Field Assessment of Emergency Plan Centrally-Funded HIV Prevention Programs for Youth

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Executive Summary

Background

In an effort to mitigate the spread of HIV among youth in developing nations, the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan), through the U.S. Agency for International Development (USAID), funded 14 faith-based and nongovernmental organizations in 2004 and 2005 to carry out multi-country HIV prevention programs that have as their primary objective the promotion of abstinence until marriage, fidelity in marriage and sexual relationships, and avoidance of unhealthy sexual behaviors among youth aged 10-24. (For brevity purposes, these abstinence and fidelity in marriage programs are called ABY programs, which refers to the widely-used descriptive phrase: "abstinence and be faithful for youth.")

In 2006, to assess and improve the quality of these centrally-funded, multi-country ABY programs, USAID requested that the MEASURE Evaluation project carry out an evaluation of these partners' program activities. The evaluation was divided into two phases: a process evaluation phase (Phase I) and an outcome evaluation phase (Phase II). The primary focus of Phase I was to produce information useful for making recommendations for "mid-course corrections" to the ABY programs to help maximize their potential benefits. This Phase I report provides an assessment of the quality and rigor of centrally-funded ABY partner programs and overall recommendations for strengthening these and other abstinence and partner reduction programs for youth.

Methods

To determine the characteristics of higher quality programs, the MEASURE Evaluation team collected published and unpublished information on youth programming and consulted with youth programming experts. Based on the information collected, the evaluation team was able to create a process evaluation tool for use in the field. In May 2006, the MEASURE Evaluation team visited Haiti to pilot test the process evaluation tool with three ABY partners. Between June and July 2006, the MEASURE Evaluation team conducted site visits in Kenya, Tanzania, Mozambique, and Ethiopia. A total of 20 site visits with 13 ABY partners were conducted in the five countries. During each site visit, the evaluation team first met with project managers to gain a thorough understanding of how programs were developed, implemented, and managed. The evaluation team then met with trainers, peer educators, and other field staff to get their perspectives on the activities with which they were involved. Based on these discussions and using the evaluation tool, the team was able to identify the strengths of each program, as well as make recommendations for program improvement.

Findings

The 20 site visits undertaken as part of the field assessment of centrally-funded ABY programs revealed a number of strengths and weaknesses of the programs. In terms of project design, the stronger program sites:

- undertook formative work prior to receiving the funding;

- had prior experience with youth AB programming that could be applied in the nascent stages of the project; and/or
- had a clear programmatic framework that informed the project design and implementation.

Notably, weaker programs lacked structure and were more focused on attaining Emergency Plan targets than on undertaking high quality programming with target youth. Visits with the same organization in multiple countries indicated the importance of strong leadership, either from the central office or across countries where the program was underway. Where the leadership was strong and worked across countries, the approach was standardized across locations. Conversely, where the leadership was weaker or the programs were managed by separate country offices, the program was less consistent across locations. Similarly, programs that were implemented solely by the ABY partner tended to be consistently implemented within a country; whereas when the lead organization partnered with other organizations, the program risked being more disparate. Successful partnering strategies were observed and, in these cases, all partner organizations undertook joint training and a common curriculum/approach was used by all partners.

While all but one of the programs visited would be considered curriculum-based programs, there was variability observed in the content of the curricula, the depth of the messages, and the use of skills-based training. Moreover, some of the curricula had yet to be translated into local languages and, in many cases, facilitators did not receive a copy of the curriculum to help them facilitate sessions with their target groups. A particular gap identified in the curricula used by the ABY partners was a lack of specific messages and skills-based lessons on partner reduction and mutual fidelity. One ABY partner has recently developed four lessons on this topic and on other high-risk sexual behaviors. These materials could be shared with other ABY partners to help fill this gap.

While all but one of the programs visited used peer educators as program facilitators, about half also implemented the program using adult facilitators (teachers, scout leaders, or trainers). Project facilitators (peer educators or adult facilitators) were always trained; however, the duration and quality of the training varied across the partners. Stronger programs undertook a formal training and had training materials, such as a training manual or facilitator's guide. Weaker programs undertook an orientation that was a shortened version of training, with no formal training materials. Likewise, while all organizations supervised their peer educators, some organizations were doing this more effectively than others.

Recommendations

Based on the 20 site visits, a number of recommendations were identified for the design and development of future ABY programs or for the strengthening of current ABY programs. Some of these recommendations are cross-cutting (i.e., not specific to a type of approach), while others are specific to the type of approach (e.g., curriculum-based, peer education, etc.).

A summary of all recommendations and observations is found in Appendix A. The main cross-cutting recommendations for designing or improving ABY programs include the following:

- Use a clear programmatic framework that specifies how resources are applied to activities with key populations to achieve outcomes and potential impacts (a logic model) at the planning phase to ensure that program strategies are directly related to program goals and objectives.
- Conduct a needs assessment to improve the relevance and potential impact of the program activities.
- Secure community buy-in for program activities.

Managers of ABY programs that are already underway without a logic model or needs assessment should consider undertaking these activities to help strengthen their programs. In particular, the development of a logic model can help identify gaps in program design and areas that should receive greater emphasis. Likewise, collecting data at the community level can help to determine whether the program is meeting the community needs and strategies for adaptation.

The remaining recommendations were specific to ABY programmatic strategies being undertaken. The evaluation team made a number of recommendations for curriculum-based programs, peer education programs, adult-led programs, community-interaction programs, and parent and child caregiver programs. These recommendations focused on the need for high-quality training of facilitators (peer educators, teachers, and trainers), supervision and monitoring of facilitators, and strategies to ensure that the program is implemented in a standardized manner. Standardization of curricula and training ensures that the program is implemented appropriately and that information and skills relayed are approved by the ABY implementing organization.

Conclusions

This report is meant to help ABY partners to strengthen their programs by describing the strengths and challenges of a variety of programs. The report and attached assessment tool (Appendix E) can also be used by funders, program planners, and program managers who want to identify the characteristics of stronger ABY programs. The observations and recommendations from this report are similar to what has been found in the literature on HIV prevention programs and are likely generalizable to youth HIV prevention programming more broadly.

1.   Introduction

In late 2003 and early 2004, the U.S. Agency for International Development (USAID) released two Annual Program Statements (APS) that solicited applications from organizations to expand activities in support of abstinence until marriage, fidelity in marriage and sexual relationships, and avoidance of unhealthy sexual behaviors among youth aged 10-24. The solicitations specifically supported the following evidence-based strategic approaches: scaling-up of skills-based HIV prevention education, especially for younger youth and girls; stimulating broad community discourse on healthy norms and avoidance of risk behaviors; reinforcing protective influences of parents and other primary caregivers; addressing sexual coercion and exploitation of young people; and strengthening early prevention interventions for at-risk youth.

Based on the responses to these solicitations, 14 nongovernmental organizations (NGOs) and faith-based organizations (FBOs) were awarded direct funding from USAID Washington to significantly scale up international youth HIV prevention activities that support abstinence and fidelity in marriage strategies. Each organization was required to work in at least two countries, and on average, each organization is working in about three or four of the 15 President's Emergency Plan for AIDS Relief (Emergency Plan) focus countries (see Appendix B for a list of each partner and the countries where they are working). Across the funded organizations, activities are underway in 14 out of 15 of the Emergency Plan focus countries. [For brevity purposes, these abstinence and fidelity in marriage programs are called ABY programs, which refers to the widely-used descriptive phrase: "abstinence and be faithful for youth."]

To ensure the quality of implementation and maximize the potential impact of these activities, in 2006 USAID requested MEASURE Evaluation to undertake a targeted evaluation of the ABY programs. The evaluation was divided into two phases: a process evaluation phase (Phase I) and an outcome evaluation phase (Phase II). The primary focus of Phase I was to produce information useful for making "mid-course corrections recommendations" to the ABY programs to help maximize their potential benefits. This Phase I report provides an assessment of the quality and rigor of centrally funded ABY partner programs and overall recommendations for strengthening these and other abstinence and partner reduction programs for youth.

> **Report Objective**
>
> The objective of this report is to indicate when and how high quality ABY programming is taking place, but also to indicate gaps in ABY programming that could be improved through adoption of some of the key elements of effective program strategies.
>
> In some cases, gaps identified were consistent across a number of the programs visited; whereas in other cases, gaps identified were specific to a program or site visited.

For Phase I, we developed and applied methods to characterize *quality* in terms of the strength, rigor, and sustainability of funded ABY activities. The determination of quality and recommendations for program improvement were based on information on factors associated with more effective youth reproductive health programs from both published and unpublished

sources. The assessment focused on the inputs, processes, and outputs of the ABY activities. The information on ABY programs is based on 20 site visits with 13 of the 14[1] centrally-funded partners in five countries. Two ABY partners were observed in three countries, three ABY partners were visited in two countries, and the remaining eight ABY partners were visited in one country. Visits with the same partner in multiple countries provided a perspective of how some programs vary from one context to another. Details on which partners were visited in each country are presented in Table 1.

Table 1.   Site Visit Countries and ABY Partners Visited in Each Country

	Haiti*	Kenya	Mozambique	Ethiopia	Tanzania
ADRA		X			X
American Red Cross	X				X
Catholic Relief Services				X	
Fresh Ministries			X		
Food for the Hungry	[shaded]		X	[shaded]	
Hope Worldwide		X			
International Youth Foundation					X
PACT				X	
PATH		X			
Salesian Missions		X			[shaded]
Samaritan's Purse		X	X	[shaded]	
World Relief	X	X	X		
World Vision	X	X			X

[shaded]   Shaded cells indicate that partners are working in these countries, but the programs were not visited by MEASURE Evaluation team.

*   Haiti was used to pilot test the site visit assessment tool.

2.   Methods

2.1 Developing a Framework to Assess ABY Programs

In March 2006, the MEASURE Evaluation project team met with the ABY partners to introduce the process and outcome evaluations. Initial visits were conducted with the headquarters offices of the ABY partners either in person or by telephone, depending on the location of the headquarters office and availability of headquarters project managers. Through these visits and a review of ABY project work plans, MEASURE Evaluation uncovered an extensive list of program strategies proposed and under way in the field.

Following the introductory visits, MEASURE Evaluation comprehensively reviewed published and unpublished information on youth programming. This review included searching for documents on youth; reproductive health; HIV prevention; peer education; curriculum-based

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[1]   One partner that received funding in 2006 was not visited in the field because the program was too new to be able to provide details on program implementation.

programs; abstinence programs; faithfulness programs; abstinence, be faithful, and correct and consistent condom use (ABC) programs; community mobilization; mass media; and school-based programs. Characteristics of strong programs were identified in discussions of implementation issues, best practices, lessons-learned, or evaluation findings. The review of the ABY partner strategies and the available literature indicated the need to obtain information on five main areas:

- **program environment** – organizational preparedness and program coordination
- **community and church** involvement
- **program setting** – school, church, community
- **program characteristics** – design and development of program, content of program, characteristics of the curriculum used, delivery mechanisms, and training of implementers of the program
- **strategies** – adult-led; peer education; mass media; community mobilization; and parent/child communication

In the framework below (Figure 1), we indicate how these five areas impact one another and lead to program outcomes for beneficiaries. In the discussion of the findings, we provide observations from the field on what ABY-funded partners were doing in key areas, and how changes could be made to strengthen the programs observed with an eye toward evidence-based programming. The framework below indicates the distinction between program participants and the beneficiaries. In some cases, these are the same youth (e.g., in mass events) whereas in other cases, the participants are the peer educators or their small target group but the beneficiaries are all youth in the community in which the participants reside.

Figure 1. **Conceptual framework of factors that influence program quality in terms of strength, rigor, and sustainability.**
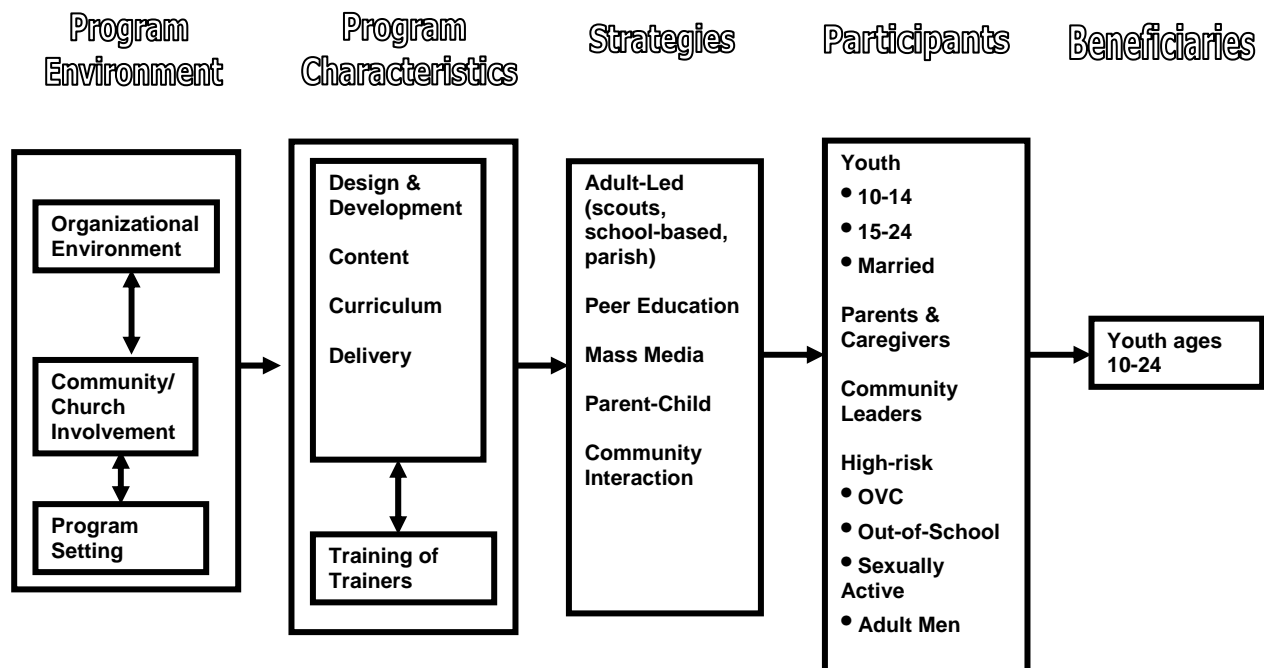
2.2 What the Literature Says about High Quality ABY Programming

Two recent reviews of adolescent reproductive health programs provide information on factors that should be considered at the program design and development stage. In particular, a review of evaluation studies on youth reproductive health programs in developing countries (Speizer, Magnani, Colvin, 2003) demonstrates the need to undertake multi-component programs that address all three of the main goals of youth programs: providing a safe and supportive environment for youth; increasing youth knowledge, attitudes, intentions, skills, and behaviors; and increasing youth use of health services. Programs that focus on one goal or another will be less successful in meeting the needs of the target audience.

Table 2. Twenty-four Standards for Effective Curricula-Based Programs

Design and Development
Involve stakeholders
Assess needs and assets of population
Use a logic model
Consider community values and norms
Consider resources
Pilot test program

Content of Curriculum
Focus on clear health goals
Focus on specific behaviors that affect goals
Address multiple risk and protective factors
Create a safe social environment
Include multiple activities
Use skills-based teaching methods
Employ activities appropriate for the youths' culture, developmental age, and sexual experience
Cover topics in a logical sequence
Address gender issues
Present medically and scientifically correct information

Implementation
Secure support from appropriate authorities
Select educators with desired characteristics
Provide high quality training to educators
Supervise and mentor educators
If needed, recruit and retain youth
Implement all activities with fidelity
Establish monitoring & evaluation for program improvement
Plan for long-term follow-up to ensure lasting behavior change

A review of curriculum-based programs by Senderowitz and Kirby (2006) and based earlier work by Kirby (Kirby, 2001; Kirby, Rolleri, Wilson, 2006), identifies 24 standards of effective curriculum-based programs for youth reproductive health. These characteristics are reflected in the framework (Figure 1), mostly under the "Program Characteristics" block. The standards can be broadly grouped into three categories: design and development issues; content of the curriculum; and implementation characteristics. The components of each category are presented in Table 2. The constructs in the design and development category are interrelated, since programs that identify the specific needs of the target audience, design a program accordingly, and use a detailed logic model are better able to ensure that the program is responsive to community needs and consistent with community values. In this report, a logic model is being referred to as a programmatic framework that demonstrates the interrelations among project inputs, outputs, outcomes, and potential impacts.

Curriculum characteristics found by Senderowitz and Kirby (2006) to be associated with higher quality programs include: focusing on clear health goals (HIV/STI prevention and/or pregnancy prevention) and behaviors, addressing multiple risk and protective factors, creating a safe social environment, including multiple activities, using skills-based teaching methods, employing activities appropriate for the culture and age, addressing gender issues, and presenting information that is scientifically and medically accurate. These curriculum-based issues relate directly to having and using a logic model for

program design and development. This ensures that the project messages and strategies are able to attain desired program outcomes. Finally, implementation characteristics found to be associated with higher quality programming include: having support from appropriate authorities; selecting, training, supervising, and mentoring participating educators; implementing activities to recruit and retain youth; and implementing activities with fidelity. The 24 standards for curriculum-based programs were included on the assessment tool developed for the site visits and assessed for each type of program strategy that used a curriculum (assessment tool attached in Appendix E).

Summary reports on strategies for effective youth programming from multiple organizations also contributed to tool development. Some particularly useful resources were the Y-PEER Standards for Peer Education Programmes, recent YouthNet reports and publications on youth programming, the FOCUS on Young Adults Project reports and key element papers, and the recent WHO technical report on HIV/AIDS prevention programs for youth (FHI/YouthNet and Y-PEER, 2005; Ross, Dick, Ferguson, 2006). Additional resources reviewed for tool creation were evaluation studies and program reports of comprehensive reproductive health or abstinence programs for youth (see bibliography for a list of resources).

2.3 Pilot Site Visits

Based on the literature review and development of the conceptual framework above, a site visit tool was developed to ensure that comprehensive information was obtained from each partner visited. In May 2006, the site visit tool was pilot tested in Haiti by Dr. Ilene Speizer of the MEASURE Evaluation project to determine the feasibility of obtaining structured information on ABY program implementation. Haiti was selected for the pilot test of the site visit tool because of its proximity to the United States and the fact that two of the partners working there were among the original organizations to be funded, and thus had programs that were more established than some of the other partners. This provided an opportunity to understand better the program implementation characteristics and strategies for program strengthening among existing programs. In addition, the third partner visited in Haiti was still in the program design phase, which provided a perspective of how the information obtained could be used to strengthen program planning as well. With the three partners visited, the draft tool was used; however, questions that were not applicable or irrelevant because the program was still being designed were not asked.

The pilot test information was used to make recommendations that would strengthen the three visited ABY partners, as well as to provide input on the site visit tool for discussion at an expert consultation. In particular, it became clear following the pilot site visits that it was necessary to think carefully how to formulate questions so that they are useful for gleaning more than yes/no responses and could be used for determining strategies for program improvement. This meant that each question needed to be a yes/no type question with a write-in section for each question to provide greater depth on each issue.

2.4 Expert Consultation Meeting

The final preparatory activity of Phase I was an expert consultation meeting held June 5-6, 2006. About 50 people attended the first day of the meeting, including 20 youth programming experts,

20 persons from the centrally-funded ABY partner organizations, and 10 persons from USAID or other U.S. government agencies (see Appendix C for a list of participants and Appendix D for a summary of the meeting). Following brief background presentations on the ABY strategy and a summary report from the site visits in Haiti on the ease and difficulties of obtaining information on program implementation, the meeting was conducted in an interactive and dynamic mode to obtain input from all participants attending. The objective of the first day of the meeting was to determine the characteristics of higher quality youth programs as well as the type of information to be obtained during site visits to ensure that program quality could be assessed. Small groups were formed around the different strategies and program environment issues to ensure comprehensive discussions. The output of the first day of the meeting was to formulate a full list of the type of information to collect in site visits. This list was subsequently compared to the comprehensive pilot test tool used in Haiti and missing items were incorporated into the final version of the tool.

The second day of the expert consultation meeting involved only the 20 experts in youth programming. This was meant to be an opportunity to define specifically which of the characteristics reflected higher quality programming. One important outcome of this session was the recognition that one-day site visits will yield only minimal information; future visits would need to consider a greater depth of program implementation characteristics. For example, follow-up site visits would be needed to observe direct interactions between trainers and messengers (e.g., teachers or peer educators) and between the trained messengers and their youth beneficiaries. MEASURE Evaluation, with input from USAID, decided not to undertake direct observations as part of the process evaluation because this would mean a longer period of fieldwork, and that program strengthening recommendations would be delayed. In addition, it was felt that without developing rapport with the groups, the interactions that would be observed would not necessarily represent the true interactions between messengers and beneficiaries.

2.5 Methods of Field Study

Site visits with ABY partners took place from June 26, 2006 to July 31, 2006 in Kenya, Mozambique, Ethiopia, and Tanzania. The research team included Dr. Ilene Speizer, the project lead; Carla Lopez, a graduate student at the University of North Carolina School of Public Health; and Dr. Leah Wanjama, a faculty member at Kenyatta University serving as a consultant on this project. The team undertook seven site visits in Kenya, four site visits in Mozambique, two site visits in Ethiopia, and four site visits in Tanzania. This report presents findings from the site visits, with an emphasis on program strategies currently being implemented. There is less emphasis on strategies that were still under development, such as parent/caregiver programs and mass media programs. In addition, while some ABY project sites visited had complementary program activities focusing on reduction of stigma against people living with HIV/AIDS, and HIV counseling and testing, these activities were documented but were not the focus of the ABY evaluation team's work unless they were being undertaken as part of the ABY grant.

Prior to the site visits, each ABY partner was contacted in the countries the evaluators intended to visit and asked to plan for a day-long meeting with the evaluators. The objective was to spend the morning — usually four to five hours (8 a.m. to 1 p.m.) — with project management, evaluators, and key program staff. The morning session was an opportunity to obtain depth on the organization's experience, the strategies being used, the curricula being developed, and the

level of community involvement. During the first few site visits, this meant following closely with the site visit tool. After realizing that the site visit tool was too repetitive, the site visit team undertook a modified approach where they covered the key areas with project management and then returned to the site visit tool to ensure that all of the relevant areas had been covered. (The tool has been modified to reduce this repetition.)

The ABY partners were also asked to arrange for meetings between the evaluators and field staff during the afternoons. These meetings provided an opportunity to talk to the persons who were implementing the program including project trainers, trained teachers, and trained peer educators. The objectives of these meetings were to find out from the key implementers whether they felt properly equipped to undertake their work. While the evaluators asked the ABY partners to involve one or two trainers, two or three peer educators, two or three teachers, and if available trained parents/caregivers (one program), the composition of those who were available for the meeting varied. In some sites, the evaluators had extensive discussions with a pair of peer educators while in other sites, the evaluators undertook an informal focus group with all peer educators who had been invited (and waiting since the morning to meet with the evaluators). While tools were developed for questioning of these field staff, depending on the setting/approach the tool was more or less helpful for leading the discussion (i.e., the tool was not developed as a focus group guide). The type of information gleaned in the small group versus the larger group approach was different and revealing. For example, when one-on-one interviews happened with peer educators or with pairs of peer educators, evaluators obtained greater depth on peer educator activities and challenges with their job. When the group was larger, less depth was obtained on activities underway but more depth was obtained on gaps in training through the group's questions back to the evaluators on issues related to HIV/AIDS prevention. In the one case where the evaluator met with a large group of trained parent/caregivers, it became clear that while the parent group was clearly committed to the program, they felt that they could do more if they had more resources (for travel) and had materials that were translated in the local language. Less depth on specific household activities with their parent/caregiver counterpart groups was obtained in this discussion.

Overall, interviews with trained project staff (e.g., trainers, peer educators, teachers) were valuable and these people appreciated the opportunity to provide recommendations for program improvement. A number of the specific program recommendations came directly from the voices of the field staff.

2.6 Limitations of Process Evaluation

This process evaluation, that included all but one of the centrally-funded ABY partners, is not without limitations. First, because many of the programs were still in the design phase, information obtained on some of the strategies was less comprehensive than desired. In particular, the evaluators did not obtain depth of information on mass media, parent/caregiver programs, and complementary activities such as referrals and linkages to voluntary counseling and testing services. Some reasons for these gaps in information include: a) a lack of structure in some of these activities that made it difficult to assess program characteristics (e.g., parent/caregiver programs were being undertaken as informal workshops); b) some activities were being funded through other sources, limiting the evaluators ability to determine what part

was funded or run by the ABY program; and c) the short duration of the site visits, which limited the scope of information obtained.

The second limitation was that the evaluators did not undertake direct observations of program implementation. While direct observation is often useful, it requires more than one site visit and multiple observations to ensure a representative perspective of program implementation. This was beyond the scope of this evaluation. Third, the evaluators did not meet with the ABY beneficiaries. This was also considered outside the scope of this evaluation and details of beneficiary exposure and perceptions of the program will come from the outcome evaluation with a sub-sample of the ABY partners. Fourth, in cases where ABY partners had in-country implementing partners — some as many as 20 — the evaluators were able to meet with only a few of the local organizations working with each ABY partner. Fifth, the site visit methodology did not permit an assessment of whether programs are being implemented in the recommended manner (i.e., every lesson is taught in the assigned order). One way to determine if each lesson was being taught would have been to collect and review project monitoring forms (if these existed). It was decided that this was outside the scope, especially given the amount of time allotted for fieldwork and the desire to provide rapid program strengthening recommendations. Finally, in cases where evaluators met with facilitators (teachers, trainers, and peer educators) in remote areas of a country, it was necessary to have an interpreter to help obtain standardized information. Most times, the interpreters worked for the ABY partner organization, possibly limiting the candor of respondents and the depth of information gleaned.

3.   Observations and Recommendations from the Quality Assessment

This report presents numerous observations and recommendations from the 20 site visits with the ABY partners. The observations are meant to demonstrate cross-cutting issues that need to be considered at the program design or implementation phases. In the case of observations, there was often no "right" approach for all organizations, but the issues raised should be considered by project managers. Recommendations are used to reflect issues that affect programming and ways to strengthen a specific program type. A comprehensive list of recommendations and observations is presented in Appendix A.

3.1 Summary of Partners Visited and Programmatic Strategies

As mentioned above, centrally-funded ABY partners were visited in four African countries (Kenya, Mozambique, Ethiopia, and Tanzania) and in Haiti for pilot testing (see Table 1). A total of 13 centrally-funded ABY partners were visited in these countries. Of the ABY partners visited, nine were faith-based organizations and four were secular NGOs. While the overall objective of the ABY funding is to work with youth ages 10-24, some of the partners are working with specific target audiences, including youth 12-15 years of age; youth aged 10-19; unmarried youth aged 10-19; and youth aged 15-24. In addition to their youth target audiences, some ABY partners are also targeting adults and/or parents as a means to influencing youth. ABY partners are working in multiple settings including schools, churches, and community-based settings. Various implementation strategies are being employed by ABY partners, with the most common being some form of peer education. Other strategies being implemented include community mobilization, mass media (mostly radio), and training of adult or parent influencers. One program differs from the others in that it uses trained scout leaders to train scouting youth in

a large number of districts and schools. Details of this program are not provided in this report; however, issues related to program coordination, program setting, and curricula reflect information obtained for this program as well.

3.2 What Does the ABC Guidance Say about ABY Programming?

Activities to prevent sexual transmission of HIV under the Emergency Plan are funded under two different budget streams — one for abstinence and be faithful (AB), the other for condoms and other prevention. All HIV prevention programs funded under the Emergency Plan are required to follow specific guidance on abstinence, being faithful, and condom use (ABC) programming. This guidance (called the ABC guidance here) was issued by the Office of the U.S. Global AIDS Coordinator (OGAC, 2006) and includes recommendations for programming for youth. The two key recommendations from the document that are relevant to this report in a number of ways are the following:

- For 10-to-14-year-olds, the Emergency Plan will fund age-appropriate and culturally appropriate "AB" programs that include promoting (1) dignity and self-worth; (2) the importance of abstinence in reducing the transmission of HIV; (3) the importance of delaying sexual debut until marriage; and (4) the development of skills for practicing abstinence.

- For older youth (above age 14) the Emergency Plan will fund ABC programs that promote (1) dignity and self worth; (2) the importance of abstinence in reducing the transmission of HIV; (3) the importance of delaying sexual activity until marriage; (4) the development of skills for practicing abstinence, and where appropriate, secondary abstinence; (5) the elimination of casual sexual partnerships; (6) the importance of marriage and mutual faithfulness in reducing the transmission of HIV among individuals in long-term relationships; (7) the importance of HIV counseling and testing; and (8) provide full and accurate information about correct and consistent condom use as a way to significantly reduce — but not eliminate — the risk of HIV infection for those who engage in risky sexual behaviors.

The 14 centrally-funded ABY grantees all receive AB funding counted against the Congressional abstinence earmark, which means that the funds are generally restricted to AB activities. An observation in the field was that ABY partners were unclear on what was permissible under the ABC guidance with AB funding, especially with respect to provision of information and skills relating to condoms. For example, a number of programs for the youngest youth focused simply on strategies that increased HIV knowledge and changed attitudes, but did little to affect dignity, self-worth, or skills, as promoted by the guidance. Similarly, for older youth, programs often lacked strategies to identify which youth were the "high-risk" youth, meaning that all youth were being targeted with A (and sometimes B) messages predominantly, rather than undertaking a more targeted approach as recommended by the guidance.

> ***Observation:*** *ABY partners need greater technical support from their USAID project officers to help them understand what are appropriate strategies and messages for each of their target groups and to ensure that the programs are implemented in a manner that is technically sound and complies with OGAC guidance.*

3.3 Program Environment

Of the 13 ABY partners visited, all but one had undertaken some form of youth programming prior to receiving this funding. The prior youth programming experience ranged from running religious schools or youth clubs in churches (with or without a health or HIV component) to undertaking youth abstinence or reproductive health specific activities. Among the 13 partners visited, only about a third had prior USAID funding for youth HIV prevention and/or youth reproductive health programming.

A number of the ABY partners had existing in-country programs or collaborations that were expanded or modified with this funding stream. For example, one ABY partner already had sponsorship communities where they were working and thus they were able to include abstinence and faithfulness activities into the existing programs in these sponsorship communities. Other organizations that had existing or prior comprehensive HIV prevention programs (supported with or without U.S. government funds) modified their strategies or approaches to develop their ABY program. One specific example is the partner that had been working for a long time in an urban slum and had a comprehensive youth HIV prevention program that included youth recreational centers, youth corners in health centers, and voluntary counseling and testing (VCT). For their ABY program, however, this partner divided up the urban slum sites to be comprehensive sites or ABY sites; and in the ABY sites, the main activities are community mobilization and awareness events, a weaker strategy in this high-risk setting. The ABC Guidance suggests that this organization could do more comprehensive programs including promotion of VCT and condom use with high-risk sexually active youth in the AB target slum sites. This organization, however, was not undertaking these activities because its program managers were not sure if this was allowed with AB funding. A recommendation to this ABY partner was to undertake skills-development activities (e.g., negotiation skills, and relationship skills) for the wider audience, all slum youth, with referral for VCT or condom promotion when needed.

Site visits with partners revealed that many of the project staff were hired after funding was received. This means that, for much of the current staff, there was no involvement in project conceptualization. When asked about decision-making on program design, curricula, and strategies used, some of the ABY partner staff reported that they were given a curriculum and design structure and were following what was provided to them. Others were given an initial curriculum and design, and spent the first year modifying the activities accordingly.

A number of project managers mentioned that the pressure of attaining Emergency Plan targets, even in the first year when funding was sometimes delayed, affected project planning and implementation. In particular, to attain targets, program activities needed to be initiated immediately, sometimes before the organization had considered the big picture of who, what, where, when, and how. Furthermore, at least two ABY programs reported that pressure to attain targets in the first year meant that trainers and peer educators were being trained *before* the development of a curriculum or a training manual. These persons were sent out to lead workshops and activities that would count toward the numbers attained, even though it would be difficult to pinpoint what messages/strategies were implemented. The organizations that were less likely to have these problems either did formative work prior to receiving the funding, had prior experience with youth AB programming that could be applied in the nascent stages of the

project, or had a clear conceptual framework that informed the project design and implementation.

> **Recommendation:** *Prior to program implementation, develop a logical framework that links intervention activities to desired outcomes.*

Only about a quarter of the ABY partners undertook a needs assessment (qualitative and/or quantitative) during the first year to help inform project development. These projects had a plan to use data (monitoring and/or evaluation) to inform program design and to make program modifications throughout the five years of funding. Most of the ABY partners, however, felt that this type of assessment or data collection was outside their mandate, given the emphasis on reaching large numbers of youth with prevention programming. The advantage of having needs assessment data is that programs can be modified to meet the needs of the target audience rather than assuming a "one-size-fits-all" approach. While collecting data clearly reduces the amount of money available for program activities with youth, it likely strengthens the approaches and content of activities undertaken with youth over the life of the project. These types of trade-offs between direct reach and strategies for program strengthening need to be considered by each ABY partner in collaboration with its USAID project officer to determine the most effective use of program funds in each setting where the partner is working.

> **Recommendation:** *Undertake a needs assessment to ensure the program is responsive to community needs.*

3.4 Involvement of Church and Community

A number of the ABY partners are working directly within a church or community-based setting. The ABY partners that are FBOs affiliated with a specific church usually had the buy-in of the church at the design and development stage of the project. FBOs that are not affiliated with a specific church or that try to work outside their own churches and NGOs that try to work in churches had a more difficult time getting this buy-in. This was also true for obtaining buy-in from community-based partners. A number of the ABY partners that worked with community-based organizations (CBOs) developed a memorandum of understanding with each of these organizations to ensure an organizational commitment to the ABY program. It was not possible to tell from site visits with project management, trainers, teachers, and peer educators how successful the church and community partnerships were. This would require additional visits with these church and community partners, to obtain their input on the process and success. Below, under the heading of *Program Settings*, we discuss some of the programmatic issues that come up when working in a church or community-based setting.

> **Recommendation:** *Obtain community buy-in at the outset to encourage greater involvement and support at the local level.*

3.5 Program Coordination

Two main approaches to program coordination were observed: single partner implementation and collaboration where the prime ABY partner provides funding with training and direction to local implementing organizations. The approach used by the ABY partner sometimes was

consistent across the multiple countries they are working in and sometimes differed across countries. For example, two ABY partners were solely implementing their program with a standardized strategy across the two countries visited. Conversely, another partner visited in multiple countries was solely implementing the program in countries where it had a large prior presence; whereas in another country where this organization had a less established presence, the partner was serving more in a training and direction role for its local implementing organizations. Twelve of the 20 ABY sites visited (see Table 3) were solely implementing their programs.

Table 3.   Program Coordination and Setting of Partners Visited by Country

	Haiti	Kenya	Mozambique	Ethiopia	Tanzania
Number of Partners Reflected	3	7	4	2	4
COORDINATION					
Solely implementing program	3	3	3	1	2
Collaboration – training and direction	0	4	1	1	2
SETTINGS					
Schools	3	7	3	2	4
Churches	2	6	4	2	2
Community	2	6	4	1	3

Those partners fully implementing project activities are using previously employed field staff and new staff hired for this project. In this case, all trainers, supervisors, and peer educators are directly affiliated with the ABY-funded organization. An advantage of a partner fully coordinating and implementing the program is that the program is more likely to be consistent across districts/provinces within the same country where the partner is working. In addition, all project staff members have the same program affiliation and are likely to work better as a team on program strengthening. Some disadvantages of fully implementing the program by an ABY partner include:

- the project requires a large project staff to attain high coverage;
- when the project branches out or tries to go to scale, the ABY partner may not have natural connections to new communities; and
- it is more difficult to ensure sustainability of the project if all implementers are paid or affiliated with the funded organization.

Eight of the ABY sites visited are coordinating with other organizations to implement their programs either by identifying implementing partners that, in collaboration with the ABY-funded partner, undertake the program (five organizations); or by identifying implementing partners that with direction and training from the centrally funded ABY partner implement the program (three organizations). The stronger programs tended to be those where the funded ABY organization was a co-implementer. Conversely, where the ABY funded partner was only providing direction

and training to their implementing partners, the ABY funded organization tended to play a funding pass-through role and thus had less of an understanding of how the program was implemented. For example, one ABY partner that was in a training and direction role was funding a large number of local-level partners (25 in the country visited) to undertake the program with no clear guidance on a curriculum or strategy. It was recommended to this partner that they should review their partners' programs and curricula more carefully to ensure that they include some minimum criteria including specific messages and skills-based lessons that are part of the overall program objectives.

The main advantage of partnering is that the local partner organizations tend to have good ties to the youth in the communities they serve, increasing the visibility and trust of the program. Furthermore, for rapid scale-up, using multiple implementing partners can facilitate program growth without putting too much burden on one main implementing partner. Finally, for long-term sustainability, the local partners are the organizations that need to carry the torch for the program to continue. The main disadvantage of partnering, as observed in the field, was a lack of clarity on the overall program. This is a consequence of using local partners that have worked on abstinence issues previously, that either have strategic designs that they have previously used and are committed to using or have curricula with which they are comfortable. This means that, in some cases where partnering was taking place, there was no underlying project strategy and each local partner was implementing the program slightly differently using different curricula, supplementing the standardized curriculum, or identifying and working with youth groups differently. In a small number of cases, site visits revealed that the main centrally funded ABY partner was unaware of the distinctions in program implementation across the local implementing partners. Having wide variability in program implementation through multiple partners is not necessarily a problem. However, at the end of the five-year funding period when the ABY partner is asked what it did, there may not be a clear way to define the underlying program, or an obvious way to replicate the program.

Some successful partnering strategies were observed. The most successful partnership had a consistent program strategy across all partners. In particular, each phase of the training of trainers (for each partner) is done for all of the partner organizations together. Each partner is trained on the specific curriculum or program component and is sent away with common materials to use for its subsequent training. This results in a strong, consistent strategy and messages that are associated with the ABY-funded program. In addition, because all partners are learning and implementing at the same time, problems encountered can be shared across the partners to undertake program improvements across all partners, and not just simply at the level of one specific partner.

> **Observation:** *There are advantages and disadvantages of solely implementing the program and of partnering with other organizations for program implementation.*

3.6 Program Settings

Nineteen of the ABY sites visited undertake activities in schools (see Table 3). Undertaking the ABY program in schools has the advantage of including a large and attentive audience of youth. Some school-based programs are being undertaken within the classroom setting. The curriculum

is being taught by either a peer educator, project trainer, or by a trained classroom teacher. The programs that are the most successful at getting classroom time tended to have approval of the country's ministry of education prior to program implementation. Given that the material in the ABY curriculum is not part of the subject matter that students are tested on at the end of the year, it is often difficult to get classroom time for program implementation. In some cases, partners are using a time set aside each week (about 30 to 45 minutes) for religious studies or time set aside for HIV/AIDS education (an hour each week in Kenya) as an opportunity to undertake the ABY program. A common complaint of trainers, peer educators, and teachers who are meant to implement activities during the school day is that the sessions are not long enough to be able to complete a lesson that might take from 45 to 90 minutes. In addition, the most effective curricula have multiple sessions that last a minimum of about 14 hours (Kirby, 2001), which would require an extensive amount of classroom time over the school year.

Another school-based strategy commonly used in Kenya and elsewhere is to train youth in extracurricular health clubs. Each week in Kenya, time is set aside as part of the school day for extracurricular clubs. Youth choose what club to attend and participate in activities with that club throughout the school year. A number of ABY programs (and other youth programs) are using this extracurricular time as an opportunity to interact with youth in a school-based setting. Often, the ABY partner will approach a health club (or an AIDS club) or initiate an ABY club for its program activities. In some cases, ABY partners working in school-based clubs will identify two youth from the health club (and sometimes an affiliated teacher) to be peer leaders who train the other members of their clubs. In other cases, the entire club may be taught the material in the program by a trained project staff member or a trained teacher. The advantage of working through the club mechanism is that it provides access to youth who participate voluntarily and who have regular meetings. The disadvantage is that the participating youth are self-selected to participate in the club, and thus may be the youth with the least need of an ABY program. In addition, using the club approach, only a small number of youth in the school-based setting are actually reached by the program. The effectiveness of the club-based strategy requires that the messages and skills are diffused beyond the club and into the wider school community setting. At least two of the ABY programs include some form of "multiplier" or "mobilizer" role for participating youth in the health club. Over the course of the intervention, one curriculum requires participants to undertake outreach through discussions with or presentations to their peers outside the club. Having an outreach component increases the likelihood that the program is able to have wider impacts beyond the targeted health club. A common recommendation to ABY partners implementing programs in a club setting was to include some form of systematic outreach beyond the trained members of the club.

Sixteen of the programs visited are working in church-based settings to identify youth groups or to sensitize the church community to the ABY program. Some church-based programs train pastors to relay ABY messages during a sermon or in a smaller-group setting. In addition, in some cases pastors or Sunday school teachers will teach youth groups or Sunday school classes with a specific curriculum. A primary advantage of working with church-based youth groups is that the groups have an existing structure and regular meeting times that can be used by a program to undertake a formal curriculum, either by trained peer educators or project trainers. Some challenges observed with undertaking the program in church-based settings as reported by ABY partners are:

- youth groups in churches are sometimes not as large as originally expected, meaning that the number of youth reached is smaller than planned; and
- there is a need to involve church leaders (some programs found that if pastors were not supportive of the program, activities for the youth group tended to be less successful).

Programs that were successful in church-based settings often did not only obtain the approval of the church leaders but also gave them formal training so that they could be active participants in the program and provide accurate information to youth and adult influencers in their communities. A small number of the ABY partners have pastors who work as part of their project staff. These project pastors are able to lead trainings and interactions with the church leaders.

Activities in community-based settings varied across the programs, but the main objectives of the 15 programs undertaking community-based activities were to reach out-of-school youth and to encourage community dialogue around youth HIV prevention issues. Some community-based programs trained youth in local youth associations either to be peer educators or to undertake community theater with AB focused messages. In addition, communities are where a number of activities for parents and other adult influencers took place either using a formal curriculum or engaging a dialogue on a specific topic. One example was a community conversation on child abuse that was implemented by one ABY partner in communities where the partner worked. The community dialogue on child abuse took place just prior to beginning peer educator training on the same topic.

The advantage of working in community-based settings is that the program can cast a net that is wider than just school-based or church-based youth, often targeting the environment that affects youth behaviors (Speizer et al., 2003). In addition, community-based programs can target youth at high-risk of HIV or youth with HIV. For example, one program was undertaking training sessions for persons living with HIV/AIDS and having them undertake activities in their communities to reduce stigma and discrimination. ABY partners reported that a disadvantage of undertaking programs in community-based settings is that it is often difficult to implement a curriculum or a set of consistent skills and messages to the same audience, given the informal nature of the setting. This means that the intervention needs to be designed so that each session contains key lessons and skills that the participants can practice and apply based on current program exposure and that do not require exposure to prior sessions.

The overwhelming majority of ABY partners are working in multiple settings and implementing multi-component programs. For example, project trainers may train youth in schools, may work with church-based youth groups, and may undertake community dialogues on stigma and discrimination with adult influencers. In another case, project staff train peer educators who intervene with youth in both school clubs and church groups. Trained peer educators may undertake community-based events such as drama or concerts with messages on abstinence and faithfulness. Notably, these multiple-setting, multiple-component programs have both direct reach to target youth using a skills-based curriculum and an indirect reach to target youth through community mobilization type events. The potential for an impact likely depends on the ratio of direct to indirect reach in these settings (see "3.14 Program Research").

Some ABY partners working in multiple settings recognized the need to tailor their program activities and curricula to the different target audiences. For example, one partner that undertakes peer education in community-based or church-based settings was asked by the ministry of education to implement its curriculum-based program in the public schools (using project trainers as facilitators). This faith-based partner needed, however, to adapt the curriculum for the school-based implementation. Other partners are using the same materials (curricula or scenarios) in each setting, with no modification for the target group or audience. As discussed below, stronger programs generally tailored their messages (or curricula) to the appropriate target audience rather than using a one-size-fits all approach.

> *Observation:*   *Many programs are implemented in multiple settings to affect individual youth (e.g., schools and churches) and the environment within which they live (community-based activities).*

3.7 Curricula-Based Programs

Almost all of the funded ABY partners use at least one curriculum for their program activities.[2] Most of these curricula were developed specifically for this funding stream using a blend of other curricula, or based on focus group discussions on what is needed for an ABY program (see Table 4). The new curricula being used were developed either by the project staff or in collaboration with curriculum experts from other organizations. Two of the curricula — Choose Life (developed by World Relief, Baltimore) and

> **Greater Depth in Curricula**
>
> Peer educators, trainers, and teachers often requested greater depth in the curricula, including information on sexually transmitted infections (signs, symptoms, pictures); drug and alcohol use; relationship skills; child abuse; HIV testing; and parent-child communication.

Together We Can (developed by the International Federation of Red Cross and Red Crescent Societies) — existed prior to this funding mechanism but have been updated or modified for the local countries where they are being used. With the exception of the Together We Can curriculum that was evaluated in terms of effects on peer educators in Jamaica, none of the curricula being used for the ABY programs has been evaluated previously, so the potential for an impact of these programs is unknown.

Some of the ABY partners use the same curriculum for all youth, no matter the age or marital status, while others use different curricula for each target group. A recommendation common to partners with only one curriculum was that they need to identify or develop curricula and teaching tools for their varying target audiences. For example, the curriculum for in-school youth 10-14 years of age will focus on self-worth and abstinence skills while the curriculum for older, out-of-school youth might also include issues of faithfulness, sexually transmitted infections, and

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[2] A small number of the ABY partners visited were still developing their curricula and thus were not yet curriculum-based. These partners were piecing together sections of other curricula for program activities, resulting in weak current program implementation. An extensive review of the ABY curricula being used by centrally funeded ABY partners in Kenya, Mozambique, Tanzania, and Ethiopia is being undertaken as a separate report in the spring. This will include a review of whether the curricula meet the content characteristics of the 24 standards of effective curriculum-based programs as defined by Senderowitz and Kirby (2006).

condom use. Another common recommendation was that the teaching tools and curricula need to be developed in local languages, especially for ABY partners working with rural or out-of-school youth, and partners working with adults or parent influencers.

> *Recommendation:* *Use different curricula and teaching tools for the varying target audiences by age and marital status group.*

All of the formal curricula being used include specific lessons to increase knowledge about abstinence and encourage positive attitudes towards abstinence. Fewer were skills-based curricula that focused on increasing self-efficacy, self-worth, and refusal skills. Notable gaps in most of the funded activities are specific messages, skills-based lessons, and strategies on partner reduction or mutual fidelity for sexually active youth. This was true for programs that targeted the youngest youth (10-14 years of age), programs that targeted youth aged 15-24, and both faith-based and non-faith-based partners. The funded ABY partners are well placed to address the important gap in skills-based teaching strategies on faithfulness in the existing curricula during this five-year funding period. While not based on a formal curriculum, there were, however, some organizations presenting partner reduction messages through outreach including community theater and mass media.

Table 4. Characteristics of Programs of Partners Visited by Country

	Haiti	Kenya	Mozambique	Ethiopia	Tanzania
Number of Partners Reflected	**2**	**7**	**3**	**2**	**4**
STRATEGIES					
Peer education	2	6	3	2	4
Community interaction or mobilization	2	6	3	1	4
Mass media	2	3	0	(1)[‡]	2
Training parents/caregivers	(1)[‡]	5	2	2	2
Adult-led	1	3	2	0	3
CURRICULUM				[†]	
Previously existing curriculum	2	1	2	0	1
Curriculum developed for ABY program	0	6	1	1	3
Skills-based strategies	2	5	3	1	3
Specific curriculum for PE to use	2	4	3	1	4

Number of partners reflected in this table only represent those organizations visited that had active activities in the field at the time of visit. One organization in Haiti and one in Mozambique were actively developing their programs but had not completely resolved details of program strategy.

[†] One partner is funding a number of other partners to implement the program with varying curricula/strategies and thus is not reflected here.

[‡] Figures in parentheses indicate that a partner has this as a planned activity.

The evaluators' undertook a subjective characterization of curriculum content by determining the coverage and depth allotted by the programs to abstinence, fidelity/monogamy, and condom use. While seven of the 12 curricula being used by partners at sites visited by the evaluation team include some condom information, only four were comprehensive curricula with specific sessions in the curriculum on condom information and negotiating skills. Including condom negotiation and skills was not a requirement of the funding stream, but those partners who chose to include this material often did so to meet the needs of their target audience. Among the other partners, at least five reported that they had a primarily AB curriculum with minimal discussion of condoms. In these cases, condoms are often addressed in a frequently asked questions section

or an appendix of the peer education trainers manual, intended to prepare program messengers to respond to questions rather than being an explicit part of the program lesson plans. It was found that the messengers of these AB focused programs (teachers or peer educators) were not usually trained on how to deliver the appendix condom material when needed (see "3.13 Training of Trainers and Messengers").

> **Recommendation:** *Curricula need to include specific messages and strategies for sexually active youth.*

The curriculum-based program with the most promise of having an impact on youth beneficiaries was a peer education strategy that had a two-stage curriculum. The first curriculum is predominantly about HIV/AIDS and its risks. After an initial five-day intensive peer educator training on this first curriculum, the peer educators train their groups with the first curriculum once a week over a three month period. Then the peer educators return for a follow-up training on an advanced curriculum that provides skills-based strategies to remain abstinent or faithful. Peer educators return to their same groups and present this second curriculum using the materials provided. This two step process recognizes that learning is done in stages and that both the peer educators and the youth they work with need a long-term commitment to change behaviors. Few other programs have any plans for booster or follow-up activities with youth beneficiaries.

Some additional recommendations related to curriculum-based programs that came out of the site visits with ABY partners include the following:

- **Refresher training** — It is crucial to undertake refresher training of the messengers (trainers, teachers, peer educators) at least annually or anytime that a program makes significant modifications to the curriculum. Refresher training should include material on emerging topics that peer educators or teachers request more information on.

  > **Recommendation:** *Refresher training of messengers is important anytime the curriculum changes.*

- **Undertake booster sessions** — With strong ABY partners, it is important to determine strategies to undertake follow-up activities (a booster program) with youth beneficiaries to strengthen the potential for the program to affect behaviors over the long-term, after the initial intervention is completed. The booster curriculum can be a modified and shortened version of the original curriculum or can provide more advanced behavior change skills.

  > **Recommendation:** *Include a booster session to affect behaviors over the long-term.*

- **Modify curricula to local settings and languages** — Curricula need to be modified to local country settings and translated into local languages. In some cases, ABY partners modified activities that worked in certain settings, but did not work well in others. Curricula should be modified using curriculum

experts who are able to protect the intention and direction of the curriculum but tailor the examples and strategies to the local context.

> *Recommendation: Curricula need to be modified to local country settings and translated into local languages.*

- **Importance of skills-based curricula —** Curricula need to build skills (e.g., negotiation and communication skills) and not simply raise knowledge of abstinence and HIV/AIDS. While most of the ABY partners used curricula with some skills-based lessons, all of the curricula would be strengthened by determining the extent that all lessons can include skills-based learning strategies.

> *Recommendation: Build skills of the target youth rather than simply increasing knowledge and improving attitudes.*

Many of the programs implemented their curriculum-based programs using peer educators, trainers, or trained teachers. Details on issues relevant to training of these project messengers are provided under section "3.13 Training of Trainers and Messengers," and details on issues specific to peer education are discussed in the next section, "3.8 Peer Education."

3.8 Peer Education

Using young people to influence their peers (peer education) is the most common strategy being implemented by the ABY partners. Some of these peer education activities take place in schools, some in churches, some in communities, and some in multiple settings. Most peer education programs have a training manual to train peer educators. Training manuals for peer educators included facilitation skills on how to lead a variety of activities, including role-playing and how to lead group discussions and, in some cases,

> **Peer Educator Certification**
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> One partner remarked that having a certification process strengthens the peer educators' commitment to the program and ensures that, once their program involvement is over, they can use the training as a stepping stone to another activity.

some basic counseling skills. This ensures that peer educators are able to engage their peer groups in skills-based learning strategies. In addition, peer educators need to have in hand a curriculum to use with their peers. This will increase their confidence and ability to implement the program and to relay the messages in a consistent and accurate manner. While most of the ABY peer education programs had a curriculum (often in draft format), only a small number actually provided hard copies for the peer educators to keep and refer to in their intervention activities.

Key standards for effective curriculum-based programs relevant to peer education include that peer educators need to be trained by staff trainers or professional trainers (FHI/YouthNet and Y-PEER, 2005). Upon completion of the training, peer educators need to be supported by their

trainers/supervisors and receive coaching or mentorship as they interact with their contacts in a group or one-on-one session. Furthermore, peer educators need supervision to ensure that they understand the importance of presenting the material in the manner provided and to encourage them to get input from their trainer/supervisor if any problems should arise (FHI/YouthNet and Y-PEER, 2005). To ensure that peer educators receive the attention they need, there needs to be a reasonable ratio between trainers/mentors and peer educators. One ABY partner had a ratio of about one trainer/mentor to 60 peer educators, which seemed reasonable. Conversely, another ABY partner expects each trainer/mentor to work with over 200 peer educators. Therefore, while nearly all of the ABY programs intended for the peer educators to be supervised and mentored, not all had feasible strategies for carrying out the supervision and mentoring, given problems with the structure or design of the program.

Only one of the ABY partners visited specifically asked peer educators to undertake one-on-one discussions with their beneficiary youth, whereas most others used group settings for the peer educators to interact with their peers. Some of these group settings were existing groups such as school-based health clubs or church groups, while others were groups formed specifically for the ABY program. An observation from the field was that peer educators seemed more successful at intervening with a group when they had a natural affiliation to the group and the group existed before the ABY program began. In cases where groups were created for an ABY program, the meetings were less regularly attended and the peer educators selected were not necessarily the natural leaders of the groups.

Other important approaches identified for strengthening peer education strategies include the following:

Selection criteria — While almost all of the ABY programs indicated that they had selection criteria for peer educators, not all applied the selection criteria in practice. Some of the criteria for selection included that the peer educator needed to be a role model to the target youth, have good communication skills, be within certain age groups, have previous experience working with youth or participating in HIV prevention activities, and receive recommendations from school officials or community leaders. In addition, some of the ABY partners required the peer educators to take an abstinence or faithfulness pledge, depending on their age and marital status.

> *Recommendation: Select peer educators based on pre-determined selection criteria.*

Incentives to participate as peer educators — Incentives can be as small as t-shirts and caps, which at the minimum help the peer educators be recognized as affiliated with the partner organization. Peer educators from two programs visited felt that they would be able to recruit and attract more youth if they had soccer balls and could undertake pick-up games of soccer. These soccer balls could have project logos that increase recognition of the project and increase involvement of new groups of youth.

> *Recommendation: Consider giving incentives to peer educators.*

Travel expenses/reimbursement of transportation costs — Peer educators mentioned that having reimbursement for travel expenses to participate in community mobilization activities would increase their potential reach.

> *Recommendation:* *Provide travel expenses to peer educators.*

Encouraging out-of-school youth as peer educators — Some out-of-school youth reported that their families discouraged them from participating in volunteer outreach activities, rather than using the time to work in the home and being an asset to the household. Therefore, it may be necessary to pay a small stipend or identify incentives that are meaningful to the family for these out-of-school peer educators to help validate their work.

> *Recommendation:* *Out-of-school peer educators may need incentives to validate their work.*

Brochures — Providing brochures for peer educators to distribute to the youth they interact with not only ensures that peer educators can refer back to the brochures to remind themselves of important facts and increase their confidence, but also allows their beneficiaries to take concrete information home with them to share, rather than rely upon memory of what they heard from the peer educator. Some of the ABY partners that used brochures were able to obtain these from their national AIDS control program or from other NGOs working on HIV prevention among youth.

> *Recommendation:* *Provide brochures to peer educators to distribute.*

Competency testing —Several of the ABY partners have pre/post tests of peer educator training, to ensure that peer educators understand the material and are able to present it back to a group. Few, however, had a structured way for trainers to identify and correct specific weaknesses among individual peer educators or among the group of peer educators trained.

> *Recommendation:* *Have a mechanism to ensure peer educators are competent and able to present the material.*

Counseling skills — Depending on the target group for peer educators and trainers, the program may need to provide training on counseling skills. While adult counselors may be available to participating youth, it was clear that most peer educators requested counseling skills because they felt that their youth beneficiaries trusted them and these beneficiaries would be less comfortable approaching unfamiliar adult counselors. That said, training on counseling skills is expensive. An alternative approach is to include trained counselors as part of the project team, allowing peer educators to refer their beneficiaries to these counselors rather than to counselors outside the project structure.

> *Recommendation:* *Consider providing counseling skills or incorporating other trained counselors into the program.*

Long-term job prospects — A number of ABY project staff members were themselves peer educators for previous programs. Programs should consider strategies to retain trained peer educators through a formal commitment to the program, the possibility for moving up in the program after a certain amount of time working with the program, and by offering other training options to increase competency of peer educators. In addition, working closely with peer educators to determine an appropriate scope of work would reduce their discouragement of being asked to do too much without the necessary support.

> **Recommendation:** *Consider strategies to retain peer educators by providing them opportunities for professional development.*

Cascade training — Using a cascade approach (training peer educators who then train the next cadre of peer educators) can lead to a large number of "trained" individuals. The disadvantage, however, is that the second- and third-tier peer educators often lack support, mentoring, and supervision — key components of effective programming. Moreover, the quality of the training by peer educators likely deteriorates with each new tier, as the cascade approach becomes further removed from the original training conducted by professional trainers. A cascade strategy of training adult facilitators was also being applied by one of the ABY partners. ABY partners that were undertaking or planning to undertake a cascade approach (of peer educators or adults) were given a recommendation to rethink this strategy to avoid the program becoming weaker over time.

> **Recommendation:** *Avoid a cascade approach to training peer educators as this can lead to a lower quality program over time.*

Using older peer educators — Peer educators who are 10-14 years of age are likely to be too young to be leading the program themselves. Meetings with these younger peer educators revealed a lack of confidence in relaying project messages, inexperience in speaking and working with a group of peers, and reported problems of the educator not being taken seriously by other youth of the same age or older. Partnering these younger peer educators with older peer educators or trained teachers may help to ensure that messages are relayed appropriately and consistently in the program.

> **Recommendation:** *Partner young peer educators with older peer educators whenever possible.*

Peer educators also need to be trained at a level higher than the age group of the youth they will work with, so that they are better able to address difficult questions posed to them and so they are seen as reliable sources of information by their peers. When peer educators were asked how they would respond to questions on condom use or sexuality, they gave varying responses that often reflected their personal opinions rather than program-supported messages.

Peer educators, while important role models, also need to have the tools (a curriculum or scenarios to work from) to train their peers (in groups or one-on-one) on skills-building activities that encourage abstinence and fidelity. In a number of cases, peer educators reported that they knew what to do, but did not have materials to work from to help standardize their approaches.

3.9 Adult-Led Programs

Nine of the ABY sites visited were using trained adults as the program messengers in a school, church, or community-based setting (see Table 4). Often, these adult messengers were teachers in a school or people who typically work with youth in a church or CBO. Some unique adult-led approaches observed included training scout and girl-guide leaders in schools to work with their groups, training Sunday-school teachers, and using trained adults to work with community groups of parents and adult influencers. The more successful programs that used adult facilitators trained the facilitators using a structured training and provided a curriculum for them to use with their target audience. Other program specific issues related to adult-led approaches are discussed under "3.7 Curriculum-Based Programs" and "3.13 Training of Trainers and Messengers."

The advantage of using adults to lead the program is that they are considered to be reliable sources of information and may be better able to understand and present the material back to a group of youth or a group of parents or other adults (Durantini, Albarracin, Mitchell et al, 2006). The disadvantages of involving adults include the fact that teachers have limited time for training and for extra activities beyond their school curriculum; that adults may give biased information based on their own personal perspectives of whether youth should or should not be sexually active; that over the adolescent years, youth tend to be influenced more by their peers than adults, so adults may not be the appropriate messengers for older youth; and that because many adults are busy already, it is difficult to get their commitment for this type of volunteer work (including the time for the training) (Svenson and Burke, 2005; Durantini et al., 2006).

To date, there is no clear determination on whether youth HIV prevention programs from sub-Saharan Africa (and the Caribbean) are more or less effective when adults are the facilitators rather than using youth facilitators (Durantini et al., 2006). In a recent assessment of evidence-based programs undertaken by the UNAIDS Inter-agency Task Team on Young People, curriculum-based programs led by adults or teachers were found to be effective (Ross et al., 2006). This report, however, only found a small number of curriculum-based programs led by peers and had no studies that compared adults to peer facilitators. One study in the United States indicated that, among African American youth in an inner-city setting, there were no differences by whether the facilitator was an adult or peer (Jemmott, Jemmott, Fong, 1998).

> ***Recommendation:*** *Programs that use adult facilitators need to ensure that these facilitators receive a structured training and are provided with a curriculum to use with their target audience.*

3.10 Community Interaction

This section describes some of the community mobilization and interaction activities. The distinction being made between mobilization and interaction is that generally community mobilization comes from internal forces of the community whereas most of the activities

described by the ABY partners were interactions with the community by peer educators, trainers, or youth groups. These interactions were rarely initiated through community forces. The community interaction activities included theater (using ABY program trained theater groups), sporting events, debates, music competitions, and school-based assemblies. Community interactions and mobilization are important strategies for changing community norms around abstinence and fidelity. In addition, they can be used to reduce stigma and discrimination. Notably, community interactions and mobilization on their own are not enough to build skills of the target audience, which includes *all* youth.

Stronger community interaction programs used trained peer educators and their participating youth groups to undertake drama, debates, and other events. Better programs also undertook community interactions at numerous levels to ensure that the ABY messages were being relayed consistently and constantly over the project period. Finally, community interactions often provided a forum for discussion of some of the difficult topics including gender-based violence, cross-generational sex, and sex in exchange for money.

> **Using Youth-Developed Drama**
>
> An ABY partner is co-sponsoring a national drama festival in which AB is among the themes. The partner plans to select the best performances at the national, regional, and district levels and videotape the winners. These videotaped presentations will then be used by the partner to provide messages using the youths' own voices.

Through drama and debates on these issues, youth and adult influencers are being encouraged to consider these problems and discuss potential responses together.

During the site visits, the evaluation team met with a number of extremely motivated trained drama groups. In most cases these drama groups were trained in theatrical techniques but were not given the HIV/AIDS prevention program training that the peer educators were given; this was considered to be a gap in their training. In addition, these groups felt that if they received travel fees and possibly some additional stipend, they would be able to perform more often and more widely, increasing the visibility of their messages. Many of the concerns of the drama group members were similar to those of peer educators, including the desire for certification, the need for some incentives, and concerns about how much volunteer time they could give.

It should be noted that some of the drama groups that were trained to undertake programs with an abstinence and faithfulness theme felt that they were putting themselves in vulnerable situations by discussing difficult topics in such a public manner. In particular, one group of theater youth said they faced a lot of resistance at first from the communities they were working in (not necessarily their own communities) and even after they were accepted and valued, they were still called the "AIDS guys," which made them feel uncomfortable. In these cases, it is clear that drama members (or others presenting difficult topics in community-wide settings) need support at the time of entering a community and help to maintain their enthusiasm for the work they do.

> *Recommendations:*   *Use trained peer educators and their beneficiary groups for community interactions; undertake community interactions at numerous levels, and consider strategies to support youth who undertake community interactions.*

3.11 Mass Media

Eight of the ABY sites visited either have or are planning on undertaking mass media activities. The delay in implementing the media program relates to a reduced emphasis on media programs in the Emergency Plan program guidance. During the site visits, the amount of information obtained on mass media activities was not sufficient to make strong recommendations on program strengthening in this area. This was because many of the activities were still under development and the evaluation team was unable to review and assess the quality of the current activities.

A number of partners indicated that while they intended to include a media component, it was an expensive endeavor, especially if they planned on using television. Those with the most established media programs tended to have had media activities prior to this funding stream. One partner was using the television two times a week for 30-minute sessions covering topics from the partner's manual. This partner reported that television exposure was monitored each quarter to assess reach and reception of messages. Based on monitoring of radio messages, this same partner decided to discontinue its radio programs and recommence them after revising the content and determining the most appropriate radio stations.

ABY radio programming typically includes call-in shows with question and answer sessions, testimonials from abstinent youth, and short dramas. Some partners were using local radio stations and Christian radio stations to promote ABY messages with programming input from youth. One of these partners also encourages radio listening clubs as a way of fostering dedicated listeners from the target audience. These listening clubs are often made up of youth from the same AIDS and abstinence clubs the partner is already working with in and out of school. While youth may benefit from receiving ABY messages from multiple sources, the use of listening clubs as a means of disseminating messages to a wider audience has limited potential reach. Another partner was in the process of training managers of government educational radio stations on ABY radio programming at the time of the site visits with the intention of reaching more rural populations with ABY messages. The success of this training of managers will need to be assessed in later site visits.

3.12 Parent and Caregiver Programs

The site visits took place with centrally-funded ABY partners at a time when some of the partners had only been funded for one year to 18 months (others as long as 30 months). This means that some were in the initial phase of project development and implementation. That said, while a number of projects had planned to undertake parent-child communication activities, only a few had reached out to parents and only two had a formal curriculum for working with parent and adult influencers as of the time of the site visits. One of these organizations that had a curriculum had active parent/caregiver groups that were part of the program. There was a request by members of the parenting/caregiver group that the curriculum be translated into the local language so that they could train others with the material. This parenting/caregiver group also felt that they could do more outreach and support activities for persons living with HIV/AIDS if they were given additional training and some travel fees.

The other organizations that had undertaken activities with parents or caregivers were undertaking mini-sessions or workshops with these influencers to help them understand their role in HIV prevention. This included one organization that used four lessons (no formal curriculum) for groups of 50 parents undertaken in each district where this organization was working. The parenting groups were found to be so popular that this organization was repeating them throughout the sites. Whether and how well these parent/caregiver programs are implemented will need to be assessed at future site visits.

An observation from trainers and facilitators who work with parent or adult groups was that specific training materials or curricula are needed to work with adult groups. In addition, the facilitators of the groups felt that they needed to be trained on adult facilitation skills because the skills they learned for working with youth were often not appropriate. In one example, the trainers were supposed to undertake a training session with adults using the youth curriculum that starts with listing all the words for "sex." These trainers said that this did not feel like an appropriate ice-breaker activity for working with an adult group, especially since the trainers were intentionally selected to be closer to the youth age group and thus it would be disrespectful for them to lead this ice-breaker with their elders.

> ***Recommendations:*** *Programs that work with parents or caregivers need to have a specific skills-based curriculum or organized set of activities for this group. All activities and curricula need to be translated into the local languages.*

3.13 Training of Trainers and Messengers

All of the ABY programs use some form of messenger, including trained project staff, trained teachers, and trained peer educators. The strongest programs train all project staff, including project management and official project trainers. Training of project staff, trainers, and project messengers (e.g., peer educators or teachers) requires that the program have facilitation manuals that can be used for these trainings. Some of the ABY partners use the same curriculum for all levels of training. Others have specific manuals for training of trainers, training of peer educators, and for peer educators to use to train their groups (the curriculum).

Training of project messengers often lasts three to five days, although some partners undertook training of up to two weeks. In some cases, ABY partners were shortening the recommended training period and undertaking an "orientation" with the peer educators or teachers. The rational given for shortening the training was that the messengers already knew about HIV/AIDS and did not need detailed information on these topics. This is problematic because, when it comes time for program implementation, the program risks disseminating incorrect, out-of-date, or inappropriate information.

In the ideal case, training of trainers, peer educators, or teachers follows a training manual. The training and the training manual need to emphasize facilitation skills so project messengers learn a variety of strategies to relay messages and skills. It is crucial that time at the training is allocated to practicing the skills learned and leading lessons for groups to ensure that the trained messengers are able to implement the program appropriately. Training manuals also need to include certain core elements related to the program curriculum including:

- an introduction to the material for the messenger;
- a list of objectives and materials needed for each module;
- an outline of the module with an expected time frame; and
- specific skills-building activities related to each module.

> **Recommendation:** *Training should include time allocated to practice skills learned to ensure that messengers are able to implement the program appropriately. Using training manuals with core elements ensures standardized training methods.*

Finally, the training of messengers must emphasize the importance of implementing the program (i.e., the curriculum) appropriately, including in the order provided, in its entirety, not dropping subjects that the messenger does not like, and using the teaching tools recommended – usually interactive. When asked, peer educators from one organization reported that they covered the material in whatever order they choose. This may be problematic if they are unable to complete the curriculum and if the curriculum is designed such that the lessons build on one another (a characteristic of a stronger curriculum). Peer educators need to be trained on how to deliver the program appropriately.

> **Recommendation:** *The training of facilitators must emphasize the importance of implementing the curriculum in its entirety and in the order provided.*

There is often a gap in condom training for project messengers, according to those interviewed in the field. This was particularly true for training of teachers and peer educators who were meant to work with the youngest youth (ages 10-14 and 15-19) or who were working with youth in school-based settings. The training manuals and curricula used for these age groups rarely included condom information or left this topic to be covered in a "frequently asked questions" section. This means that peer educators and teachers do not receive formal training on how to respond to the inquisitive youth, nor do they learn how to refer youth to sources of better information. When asked difficult questions, the teachers and peer educators reported that they refused to answer (stating that this is an abstinence program and condoms or sexuality were not part of their program), gave a personal opinion, gave inaccurate information, or were simply stymied by the question. The results are that the program messengers (i.e., teachers and peer educators) risk appearing to be an unreliable source of information for the participating youth.

> **Recommendation:** *Peer educators and adult facilitators need to be trained to respond to questions about condoms and other challenging topics such as sexuality.*

USAID project officers should work closely with their ABY partners to clarify when it is appropriate to include condoms and sexuality issues in the training of peer educators and teachers. Partners should ensure that the training includes role playing and skills building so that messengers are confident with their responses if asked about condoms, sexuality, or another difficult topic. This will ensure that the responses given by messengers are accurate, age-appropriate, and approved by the ABY partner.

3.14 Program Reach

An important priority of all of the ABY programs is attaining their target number of youth reached during the project period. As previously mentioned, there are cases where project leaders intervene with target youth before full project development, resulting in spotty and inconsistent strategies. In addition, because there is no clear definition of what it means to be "reached" by the ABY programs, some partners are defining this very broadly while others have much more rigorous definitions. For example, some partners count a youth as "reached" if she or he attends one session of a curriculum-based peer education activity (e.g., in school), attends a community interaction event (based on counting the crowd), or is talked to by a peer educator or a multiplier through outreach. Other partners defined "reached" by counting only those youth who attend the full training (i.e., they participate in all lessons of the curriculum), participate in an event that lasts at least three hours and a trainer was present, or interact with a peer educator through one-on-one interactions for a minimum of five hours. Furthermore, some programs distinguish between youth who are reached directly by trained project staff or trained peer educators and youth who are reached indirectly in community interactions or by multipliers. Conversely, other programs group all of these youth together. Many of the ABY partners that count both direct and indirect reach together (or even separately) risk double counting many youth in some communities. Double counting of the same participants by multiple ABY partners (centrally funded and bilaterally funded) is also a problem, especially in locations where there are multiple organizations working with youth.

An observation in the field was that given the emphasis on reporting large numbers, some programs were sacrificing quality of interactions including training, mentoring, and supervision of peer educators and focusing on knowledge gain rather than skills building. This means that at the end of the funding period, while a program may "reach" large numbers of youth, those youth reached may be reached with such weak strategies that the program has no impact. Similarly, a project may train a large number of peer educators but the number is too big to ensure that those peer educators are appropriately supported and mentored, resulting in a weak implementation of the program by "trained" peer educators. Conversely, there are some programs as well that are undertaking extremely intense messages/activities with a small number of youth. At the end of the project period, these programs are also unlikely to have an impact on the entire community of youth at risk. There are clearly trade-offs to be made and no program is assessing the cost effectiveness of the activities being undertaken. The cost-effective programs are likely the ones that can directly reach a greater number of youth with intense and good quality messages and skills over a long time period. These are the programs worth evaluating for long-term impacts.

> *Observation:*   *Both direct and indirect reach are important, the first to increase skills of participants and the second to change the environment within which youth live.*

3.15 Observations from Visits with the Same ABY Partner in Multiple Countries

Five of the ABY partners were visited in at least two countries, and two of these partners were visited in three countries. These multi-country site visits provided a perspective of how consistent some strategies were cross-nationally and when and why differences were observed. In particular, organizations that had consistent strategies across multiple countries tended to have

strong management that originated in the U.S. office and/or strong and consistent management across country sites within the program. When the program was more decentralized across sites, there was much more variability in the program activities. In some cases, the same organization was doing well in one or two sites, but not as well in another site. Moreover, when a program had an explicit programming strategy (either by having an existing program description and/or a curriculum with details on training, selection criteria, and activities), this often led to stronger program activities across countries. Conversely, when the organization was developing curricula and coordinating strategies by country, if one country was doing well, it did not necessarily mean that the other country was also doing well.

It should be noted, however, that even in the case where an organization has a structured curriculum that is supposed to be used across the multiple countries, this alone did not lead to a standardized approach. Having an evidence-based curriculum is a first step to standardization. Ensuring standardization requires many additional steps, including:

- strong management to implement the program;
- a clear training structure to ensure that trainers and facilitators know how to use the curriculum, even if trainers and facilitators come from other local implementing partners; and
- community support for the program whether in a school-based, a church-based, or a community-based setting.

3.16 Gaps Identified in Existing ABY Programs

As previously mentioned, there was a gap in skills-based activities with a focus on faithfulness in marriage, partner reduction, and mutual monogamy. Some partners reported that they felt it was inconsistent to be promoting abstinence until marriage and also discussing the need to be faithful (the unspoken assumption was that if you are abstinent until marriage, you will be faithful in marriage). The ABY partners need to develop and implement faithfulness activities that are skills-based and target youth who are transitioning to sexual activity or marriage. In addition, few programs had specific activities and strategies for sexually-active youth, beyond recommending a return to abstinence. A recommendation for programs working with the oldest age groups (20-24) was that the programs need to consider programmatic strategies for this group, including discussion of condom use, sexually transmitted infections, and referral for voluntary counseling and testing, especially since most of these youth are sexually active, often outside of marriage.

An additional gap identified was a lack of clarity on whether programs should be working separately with girls and with boys, and if this varied by the target age group. At this point, most of the peer education programs include both girls and boys if the school or project site is co-ed and are single sex if the site is single sex (e.g., a girls' boarding school). Few have explicitly defined at what point in the intervention girls and boys need to be split up (or not).

Furthermore, while some of the curricula being used include mention of cross-generational and transactional sex, few have developed specific modules and skills-based lessons to address these issues. As the HIV prevention field and USAID evolve to understand better the factors

associated with early sexual debut and HIV risk-taking, the ABY partners will be well placed to develop strategies to address these key gender issues. One of the ABY partners has recently developed four lessons on these topics. At the time of the site visits, these lessons were not yet being implemented. A review of the lessons suggests that the content will supplement nicely the prior abstinence specific program implemented by this partner by addressing issues related to high-risk sexual behaviors and alternatives for sexually experienced and sexually active youth. These new lessons also include scenarios that address issues related to cross-generational and transactional sex. These four lessons may be worth sharing with the other ABY partners, who are also struggling with how to cover these difficult topics. The key characteristics of effective programs indicate that approaches are needed that focus on specific behaviors that protect youth from risk-taking rather than generic approaches such as "family life education" or "life-skills" education (Kirby, 2001; Speizer et al., 2003). Incorporating focused lessons on important gender-based issues, including cross-generational and transactional sex, is likely to be more effective than only promoting abstinence and ignoring issues of power imbalance that put youth at risk of coercive and unwanted sex.

4. Conclusions

Site visits with the centrally-funded ABY partners that applied a standardized approach to obtaining information on program strategies were extremely productive for identifying ways to strengthen each of the partner's activities. The standardized tool that was developed through extensive review of published and unpublished literature, development of a framework to characterize ABY program activities, and from an expert consultation meeting will be useful for the adolescent reproductive health field. The tool has been simplified and developed as a resource that can be used at the design and development phase, for new ABY or other adolescent reproductive health partners, as well as by funding sources, to assess whether programs have the features of higher quality programs. The tool and a description of how to use the tool are attached as an appendix to this report (see Appendix E).

Feedback from the partners and from their USAID points of contact indicates that many of the ABY partners modified their work plans based on recommendations from the site visits. The information from the site visits was also helpful in providing a perspective on ways these types of ABY programs should or should not be implemented in the future. It is interesting to note that many of the recommendations that came from the individual site visits and overall review of site visits reported here are similar to the list of 24 standards for effective curricula-based programs developed by Senderowitz and Kirby (2006) (listed in Table 2). This might be because most of the ABY partners use curricula in some form or another. Additionally, these standards were included among other criteria in the assessment tool to determine the strength and rigor of the programs visited.

A number of the recommendations from this report are important for ABY programming, whether or not a curriculum is used. Some specific examples include the following:

- A program will be much more holistic and strategic if it is based on some type of logical framework (or logic model) that links intervention inputs to

activities to outputs and desired outcomes (this logic model should be developed prior to beginning program implementation).

- Undertaking a needs assessment ensures that a program is responsive to community needs.
- Obtaining community buy-in at the outset will lead to greater involvement and support at the local level.

Programs should consider these three issues at the design phase of the project. However, programs that are already underway can also gain enormously from creating a logic model and undertaking a needs assessment during program implementation. Creating a logic model provides the program an opportunity to determine whether the program strategies and approaches are designed to have an impact on desired outcomes. Some organizations may realize that they need to redirect resources and activities if there is not an expected direct link between the current design and outcomes. Similarly, undertaking a needs assessment can provide the program with information on whether the strategies underway are meeting the needs of the community that is being served and gives the program an opportunity to adapt the strategies to better meet community needs.

These are just a few examples of the cross-cutting issues that all ABY programs need to consider at the design and development phase. In addition, whether a program is a peer education program or a program that is led by trained teachers, all project messengers need to be well selected, well trained, and well supervised/mentored/coached. Furthermore, curriculum-based and non-curriculum-based programs need to go beyond increasing knowledge and changing attitudes and undertake activities that build skills of the target audience whether youth, parents or caregivers, or community leaders. A comprehensive list of recommendations and observations that came out of this report is provided in Appendix A.

It is worth noting that while this report focuses specifically on site visits with abstinence and faithfulness programs centrally funded by the Emergency Plan, the findings, recommendations, and conclusions are applicable more widely to other centrally and bilaterally funded HIV prevention and reproductive health programs for youth. Given the increased funding to abstinence programs, there is a need for process evaluations to ensure program quality. The findings from this report are useful for funders, policy-makers, and program planners as they continue to support, design, and develop abstinence, partner reduction, and reproductive health programs for youth. The underlying objective is to undertake programs that are implemented rigorously and have the potential to reduce HIV incidence among youth. The only way to determine if the programs have an impact, however, is to undertake rigorous outcome evaluations, in addition to the process evaluations.

5.   Next Steps

There are two main next steps that are related to this process evaluation. First, the assessment tool that was designed by MEASURE Evaluation for the Phase I process evaluation of ABY program quality and rigor will be disseminated to ABY partners and to others who are implementing youth reproductive health and HIV prevention programs. The assessment tool (attached in Appendix E) could be used by program planners, local evaluators, and funders for

program design, program review, or program strengthening. It can also be used as a monitoring tool to determine whether programs make recommended changes over time.

Second, as mentioned above, the process evaluation site visits were Phase I of a two phase targeted evaluation. The objective of Phase II of the targeted evaluation, the outcome evaluation, is to better understand if three ABY programs implemented in Mozambique are having community-wide impacts in the places where they are working. In particular, MEASURE Evaluation has designed a quasi-experimental evaluation study in Inhambane province, Mozambique where three of the ABY partners are working. Districts where the partners are working will serve as intervention districts and districts where no partners are working will serve as comparison districts. The evaluation will involve a population-based household survey of 7,500 youth ages 10-24 (6,000 ages 10-19 and 1,500 ages 20-24). The survey will obtain information on HIV knowledge, attitudes, intentions, and practices. Program exposure will also be measured. The study will include dried blood spot HSV-2 (genital herpes) testing as a measure of reliability of self-reported sexual behaviors. Baseline data will be collected in June/July of 2007 and follow-up data will be collected two years later. Over the follow-up period, regular site visits with the ABY partners in Mozambique will be undertaken to ensure that they continue to undertake programs of high quality. These visits will provide a determination of whether there have been changes in the program strategies that strengthen or weaken the project reach and potential impact. These site visits will be crucial for ensuring a clear understanding of program implementation characteristics that could be replicated, if the programs are found to have an impact on youth HIV risk-taking.

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Appendix A.   List of Recommendations

Table A.1   Comprehensive List of Recommendations from ABY Site Visits

Cross-Cutting Recommendations

1) Prior to program implementation, develop a logical framework (logic model) that links intervention activities to desired outcomes.
2) Undertake a needs assessment to ensure the program is responsive to community needs.
3) Obtain community buy-in at the outset to encourage greater involvement and support at the local level.

Curriculum-Based Program Recommendations

1) Build skills of the target youth rather than simply increasing knowledge and improving attitudes.
2) Partners with only one curriculum need to identify or develop curricula and teaching tools for their varying target audiences and age groups.
3) Trainers, teachers, and peer educators should be given refresher training at least annually or anytime that a program makes significant modifications to the curriculum.
4) When possible, programs should consider undertaking follow-up activities (a booster program) with the youth beneficiaries to strengthen the potential for the program to affect behaviors over the long-term.
5) Curricula need to be modified to local country settings and translated into local languages
6) Curricula often lacked specific messages, skills-based lessons, and strategies on partner reduction or mutual fidelity for sexually active youth.
7) Organizations without an identifiable curriculum or set of interventions should develop a standardized programmatic framework that directs the overall program.

Peer Education Program Recommendations

1) Select peer educators based on pre-determined selection criteria such as: peer educator is a role model to the target youth, has good communication skills, be within certain age groups, have previous experience working with youth or participating in HIV prevention activities, and receive recommendations from school officials or community leaders.
2) Consider giving incentives to peer educators — this can be as small as t-shirts and caps, which at the minimum help the peer educators be recognized and affiliated with the partner organization.
3) Provide travel expenses to peer educators when necessary
4) Encourage out-of-school youth as peer educators, but consider including additional incentives to help validate their work.
5) Provide brochures for peer educators to distribute to participants, and for their own reference
6) In addition to conducting a competency test before and after peer education training, have a mechanism in place for boosting the knowledge and skills of trainees who do poorly on the posttest.
7) Consider providing counseling skills to peer educators or incorporating other trained counselors into the program.
8) Consider strategies to retain trained peer educators by providing them opportunities for professional development and advancement.
9) Partner young peer educators (ages 10 to 14) with older peer educators or only use older peer educators to ensure that messages are relayed appropriately and consistently in the program.
10) Avoid a cascade approach to training peer educators as this can lead to a lower quality program over time.

Training Recommendations

1) Peer educators and adult facilitators need to be trained to respond to questions about condoms and other challenging topics such as sexuality. This ensures that the project messengers give accurate and consistent responses rather than personal opinions that may not be accurate or appropriate.
2) Training should include time allocated to practicing the skills learned and leading lessons for groups to ensure that the trained messengers are able to implement the program appropriately.
3) Training manuals need to include certain core elements related to the program curriculum including: a) an introduction to the material for the messenger; b) a list of objectives and materials needed for each module; c) an outline of the module with an expected time frame; and d) specific skills-building activities related to each module.
4) The training of educators must emphasize the importance of implementing the curriculum in its entirety and in the order provided.

Other Recommendations

1) Adult-Led Programs (teachers, scout leaders, trainers)
   i.   Programs that use adult facilitators need to ensure that these facilitators receive a structured training and are provided with a curriculum to use with their target audience.
2) Community Interaction Programs - community activities were generally initiated by the ABY partners (community interactions) rather than initiated from internal community forces (community mobilization).
   i.   Use trained peer educators and their youth beneficiary groups to undertake community interactions including drama, debates, and other events.
   ii. Undertake community interactions at numerous levels to ensure that the program messages are being relayed consistently and constantly over the project period.
   iii. Consider strategies to support youth who undertake community interactions or awareness events given that they are sometimes being asked to put themselves into uncomfortable situations where they discuss difficult topics.
3) Parent and Caregiver Programs
   i.   Programs that work with parents or caregivers as a target group need to have a specific skills-based curriculum or organized set of activities for this group.
   ii. Curricula for parents or caregivers need to be translated into the local languages.

Table A.2.   Cross-Cutting Observations from ABY Site Visits

Observations

1) There are advantages and disadvantages of solely implementing the program and of partnering with other organizations for program implementation.
    a. The advantage of solely implementing the program is the ability to standardize the program approach across multiple sites within a country. The disadvantage is that by solely implementing the program it is difficult for an organization to take a program to scale.
    b.   An advantage of partnering is that the local partners tend to have good ties to the youth in the communities they serve, increasing the visibility and trust of the program. Additionally, rapid scale-up using multiple implementing partners can facilitate program growth and sustainability. A disadvantage of partnering is that leaving activities to local partners can result in a lack of standardization of interventions and a lack of clear program identity.
2) Programs are implemented within churches, schools, and communities.
    a. Faith-based partners working with churches had greater success if they worked within their own church and offered church leaders a training or orientation to the program.
    b. School-based programs were stronger if they had the support of the ministry of education.
    c. An advantage of working in community settings is the opportunity to reach a broad audience, including high-risk youth.
    d. Many programs are implemented in multiple settings to affect individual youth (e.g., schools and churches) and the environment within which they live (community-based activities).
3) Both direct and indirect reach are important, the first to increase skills of participants and the second to change the environment within which youth live.
4) Undertaking skills-based programming (e.g. condom negotiation skills and communication strategies) with high risk youth can lead to greater long-term impacts than programs that consistently work with low-risk youth in school-based or church-based settings.
5) Organizations need to work with their USAID point of contact to determine what strategies and messages are permissible under the Emergency Plan ABC Guidance for programs implemented with AB funding.

Appendix B. Countries Where ABY Partners Are Supported to Work

	ADRA	American Red Cross	CRS	CAF	Food for the Hungry	Fresh Ministries	HOPE WW	IYF	PACT, Inc	PATH	Salesian Missions	Samaritan's Purse	World Relief	World Vision
Botswana							X							
Cote D'Ivoire							X							
Ethiopia			X		X			X				X		
Guyana		X												
Haiti		X			X								X	X
Kenya	X						X		X	X	X		X	X
Mozambique					X	X						X	X	
Namibia						X								
Nigeria					X		X							
Rwanda		X										X		
South Africa				X	X	X					X			
Tanzania	X	X					X				X			X
Uganda			X	X			X		X			X		
Vietnam														
Zambia				X			X	X						

ADRA – Adventist Development and Relief Agency
CRS – Catholic Relief Services
CAF – Children's AIDS Fund
HOPE WW – Hope Worldwide
IYF – International Youth Foundation

Appendix C. Participants in Expert Meeting

Youth Experts

Susan Adamchak, Consultant
Stella Babaloba, JHUCCP
Pam Bachanas, CDC
Holly Burke, FHI
Nicole Haberland, Population Council
Rebecca Maynard, University of Pennsylvania
Tobey Nelson, Population Council
Leslie Raneri, OPHS, DHHS
Jim Rosen, Consultant
Gary Svenson, FHI
Ricardo Vernon, Population Council

Partners and Affiliates

Jennifer Boyle, JHU (with World Vision)
Emily Chambers, Samaritan's Purse
Christine Connor, JHU (with Samaritan's Purse)
Kim Cutler, Food for the Hungry
Roger Dickenson, Hope Worldwide
Fe Garcia, World Vision
Debbie Herold, ADRA
Joan Leavitt, PACT
Rachel Lucas, American Red Cross
Joanna Mayhew, World Relief
Alex Marcus, Children's AIDS Fund
Abbie Mathis, Fresh Ministries
Lisa Mueller, PATH
Ricardo dos Santos e Silva, Salesian Missions
Lorna Tumwebaze, IYF
Alex Vu, JHU (with Samaritan's Purse)
Damilola Walker, Children's AIDS Fund

USAID/OGAC

Michael Cassell
Shanti Conly
Shannon Darcy
Corina Gardner
Megan Gerson
Rebekah Krimmel
Jeanne Monahan
Megan Petersen

MEASURE Evaluation

Shelah Bloom
Karen Foreit
Karen Hardee
Edward Kunyanga
Carla Lopez
Nancy Murray
Ilene Speizer

Appendix D. Summary of ABY Expert Consultation Meeting, June 5-6, 2006

The meeting started with introductions of participants, which included representatives from all but one of the ABY Track 1 funded partners (13 out of 14), USAID CTOs, and invited experts from cooperating agencies. Michael Cassell gave a brief overview of why we care about improving ABY programs (i.e., given that large sums of money are going to new partners for new types of programs, it is crucial to understand how to strengthen programs). Michael Cassell also discussed that 1) rarely is good process information on program implementation characteristics obtained and 2) an understanding of what makes for stronger programs can help to strengthen the design and selection of future ABY programs at the partner and funding levels.

Corina Gardner from USAID presented on the Track 1 ABY programs. This included a description of types of organizations funded, locations where programs are working, types of activities, expected outcomes, and Emergency Plan indicators. Ms. Gardner also provided her observations from the field on challenges encountered in the funded programs.   These challenges included: 1) slow implementation in some cases; 2) reporting (over or under emphasis on targets; wide range of interpreting a person reached; multiple managers); 3) stereotypes surrounding 'abstinence'; 4) question of curriculum and best practice (very little cross-fertilization); 5) Emergency Plan requirements can challenge best practices.   Ms. Gardner's observations included: 1) programs being overly focused on quality of curriculum and not enough on training; 2) the importance of engaging leadership to address male behaviors; 3) mass media messages should be designed to discourage risky behaviors (transgenerational sex, cross generational sex, violence); 4) parents are not being used as an integral part of the program; 5) tendency to have programs that are either too message focused or too activity focused — need balance.

Two of the funded ABY partners presented descriptions of their programs. First Ricardo dos Santos e Silva from Salesian Missions presented on their program. Second Kim Cutler from Food for Hungry presented on their program. These two presentations emphasized program successes and were less detailed on program strategies and characteristics. The information provided gave some context within which we could discuss youth programming.

Ilene Speizer presented a description of the framework for the ABY programs and results from pilot testing in Haiti. This was her opportunity to present the objectives of the process and outcome evaluations and to provide clarity on the meeting objectives — to help to determine what needs to be measured during site visits with the partners to assess program quality and intensity. The information from the site visit was useful for providing additional context of 1) the utility of the site visits, and 2) levels of programming that need to be considered at the program evaluation phase.

Karen Hardee led a discussion of the conceptual frameworks and what is missing from the framework. Based on this discussion, the overall conceptual framework for the process evaluation of the ABY programs was modified to address gaps. This led nicely into the afternoon working groups on strategies for youth programming.

After lunch (day 1), we broke into small groups to discuss components of stronger and more intense youth programming. Groups were 1) organizational environment and community/church involvement; 2) adult led programs; 3) peer education; and 4) mass media, community mobilization, and parent child programs.

The moderators were meant to obtain an extensive list of areas to consider when undertaking a process evaluation. The findings were useful for either affirming areas covered in the pilot version of the tools or identifying additional areas that needed to be considered in modified tools. One key finding was that leader-based programs (peer-led, adult-led, in school, out of school, church, etc.) are probably more similar than different. Some leaders may be targeting different groups (youth, adults, influencers) that may make their activities or curriculum/messages different but the characteristics of effective programming is probably similar across the different leader-based programs.

Day 2 started with a discussion of the outcome evaluation. This was an opportunity for the experts to provide input on the design. What came out of this discussion was that if the outcome evaluation can not be done with a strong design (baseline/follow-up; intervention and comparison sites; ideally some random site selection), then it is probably not worth the expense. Dr. Speizer acknowledged that while in the field in June/July the objective is to determine the feasibility of the outcome evaluation in Kenya and Mozambique. The group suggested focusing on Mozambique where there are fewer other programs underway and greater potential for attribution of behavioral change to the Emergency Plan ABY activities.

During the second day, the group approved the conceptual framework and discussed the summary of findings on leader-based programs that came out of the first day of meetings. We discussed in more depth what is community mobilization and what makes a stronger community mobilization (and mass media) program. This was a helpful discussion given that the interpretation of community mobilization varies and there is a continuum from low community involvement (mobilization) to complete involvement (activities led by the community).

The meeting concluded with an acknowledgement of the valuable input provided by the experts. The recommendations by the experts to strengthen the process evaluation (i.e., include observations, visit more sites, spend more time in field, etc.) are important strategies that indicate 1) that the process evaluation is considered a necessary step for program improvement, and 2) ways to strengthen the process evaluation if the outcome evaluation ends up becoming a smaller endeavor.

Appendix E. Assessment Tool of Youth Reproductive Health Programs

The following tool is meant to help in process evaluations of youth programs. It was developed based on an extensive review of the published and unpublished literature on youth reproductive health programs and an expert consultation meeting that included 30 experts from the field of adolescent reproductive health programs (funding institutions, implementers, and evaluators) as well as from input of 20 people currently involved in implementing abstinence and partner reduction programs with USAID funding. While the tool was originally designed for the process evaluation of Abstinence and Be Faithful for Youth (ABY) programs, it has been modified to serve a wider audience. While each question has a yes/no option, more important are the comments and input that are received. It should be noted that many of the questions will not be relevant to all programs in all settings.

The tool has been designed in the following sections:
- Organizational Preparedness
- Community Involvement
- Role of Religious Partner
- Components of Successful Youth Programming
- Facilitator Led Activities
- Parent/Caregiver/Influencer Activities
- Mass Media and Community Mobilization
- High Risk Populations
- Evaluation Issues

Some key definitions that are important for using this tool include:
1) Who are the **beneficiaries** and **participants**? The beneficiaries are generally the program's key target audience, which for most adolescent reproductive health programs is all youth (in some location). That said, programs that target high risk youth (e.g., formal or informal sex workers, orphans and vulnerable children) likely have different groups of beneficiaries. Participants are considered to be those who benefit from the program directly and are from the beneficiary population. In addition, in cases where programs target the wider community including village leaders, parents and other adult influencers, or religious leaders, the participants may include adults. Even in cases where program participants include a wider audience, the underlying objective of the programs is still usually to have secondary effects on youth outcomes (the beneficiaries).

2) Who are the **facilitators** or **leaders**? These terms are used interchangeably throughout this tool. Generally, these are the individuals who deliver the program to participants and beneficiaries. These can be program staff, trained teachers, trained peer educators, or trained community-lay people.

3) What is a **curriculum** and how does it differ from a **training manual**? While there are no clear-cut definitions of these two terms, in this document, the curriculum is referring to a structured program that is delivered to participants or beneficiaries. A manual (or training manual) is referred to in this document as materials (often a formal curriculum)

that are used to train the trainers or the facilitators/leaders. In some cases, the same manual (curriculum) is used to train facilitators as what they use with their participant groups.

How to Use this Tool

The tool provides numerous questions about each program area. Next to each question is a coding scheme of whether the question is relevant to the organization's experience, to project design, to training of staff/facilitators, to program implementation, or to potential sustainability of the program (Experience, Design, Training, Implementation, Sustainability). This classification scheme is useful for the evaluator as she reviews a program to ensure that questions are relevant to the appropriate program component. This scheme is also meant to be useful to a program developer who uses this tool at the early stages of their program (and ideally at the proposal development stage) to ensure that they consider key areas early on. Sustainability refers to both programmatic and financial sustainability of a program. In particular, there are questions to determine whether the community accepts the program and is being trained to implement the program (programmatic sustainability) and questions on whether the community provides support (in-kind or financial) to the program (financial sustainability). Both programmatic and financial sustainability are important if a program is meant to last beyond the funding period.

Finally, the current version of the tool has some italicized comments that are included in the 'Comments' section. These comments are meant to help the person using the tool understand why these concepts or questions are important. If the tool is to be used in a process evaluation, the existing comments in this column should be deleted and this space should be used to input information about the program on each question.

PART A: ORGANIZATIONAL PREPAREDNESS

	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability
A1) Independent of this project, does your organization have an explicit mandate to serve youth? If yes, what age groups _____			E
A2) How many years has your organization been working with youth? _____			E
A3) Has your organization worked in your target communities previously? How long?		*Experience in the community suggests greater understanding of the cultural context of environment*	E
A4) Does your organization have a long-range plan to serve youth (three to five years)?		*A long-range plan to serve youth is suggestive of greater potential for sustainability of program goals*	S
A5) Does your organization have youth who provide input and advice on program design?		*Youth can be involved at multiple stages to ensure program acceptability*	D
A6) Are you implementing the majority of your project activities? If not, are you partnering with other organizations to implement some activities or are you exclusively funding other organizations to implement activities?		*If solely implementing the program, skip to A10*	I
A7) How long have your partners been working in the communities? _____		*Experience in the community implies that partners have established contacts, goodwill, and increased likelihood of the community acceptance.*	E
A8) How long has your organization been working in this partnership?		*Illustrates experience of lead organization as a leader with its partners*	E
A9) If the organization has sub-grantees… How many organizations implement activities with your organization's funds? _____ On a scale from 1-3, how involved would you say your organization is in the design of each sub-grantee's program activities? (describe involvement) Does each organization use a different curriculum? Does your organization provide training to the sub-grantees on ABY program strategies? How often do you meet with each sub-grantee?		*This provides a perspective on the number of partners and role of the lead organization on the activity*	I
A10) Are you leveraging other funds for this project?			
A11) Are you familiar with the U.S. Government ABC policy?		*It may be worthwhile to ask if the partner understands and/or needs guidance on how to interpret*	E

PART B: COMMUNITY INVOLVEMENT

		No/Yes	Comments/Notes		Experience, Design, Training, Implementation Sustainability
B1)	Is the community involved in a consultative role, actively participating, or not involved at all?	Not involved at all Consultative role Actively involved	*Community involvement is crucial at all phases of a project for program acceptability and long-term sustainability*		S
B2)	Was a needs assessment in the community done prior to program design/implementation? How about after implementation began? Is it still possible to do one?		*Many organizations have experience working in communities, but have no specific data to inform their activities – needs assessments are helpful for tailoring the program to specific community needs*		E/D
B3)	Did you have any formal meetings with community leaders and/or members prior to program implementation?		*This gets local stakeholder involvement and can happen in various ways*		D
B4)	Since the program has begun, have you had any formal meetings with community leaders and/or members? If yes, when was the last meeting?		*This determines if the stakeholders are being kept up to date on continued progress and ensures accountability to the stakeholders*		I
B5)	Do you include capacity building of local groups as part of the program strategy? If yes, list areas included in capacity building activities (e.g., management, M & E, TOT, etc)		*This determines if the community is gaining by this activity in terms of skills that can be used for future programming*		S
B6)	Do you get in kind or financial support from the community to implement your project (e.g., facilities, personnel, transportation, etc.)?		*This demonstrates community support of the program and potential long-term sustainability*		S
B7)	Are there referral mechanisms between your program and community resources?		*This is not required, but reduces the burden on the organization to provide all the relevant services and makes the program more cost-effective*		I/S

PART C: ROLE OF RELIGIOUS PARTNER

		No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability
C1)	Did you have any formal meetings with church leaders and/or members prior to program implementation?		*This gets local stakeholder involvement and can happen in various ways*	D
C2)	Since the program has begun, have you had any formal meetings with church leaders and/or members? If yes, when was the last meeting?		*This determines if the stakeholders are being kept up to date on continued progress*	I
C3)	Does the church provide in kind or financial support to the project (e.g., facilities, personnel, transportation, etc.)?		*This demonstrates church support of the program and potential long-term sustainability*	S
C4)	Do you include capacity building of church partners as part of the program strategy? If yes, list areas included in capacity building activities (e.g., management, M & E, TOT, etc) If yes, list levels of the church receiving capacity building (e.g., partner institution, local dioceses, individuals		*This determines if the church community is gaining by this activity in terms of skills that can be used for future programming*	S
C5)	Are project messages delivered through any of the following channels: • Youth groups? • Sermons? • Parent education? • Sunday school teachers? • Orphanages? • Other? _____			I
C6)	Does the project provide materials for use by church leaders for incorporating the messages into sermons and teachings?			I
C7)	Does the church target any youth outside of the church setting? If yes, where are you finding these non-church linked youth?		*This increases program reach beyond the walls of the church*	I
C8)	Do the project activities build on previously existing activities for youth in the church?		*This assesses church experience with HIV prevention*	E/I

PART D: COMPONENTS OF SUCCESSFUL YOUTH PROGRAMMING

	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability
Part D – Components of Successful Youth Programming: This section is generally about your ABY program. Specific questions about ABY strategies are in a separate section.			
Program Design & Development:			
D1) What do you hope to accomplish during the funding cycle?			Vision
D2) Can you quantify for me what your projects goals and objectives are? *(ask if not quantified in D1)*			S
D3) How did you select the specific activities you are doing to obtain the above goals and objectives?			D
D4) What is special or different about the prevention program you are implementing?			D
D5) Was a logic model developed to determine what activities to undertake within your prevention program?			D
D6) Has youth reproductive health been part of your organization's program strategy prior to this funding? If yes, how long have you been working on these issues? If yes, give examples of prior activities			E
D7) Has HIV been part of your organization's program strategy prior to this funding? How long?			E
D8) Were youth involved in: Developing program objectives? Determining appropriate activities?			D
D9) Does the project have a plan for sustainability? If yes, what is planned? Does the plan include programmatic and financial plans?		*An organization needs to consider financial and programmatic sustainability issues from the outset to ensure that there is a long-term plan*	S
D10) Do you have information on other programs for youth (generally and/or specifically in HIV/AIDS) in your catchment areas?		*Need to know who is working in the communities to reduce duplication and strengthen overall programs for youth*	D/S

Part D – Components of Successful Youth Programming: This section is generally about your ABY program. Specific questions about ABY strategies are in a separate section.			
	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability

Section E – these questions are asked specifically for facilitator-led programs. This includes programs that are led by program staff, a teacher, a Sunday school teacher, a scout leader, a peer educator, or a health educator. The facilitator is the person leading the program with a youth (or parent/adult) group. The trainer is the person who trains the facilitator. In some cases, the trainer also works with youth (or parent/adult) groups. In this case, the trainer becomes a facilitator.

To begin, we need to know what activities are included in your ABY program (this information determines if they need to complete this section on facilitator-led programs).
> *Mark all that apply:*
> - *Peer education*
> - *Adult-led (school-based; scouting-based; church)*
> - *Mass media* (be sure to complete Mass Media section)
> - *Parent/Caregiver/Influencer (*be sure to complete the Parent/Caregiver/Influencer section)
> - *Community mobilization* (be sure to complete the Community Mobilization section)

PART E: FACILITATOR-LED ACTIVITIES MODULE

Part E— Facilitator-led activities: (includes scouting, school-based, church-group based, peer education, etc.) – Activities led by adults or youth generally for youth participants or beneficiaries			
	No/Yes	**Comments/Notes**	**Experience, Design, Training, Implementation Sustainability**

E1) Who is the facilitator of your program?
• Youth facilitator (peer education)
• Adult facilitator
  o Teacher
  o Sunday school teacher
  o Scout leader
  o Program staff
  o Health educator
  o Other _____
		Fill out this form for each type of leader, if they are doing different activities	D/I

E2) Are the facilitators in your program trained?
  If yes, how long does the training last?
  _____(# hours)
  _____(# days)
  Who trains the facilitators? _____
		Training ensures standardization of program strategy across each facilitator	T

E3) Are training needs of facilitators assessed prior to undertaking training? If yes, is the training modified based on needs assessed?		*By designing a training that not only ensures basic competency but also focuses on specific needs of facilitators, the training program will be more useful for the facilitators*	T
E4) Is there a training manual used to train facilitators? (request training manual)		*Important for ensuring standardization of messages*	T

Part E— Facilitator-led activities: (includes scouting, school-based, church-group based, peer education, etc.) – Activities led by adults or youth generally for youth participants or beneficiaries			
	No/Yes	**Comments/Notes**	**Experience, Design, Training, Implementation Sustainability**
E5) Are facilitators trained about sexual abuse and how to refer those with problems?		*Often a gap in training that is becoming increasingly important to fill*	T
E6) Does the training for facilitators include: a) accurate and adequate knowledge and skills to teach about and answer questions related to the content of the curriculum e.g., HIV transmission and prevention, puberty, STD symptoms, etc.)? b) practice using the teaching strategies included in the curriculum (e.g., role playing, leading group discussions, etc.)? c) opportunities to build facilitators' confidence in communicating about sexual content and responding to sensitive questions? d) opportunities for facilitators to acknowledge and address their own biases about adolescent sexuality? e) the importance of implementing each of the lessons in the curriculum?		*a) check this using the manual – does not need to be asked*	T
E7) Are facilitators trained on gender issues including gender norms, cross-generational relationships, transactional sex?			T
E8) Are facilitators trained on how to protect privacy and confidentiality of their contacts?			T
E9) Are facilitators trained on conflict resolution?			T
E10) Are facilitators trained on how to monitor (keep track of) their contacts?			T
E11) Are there criteria for determining whether facilitators have basic competency upon completion of training?		*This provides the program an opportunity to ensure that all trained facilitators know how and what to present*	T
E12) Do you have refresher training for facilitators after initial training?		*This does not only help facilitators get updated on material but also provides an opportunity to for them to learn about topic areas that are raised in the field. This refresher training should happen at least annually*	T
E13) How many facilitators have been trained to date? How many facilitators have received refresher training?			T
E14) Does the program include both male and female facilitators?			D
E15) Do facilitators represent culturally the youth they serve?			D

Part E— Facilitator-led activities: (includes scouting, school-based, church-group based, peer education, etc.) – Activities led by adults or youth generally for youth participants or beneficiaries	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability
E16) Are facilitators volunteers?		*Programs that rely on volunteers may be more sustainable, however there are limits on how much time volunteers have*	D/S
E17) Are facilitators paid staff?		*Programs that use paid staff as facilitators may have more consistent messages but may not be sustainable after funding*	D/S
E18) Do you provide incentives to facilitators including monetary or non-monetary incentives (if yes, list in comments types of incentives)?		*This is important to help encourage facilitators to stay in the program once they are trained which may lead to greater long-term sustainability*	S
E19) Do facilitators receive allowance, meals, and transportation?			I/S
E20) Are facilitators undertaking any activities directly with parents and other adult care-givers? If yes, were facilitators trained to work specifically with parents or adults?		*If yes to this question, be sure to complete the section on parent/caregivers programs. Skills to work with youth are not always applicable to older ages*	D
E21) Are parents and other adult care-givers kept informed of the topics being covered with their children during the program?			I/S
E22) Do facilitators have different messages or activities for different target groups?		*This determines if the program uses a one-size-fits all approach or targets groups with different approaches*	I
E23) Do facilitators have specific target groups they work with? (mark all) • Scouts/scouting type group • School children • Church groups • Sporting groups • Out-of-school youth • Orphans • Domestic workers • Refugees • Other (specify) _____			D
E24) Do any of the facilitator-led activities take place in a school setting? If yes: a) Is it part of the regular school day? b) Is it required for all students? c) Do participants self-select in to the program?		*These questions are important to better understand whether the target audience is self-selected, if it is required to participate, and in what type of school-based setting they are receiving the program. This will help understand the potential for effectiveness of a program.*	I

Part E— Facilitator-led activities: (includes scouting, school-based, church-group based, peer education, etc.) – Activities led by adults or youth generally for youth participants or beneficiaries			
	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability

d) Does the program take place in an after-school group?
    e) Is it part of an existing class (e.g. health, science)?
    f) Are activities open to youth who are not students?
    g) Does it take place in a private or religious school?
    h) Takes place in a government school setting?			

E25) Is there a clearly defined supervision structure of participating facilitators? (describe)		*Facilitators need to be supervised and mentored to ensure they are comfortable with material & approach*	I
E26) How often do supervisors monitor facilitator contacts? Do supervisors observe facilitators leading a group? Do supervisors check accuracy of material presented?			I
E27) Does the project have forms to track facilitator contacts? Do the forms record which lessons are taught? Do the forms count the number of participants at each session? Do the forms indicate the number of participants continuing? Do the forms indicate how many participants complete the program? Were facilitators trained on the use of the forms?		*These forms provide a perspective of reach of the program and the intensity of the messages and approaches undertaken*	I/T
E28) Do you undertake regular meetings with trained facilitators? If yes, how often do these meetings occur? If yes, what are the objectives of the meetings?			I/S
Content			

E29) Are the following topics covered in your facilitator-led program:
    a)   Abstinence?
    b)   Fidelity in relationships?
    c)   Voluntary counseling and testing?
    d)   Peer pressure and teach refusal skills?
    e)   Focus on values (e.g., responsibility, self-control, self-respect, and respect of others)?
    f)   Messages on condom use?
    g)   Messages on cross-generational sex (to appropriate
		If a curriculum exists, this can be checked for specific topics instead of asking each question	D

Part E— Facilitator-led activities: (includes scouting, school-based, church-group based, peer education, etc.) – Activities led by adults or youth generally for youth participants or beneficiaries	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability
audiences)? h) Issues of sexual abuse and rape? i) Risks associated with transactional sex? j) Gender norms (list activities if doing)? k) Parents as a resource for youth? l) Outreach activities with PLWHA			
Delivery			
E30) Do the facilitator-led activities include a variety of activities to keep youth engaged (e.g., role playing, small groups, drama)? (list activities)			I
E31) Are there self-contained lessons for youth participants? If yes, how many lessons are youth participants meant to get? How often do facilitators meet with the same group of youth?			D/I
E32) How many contact hours between facilitators and participants does the program recommend?		*This determines the intensity of the program strategy*	I
E33) What is the ratio of facilitators to participants? (on average)			I
E34) Do facilitator-led programs include mechanisms to encourage anonymous questions and discussion?			I
E35) Do the facilitator-led activities happen in locations comfortable for youth participation? Where?			I
E36) Do mechanisms exist to protect confidentiality of participants (i.e. confidential group discussions, and abstinence pledges)?			I
E37) Do you have a clearly defined system to refer participating youth for services not offered by your program (condoms, VCT, pregnancy testing)?		*This makes a program have a greater reach in a cost-effective manner*	I
E38) Are participants asked to do an outreach activity with their peers? If yes, what kind of activity? If yes, are participants monitoring their contacts?		*This type of activity increases the potential reach of the program beyond the smaller target group*	I
E39) Are facilitators provided with reference materials to use with beneficiaries (youth or other beneficiaries)?		*Reference materials can supplement the material in a curriculum and be used to ensure that facilitators have a reliable source of standardized information to answer difficult questions*	I

Part E— Facilitator-led activities: (includes scouting, school-based, church-group based, peer education, etc.) – Activities led by adults or youth generally for youth participants or beneficiaries	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability
E40) Are facilitators expected to train groups to become future facilitators?		*Without adequate monitoring and supervision, the 2nd and 3rd-level trained facilitators are often less effective than those who were trained by expert trainers.*	I/S
Curriculum			
E41) Are facilitators expected to present material using a specific curriculum?		*If not, skip to next section*	D
E42) Was the curriculum selected based on the development of a logic model? [obtain copy of logic model]		*If a logic model was not developed, it may be worthwhile to recommend the creation at this point (to learn more about logic models, go to the free online monitoring and evaluation training at:* www.cpc.unc.edu/measure/training/MENTOR	D
E43) Does the program rely on an evidence-based curriculum (i.e., previously tested and shown to be effective)?			E/D
E44) Was this a curriculum that was previously used with youth for AB/RH programming in this country?			E/D
E45) Was the curriculum pilot-tested/ If yes, were modifications made based on the pilot test?			E/D
E46) Were youth involved in curriculum design/modification?			D
E47) Were facilitators involved in curriculum design/modification?			D
E48) Was the curriculum modified to meet specific characteristics of the local population, including using language/words that youth understand?		*This ensures that the program will be better accepted by the target youth*	D
E49) Was the curriculum translated into the local languages that are used in the intervention communities?		*This helps with standardization and avoids facilitators interpreting the curriculum on their own and differently*	D
E50) Was the curriculum modified by your project for any of the following target audiences: a) Youngest youth (10-14)? b) Older youth (20-24)? c) In-school youth? d) Out-of-school youth? e) Rural youth? f) High-risk youth?			D
E51) Does the curriculum have a reference guide or frequently asked questions section for use by facilitators?		*This helps to standardize the responses to difficult questions that may not be addressed in the curriculum*	D

Part E— Facilitator-led activities: (includes scouting, school-based, church-group based, peer education, etc.) – Activities led by adults or youth generally for youth participants or beneficiaries	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability
E52) Do facilitators have the option to choose what to present? If yes, is there a plan for coverage of material that the facilitator chooses not to present or is uncomfortable presenting?			I
IF THE FACILITATOR-LED PROGRAM IS ADULT-LED, ASK THE FOLLOWING QUESTIONS			
E.A.1) Do you have a screening mechanism to ensure that each adult leader has no history of child abuse?			D
E.A.2) Do you select adult leaders who are connected to the youth in the community? (Describe selection procedures in comments/notes)			D
Section F - IF THE FACILITATOR-LED PROGRAM IS PEER-LED, ASK THE FOLLOWING QUESTIONS			
F1) Are there clearly defined criteria for selection of peer educators? (describe selection procedures in comments) Do the criteria include any of the following: • Age restrictions? • Marital status? • Modeling behaviors? (Which ones?) • Motivations? • Ability to relay messages?			D
F2) Do you use a nomination process to identify eligible PEs? If so, by whom are they nominated?			D
F3) Are new peer educators trained before starting program activities?			T
F4) Does the project have ways to track the number of PE trained? The number retained? The number dropped out?			I

Part E— Facilitator-led activities: (includes scouting, school-based, church-group based, peer education, etc.) – Activities led by adults or youth generally for youth participants or beneficiaries			
	No/Yes	**Comments/Notes**	**Experience, Design, Training, Implementation Sustainability**
Do you obtain reasons for dropping out among PE?			
F5) Do you have strategies to encourage PE retention including: a) Working with PE to design a manageable workplan? b) Providing technical and emotional support for PEs? c) Giving PEs responsibility and decision-making power? d) Creating personal and professional growth opportunities? e) Assuring access to program materials and information? f) Undertaking advanced workshops for trained PE? g) Providing certification of training at each stage? h) Using advanced PEs to train new PEs?			I/S
F6) Are less experienced PE partnered with more experienced PE?			T
F7) Do PE undertake small group sessions with participants? If yes, is each small group session focusing on a specific lesson? How many times does each small group meet with the PE? How often do PE conduct sessions with groups? What is the ratio of PE to beneficiaries in groups? Where/when are you undertaking small group sessions? • During school day • After-school • Church • Community center • Youth center • Other _____ Are groups formed specifically for program activities? Does the group have regular/formal meetings?		*Most PE activities take place in group settings. In some cases, peer educators are implementing a formal curriculum with their peers and in others, they are only meant to act as role models. Generally, if peer educators can work with established groups that have regular meetings, they are more likely to have an attentive, regular audience. Where groups are formed specifically for the peer educators, the groups meet less regularly and are less committed to the program.*	I
F8) Do PE undertake one-on-one sessions with beneficiaries and/or beneficiaries? If yes, are PE meeting with the same youth for several one-on-one sessions?		*In some cases, peer educators are meant to interact with their peers through one-on-one sessions. These tend to be more focused sessions, identifying how the program can be tailored to the youth's own behaviors. These tend to be unstructured,*	I

Part E— Facilitator-led activities: (includes scouting, school-based, church-group based, peer education, etc.) – Activities led by adults or youth generally for youth participants or beneficiaries			
	No/Yes	**Comments/Notes**	**Experience, Design, Training, Implementation Sustainability**
Are PE meant to provide specific lessons according to a script or curriculum within the one-on-one sessions? How many sessions should PE have with one-on-one beneficiaries? Are PE keeping track of how often they meet with the same youth? How are PE identifying their 1 -1 contacts? Where are PE undertaking their 1-1 contacts? • School • Church • Youth group • Community center • Youth center • Other _____		*with less standardized material/issues covered*	
F9) Does the project use trained peer educators to undertake community mobilization activities? *(Community Mobilization: community-level activities that have the objective of gaining sustained involvement from the community)* If yes, what types of activities? How often are the activities? What is the approximate number of attendees? Who is the target audience?			I

PART G: PARENT/CAREGIVER/INFLUENCER ACTIVITY MODULE

Part G – Parent/Caregiver/Influencer Programs – If the program is undertaking these types of activities, respond to the questions below about the specific activity. Note that programs that are using facilitators for the parent-child program will also complete the facilitator-led program section above. In this section, there are specific considerations because these programs target adult as the beneficiaries.	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability
Describe the activity for parents/caregivers/influencers your program is implementing Who is the target audience? Parents; caregivers; pastors; teachers; others			
G1) Does your program train facilitators who lead activities with parents/caregivers/influencers groups? If yes, how long does the training last? ____(# hours) ____(# days)			T
G2) Do you use parents/caregivers/influencers as facilitators?			D
Content			
G3) Do facilitators cover the following topics with their parent/caregiver/influencer groups: a) That communication is more than a one-time talk? b) Ways to make talking about tough issues easier? c) Risks of cross-generational sex (roles of adults & youth)? d) Risks of transactional sex (addressing adults as consumers and youth as sellers)? e) Prevention of sexual abuse? f) Issues of sex and sexuality? g) Parenting seminars (broader than AB messages)? h) How to be a good role model for youth? i) Strategies to encourage youth to remain abstinent?		*If there is a curriculum that the facilitators use with parent/caregiver groups, check curriculum for these topics*	I
Delivery			
G4) Do the activities for parent/caregivers/influencers include: a) Activities to increase parent communication skills? b) Strategies to attract parents/caregivers/influencers to participate? *(describe strategies)* c) Diverse teaching methods? d) Being undertaken in locations where parents/caregivers/influencers will participate? e) Being undertaken at times these people are available?			I

Part G – Parent/Caregiver/Influencer Programs – If the program is undertaking these types of activities, respond to the questions below about the specific activity. Note that programs that are using facilitators for the parent-child program will also complete the facilitator-led program section above. In this section, there are specific considerations because these programs target adult as the beneficiaries.	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability

f) Activities for parents/caregivers/ and youth together?
 g) At least 5-10 contact hours?
     What is the ideal number of contact hours?
     What is the typical number of contact hours?			

G5) Does the parent or parent/caregiver/influencer program involve more than one interaction with target audience?
 If yes, how long is the intended contact period:
     Number of sessions?
     Duration of each session?
     Total intended number of contact hours?
			I

Curriculum			
G6) Does your program have a specific curriculum to use with parents/caregivers/influencers? *(get copy)*			D
G7) Who designed the curriculum you are using?			E
G8) Was the curriculum selected based on the development of a logic model? [obtain copy]		*If a logic model was not developed, it may be worthwhile to recommend the creation at this point*	E
G9) Is the curriculum considered evidence-based (i.e., previously tested and shown to be effective)?			E
G10) Was this a curriculum that was previously used in this country?			E
G11) Was the curriculum pilot-tested? If pilot –tested, was the curriculum modified based on results of the pilot?			E/D
G12) Were parents/caregivers/influencers involved in curriculum design/modification?			D
G13) Was the curriculum modified to meet specific characteristics of the local population, including using appropriate language/words that parents understand?		*This ensures that the program will be better accepted by the target parent/caregivers/influencers*	D
G14) Was the curriculum translated into the local languages that are used in the intervention communities?		*This helps with standardization and avoids facilitators interpreting the curriculum on their own and differently*	D

PART H: TRAINING OF TRAINERS

Part H – This section is specifically about the training of trainers and key program staff who will be leading the program			
	No/Yes	Comments/Notes	**Experience, Design, Training, Implementation Sustainability**
H1) Are the persons who train facilitators trained as well? If yes, how long does the training last? _____(# hours) _____(# days) Who trains the trainers? _____			T
H2) Is there a training manual to train trainers? *(request training manual)*		*If not, skip to H4*	T
H3) Does the training of trainers include: f) Accurate and adequate knowledge and skills to teach about and answer questions related to the content of the curriculum e.g., HIV transmission and prevention, puberty, STD symptoms, etc.)? g) Practice using the teaching strategies in the curriculum (e.g., role playing, leading group discussions, etc.)? h) Opportunities to build confidence in communicating about sexual content and responding to sensitive questions? i) Opportunities for trainers to acknowledge and address their own biases about adolescent sexuality? j) The importance of implementing each of the lessons in the curriculum		*Check training manual if this exists*	T
H4) Is there refresher training for trainers?		*This does not only help trainers get updated on material but also provides an opportunity to for them to learn about topic areas that are raised by facilitators. This refresher training should happen at least annually*	T
H5) Do the trainers have a regular group meeting or debriefing with project administrators? If yes, when was the last meeting?			T
H6) Are the trainers paid project staff?		*This provides a perspective of potential for sustainability*	T/S
H7) Are the trainers from another organization?		*In some cases, when trainers are from another organization, they do not receive the training necessary for the specific program they are implementing with the lead organization*	T

PART I: MASS MEDIA AND COMMUNITY MOBILIZATION MODULE

	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability
I1) Is your organization undertaking or supporting any mass media activities? This includes: a) Television b) Radio c) Newspaper articles d) Posters e) Brochures targeted to youth (e.g., scouting papers) f) Other		*If no mass media, skip to community mobilization*	I
I2) What are the objectives of your mass media program? • Sources of information on: _____ • Promoting a behavior _____ • Other _____		*There are many objectives of mass media programs and this is the opportunity to better understand the program strategy. You can also request whether they have a logic model that links the mass media strategy to the other activities.*	D
I3) Was formative research (an assessment) done to determine messages for target youth?		*This increases the potential for the messages and channels used to be effective for the target audience.*	D
I4) Did the assessment determine: • Desirable behaviors • Attractive role models • Current information sources among youth • Appropriate channels of communication • Age, gender, literacy, language of target audience • Social norms around A & B • Access to media and media habits			D
I5) Were youth involved in the design and development of media messages?			D
I6) Were the mass media activities pre-tested with target youth prior to full implementation? If yes, were changes made based on pre-test results?			D
Content			
I7) Does your mass media program include: a) Messages to encourage parent-child communication? b) Specific abstinence messages? c) Specific being faithful messages? d) Messages on condom use? e) Specific messages on gender norms f) Messages on where to go for reproductive health			D

	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability
services (referral)			
Delivery			

I8)   Do the mass media activities include:
  a) Messages in local languages?
  b) Media forms that youth are most using *(what is most common among youth?)*
  c) Presenting messages at times/locations where youth will hear and see?
  d) Promotion of peer-educator outreach activities
  e) Promotion of community mobilization events
			I

I9) Is there a feedback system to update your mass media messages?			I
Community Mobilization: Community-level activities that have the objective of gaining sustained involvement from the community			
I10) Are you undertaking community mobilization events?		*If not, skip to next section*	D

I11)   What are the objectives of your community mobilization events, are you trying to: *(mark all that apply; write messages in comments)*
  • Sensitize community? If so, to what?
  • Change social norms? If so, which ones?
  • Build community capacity? If so, to do what?
  • Empower community? If so, to undertake what?
  • Other _____
		There are many objectives of community mobilization activities and this is the opportunity to better understand the program strategy. You can also request whether they have a logic model that links the mass media strategy to the other activities.	D

I12) What kind of community mobilization events are you undertaking? (e.g., sporting events, drama, etc.)			D

I13)   To what degree are activities led/instigated by the community vs. your (or your partner) organization?
  • All lead organization
  • Some lead organization, some community
  • All community
		Activities that are led by the community are likely to be better able to meet community needs and be sustained for the long-term	I/S

I14)   Where do resources come from for community mobilization events?
  • Lead organization
  • Partner organizations
  • Lead/partner organizations and community
  • All community
		This relates to potential for sustainability of mobilization events	I/S

	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability
I15) Are activities likely to continue once your organization is gone (after funding cycle)?			S
I16) Who initiates community mobilization events? *(mark all)* • Politicians • Faith leaders • Lay community leaders • Teachers • Peer educators • Other _____			I
I17) How are community mobilization events linked to other project activities? _____		*A logic model can help to determine program linkages (if a logic model exists)*	I
I18) Are youth involved in *design and development* of community mobilization events?			D
I19) Are youth involved in *implementing* community mobilization events?			I
I20) Are leaders of community mobilization events trained to work with youth (e.g., peer educators or adult leaders)?			T
I21) Who is the target audience for community mobilization events? • Youth • Parent/caregivers/influencers • Church leaders • Community generally • Other _____			I
I22) How often are you undertaking community mobilization events?			I
I23) Are community mobilization events ever repeated in the same community			I
I24) How often are community mobilization events repeated?			I

PART J: STRATEGIES FOR HIGH-RISK POPULATIONS MODULE - This part was developed for the ABY evaluation but not used in the field since only one partner was working in a high risk setting (urban slum) but not specifically with high-risk youth.

	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability
J1) Is your organization targeting the most at-risk youth including a. Youth who sell sex for money or material goods b. Youth with concurrent sexual partners c. Out-of-school youth d. Orphans and vulnerable children e. Other _____(prisoners, specify)			D
J2) Was a needs assessment done with high-risk youth to determine their specific needs?		*A needs assessment determines what type of program strategies are most needed by the target group*	D
J3) Do you have peer educators working specifically with high-risk youth?			I
J4) Was the curriculum modified for your high-risk youth group? If so, how? *(describe)*			D
J5) Do you have special activities to recruit your high-risk youth? *(describe)*			D
Orphans and Vulnerable Children (OVC)			
J6) Does the program have a standardized, measurable definition of OVC? *(describe in comments section)* If yes, is this a nationally agreed-upon definition?			D
J7) Do you have ways to access those OVC who are outside family care settings?			D
J8) Do you have ways to access those OVC who are within family care settings?			D
J9) Do you provide referral services to medical, school-related, emotional or other material assistance?			I
Content – ask if working with any high-risk groups			
J10) Does the program for high-risk youth include: a. Addressing other risk-taking behaviors including drugs and alcohol? b. Specific condom use messages? c. Giving information on how to store and use condoms? d. Opportunities to practice using condom negotiation skills			D

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	No/Yes	Comments/Notes	Experience, Design, Training, Implementation Sustainability
J11) Does your program make VCT available to youth either by providing the service or referring youth for VCT? a. If yes, do youth need parental consent to get VCT? b. Where do youth get VCT?_____			I
Other non-traditional program areas including prevention of cross-generational and transactional sex			
J12) Does your program undertake specific activities to prevent cross-generational and transactional sex? Describe activities _____			D
J13) Are activities specifically designed for adult males to reduce their involvement in cross-generational and transactional sex?			D
J14) Are activities designed to teach young girls about risks of cross-generational and transactional sex?			D
J15) Do community leaders support the prevention of cross-generational sex?			D
J16) Do community leaders support the prevention of transactional sex?			D
J17) Are girls provided with opportunities to make money without having to rely on sex work or marriage?			D
J18) Are both boys and girls taught about the legal rights of women in the country including the definition of rape and its legal consequences?			D
J19) Are adults taught about the legal rights of women in the country including the definition of rape and its legal consequences?			D
J20) Do activities for prevention of cross-generational and transactional sex include: e. Providing school fees f. Teaching refusal skills g. Providing information on who to contact if inappropriately approached h. Other (specify) _____			D

Part K – EVALUATION ISSUES			
	No/Yes	**Comments/Notes**	**Experience, Design, Training, Implementation Sustainability**
Does the project have a process to track and monitor activities implemented?			D
Does the project have a process to monitor if each lesson of a curriculum is completed?		*If there is a curriculum*	I
Does the project have a mechanism to distinguish between direct reach (persons who receive a specific curriculum/strategy) from indirect reach (e.g., mass media or community mobilization? (describe)		*This provides a perspective of the extent of direct and indirect program reach that may be indicative of potential program impacts.*	
Does the project have a process to determine which youth attend which lessons?		*This measures intensity of program exposure by participating youth*	I
Is there a strategy to determine whether messages and skills are being relayed beyond participants and into the wider audience (e.g., log forms of who communicates with whom)?		*This provides a perspective of indirect program reach that may be indicative of potential program impacts.*	I
Do you have an evaluation plan to evaluate program outcomes?			D
Is there a plan for dissemination and utilization of evaluation findings? (describe)			I/S
Do you have assessment strategies to identify areas for program improvement? If yes, what are you doing?			I