.
- THE U.S. CENTERS FOR DISEASE CONTROL (CDC): To learn more about the TWC's Comprehensive Risk and Counseling Services (CRCS) intervention for groups, go to the CDC Comprehensive Risk Counseling Services Web site www.cdc.gov. This Web site provides information to community-based organizations and health departments that are or will be implementing CRCS—an intensive, individual level, client-centered risk reduction intervention for people at high risk for HIV infection or transmission.

The Web site also contains the CRCS Implementation Manual and sample data collection forms/templates, updates concerning the intervention, links to CRCS training centers, and other relevant information. You can communicate with a CDC representative concerning CRCS. The Web site also provides an FAQ link that may answer your questions about the intervention.

DIFFUSION OF EFFECTIVE BEHAVIORAL INTERVENTIONS (DEBI): The CDC
 Diffusion of Effective Behavioral Interventions (DEBI) project brought

science-based, HIV prevention interventions for communities, groups, and individuals to community-based service providers and state and local health departments. The goal is to enhance the capacity to implement effective state and local interventions to reduce the spread of HIV and STDs, and to promote healthy behaviors. To learn more about these interventions and training opportunities go to www.effectiveinterventions.org.

- THE HENRY J. KAISER FAMILY FOUNDATION (KFF): KFF issues daily HIV/
 AIDS reports that can be accessed online at www.kaisernetwork.org. To
 learn more about the success of global HIV prevention programs, refer to
 Making Prevention Work, Global Lessons Learned from the AIDS Control and
 Prevention Project 1991-1997. For more information go to www.fhi.org.
- AIDS EDUCATION AND TRAINING CENTERS (AETC) NATIONAL RESOURCE CENTER
 (NRC): AETC conducts targeted, multidisciplinary education and training
 programs for health care providers treating persons living with HIV/AIDS. For
 more information go to www.aids-ed.org.
- NATIONAL MINORITY AIDS EDUCATION AND TRAINING CENTER (NMAC): NMAC
 has a history of providing capacity building training for clinical staff who
 serve the needs of minority populations. The center provides national
 leadership on the coordination, evaluation, and the development of the
 required infrastructure and services that address the clinical needs of
 underserved communities and populations increasingly affected by the HIV/
 AIDS epidemic. For more information contact NMAETC at www.nmaetc.org.

COMPONENT 3: POLICY & ADVOCACY

Women living with, and at risk for, HIV/AIDS can no longer remain invisible as policies will not be tailored to those who have no voice. It is, therefore, imperative that HIV-positive women be brought to policy tables to advocate on their own and their sisters' behalf.

BROOK KELLY, WOMEN'S LAW & POLICY LEGAL FELLOW THE WOMEN'S COLLECTIVE

FAQ: Frequently Asked Questions

What are some of the first things my agency should know and do to replicate elements of The Women's Collective HIV Policy & Advocacy component into our existing programs?

To develop a policy and advocacy program, it must be a part of the mission and mindset of your agency. If your agency believes policy and advocacy are important to your mission, then begin by asking yourselves these questions:

- Can our organization devote staff time to building an advocacy program and network?
- Are we ready to work in coalitions with other organizations to advocate for a common agenda?
- Can we devote staff time to researching policy issues and writing policy proposals and reports?
- 2. What staff, services, facilities, or funding must be in place if our agency is to successfully adopt this component?

STAFF. Have policy and advocacy staff who are committed to change and to helping HIV-positive women advocate on their own behalf. A policy and advocacy coordinator with strong organizing background would be a plus for any agency.

It would be helpful for the person working on policy issues to have a legal background or experience in the policy arena, but with a focus on advocacy. It may be possible to engage law students from local universities who can serve as policy interns or fellows, as is done in The Women's Collective.

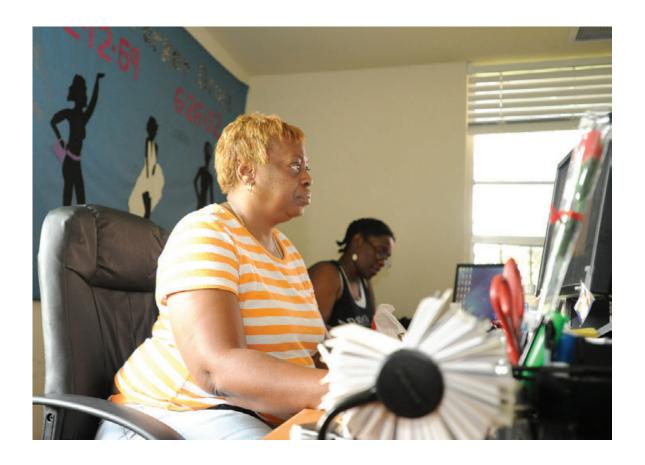
SERVICES. Training HIV-positive women to speak on their own and their peers' behalf is an important component in the TWC model. Training HIV-positive women in key policy issues (such as funding for microbicide research, including women of color in clinical trials, and developing a National AIDS Strategy) is another important service provided in this model. To adopt a policy and advocacy component, an agency should, at a minimum, be serving women and/or girls who are living with, or at risk for, HIV/AIDS. Your agency could train your own clients to let their voices be heard at policymaking tables.

FACILITIES. An agency's facilities should include a space where meetings, workshops, or discussions can be held. If your agency does not have enough space for these purposes, may be able to use space in the community. Often libraries, community centers, churches, foundations, and government buildings allow community groups to use their meeting space at no cost. In addition, a lot of today's advocacy and networking around women's policy issues is done electronically through Internet discussion groups and e-advocacy letters to policymakers and legislators. The facilities should provide a computer.

FUNDING SUPPORT. Financial support for HIV policy and advocacy programs can come from funders such as foundations and, to a lesser degree, government agencies. To raise funds to engage in policy and advocacy work with HIV-positive women, your agency may even want to consider initiating special appeal fundraising events. See *Background Information* in this component for more information on identifying potential foundations to provide funding.

3. If our agency wants to phase in some of the policy and advocacy programs and activities that The Women's Collect has implemented, is there a particular order in which they should be phased in?

The first step is to develop a group or coalition of women from among clients of the organization and train them to advocate for themselves. Skilled advocates can be developed by holding advocacy workshops and giving women opportunities to participate in advocacy conferences, government meetings, local Ryan White Planning Council meetings, local HIV Prevention Community Planning Group (HPCPG) meetings, and public hearings where they can offer testimony or public comments and make their presence and viewpoints known.



If a group of women advocates is nurtured and staff are available to support them, more formal policy work can be done using client concerns as a starting point. Policy research and reports can be written and disseminated on issues of concern to women. Lobbying days can be organized where women advocates visit their local or federal elected officials and tell their own stories, in their own words, and encourage elected officials and government decision makers to approve sound public policy in response to the epidemic.

4. Are there any circumstances under which you would recommend that an agency not try to incorporate The Women's Collective Policy & Advocacy component into their existing program?

If the sole purpose of the agency is to provide direct services to women, then a policy and advocacy component may not be a high priority. However, adding this component would complement the direct service aspect of an agency and is a good way to address recurring structural and systemic issues that cause problems for clients on a regular basis.

BASIC TIPS for Moving Your Agency Down the Path to Advocacy

There are many ways that agencies that serve women living with, or at risk for, HIV/AIDS can become involved in advocacy activities. It can be done through a specific project or a series of advocacy activities, such as those listed below.

- Hold advocacy and community organizing skills-building training for clients who choose to become advocates.
- Distribute weekly, monthly, or issue-based Action Alerts that encourage your allies and supporters to take particular actions, such as writing letters to policymakers or signing petitions around a specific issue in your community.
- Distribute Information Alerts that provide up-to-date details and facts on particular issues of concern.
- Analyze your city's or state's budget and speak out at Town Hall, City Council, or legislative body meetings.
- Support clients in researching an issue they are concerned about.
- Write and send a letter to the editor for publication in a local newspaper.
- Send published letters to members of Congress or elected representatives.
- Attend local, national, and international HIV/AIDS conferences and network with advocates.
- Meet with your elected officials and get to know the legislative aides who are assigned to your issues. Build a coalition of community allies to take action on specific issues of concern to your agency and clients.
- Participate in your local community planning bodies that are responsible for allocating resources for HIV prevention and care services. Examples are your local Ryan White Planning Council or HIV Prevention Community Planning Group. Contact your local or state health department to learn more about these two planning bodies.
- Hold Lobby Day events that include visits to meet with government elected officials to generate support for issues that are important to HIV-positive women.
- Engage in advocacy activities occurring in your community through preexisting coalitions or movements.

Attend Community Advisory Boards (CABs) for AIDS clinical trials. CABs
provide an opportunity for the HIV infected and affected community to
provide guidance on research priorities and the selection, feasibility, and
design of protocols; raise awareness about trials; and advocate for trial
participants. Refer to www.nih.gov, Division of AIDS (DAIDS) and click on
Community for information on CABs under each of its six research networks.

BASIC TIPS for Getting Started in HIV Policy and Advocacy Programming

As your agency considers adding an HIV policy and advocacy component to your current programs, you may want to consider these tips.

- Learn about the experience The Women's Collective has had engaging women as policy advocates and spokespersons on issues such as microbicide development or the National AIDS Strategy. Refer to www.womenscollective.org.
- Organize a peer visit with an agency already engaged in HIV policy and advocacy activities related to women and girls. This visit may give you a better idea of the types of policy and/or advocacy work your agency can engage in, as well as the resources to do so.
- Identify the policy issues that are most important to the women, girls, and families your agency serves.
- Hold staff and board discussions to decide whether HIV policy and advocacy work is in keeping with your agency's mission.
- Conduct a community assessment to determine what resources exist to assist you with policy and advocacy programming. Explore a partnership with local law schools, women and law projects, and advocacy training organizations.
- Identify funders who are interested in supporting activities related to your clients' key policy and advocacy concerns. Hold follow-up meetings with potential funders to learn more about their proposal requirements.

AGENCY CHECKLIST

These key questions can help your agency decide whether to become involved in HIV policy and advocacy programs.

- Does our agency view working on policy issues related to women as a part of our overall mission?
- Does strengthening HIV-positive women's advocacy skills fit into our agency's mission?
- Does our agency have appropriately trained or skilled staff who can help develop effective policy and advocacy programs?
- If not, can our agency identify community resources or board members who can provide leadership in moving the agency forward in this new direction?
- Does our board support developing policy and advocacy?
- Does another agency in our community work on women's policy and advocacy issues?
- Is there a need for another organization to create policy and advocacy programs for HIV-positive women?
- What financial resources would our agency need to become involved in policy and advocacy programs?
- What strategies would we need to raise funds to implement policy and advocacy programs at our agency?
- Is there a policy priority for our agency at this time?



BACKGROUND INFORMATION

This background information can help agencies to better understand different elements of The Women's Collective HIV Policy and Advocacy component.

- **SISTERS HELPING SISTERS TO THRIVE**: The Women's Collective Model: For more detailed information about HIV policy and advocacy programs implemented by The Women's Collective, read Section 2, pages 31–32 of *Sisters Helping Sisters to Thrive: The Women's Collective Model*.
- AIDS CONTROL AND PREVENTION (AIDSCAP): The handbook, Policy and Advocacy in HIV/AIDS Prevention, produced by the AIDS Control and Prevention (AIDSCAP) Project's Behavior Change Communication unit, provides an overview of how to contribute to making policy an effective component of HIV/AIDS prevention. The handbook offers suggestions for getting involved in policy development. It is written for program managers, policy advocates, and others who are interested in advocacy work and in the policy aspects of HIV/AIDS prevention. The handbook is available online at www.fhi.org.
- INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV/AIDS (ICW): Advancing Women's Leadership and Advocacy for AIDS Action is an initiative of the International Community of Women Living with HIV/AIDS (ICW) to equip and empower a cadre of women from around the world with the knowledge and skills to strengthen and lead the global response to AIDS. The International Community of Women Living with HIV/AIDS, a registered UK charity, is the only international network run for and by HIV-positive women. ICW was founded in response to the desperate lack of support, information, and services available to women living with HIV worldwide and the need for these women to have influence and input on policy development. More information can be found at www.icw.org.
- PROJECT INFORM: Project Inform offers information in Spanish and English
 on the diagnosis, treatment, and research of HIV disease, as well as public
 policy and access to health care, has a useful advocacy resource entitled,
 Grassroots Advocacy 101: Making You Voice Heard in Congress and the White
 House. For more information go to www.projectinform.org.
- THE NATIONAL ASSOCIATION OF PEOPLE LIVING WITH HIV/AIDS (NAPWA): NAPWA is a useful source of information and advocacy for agencies and individuals. NAPWA is a national AIDS organization with the first network in the world of people living with HIV/AIDS. NAPWA believes in making a difference in the lives of its constituents by providing information and resources, telling their collective stories and being the trusted independent voice of people living with HIV. Find more information at www.napwa.org.

- THE NATIONAL MINORITY AIDS COUNCIL (NMAC): NMAC develops leadership in communities of color to address the challenges of HIV/AIDS. Since 1987, NMAC has advanced its mission through a variety of public policy education programs, national conferences, treatment and research programs and trainings, electronic and printed resource materials, and a Web site: www.nmac.org.
- THE CENTER ON HEALTH AND LAW POLICY (CHLP): CHLP is a national legal, policy resource and strategy center for PLWHA and their advocates. They have a Women's Advocacy Resource Center that offers useful resources for advocates www.hivlawandpolicy.org
- THE INTERNATIONAL PLANNED PARENTHOOD FEDERATION (PPFA): PPFA has
 published two useful guides: Advocacy Guide for HIV/AIDS, June 2001,
 and Advocacy Guide to Sexual and Reproductive Health Rights, July 2001, at
 www.ippf.org
- THE INTERNATIONAL HIV/AIDS ALLIANCE: The Alliance has published Advocacy in Action—A Toolkit to Support NGOs and CBOs Responding to HIV/AIDS, June 2002. This resource may be particularly useful for community-based organizations in countries outside the United States. For more information go to www.aidsalliance.org.
- THE U.S. CENTERS FOR DISEASE CONTROL (CDC): THE CDC has many
 informative fact sheets on their Web sites. They cover topics such as Women
 and AIDS, HIV among African Americans, HIV among Latino Americans. All of
 the CDC fact sheets can be downloaded. Refer to the CDC Web site for more
 information, www.cdc.gov.
- THE UNIVERSITY OF CALIFORNIA-SAN FRANCISCO CENTER FOR AIDS PREVENTION STUDIES: The Center is one of the most comprehensive HIV prevention Web sites. For more information, refer to www.caps.ucsf.edu.
- THE HENRY J. KAISER FAMILY FOUNDATION (KFF): KFF issues updated
 factsheets that incorporate the most recent CDC statistics on HIV/AIDS.
 These are very useful for proposal writing and understanding the epidemic
 broadly as well as specifically for each state. The State Health Facts portion
 of the Web site is useful for researching what is happening at the state level.
 For more information go to: www.fhi.org.
- THE UNITED NATIONS JOINT PROGRAMME ON HIV/AIDS (UNAIDS):
 UNAIDS provides the latest statistics on the global AIDS pandemic at www.unaids.org.

COMPONENT 4: ADMINISTRATION

"The first thing we did as a collective group of women moving from the dining room table of our founder to our first office space in 1998 was to put in place the tools necessary to provide structure and ensure success."

CATHLEEN MAINE, DEVELOPMENT DIRECTOR
THE WOMEN'S COLLECTIVE

FAQ: Frequently Asked Questions

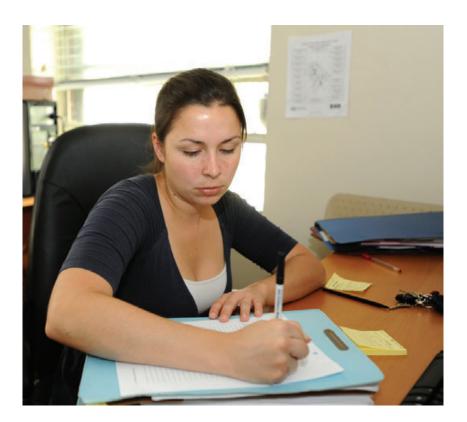
What are some of the first things my agency should do to adopt elements of The Women's Collective Administration component into our existing programs?

Your agency staff should receive as much training in nonprofit management as possible. They can do this either formally through workshops and courses or by linking to a local nonprofit that would provide training and act as a mentor agency. Staff should learn the basics of accounting, human resources management, supervision, leadership development, fundraising and grants management, and board management.

2. What staff, policies, and procedures must be in place if our agency is to successfully adopt this component?

STAFF. It is critical to have administrative staff with skills in nonprofit management, human resources, financial management and accounting, grants management, and IT systems to properly administer day-to-day operations. Training in all administrative areas is essential for long-term success. Here are a few questions to consider:

 Do we have a team that is willing to put all the various pieces of our organization together and be responsible for translating this into a formal structure?



- Does our administrative team a long-term commitment to wear many hats and handle multiple tasks?
- Is our staff able to gather information from other local nonprofits to help inform our own agency's policies and procedures?
- Do we have someone on our team who will track funding opportunities, keep on top of proposal deadlines and funder requirements, write proposals, and monitor current grants to see that we are on target?
- Is our agency committed to ensuring that administrative staff have the continuous support, training, and resources they need to do their required tasks?

Policies and Procedures. To manage multiple programs and a growing staff, it is critical to develop agency policies and procedures, as well as organizational systems, related to every area of operation. These areas include human resources management (recruiting, developing and retaining staff, and developing overarching personnel policies to guide the team), financial management, facilities management, grants management and reporting, and a code of ethics. A committee of your board can support creating policies and procedures as an ongoing task.

3. How can we financially sustain our programs?

Financial support to sustain HIV programs can come from a wide range of sources such as governmental agencies, foundations, pharmaceutical companies, individual donors, and special campaigns. Keeping track of funding opportunities and the changing program priorities of potential funders, forming relationships with potential funders, and submitting proposals are essential to the financial well-being of your agency. Although it will be helpful if your agency can hire a development person, fundraising activities can also be supported by a committee of your board. TWC model builds collaborative relationships with funders and inviting them to visit and learn first-hand about our work. See *Background Information* in this component for resources on funder support.

BASIC TIPS for a Well-Managed Organization

A solid organizational structure will help your agency realize the vision of supporting women and girls living with, and at risk for HIV/AIDS. Some of the organizational characteristics of The Women's Collective Model are highlighted below. Most nonprofit organizations understand that it will take time before all of these elements are in place. However, it is important to develop a plan for incorporating these elements over time:

- Visionary leadership by HIV-positive women and girls.
- A clear sense of mission and a shared understanding of the desired outcomes.
- Administrative infrastructure and systems that support the organization's vision, mission, and programs.
- Policies and procedures that guide the agency's day-to-day operations and take into account the unique needs of peers who are on staff.
- A commitment to transparency and integrity in all administrative and program activities.
- Experienced and well-trained administrative and program staff or staff who are willing to learn.
- Staff commitment to exemplify the organization's core values.
- Mechanisms for actively receiving feedback from clients and using their input to inform program design.

- Supportive funders who believe in the agency, its mission, leadership, and strategic direction.
- Diverse sources of funding that support various programs, services, and activities over the long term.
- Non-restricted funds that can be used to build organizational capacity and administrative infrastructure.
- Dedicated volunteers and community supporters and allies.
- A "hands-on" board of directors that supports the agency's mission and is actively involved in helping it achieve its strategic goals.

BASIC TIPS for an Effective Board of Directors

In 1993, TWC was incorporated and the Board of Directors began an activist role in helping to build the agency structurally, administratively, and financially. The Board continues to evolve as it supports the mission and initiatives of TWC and plays its important governance role. Tips include the following:

 Develop a profile of who the board members should be in terms of skills and functions. The TWC Board profile includes individuals who are passionate about TWC's mission, reflect the demography of the organization and includes women who are HIV positive, and bring to the board experience in areas central to the agency's success, including financial, fundraising, legal,



public relations, programmatic, and human resources skills. Recruit and nurture board members who fit the profile your agency develops for board recruitment.

- Select board officers who will provide leadership, guidance, and enthusiasm among board members and bring essential skills to the table.
- Build a good understanding among all board members of the agency mission and specific programs, positions, and initiatives so that they can effectively promote and represent the agency to the public.
- Ensure that all board members understand the board's fiduciary role and responsibilities and accountability.
- Keep the board engaged with creative and useful ways to utilize and mobilize
 their interests, skills, and spheres of influence. For example, TWC Board
 members have used their engineering, legal, and management skills in the
 agency relocation. Members have used their contacts and influence to raise
 funds and mobilize resources.
- Ensure strong and healthy relations among the board, the executive director, staff, and partners.
- Ensure there is time for the board to reflect periodically on its work and to strategize with the TWC staff on its plans and goals and the ways in which the Board could support the agency's success. The TWC Board has received funding for board development. TWC, with Board involvement, continues to pursue funding to support ongoing activities of this nature. Board members also participate in board training on an individual basis. (See the TWC Visioning Exercise in Section 4: Additional Resources.)
- Board development is an ongoing process and requires attention, resources, and evaluation to ensure its health and effectiveness.

AGENCY CHECKLIST

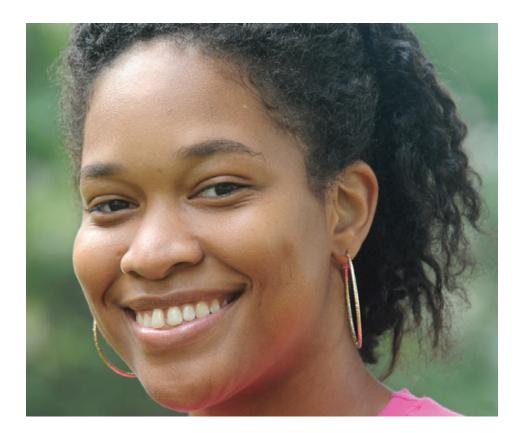
This checklist can help agencies that are considering implementing elements of The Women's Collective Administration component into your programs.

- Create an organizational culture that gives women a real voice in decision making.
- Design an organizational structure where HIV-positive women are in leadership. This is self-affirming and ensures that the needs of women living with HIV are fully understood and met.
- Establish a clear vision, mission, and set of core values to help guide the organization and keep it focused and on track.
- Obtain technical assistance and support early on to build a solid and transparent organizational and administrative infrastructure from the start.
- Identify dedicated individuals who can commit their time and energy as
 active board members to promote the organization and assist in strategic
 planning and fundraising.
- Recruit staff who fit into the organizational culture, are passionate about the work, and are committed to living out the core values. This results in excellent programming and service delivery.
- Establish strong, viable relationships with the donor community early on.
- Seek unrestricted sources of funding that can be used for general and administrative support. This is just as important as obtaining funding to support basic programs and services.
- Develop innovative fundraising strategies such as direct mail campaigns, annual events, and special appeals to help diversify the organization's base of financial support.

BACKGROUND INFORMATION

This background information can help agencies to strengthen their administrative and organizational infrastructure.

- THE ALLIANCE FOR NONPROFIT MANAGEMENT: The Alliance is the professional association of individuals and organizations devoted to improving the management and governance of nonprofits to help them fulfill their mission. The Alliance is a learning community that promotes quality in nonprofit capacity building. It also gives its members visibility in the online *Find a Consultant or Service Provider* directory, the People of Color Roster, *Alliance Insights* eNewsletter, Member Spotlights, and membership directory. For more information go to www.allianceonline.org.
- BOARDSOURCE: Board Source is dedicated to advancing the public good by building exceptional nonprofit boards and inspiring board service. It is the premier source of cutting-edge thinking and resources related to nonprofit boards, and helps to develop the next generation of board leaders. For more information go to www.boardsource.org.
- The Free Management Library: The Library provides easy-to-access, clutterfree, comprehensive resources regarding the leadership and management of yourself, other individuals, groups, and organizations. Content is relevant to the vast majority of people, whether they are in large or small for-profit or nonprofit organizations. Over the past 10 years, the Library has grown to be one of the world's largest well-organized collections of these types of resources. For more information go to www.managmenthelp.org.
- The Foundation Center: The Center is the nation's leading authority on philanthropy, connecting nonprofits and the grant makers supporting them to strengthen the nonprofit sector by advancing knowledge about U.S. philanthropy. The Foundation Center maintains the most comprehensive database on U.S. grant makers and their grants—a robust, accessible knowledge bank for the sector. Your agency can gain access to free resources in its five regional library/learning centers and its network of more than 400 funding information centers located in public libraries, community foundations, and educational institutions in every U.S. state and beyond. For more information go to www.foundationcenter.org.



- GOVERNMENT GRANTS AND CONTRACTS: To locate current funding
 opportunities from the U.S. federal government, refer to www.Fedbizops.
 org or www.grants.gov. Every federal agency lists requests for proposals and
 available grants on these Web sites.
- THE SOCIETY FOR HUMAN RESOURCE MANAGEMENT: The Society is the
 world's largest professional association devoted to human resource
 management. Its mission is to serve the needs of HR professionals by
 providing the most current and comprehensive resources. For more
 information go to www.shrm.org.
- **NETWORK FOR GOOD:** The Network recruits donors and volunteers via the Internet. It also can help nonprofits to accept online donations easily and quickly through your Web site and theirs. Register as a nonprofit. Go to **www.networkforgood.org.**

SECTION 4: Additional Resources

- Glossary of Terms
- TWC Visioning Exercise for Your Staff and Board of Directors
- Sample Memorandum of Agreement
- The Women's Collective Logic Models



SECTION 4: Additional Resources

Glossary of Terms

Co-infection. Concurrent infection of a cell with two germs, or microorganisms. In the case of HIV infection, it refers to a person being infected with another virus or bacteria in addition to HIV, such as hepatitis or tuberculosis.

Comprehensive Risk and Counseling Services. Intensive, individualized client-centered counseling for adopting and maintaining HIV risk reduction behaviors. CRCS is designed for HIV-positive and HIV-negative individuals who are at *high risk* for acquiring or transmitting HIV and STDs and struggle with issues such as substance use and abuse, physical and mental health, and social and cultural factors that affect HIV risk¹.

Counseling, Testing, and Referral Services. A set of services that ensure that persons living with, or at increased risk for, HIV have access to HIV testing to promote early knowledge of their HIV status, receive high-quality HIV prevention counseling to reduce their risk for transmitting or acquiring HIV, and have access to appropriate medical, preventive, and psychosocial support services.

Family-Centered Case Management. An approach to case management that focuses on the needs of the whole family. It encourages family members to use their skills to access resources, fully participate in services, and evaluate their progress toward achieving desired goals and outcomes. Family-centered case management includes communication and planning with multiple service systems to ensure appropriate services are provided and to assess service effectiveness and client progress.

GED (General Equivalency Diploma). A high school equivalency diploma.

¹http://www.cdc.gov/hiv/topics/prev_prog/CRCS/resources/CRCS_Manual/introduction.htm

Harm Reduction. A strategy initially developed to address drug use, harm reduction will meet a person "where they're at" while addressing conditions and health consequences of behavior along with the behavior itself. In the case of HIV/AIDS care and prevention, it incorporates a spectrum of strategies from promoting safer-sex behaviors, to managing care more effectively within the context of a person's complex and often competing obligations.

HIV Prevention Intervention. A program delivered to individuals, groups, or communities to prevent HIV. Interventions are based upon social and behavioral theories.

Needs Assessment. The process of collecting and analyzing information to determine the current status and service needs of a specific group(s) in a particular geographic area.

Peer-Based. Programs or services that are designed, implemented, and/or managed by peers—people who represent the group that the program or service is intended to reach.

Primary Prevention. Health promotion and education activities implemented to avoid the development of a disease.

Re-infection: This occurs when a person living with HIV gets infected a second time by having unprotected sex with another HIV-positive person. This is also referred to as super infection.

Secondary Prevention: Health promotion and education activities that are implemented to prevent the progression of a disease.

TWC Visioning Exercise for Your Staff and Board of Directors

The Women's Collective created this three-hour visioning exercise to help its Board of Directors agree upon a collective vision for the organization. The following exercise may be useful to your agency's board and staff:

GOAL: To take a collective journey together as a board and share our vision for the future of the organization.

THE JOURNEY BEGINS...

2:00 PM: Board members arrive and begin eating lunch.

2:15 PM: Welcome board members to the "Visioning Journey"

View the film documenting The Women's Collective during the meal

2:30 PM: Purpose of Visioning Session

What we hope to achieve in the Visioning Session The end product of today's discussions

FACILITATOR'S NOTE:

Facilitator will begin by sharing some ground rules for this time together and inviting members to add to them (such as listen to each other; value one another's opinion because we all have something to share; how important it is that everyone contributes to the discussion because everyone's voice counts). Facilitator will emphasize two things that we want to "model" in this Visioning Session: good communication and full participation.

Facilitator will discuss the Documentation Report and share with the board that she has spoken to many people and gotten their input (such as staff, clients, donors, and persons involved with the Women's Collective from the beginning) and before the report is finalized it is important to get the board's thoughts for the future of The Women's Collective: Where do we go from here?

Facilitator will go over the agenda and share with the board that the end product of this Visioning Session will be two things: shares where the board would like to see The Women's Collective go and grow in the future.

Thoughts from each board member of their individual vision for the organization in the future.

2:35 PM Introductions Exercise: Getting to Know One Another

FACILITATOR'S NOTES:

Facilitator will break the group into pairs and ask each person to take five minutes each to answer the following questions: 1) Tell me a little something about yourself—in other words, who are you? 2) Why did you join the board?

While listening to each other share, the board will be asked to think of two gifts that this person brings to the board and to write each gift on a piece of paper using one or two words only.

2:45 PM: Each Board Member is Introduced to the Group

The two gifts they bring to The Women's Collective will be placed on the table.

FACILITATOR'S NOTE:

Each person will be introduced to the group using the two questions. Facilitator will make a closing comment on how she hopes that this Introductions Exercise helps members to see the complementarities of the board and a few of the distinct gifts that each individual contributes to the whole.

3:00 PM: FIRST STOP ON THE VISIONING JOURNEY

Board members will discuss the values that are captured in the film while reflecting on a list of core values that have emerged from the research for the Documentation Report.

FACILITATOR'S NOTES:

Facilitator will provide board with a handout of the Core Values that are identified in the Documentation Report and were viewed as important by staff and clients. She will ask each member to take a couple of minutes to read them over. Then she will ask them to discuss the values that emerged from the film, and how well the film reflects The Women's Collective's core values.

3:20 PM: SECOND STOP ON THE VISIONING JOURNEY

The board members will break into small groups and discuss three important questions. The key points raised in the small group discussions will be shared with larger group.

FACILITATOR'S NOTES:.

First the group will break into two or three smaller groups. They will be given a handout with the following three questions:

Small Group Discussion Questions

- 1. How would you describe the mission of The Women's Collective to someone who has never heard of the organization before? And how well do you think The Women's Collective is doing in realizing its mission?
- 2. What adjectives would you use to describe the board of directors?
- 3. How would you like to see the Board develop in the next five years? And what needs to happen for the board to get there?

Each group will be asked to appoint a person to serve as the recorder and a person to be a discussion leader. The recorder will take notes on flip chart paper and will share a summary with the larger group.

FACILITATOR'S NOTES:

Facilitator will keep the time and ask the small groups to spend 20 minutes answering the questions. After they have discussed the questions, Facilitator will collect their answers and hang them together on the wall by Question 1, 2 and 3.

3:40 PM BREAK

3:50 PM THIRD STOP ON THE VISIONING JOURNEY

Each group will share their responses to the three questions.

4:10 PM FOURTH STOP ON THE VISIONING JOURNEY

The Board will reflect on "Where do we go from here?" by discussing the question: "Where would we like to see the organization grow and expand in the next five years with respect to four key categories:

- Program and Service Delivery
- Leadership Development (nurturing future leadership from within the organization)
- Funding
- Board Development

FACILITATOR'S NOTES:

The board will discuss this question in a large group setting. Facilitator will capture the board's vision on flip chart sheets. After discussing these four key categories, the board will be asked if there is something else they want to add that may not fit into one of the categories. The information captured on these Vision Sheets will be used to complete the final chapter of the Documentation Report.

4:40 PM WRITE THE VISION!

The board will draft a one or two line statement that captures their future vision of The Women's Collective. "We envision an organization that is..."

FACILITATOR'S NOTES:

Facilitator will work with the larger group to get them to come up with a one or two line vision statement of where they see The Women's Collective in the future. Facilitator writes their words on a flip chart sheet. This statement can be used in finalizing the last chapter of the Documentation Report. The board can also use it as they engage in a larger strategic planning process.

4:50 PM CLOSING EXERCISE

The Board will break up into small groups to write a newspaper headline for 2015 and share this headline with the larger group. "Gifts" will be removed from the table and shared with one another.

FACILITATOR'S NOTES:

Facilitator will ask the group to break up into the same small groups. They will write a headline for a newspaper or an Internet magazine in the year 2015. The purpose is to say something positive about The Women's Collective, the small groups will come up with the headline together.

Facilitator will end the session by stating that "While this leg of the visioning journey is ending, another leg of the journey must begin. And that has to do with taking the board's vision and putting it into action."

The Visioning Session will close with the Facilitator sharing a powerful quote from a woman who has made a contribution to society, or in the area of HIV and AIDS.

5:00 PM THE VISIONING JOURNEY ENDS



Sample Memorandum of Agreement Template

Between (INSERT NAME: Your Agency) and (INSERT NAME: Referral Agency)

Purpose: The Memorandum of Agreement (MOA) begins with a statement explaining its purpose. Generally, the purpose is to clearly define each agency's roles and responsibilities in referring and/or receiving clients for care.

I. Agency Responsibilities

In this section, you will define the responsibilities of your agency and the Referral Agency. Below are some suggested responsibilities, but your agency should expand this list according to your needs.

Both parties will:

Referring Agency will:

Referral Agency will:

II. Points of Contact

This section should list which individuals will serve as the points of contact for each related to this MOA.

Confidentiality

The MOA should also address issues of confidentiality that will arise as a result of referring clients. Agencies may already have confidentiality policies in place, but this section should reiterate those that are most relevant to client referral.

Some points to include in this section are:

- Confidential information (such as client records) can be shared between the referring and referral agencies only with written consent from the client.
- The referral agencies will safeguard all client information.
- Reasonable steps must be taken to ensure that client records are stored in a secure location and are not available to unauthorized persons. Client records should be transferred or disposed of in a manner that protects confidentiality and is consistent with state or local laws governing patient records.

Agencies should adapt this section to reflect the confidentiality issues that are relevant to client referrals.

Effective Date of Agreement

In this section, specify when the MOA becomes effective (generally upon the signature of both agencies), for how long (generally a period of a year), and how the agreement can be modified or terminated.

Agreed:	
(Signature Referring Agency Representative)	(Signature Referral Agency Representative)
(Title and Date)	(Title and Date)

Component 1—Case Management Logic Model

disease.

SSUE/PROBLEM

services for themselves accessing the care and Women living with HIV often lack supportive oreventing them from treatment they need. and their families

supportive programs information about community based government and Due to: Lack of

and culturally accessible Lack of geographically medical and social orograms

networks to navigate Complex health and supportive services

HIV while taking care of resources to care for _ack of financial heir families

stigma, women often

lack a strong emotional Because of HIV related support system

INPUTS

Funding

Recruit HIV positive

clients

ACTIVITIES

Case Managers

Create an atmosphere

of safety, trust and

Case manager training & training materials

for case management Private office space sessions

assessmentand provide clients with linkages to

appropriate referrals

Conduct service needs

measures through case management protocols Quality Assurance

management supervisor LICSW as case

develop treatment plans

for each client

biopsychosocials

Conduct

assessment and

Gender, culturally and socially appropriate agency forms and materials

documentation for

Assist clients with

strategies and materials Client recruitment

community based social

services

government and

applications for

Participate in monthly

meetings with other

agencies

HIV case manager

follow up strategies and Client referral and materials

reatment for substance Links to social agencies for housing, food, medical, support use, etc.

case management and

support services

Network with other

agencies providing

Holistic team approach to client care

women's male partners

Provide referrals to

or children for case

management and care

as needed

Participate in quarterly

trainings

programs to funders

Report monthly on

OUTPUTS

ntervention activities Recruited women to participate in

Time spent providing case management to clients

reatment plans and **siopsychosocials** completed Referrals made within the agency and to outside services

accessing supportive and medical services Number of women

their families

managing theirs and sufficient financially and responsible for

improvement of CD4 and viral loads and a decrease in other Nomen experience

MPACT

HIV have an improved quality of life because maintaining treatment their pertinent living holistic (mind, body, soul) approaches to caring for their HIV needs are met and Nomen living with they can focus on and taking other

Women become self

prolonged adherence to Nomen engage in medical treatment

OUTCOMES

nave access to HIV care and support services Nomen and families

to access government **Enhanced self-agency** social services and employment

families have their basic needs (food, shelter, electric & water) met Women and their

Nomen are empowered

Women are enrolled in to care for themselves medical care for their

HIV disease

adverse health

Component 2—Counseling, Testing, and Referral Logic Model

SSUE/PROBLEM

African American girls and women in the District of Columbia engage in unprotected sex with partners of unknown risk and are at disproportionate risk for HIV infection because of:

- Lack of awareness or understanding about HIV transmission
- Lack of condom use and safer sex negotiation skills

False perception of risk

NPUTS

CTR and Outreach Program Protocols Female staff trained in conducting rapid and confirmatory HIV tests, ursine oral or blood specimens

Female peer educators trained in conducting community and venue-based outreach, education, focus groups, and presentations on a wide range of HIV and women's health topics

Client-centered screening and referral forms

Appropriate data collection system and materials

Accessible, confidential, and girl and woman-fo-cused mobile and officebased testing venues

HIV rapid and confirmatory testing supplies

Diverse, culturally sensitive safer sex tools and information for women and men Creative and discreet client recruitment tools Girl and woman-focused incentives

Referral partners and

resource guide

Funding

ACTIVITIES

Recruit girls, women and their partners, ages 13 and older, for CTR services

participation in CTR

services

Recruited target oopulation for

OUTPUTS

Create an atmosphere of safety, support, and sensitivity to the unique needs of girls and women

centered HIV counseling

Girl and woman

and testing services

povided

Provide girl and woman centered free and confidential HIV counseling and testing

Referrals made to other

services

Fransmission and risk information conveyed

Provide information on HIV and other STID transmission, risk, and related topics Facilitate behavioral skills practice (condom and other safer sex toll use and negotiation, communication, etc)

Facilitate development of risk reduction plan

Conduct service needs assessment and facilitate and document referrals

Provide incentives and follow-up information

Follow-up on referrals made, ensure linkage to appropriate services for newly diagnosed

IMPACT

OUTCOMES

Increase in number of African American girls and women and their partners, ages 13 and older, who know their HIV status, are equipped with appropriate safer sex tools and skills, and are linked to a system

ncreased knowledge of HIV status

Increased knowledge of HIV and STI risk factors and transmission

Knowledge of correct condom use and safer sex negotiation skills

Change in attitude and enhanced perception about personal risk

of education, care, and

Plan to reduce high risk sexual and drug-using behavior

Increased knowledge of and access to support services and prevention education and capacity building programs New HIV positive people diagnosed and linked to care services

Component 2—Prevention with Positives Logic Model

ISSUE/PROBLEM

prevention programs women, ages 18 and for African American older, are lacking Secondary HIV

that do exist focus on Prevention programs reducing a woman's understand and live the virus instead of empowering her to ability to transmit healthily with her

INPUTS

Prevention with Positive Program Protocol

facilitating educational Female staff and peer groups and providing reduction counseling educators trained in and skills-building **HIV-related risk**

Social Worker to provide Female Licensed Clinical supervision to program

screening, intake, and behavior change goal setting and tracking Client-centered

collection system and Appropriate data pre and post-test evaluation forms Accessible, confidential, and woman-focused space for group nterventions

sensitive safer sex tools and information for Diverse, culturally women and men

Girl and woman-focused client recruitment tools Creative and discreet

Referral partners and resource guide

incentives

ACTIVITIES

OUTPUTS

women ages 18 and Recruit HIV positive

oppulation for group

Recruited target

and one-on-one

activities

unique needs of African American women living Create an atmosphere and warmth to the of safety, culturally sensitive support, with HIV/AIDS

and co- and re-infection

information conveyed

ndividual sessions

facilitated

to group and 5

disclosure, adherence,

Fransmission,

mation on HIV and other STI transmission, disclosure, medical adherence, Provide gender and ethnically appropriate inforco and re-infection, and isk reduction

services made and Referrals to other

followed up

skills practice (condom and other safer sex toll use and negotiation, communication, etc) Facilitate behavioral

navior change support skills practice and be-Facilitate behavioral

Conduct booster* activities Provide incentives and follow-up information

to appropriate services Follow-up on referrals made, ensure linkage for newly diagnosed persons

people who have already * A refresher course for completed a program

MPACT

OUTCOMES

ncreased knowledge of

equipped with accurate empowered to reduce drug-using behaviors, about living with HIV, knowledge and skills high risk sexual and and older, who are group or individual ncrease in number of African American and supported by women, ages 18

HIV positive status and for co and re-infection HIV transmission, risk support disclosure of medical adherence ncreased skills to

Change in attitude and condom use and safer sex negotiation skills Knowledge of correct enhanced perception

relationships

Plan to reduce high risk about personal risk

sexual and drug-using behavior

Pre and post test data

and client satisfaction

surveys collected

ncreased knowledge of services and prevention education and capacity and access to support building programs

safely, and confidently **Enhanced self efficacy** to live healthily and with HIV/AIDS

Component 2—Between Us Girls Logic Model

There is an increase in representation of

SSUE/PROBLEM

Young women and girls often engage in unprotected sex with partners of unknown risk for various reasons:

Lack of access to information about risk

Underdeveloped sexual negotiation skills

Lack of condom use and confidence

Girls learn most of their information from their peers; however peers often do not have accurate information

There are not enough messages in the community that speak to the risk of women and girls between 12

NPUTS

Funding

Between Us Girls program protocol and quality assurance measures Female staff and peer educators trained in facilitating educational and skills building groups and service learning

Between Us Girls curriculum and facilitation materials

Between Us Girls evaluation forms, data collection and processing system Gender and culturally appropriate agency forms and materials

nembers, peers, and sexual

change support (communi-

oractice and behavior

cation with female family

Facilitate behavioral skills

oartners, refusal and nego-

iation, condom use)

Recruitment partners, creative participant recruitment strategies and materials

Referral partners, participant referral strategies and resource guide Accessible, confidential, and woman-focused space for group interventions

Girl and woman-focused incentives

vomen

Diverse, culturally appropriate safer sex tools and information for girls and women

ies through pre/post tests,

Conduct evaluation activi-

participant interviews and

group observation

Service learning* partners

elements of service using a

Train participants in core

service learning curriculum

OUTPUTS

Recruited 105 girls and women to participate in intervention activities

women between the ages

of 12 and 25

Recruit girls and young

ACTIVITIES

HIV and STI transmission and risk information conveyed

safety, culturally sensitive

support, and warmth

Create an atmosphere of

8-10 group sessions facilitated

Utilize dance, music, poetry,

theater, technology and art

n all curriculum activities

One month dedicated to service learning project design and implementation

Provide gender and ethni-

ion on HIV and other STI

ransmission, and risk.

cally appropriate informa-

Service learning project implemented

Booster sessions facilitated

Referrals made to other services and follow-up

conducted Number of girls and women accessing other

Conduct booster activities**

Time spent facilitating sessions

needed services and follow

Facilitate referrals to

Provide incentives

up on referrals made

services

Number of girls and women accessing HIV

pants to receive HIV testing

Conduct service learning projects that address HIV prevention for girls and

Provide access for partici-

Pre and post-test data and client satisfaction obtained

OUTCOMES

MPACT

Girls and young women: African American girls and women ages 12-

Know their sterostatus Improve self-care, self-determination, and self-concept

spokeswomen for safer

25 are equipped with

skills to be positive

Have increased knowledge of HIV/AIDS prevention and safer sex practices

and female members of

prevention with peers

testing, and HIV/AIDS

sex behaviors, HIV

their families or kinship

networks

Report a reduction in sexual risk behavior

HIV/AIDS prevention

Increase their ability to communicate with relationship and sex partners about safe sex condom use, and HIV prevention

metropolitan community

ages of 12-25 in the DC

women between the

messages by and for young African American girls and

Develop competencies in communication among peers and across generations of female family members about sexual health and HIV prevention;

Increase the number of HIV prevention messages by and for young African American girls and women in the DC metropolitan community

*Service-learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities. http://www.servicelearning.

** A refresher course for people who have already completed a program

Component 2—SisterAct Logic Model

familial relationships.

ISSUE/PROBLEM

Young women and girls often engage in unprotected sex with partners of unknown risk for various reasons:

Lack of healthy communication patterns with female family members from whom healthy sexual behaviors can be learned

Lack of access to information about risk Underdeveloped sexual negotiation skills

Lack of condom use and confidence

INPUTS

Funding

SisterAct program protocol and quality assurance measures

Female LICSW with skills in group and individual counseling

Female staff and peer educators trained in facilitating educational and skills building groups

SisterAct curriculum and facilitation materials

SisterAct evaluation forms, data collection and processing system

women accessing other

services

Number of girls and

Gender and culturally appropriate agency forms and materials Recruitment partners, creative participant recruitment strategies and materials

Referral partners, participant referral strategies and resource guide Accessible, confidential, and woman-focused space for group interventions

Girl and woman-focused incentives Diverse, culturally appropriate safer sex tools

and information for girls

and women

ACTIVITIES

Recruit girls between the ages of 12 and 18 and their female family members

women to participate in

Recruited girls and

OUTPUTS

ntervention activities

Create an atmosphere of safety, culturally sensitive support, and warmth to the unique needs of African American girls and Women's Collective

Utilize dance, music, poetry, theater, technology and art in all curriculum activities

Booster sessions

facilitated

Provide gender and ethnically appropriate information on HIV and other STI transmission, and risk.

Facilitate behavioral skills practice and behavior change support (communication with female family members, peers, and sexual partners, refusal and negotiation, condom use)

Provide individual and family risk reduction counseling for participants sessions as needed

Pre and post-test data

Number of girls and women accessing HIV

testing

and client satisfaction

obtained

Conduct booster* activities

Provide incentives

Facilitate referrals to needed services and follow up on referrals made Conduct evaluation activities through pre/post tests, participant interviews and group observation

Provide access for participants to receive HIV testing

OUTCOMES

MPACT

Girls and women:

Know their serostatus

women/girls and other

of African American

Cross-generations

the family 12 + years old, develop healthy

female members of

Increase their access to community resources Increase their

ransmission and risk nformation conveyed

HIV and STI

8-10 group sessions

facilitated

communication patterns built on caring trusting

> knowledge about HIV/ AIDS and other STI prevention

Gain competencies in cross-generational communication about health in general and more specifically, sexual health issues.

Referrals made to other

services and follow-up

conducted

Improve self-care, self-determination, self-concept (composed of self-esteem, ethnic identity and body image) and empowerment.

Time spent facilitating

sessions

Report a reduction in sexual risk behavior

information about theil sexual health issues with other female members of the family 12 + years.

Women share accurate

*A refresher course for people who have already completed a program

Component 3—Policy and Advocacy Logic Model

policies affecting their

included in the decision

making process and

have an impact on

and at risk for HIV are

and girls living with

ISSUE/PROBLEM

are underrepresented in Women and girls living with and at risk for HIV the HIV Policy process

INPUTS

women from areas most FRecruitment of women iving with HIV and affected by HIV

Training in Advocacy

Training in Policy Issues

in Policy and Advocacy coordinator with skills and one staff member with skills in research and writing policy Hire Staff: One reports Staff with experience in coalition building and national policymakers lobbying of local and

Develop a mechanism for dissemination of information to advocates

Funding

ACTIVITIES

RStaff: Determine policy goals

provide new information and track their outreach Maintain regular contact with advocates to

activities conducted by Process and report Advocates

of trainings by staff for Ongoing development advocates

other advocacy groups Create advocacy tools for policy makers and

responses to legislation affect women and girls iving with and at risk Develop statements, and regulations that editorials, and

Advisory Board of

makers

Advocates

educational sessions on policy issues with their communities and policy Advocates: Host makers

Select the most active advocates for advisory board

documentation of issues girls living with and at affecting women and Continuous isk for HIV

OUTCOMES

the agency and its work more knowledge about The community has

women and girls living with and at risk for HIV about issues affecting community speaking of advocates in the

positive women's public speaking and advocacy mprovement of HIV skills

to communicate their ssues and needs to risk for HIV are able living with and at Women and girls

MPACT

with and at risk for HIV Momen and girls living are empowered and

Sustained network

Advocacy tools created

Policy issues conveyed

to advocates

national advocates

Trainings held for

OUTPUTS

The policy environment is changed and women

advocate on their own

behalf

communities and policy

nakers

presentations held by

Trainings and for advocates

advocates for their

about the policy issues and at risk for HIV are more knowledgeable Women living with affecting them

girls living with and at

risk for HIV

Database of contacts of media and policy

affecting women and

Document of issues

women and girls living with and at risk for HIV persons making policy snowledgeable about The community and the issues affecting decisions are more

diverse groups





The mission of The Women's Collective is to meet the self-defined needs of women, girls, and their families living with or at-risk for HIV/AIDS, reducing barriers to care and strengthening their network of support and services.