

11/01

COMPLETE BLUE SHEET ONLY IF PART OR ALL OF THE INTERVENTION INVOLVES AN INTERVENTION OTHER THAN THOSE PREVIOUSLY LISTED.

Other Interventions  
– Process Monitoring –  
Jurisdiction Aggregate Form

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

<b>Complete a <i>separate</i> form for <i>each</i> type of “Additional Intervention”</b>	
<p>[1] Jurisdiction ID: _____</p> <p>[2] Number of other interventions this forms describes: _____</p>	<p>[3] Mark the <i>one</i> category that best describes the additional intervention that was implemented.</p> <p><input type="radio"/> Community Mobilizations</p> <p><input type="radio"/> Social Marketing Campaign</p> <p><input type="radio"/> Community-wide Events</p> <p><input type="radio"/> Policy Intervention</p> <p><input type="radio"/> Structural Intervention</p> <p><input type="radio"/> Additional Interventions (<i>please specify</i>) _____</p>

[4] Provide statewide definitions or guidelines for this type of other interventions:

a) Describe planning activities for other interventions

b) Describe evaluation activities of other interventions

[5] Number of agencies participating in other interventions by type of agency:

CBO-Minority Board _____	State Health Department _____	Academic Institution _____	Other Social Service Agency _____
CBO-Non-Minority Board _____	Local Health Department _____	Research Center _____	Other (please specify) _____
Faith Community _____	Other Government _____	Individual _____	_____
Community Planning Group _____	Other Collaborative Group _____		
			<b>Total</b> _____

\*Use these variables for all interventions not reflected by the other six intervention types.

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**[6] Describe the major concrete accomplishments for this particular type of Other Intervention** (e.g., enhanced accessibility to HIV prevention services, creation of consortiums, community or policy changes, etc.):

**THE FOLLOWING INFORMATION IS OPTIONAL FOR PROCESS MONITORING**

**[8] Monitoring and Evaluation**

<b>[7] Staffing and Expenditures</b>	
Number of staff days used in providing other interventions:	_____
Number of volunteers providing other interventions:	_____
HIV Prevention funds that were expended for carrying out all aspects of other interventions:	_____

<b>Monitoring System:</b> <u>Key elements of the monitoring system:</u>
<b>WHO:</b> What type of staff is monitoring the project?  
<b>HOW:</b> How and how often is monitoring data be collected?  
<b>WHERE:</b> Where is monitoring data be collected?  

<b>Evaluation System:</b> <u>Type of Evaluation</u> [check all that apply]
<input type="checkbox"/> Process Evaluation
<input type="checkbox"/> Outcome Evaluation
<input type="checkbox"/> Impact Evaluation
<input type="checkbox"/> Other _____

<b>Evaluation System:</b> <u>Evaluator</u> [check all that apply]
<input type="checkbox"/> Project Supervisory Staff
<input type="checkbox"/> Project Implementation Staff
<input type="checkbox"/> Outside Evaluator
<input type="checkbox"/> Other _____