

Evaluation of HIV Prevention
For Rural Youth, Nigeria
HP4RY

FINAL
PROCESS EVALUATION REPORT
(One Volume Only)

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ABBREVIATIONS

AHI	Action Health Incorporated, Lagos
ARSRC	Africa Regional Sexuality Resource Centre, Lagos
Corper	Member of the National Youth Service Corps
CPED	Centre for Population and Environmental Development, Benin City
EA	Ethnographic Assistant
FLHE	Family Life and HIV Education programme
FLHECy	Family Life and HIV Education programme with Community Mobilization component
HP4RY	HIV Prevention For Rural Youth, Nigeria
IDRC	International Development Research Centre
JSS	Junior Secondary School (years 7, 8 and 9)
NYSC	National Youth Service Corp
PI	Principal Investigator
RA	Research Assistant
SMoE	State Ministry of Education
SSS	Senior Secondary School (years 10, 11 and 12)
SWIN	Social Work in Nigeria
UNIBEN	University of Benin City
UoW	University of Windsor, Canada

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EXECUTIVE SUMMARY

HP4RY is an ambitious intervention: the project concerns a complex sexual health issue that has challenged us all for over 25 years; it aims to build capacity among a large group of people with a wide range of educational and professional backgrounds; involves seven different institutions; has a sophisticated action research design, which incorporates mixed quantitative and qualitative methods and operates across two countries, each with very different socio-economic and cultural contexts.

As Table 1, Process Indicators for the Evaluation of HP4RY (pg 9) shows, the intervention was successful in delivering against the three project objectives: knowledge development; knowledge translation into action and capacity building. From an operational perspective the notable achievements are that: the project delivered against all its outputs despite the challenges inherent in working across cultures and in a low-resource setting. It generated new knowledge about how sexuality is negotiated among rural youth in Edo State, sources of risk of HIV and AIDS among these youth, and the social and cultural dimensions of vulnerability, as well as knowledge about how teachers respond to the difficult and culturally challenging task of teaching about sexuality and HIV/AIDS and knowledge about the challenges of delivering HIV-relevant education in this setting. This knowledge was generated in a responsible and credible manner and is already being disseminated to international audiences. All those involved in HP4RY, senior and more junior members, gained considerably in research skills and experience. On a concrete level team members gained from conducting a well-designed and high-quality research plan in a real-life setting; staff members received high-quality training in key research skill areas and the opportunity to use those skills; teachers were exposed to new information and skills directly related to the delivery of FLHE in schools; Corpers were trained in HIV/AIDS and sexuality issues and in community mobilization; and ethnographic and research assistants gained from being trained and involved in data collection processes.

The limitations of the project relate more to the high expectations built into the design, rather than to failings in project delivery. Specifically, the weak economic climate undermined further employment opportunities for those who received training; rural schools entered the programme at a lower functional level than anticipated; institutional and cultural differences were more resistant to change than expected and the mechanisms by which training was translated into robust, functional capacity were more difficult to achieve within the project context than envisaged.

In this final report some structured reflections are provided on the processes by which HP4RY was implemented in the hope that other practitioners might recognize familiar experiences and be able to strengthen future project designs.

INTRODUCTION

The goal of the HIV Prevention for Rural Youth (HP4RY) project is to develop and use research evidence to build and evaluate HIV prevention for youth delivered through schools and communities in Edo State, Nigeria. The four year initiative is funded by IDRC¹ and implemented by a consortium of three full-time partners: University of Windsor (UoW, lead), Action Health Incorporated (AHI) and Centre for Population and Environmental Development (CPED). The University of Benin (UNIBEN) and the Edo State Ministry of Education (SMoE) are affiliated partners in the project.

HP4RY has 3 components: research or knowledge creation; HIV/AIDS programme development or knowledge translation consisting of delivery of the Family Life and HIV Education programme in select Junior Secondary Schools and community mobilization around HIV/AIDS prevention for youth in the communities where the schools are located; and capacity building in both Canada and Nigeria to support the continuation and expansion of similar work in the future.

The HP4RY project design includes a robust assessment of the impact of both the school and community based components of the project. This impact assessment will also provide an outcome evaluation of the success of the HIV prevention model being applied. As a supplement to the impact evaluation, an annual evaluation of the process of programme implementation was carried out to inform the development of the HP4RY project so as to maximize the effectiveness of its delivery. The purpose of the annual evaluations was to ‘identify areas that are on target or completed, those that are behind target, strengths of the project, and areas where improvements could be made’ (see Appendix 1, Evaluation Scope of Work). Progress in the project development and delivery was assessed against the Indicators of Evaluation (see Table 1 from page 9 of this report).

This final report summarizes the major findings in the annual process evaluations of HP4RY and is based on the cumulative experiences of the evaluator with this project during the period April, 2008 - January, 2012. This report should be read in conjunction with the three annual evaluation reports (Wildish, J. August, 2009, January, 2011 and January, 2012) and the baseline study (April, 2008).

¹ IDRC funding incorporates funding from four Canadian institutions: CIDA, CIHR, PHAC, and IDRC.

PROCESS EVALUATION METHODOLOGY

The evaluator made one-week long visits to Nigeria on an annual basis starting with a preliminary visit in April 2008, before project mobilization took place and ending in November 2011 (see Appendix 2 for other dates). During these visits the evaluator held face-to-face interviews in Benin City with HP4RY team and staff members representing all the project components, met with AHI representatives in Lagos, interviewed Master Trainers in Benin City, made field visits to some of the communities, where she met Corper representatives and attended a meeting with Ethnographic Research Assistants. Following each in-country visit the evaluator carried out email and phone conversations with team and staff members based in Canada. In 2010 the evaluator was able to make one unplanned and short visit to the UoW offices and met with the Co-PI and other team and staff members.

Annual reports were submitted after each field visit and progress was monitored against the Evaluation Indicators (see Appendix 1). This final report takes the initial project document as its reference point and draws on the evaluator's cumulative experience of the project to provide a summary of HP4RY from an operational perspective. The report is not concerned with the impact of HP4RY at school and community level and is structured around the original project objectives of knowledge development; knowledge translation into action and capacity building. The report provides an overview of achievements against the project objectives as well as reflections on the extent to which the assumptions that informed the project model held or acted as a constraint.

Terminology Used in this Report

A note of clarification is needed regarding the differentiation between staff and team members as these two terms are used with a specific meaning in the context of HP4RY. Team members are those people named on the grant and who work on the project without additional pay. Staff members are permanent employees of the project during its life. The rationale behind this distinction is that team members are those named on the proposal, who have made a commitment to the project and who are held accountable by the funding agency. Staff are employees who are on the project because they are paid to be, their commitment is that of employees rather than of those who envisioned and designed the project and they are held accountable by their employer, which, in Nigeria, is CPED and in Canada is the Canadian Co-PI, with funds provided by the project.

There were six team members based in Nigeria at the beginning of the project and five by the time of the final visit. In Canada there were six team members throughout the life of the project. There were six staff members based in Benin City at the beginning of the project, two of whom left and were replaced during the course of the project, and three staff members in Windsor, all of whom remained for the duration of the project.

PROJECT ACHIEVEMENTS AND LIMITATIONS

Achievements

Research/Knowledge Development

The HP4RY project team successfully completed a complex research task. The 3x3x3 research design comprised three data collection points (Wave 1 or baseline, Wave 2, and Wave 3) and three research groups (school delivery of FLHE only; FLHE plus community mobilization through Corpers and a delay arm). Despite some minor amendments to the research plans and delays in data cleaning and analysis, the research design was carried out as planned, data collected in all sites, both quantitative and qualitative data analyzed and results reported. Given the challenges associated with working across countries and in poorly-resourced environments this is, in itself, a substantial achievement.

Knowledge Translation into Action

An evidence-based approach was followed throughout the life of the project and was particularly strong in the development of the interventions. Baseline data using surveys, focus groups, interviews and brief ethnographies were collected prior to programme or intervention development. Baseline findings were reported back to the communities, schools and partner organizations in an effective and timely manner. The knowledge gained during this process was used to develop a contextualized school training programme for FLHE and acted as a guide in the development and delivery of the community mobilization and support component. Findings from the second round of data collection (surveys, focus groups and interviews) were disseminated on a more limited basis and impact or Wave 3 findings will be shared in May through July 2012. The insight gained during this process contributes to the wider body of literature on HIV risk and prevention in African contexts and has already generated a number of published articles.

From an operational perspective the Corper component represents a substantive achievement with potential for transferability or replication. Despite many uncertainties about whether young graduates would be able to live and work in unfamiliar rural communities the Corper system of 9-month's service proved to be a viable means of delivery for an intervention at community level. The HP4RY format was reliant on a significant amount of management input and Corpers' required guidance as a group, but they were successful in engaging with the communities and initiating change activities.

Capacity Building

In the early stages of the project the plans to transfer research capacity from Canada to Nigeria were challenged by the technological realities of working in a poorly-resourced environment. In particular, the fluctuating power supply and poor internet connectivity undermined the levels of communication needed to support the adoption of technical tasks by staff members in Benin City. In addition, the SWIN programme, which was expected to also play a role in developing research capacity, was slow to take off and never fulfilled its promise during the course of HP4RY. A final challenge to capacity building was the lower level of existing capacity in Nigeria compared to that which was assumed at project inception. Despite these challenges, the HP4RY managed to deliver all the research training outlined in the project document. This is largely due to the extensive experience and commitment of the Co-PI, UoW, who was able to find alternative ways of delivering the training within the budget or to find additional funds to meet the added challenges of this component of the project.

Limitations

Research/Knowledge Development

Some features of the research design remained problematic throughout the project. For example, the use of photo IDs to identify pupil respondents met difficulties associated with loss of data due to the crash of a computer that had not been properly backed-up. The mass transfer of teachers and principals among schools inhibited consistent and sustained delivery of the FLHE programme in the two intervention arms. In addition, poorly-resourced, rural schools remained a challenging environment in which to administer questionnaires because of the low levels of management capacity among school staff and the unexpectedly weak language skills of pupils.

Knowledge Translation into Action

Although the knowledge gathered at baseline was fed back to the relevant partner institutions and incorporated in all training and mobilization activities, culturally challenging messages still met with resistance, which the project was not able to overcome. These messages related primarily to information associated with condom use and effectiveness.

Capacity Building

Despite the delivery of all planned research training elements, the HP4RY project was unable to transfer responsibility for key research activities and technologies from Canada to Nigeria as planned. The areas of capacity that remained weak at the end of the project were: decision-making and problem-solving related to the implementation of a complex research design and field work; responsible project management (including financial planning and management, documentation and reporting); responsible use and management of research technologies; data management and cleaning; quantitative and qualitative data analysis, interpretation and writing up. This meant that as a group the Nigeria-based team was not able to take the lead in these areas.

SUMMARY OF INDICATORS FOR EVALUATION OF HP4RY

The table below provides an overview of the project progress against the key indicators over the life of the project.

Table 1: Process Indicators for the Evaluation of HP4RY

Research/Knowledge Development

Objectives 4.1.1 and 4.1.2

Process:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>End of Project Status</i>
Data collection and analysis proceeding on schedule.	6-monthly progress reports against Schedule (Appendix 5) Field reports on data collection.	Eleanor Maticka-Tyndale, UoW Andrew Onokerhoraye CPED, Benin City	<p>Initial changes to site selection procedures were made in light of challenges to physical access to some communities and absence of documentation of communities and locations. Research sites were reduced from 12 to 10. The final research sites, although rural, do not represent the most remotely located and inaccessible communities.</p> <p>Data collection exercises took place as scheduled. However, health issues lead to the Co-PI, UoW, not being present in Nigeria as planned for the Wave 2 data collection phase and the Project Administrator was not present during the final data collection phase. The absence of these two key figures at these times resulted in a loss of continuity in the development of the research process and meant that lessons learned in earlier data collection rounds were not applied effectively in these data collection rounds. This affected collection of survey data during the second wave and documentation of field work in the third wave.</p> <p>The analysis of research findings took place largely according to schedule. Where delays did occur, this had no negative impact on the scheduling of associated programme implementation activities. However, technical challenges associated with unreliable internet-based communications and the low capacity base among Benin City staff and team members, meant that it was not possible to transfer responsibility for data analysis to Nigeria over the life of the</p>

			<p>project as planned. Difficulties encountered in data capture also lead to more of the data cleaning in the final wave of research being performed in Canada.</p> <p>A full range of field reports was made available to the Evaluator throughout the project. However, there were challenges in terms of writing style and in getting the circulation and electronic storage of reports organized. The sharing of reports was an ongoing challenge between Nigeria and Canada based members.</p>
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Outcome:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>End of Project Status</i>
<p>Research questions answered with results published in peer reviewed papers or book chapters</p> <p>Reports to national and international organizations</p> <p>Presentations made at academic conferences</p>	<p>Summary List organized chronologically and final copy of material presented held against date.</p> <p><i>This tool is intended to be similar to an annotated bibliography but for project-related research, and may, over time, also be made available through a web-site.</i></p>	<p>UoW to compile and manage central record</p>	<p>The first paper was accepted for publication in 2010 and more have since been submitted. The Special Issue on HP4RY in the <i>African Journal of Reproductive Health</i> was useful in that it prompted team members to write articles. However, the writing load for this issue was not evenly distributed. It appears that the academic positions held by team members in Nigeria may be a poor indicator of their willingness or ability to write for publication.</p> <p>Presentations began to be made at international conferences in 2010 and continued through 2011.</p> <p>Presentations to Nigeria-based organizations were made in 2009 and again in 2011 and 2012.</p>

Impact:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>End of Project Status</i>
<p>HP4RY work and publications referenced in proposals, project design, and research of others.</p>	<p>Included in Summary List</p> <p><i>This is a long term indicator and is unlikely to reflect impact before 2011.</i></p>	<p>UoW to monitor and update summary</p>	<p>This is a long term indicator. The greatest likelihood of it being realized lies in initial publications being accepted and the continued work of HP4RY team members in this research area.</p>

Knowledge Translation to Action

Objectives 4.2.1 and 4.2.2

Process:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>End of Project Status</i>
Meetings with communities held to provide feedback from baseline research.	Field reports on community feedback meetings.	Andrew Onokerhoraye and HP4RY staff	<p>Research findings were fed back to schools and communities in three ways: through specific feedback meetings in the community, PTA mobilization meetings and the daily work of the Corpers.</p> <p>Delays in analyzing Wave 2 data meant that these findings were not reported back to the schools and communities directly.</p> <p>Final evaluation results are scheduled to be feedback to schools and communities in May and June, 2012.</p>
Teachers and peer educators trained for FLHE with content supplemented with information from baseline research on sexual scripts of youth.	<p>Report on research findings</p> <p>Documentation of meeting to review FLHE training material and revised plans</p> <p>Physical observation of training.</p>	<p>Eleanor Maticka-Tyndale</p> <p>Uyi Oni Ekhosuehi, State Ministry of Education, Edo State</p> <p>Janet Wildish, Evaluator</p>	<p>Baseline findings and insights gained from sexual scripting were used to review the existing FLHE training programme and amended material was incorporated into the teacher training by Master Trainers. The introduction of the peer education component was supported at school level by Master Trainers.</p> <p>Levels of teacher representation were lower than expected because of the overall shortage of teachers in rural schools. In some schools, teachers from senior secondary schools attended instead of those from the targeted junior secondary schools and there was a general lack of trained or official guidance and counseling teachers.</p> <p>In addition, a mass transfer exercise, which involved the transfer of 19 out of 20 trained Principals, took place in late 2010, during the 2nd year of implementation of FLHE in the schools and 4-5 months prior to the final wave of data collection.</p> <p>During the life of the HP4RY project the number of subjects in which FLHE was addressed was extended from the initial three carrier subjects to all subjects taught at JSS level.</p>

			Unfortunately, the evaluator was not able to be present at any teacher training as it was re-scheduled at short notice. She was able to interview Master Trainers and received a detailed report from an appointed Observer.
Pre-service curriculum for FLHE based on existing FLE curriculum prepared, piloted approved and delivered to education students at University of Benin.	Written curriculum and teaching guidelines. Course approval from University of Benin. Course being delivered.	Felicia Okoro and Nombuso Dlamini	An expanded course, referred to as FLH&SE, was developed and delivered to education students during HP4RY. As the existing course had been expanded rather than a new one introduced, formal approval by the University Senate was not necessary for the course to be adopted. However, the revised curriculum and teaching guidelines were not compiled into the document that was originally planned, despite resources being made available to do so. This leaves the HIV and AIDS component undocumented at any formal level and its delivery is dependent on the knowledge and interests of the lecturer who runs the course.
NYSC trained and facilitating FLHECy.	Documentation of training programme and materials for NYSC	Francisca Omorodion, and Kokunre Eghafona,	Three groups of Corpers were deployed to the target communities and lived and worked in them for the planned periods. As adults are generally working during the day and the schools are poorly resourced, the Corpers quickly took up the role of leading peer education activities in schools. While the utilization of Corpers appears successful it should be noted that the effective involvement of Corpers requires a significant amount of dedicated management time, in terms of providing technical support, group communication and, at times, providing pastoral care.
Reports to SMOE and Council on Education on year 1 evaluation results.	Memoes to SMOE Progress report on year 1	Uyi Oni Ekhosuehi and Adenike Esiet, Action Health Incorporated Eleanor Maticka-Tyndale Janet Wildish	Year 1 evaluation results were presented to representatives from the SMOE and the Council on Education immediately after the first wave of data collection as planned.
Meetings held with communities, SMOE, and other stakeholders to provide overview of full evaluation results.	Field visit notes and minutes of SMOE meetings.	CPED Uyi Oni Ekhosuehi	SMoE was represented at the HP4RY seminar held in February 2011, at which preliminary Wave 2 results were presented. Meetings are planned with the SMOE, as well as various federal officers and ministries, for June 2012 when final evaluation results and recommendations will be formally presented.

Report to Council on Education on full evaluation results.	Minutes of meetings with Council of Education	Uyi Oni Ekhosuehi and Andenike Esiet	This activity is planned for July 2012.
Report to Federal and State Directors of NYSC on training and mobilization of NYSC for research and community mobilization.	Minutes of meetings with Federal and State Directors of NYSC Copies of NYSC reports and training materials	Francisca Omorodion and Kokunre Eghafona	During HP4RY a productive relationship was built with senior NYSC representatives even though the post-holders changed on a more frequent basis than expected. An HIV-related peer education component was added to the general NYSC training during the life of the project. A meeting at federal level and full evaluation feedback is planned for 2012.

Outcome:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>End of Project Status</i>
30 schools receiving FLHE.	Signed participation records of school staff.	Uyi Oni Ekhosuehi	<p>21 schools received training in 2009 and 10 delay arm schools were offered similar training in 2011. At least one monitoring exercise was carried out by the SMOE.</p> <p>A document describing the FLHE training as provided under HP4RY has been created. There was some inconsistency in the way in which the 21 schools were trained and further differences between this group and the training received by the delay arm. These differences are linked to whether the training was delivered on a residential or non-residential basis as this had an impact on the duration of the training. The peer educator component was also not delivered consistently with some schools mobilizing their own groups of peer educators and other schools having Master Trainers visit the school to present the peer educator material to all pupils.</p>
10 communities mobilized to enhance AIDS capacity.	Signed participation records of community members	Francisca Omorodion and Kokunre Eghafona, supported by CPED	10 communities were mobilized and supported by resident Corpers for a total of 19-20 consecutive months.
Relative impact of FLHE and FLHECy interventions demonstrated in final report with implementation guidelines for efficacious models.	Report on research findings with respect to impact. Documentation of FLHE and FLHECy models	<p>Eleanor Maticka-Tyndale</p> <p>Eleanor Maticka-Tyndale, Andrew Onokerhoraye and Andenike Esiet</p>	The final report, along with documentation of impact findings, is due to be submitted to IDRC on August 1 st , 2012. A six month extension was granted to accommodate the scheduling of formal meetings with government, national and international NGOs, and various Councils and Directorates for the purpose of presenting the research findings and programme packages.

Funding obtained to hold a post-programme summit	Invitations to attend the summit	Eleanor Maticka-Tyndale, Andrew Onokerhoraye and Andenike Esiet Supported by AHI	These plans were formally modified with the agreement of IDRC and a meeting to report on HP4RY to various government, NGO and donor groups will now be held in Abuja on July 5, 2012.
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Impact:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>End of Project Status</i>
Future surveillance of HIV and behaviours demonstrate reduced sexual risk of youth in Edo State.	State data on HIV prevalence and behavioural surveys.	CPED	This long-term indicator is outside the scope of this process evaluation.
Future interventions in Nigeria and elsewhere in sub Saharan Africa reference the models of community programming and school-community linkage developed by HP4RY.	Included in Summary List (see above), and updated every 6 months.	UoW to monitor and update summary	This long-term indicator is outside the scope of this process evaluation.
Donor agencies provide support for future initiatives referencing models developed in HP4RY.	Included in Summary List (see above), and updated every 6 months.	UoW to monitor and update summary	This long-term indicator is outside the scope of this process evaluation.

Capacity Building

Objectives 4.3.1, 4.3.2 and 4.3.3

Process:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>End of Project Status</i>
NYSC and research assistants complete designated training modules.	Signed participation records of NYSC and research assistants.	Francisca Omorodion, Kokunre Eghafona, CPED	Ethnographic Research Assistants, Survey and Interview Research Assistants, and Corpers received training in their respective research and community mobilization roles as planned. The training covered the appropriate research skills as well as training related to sexuality education.
At least 2 staff members/year attend 2 or more SWIN modular courses on research methods.	Signed participation records of HP4RY staff members on SWIN courses.	Uzo Anucha, CPED and UoW	More than two CPED/HP4RY staff members attended a total of three SWIN research methods courses in 2008 and 2009.
At least 2 junior faculty from SWIN conduct a post-course research project in association with HP4RY.	Copy of research project	Uzo Anucha, CPED, UoW and SWIN staff	One SWIN PhD student began preparing a thesis related to community mobilization and using HP4RY data during the life of the project. Several SWIN MSW students are formulating research proposals using HP4RY data.
1 affiliate of HP4RY/year attends ARSRC summer institute and conducts final research project in association with HP4RY.	Signed participation record of 1 HP4RY affiliate. Copy of research project	CPED and UoW in conjunction with ARSRC staff members	A total of four CPED/HP4RY staff members attended the sexuality training at ARSRC. Only two of the staff members undertook a final research project as the training was shortened and this task dropped after 2009.
Sexual health seminar group established and meeting in Benin City.	Invitations to the seminar Signed participation records	Prof Okonofua and Dr. Luginaah in conjunction with ARSRC.	This seminar group was never established and the objective was not moved forwards.
Nigerian team members, research assistants, research interns and/or junior faculty affiliated with HP4RY make presentations at 2 or more international conferences.	(Included in Summary List, see above) Invitations to present at conferences Copy of presentations	UoW to monitor and update summary	A total of five team and three staff members made presentations at the 17 th Canadian Conference on Global Health held in Ottawa in November 2010. Two team members gave presentations at the Ontario HIV Treatment Network conference in Toronto in November, 2010, and two team members made presentations at ICASA in Addis Ababa, Ethiopia in December 2010.

Outcome:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>End of Project Status</i>
NYSC demonstrate capacity to take on research or intervention tasks.	Card index profiling NSYC members Field reports during implementation of FLHECy	Kokunre Eghafona and Francisca Omorodion supported by CPED	Corpers were responsive to the research training provided under HP4RY and some of them made efforts to use these investigative research skills to help them design community based activities during their postings. One Corper has been employed by CPED to work on an EU-funded project. The harsh economic climate and high unemployment levels act as a serious constraint in the achievement of this objective.
Research assistants and interns take increasing responsibility for research activities over 4 years of programme. <i>(Note: People referred to as 'research interns' in the project proposal and project budget are now referred to as 'staff' members. Any increased responsibilities and development of skills on the part of staff is evidence of taking on increasing responsibility for research activities)</i>	Card index profiling research assistants and interns Field reports during implementation of HP4RY	CPED and UoW	Three RAs and one Corper became full-time staff members at CPED during the life of HP4RY and have taken on responsibility for various research activities. One other staff member went on to study a Masters course at UNIBEN, two began PhD studies (1 in Nigeria, 1 in the United States), while one RA sadly passed away in a road accident. It proved difficult to remain in contact with all the young people who played a role in HP4RY (out of 40, 25 were contacted) and the harsh economy limits the opportunities for them to gain formal, full-time employment in any field.
Research assistants and interns take increasing responsibility for leadership in training of NYSCs.	Card index profiling research assistants and interns	CPED and UoW	Over the course of the project staff members (interns) took increasing responsibility for training Corpers and RAs in both sexuality topics and data collection methods. The staff members who attended the ARSRC training were confident in their ability to pass this knowledge on to others. HP4RY staff members played a central role in the training of RAs for the Wave 3 data collection exercise.
Small research projects conducted by graduates of SWIN modules and ARSRC summer institute contribute to research agenda of HP4RY.	Copies of research projects	CPED and UoW in conjunction with SWIN staff members	No such projects were initiated. However, on the SWIN programme, one MSW and one PhD student used the HP4RY data. An additional Canadian MA student has used the data and has published 1 article in a peer-reviewed journal with another article under submission. This student has worked under the supervision of a Canadian team member. In addition, Johnson Dudu's ARSRC project was included in preparing the feedback to communities and in informing Master Trainers.

Sexual health seminar group in Benin contributes to an ARSRC sponsored edited volume of research papers.	Copy of edited volume of research papers	Prof Okonofua and Dr. Luginaah in conjunction with ARSRC.	HP4RY members are contributing 7 articles to a Special Edition of the African Journal of Reproductive Health. This replaces the original plan for an ARSRC sponsored publication and was arranged with AJRH by Prof. Maticka-Tyndale and Dr. Omorodion.
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Impact:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>End of Project Status</i>
At least 50% of NYSC involved in HP4RY pursue employment in HIV prevention and/or community development either in research or action capacities.	Card index profiling NSYC members	CPED	Attempts were made to contact all 40 Corpsers and 25 were reached. Many were not working due to the harsh economic climate. One ex-Corper is currently working with CPED.
At least 50% of the combined body of faculty, research assistants and interns affiliated with HP4RY become part of research teams and projects related to sexual health and HIV after the tenure of this programme.	Card index profiling research assistants and interns	CPED	<p>To date 4 Canadian and 1 Nigerian team member have received funding for such projects:</p> <ul style="list-style-type: none"> • 2 Canadian team members (Maticka-Tyndale and Omorodion) have received Canadian Institutes for Health Research funding for a 3 year project on HIV transmission and prevention among African, Caribbean and Black youth in Windsor, Ontario • 1 Canadian team member (Maticka-Tyndale) is a member of a team that received funding from the Canadian Institutes for Health Research to work on developing 'HIV Champions' among community leaders in African, Latin American and Asian communities in Toronto, Canada. • 2 Canadian team members (Anucha and Dlamini) have received a Community-University Research Alliance grant to work on social problems concentrated in a Toronto neighbourhood that has a predominantly low-income, African-Canadian population. • 1 Canadian team member (Maticka-Tyndale) has been named to the expert advisory panel of a large European-Union funded project that is a coalition of researchers from 4 European and 3 African countries on HIV prevention in the 3 African countries.

			<ul style="list-style-type: none"> CPED, under the direction of A. Onokerhoraye, has received European Union funding for a project that includes a sexual health component in Nigeria.
At least 1 team project for purposes of new research or publication is established that involves HP4RY members and researchers met through networking facilitated by ARSRC or conference participation.	(Included in Summary List, see above)	CPED and UoW in conjunction with ARSRC	No reported progress on this indicator for Nigerian team members The project listed above for Maticka-Tyndale and Omorodion resulted from contacts made at the November, 2010 OHTN conference.
ARSRC continues providing short course module on sexuality and sexual health research.	Public announcement of ARSRC modules	CPED in conjunction with ARSRC	<p>The short course was developed early in the HP4RY project and CPED staff trained in its delivery. Trained CPED staff then delivered this short course as part of NYSC and RA training for the project.</p> <p>ARSRC continue to provide a weeklong, annual course in sexuality and sexual health advocacy and research.</p>
SWIN continues providing course modules on research methods, sexual health, and action research to students and to professionals working in the field.	Public announcement of SWIN modules	CPED in conjunction with SWIN	The provision of courses initially planned under the SWIN programme suffered delays throughout the HP4RY project life. It had been hoped that a Learning Centre would support the online delivery of courses, but this plan was never realized. The Learning Centre and Social Work degree programmes were in place by the end of the HP4RY project.
Community mobilization related to sexual health and HIV becomes a regular component of the SWIN programme.	SWIN course programme publications	CPED in conjunction with SWIN	As noted above, the SWIN programme did not reach the level of completion or strength originally anticipated.
Model of training NYSC in community mobilization to increase AIDS capacity of communities is taken up in future NYSC training.	NYSC training programme documentation	CPED in conjunction with SWIN	A manual on the training of Youth Service Corps members in delivering programming to enhance the AIDS competence of communities has been prepared. The NYSC Directorate expressed interest in the manual and it is being presented and made available to the State and Federal offices as well as to NGOs working with NYSC. Information and training on HIV and AIDS are now incorporated into all training of NYSC members in Edo State.

ASSUMPTIONS AND REALITIES

Underlying the HP4RY project model are a number of assumptions which reflect how inputs were expected to translate into project outputs and eventual outcomes. Some of these expectations were made explicit in the form of working agreements between the partner institutions. Other assumptions existed at a less conscious level and could be viewed as part of the beliefs and values that distinguish a cultural group. In this section reflections are offered on how some of these expectations and assumptions played out in reality from the perspective of the external evaluator who was observing the project implementation process. A diagram representing the causal chain or model of action implicit in the HP4RY project document is presented in Diag. 1 on page 21 as a reference point.

Project Context

Some of the outcomes that were expected, especially those related to capacity building among individuals, were seriously constrained by the weak economic environment. Despite having valuable new skills, many of those who received training in research were unable to find employment in the field. Generally a weak economic base limits the possibilities for new linkages, related opportunities, development through promotion etc that one might expect to result from a funded intervention because the employment market is so restricted.

The training given to teachers under HP4RY was designed to supplement existing teaching skills and to enhance the delivery of the existing curriculum by strengthening teachers' skills in incorporating FLHE into everyday school life. However, during the course of the project it became clear that many of the targeted schools were not functioning well even without this added responsibility. The initial operating level of the schools was below the anticipated level in terms of staffing levels, management capacity and academic performance. This highlights the fact that any institution must be able to perform its core function at a minimum level before being able to take on additional responsibilities.

The cultural and situational challenges associated with using condoms as a means of HIV prevention are well documented (Maticka-Tyndale², 2012). HP4RY encountered familiar resistance to the provision of condom information to young people. It was hoped that the process of knowledge translation would generate contextualized HIV prevention messaging, which would be more readily adopted than more generic condom messaging. Although this knowledge translation process did take place, it appears that other factors interfered. These potentially included the teaching capacity within schools as well as the presence of conflicting messages about condoms (i.e. they contribute to transmission of HIV) being circulated by highly respected, authoritative figures (e.g. the Dean of a Faculty of Medicine, University lecturers). These served to undermine the adoption of fully effective behavior change communication.

Project Management

A broad-based team of experienced and highly-qualified people from established institutions was created for the delivery of HP4RY. This was done in recognition of the complexity of the project design and in the hope that a wide range of experience, as well as considerable people work-hours would be brought to the intervention. While all the partners did provide at least the basic inputs to which they had agreed, the level of commitment and personal availability of team members was less than anticipated in several instances. In addition, the mechanisms for

² Maticka-Tyndale, E. (2012), Condoms in Sub-Saharan Africa. *Sexual Health*, 9, 59–72.

formalizing commitments, such as a procedures manual, or group meetings and agreed workplans, were not respected as binding by all parties. This meant that a greater burden was placed on those team members who took responsibility for the successful completion of the project.

The research setting for HP4RY – rural schools and communities in Edo State - was challenging. However, it was anticipated that the Nigerian partners would be sufficiently familiar with this environment to be able to develop effective workplans and methods of operating. In some instances team members were found to be less knowledgeable about the rural setting than their pre-programme contributions indicated. In other instances even though an individual did have accurate knowledge, their opinion did not influence the group action effectively. This experience challenges the assumption that geographic proximity ensures accurate familiarity with the situation or guarantees appropriate planning.

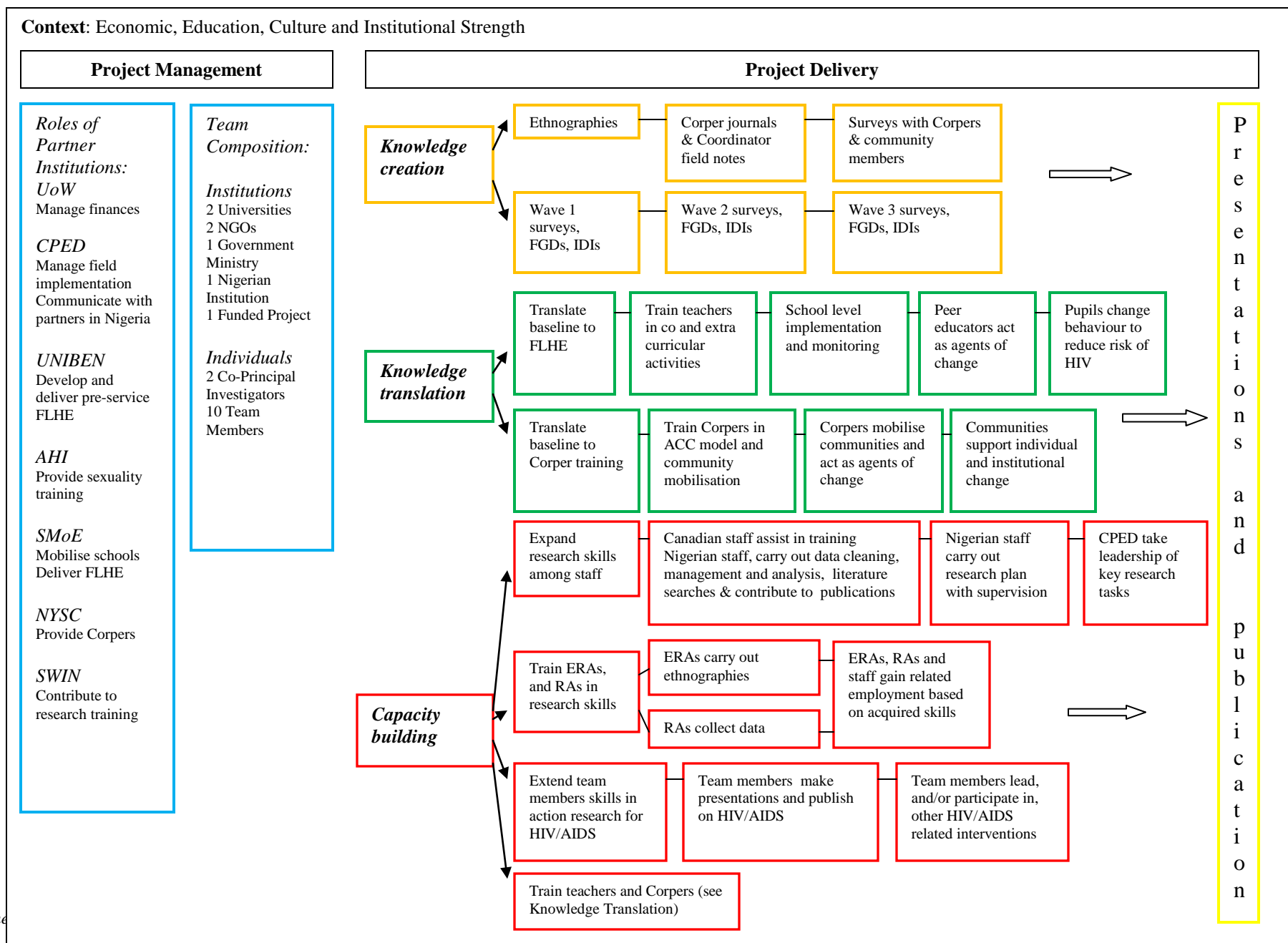
Project Delivery

The allocation of roles between the partner institutions and, more specifically, among various team and staff members was based on prior experience and academic qualifications. However, in two main areas experience and qualifications did not appear to be associated with expected behavior patterns or functional capacity. It was expected that team members with responsibility for managing components would hold themselves more accountable for project outputs and overall quality assurance than became evident. Similarly, it was expected that the more senior team members would provide levels of supervision to staff members such that they would progress from learners to practitioners in a productive manner. Some team members were found to be weaker in both areas, accountability and the supervision, than expected and this affected the distribution of the workload and the degree to which new capacity was developed. Among some staff members certain functional abilities that are commonly associated with graduate status were lacking. These included critical thinking, writing ability, problem identification and solving and skills related to professional communications. This gap is probably related to the differences in academic experiences across countries, but it is a difficult issue to address when graduate status is taken as a universal indicator of achievement and professional capacity.

Thoughts about how capacity building works, and indeed, what ‘built capacity’ actually looks like, arose repeatedly during this evaluation process. While no firm model or theory was developed, some initial thoughts were generated and are documented in Appendix 3, pg 26.

Differences in management styles between the two Co-PIs presented serious challenges throughout the programme. While personal differences in approach are to be expected, these differences were particularly problematic when the preferred management style appeared not to be consistent with the role given to the Co-PI or their respective institution. For example, the Co-PI, UoW adopts a strong consultative and participatory approach, which reflects her role as a University professor. However, in matters of budget control this collaborative style may have lead to false assumptions that changes in the budget would be more easily accommodated than was the case. Similarly, the Co-PI, CPED, has a more hands-off style of management, which may be seen as the dominant norm in a Nigerian NGO, but which is less well-suited to a situation in which many staff members are trying to apply newly acquired skills in a challenging environment and capacity building is a key objective.

Diag 1: HP4RY CAUSAL CHAIN (Created ex post to reflect programme design)



APPENDIX 1: SCOPE OF WORK

Evaluation of HIV Prevention for Rural Youth, Nigeria (HP4RY)

Section 1.0 Overview of HP4RY

HP4RY has 3 components: research or knowledge creation; HIV/AIDS programme development or knowledge translation consisting of delivery of the Family Life and HIV Education programme in select Junior Secondary Schools and community mobilization around HIV/AIDS prevention for youth in the communities where the schools are located; and capacity building in both Canada and Nigeria to support the continuation and expansion of similar work in the future. The project is being conducted by a team of Canadian and Nigerian partners and 4 collaborating institutions. The partners include:

Co-Principal Leaders:	Eleanor Maticka-Tyndale, University of Windsor Andrew Onokerhoraye, University of Benin and Centre for Population and Environmental Development Adenike Esiet, Action Health Incorporated
Team Members:	Uzo Anucah, York University Robert Arnold, University of Windsor Nombuso Dlamini, University of Windsor Kokunre Eghafona, University of Benin Isaac Luginaah, University of Western Ontario Felicia Okoro, University of Benin Friday Godwin Okonofua, University of Benin (to June, 2010) Francisca Omorodion, University of Windsor Uyi Oni Ekhosuehi, Edo State Ministry of Education
Collaborating Institutions	University of Windsor (UoW) University of Benin (UoB) Centre for Population and Environmental Development (CPED) Action Health Incorporated (AHI), including Africa Regional Sexuality Resource Centre project (ARSRC)

Section 2.0 Activities

The Project Evaluator, Janet Wildish, shall visit the project office in Benin City, Nigeria on four occasions over the tenure of the project for approximately 1 week each visit. The purpose of the visits shall be to assess the progress toward project goals as per the *Indicators for Evaluation* (See Section 5.0). The approximate schedule of visits shall be: April-May, 2008; June-July, 2009; September-October, 2010; and November, 2011 – January, 2012.

Four reports shall be due, each within 30 days of completion of a site visit.

On her initial visit, Ms Wildish shall establish that project documentation and record keeping procedures are adequate to support evaluation needs and that the project team has begun to establish procedures and activities necessary to the performance of the project activities and achievement of project goals and objectives as laid out in the Memorandum of Grant Conditions (see Attachment 2). On each subsequent visit to the project Ms Wildish shall assess the progress of the project against the *Indicators of Evaluation* as set out in Section 5.0. Such assessment shall be based on a review of project records, interviews with any project staff or team members she selects, and visits to collaborating institutions and/or research sites of her choice. The project

team members and staff shall, at her request, assist Ms Wildish in these tasks. Within 30 days of the end of each visit, Ms Wildish shall provide a written evaluation report against the *Indicators* identifying areas that are on target or completed, those that are behind target, strengths of the project, and areas where improvements could be made. The final report, due by January 31st, 2012 at the latest shall provide an overall evaluation of the project.

Section 5.0: INDICATORS FOR EVALUATION OF HP4RY

Evaluation Level	Research Objectives 4.1.1 and 4.1.2	Knowledge Translation to Action Objectives 4.2.1 and 4.2.2	Capacity Building Objectives 4.3.1, 4.3.2 and 4.3.3
Process	<p><u>Ongoing:</u> Data collection and analysis proceeding on schedule.</p>	<p><u>2009:</u> 1. Meetings with communities held to provide feedback from baseline research. 2. Teachers & peer educators trained for FLHE with content supplemented with information from baseline research on sexual scripts of youth. 3. NYSC trained and facilitating FLHECy. <u>2010:</u> Reports to SMOE and Council on Education on year 1 evaluation results. <u>2010:</u> 4. Meetings held with communities, SMOE, and other stakeholders to provide overview of full evaluation results. 5. Report to Council on Education on full evaluation results. 6. Report to Federal and State Directors of NYSC on training and mobilization of NYSC for research & community mobilization.</p>	<p><u>Ongoing:</u> 1. NYSC and research assistants complete designated training modules. 2. At least 2 staff members/year attend 2 or more SWIN modular courses on research methods. 3. 1 affiliate of HP4RY/year attends ARSRC summer institute and conducts final research project in association with HP4RY. 4. Sexual health seminar group established and meeting in Benin City. 5. Nigerian team members, research assistants and/or junior faculty affiliated with HP4RY make presentations at 1 or more international conferences.</p>
Outcome	<p><u>Beginning 2009 & ongoing:</u> Research questions answered with results published in peer reviewed papers or book chapters; reports to national and international organizations; and presentations made at academic conferences.</p>	<p><u>2011</u> 1. 30 schools receiving FLHE. 2. 10 communities mobilized to enhance AIDS Capacity. 3. Relative efficacy of FLHE and FLHECy interventions demonstrated in final report with implementation guidelines for efficacious models. 4. Funding obtained to hold a post-programme summit .</p>	<p><u>Progressively during programme:</u> 1. NYSC demonstrate capacity to take on intervention and monitoring tasks. 2. Research assistants take increasing responsibility for research activities over 4 years of programme. 3. Small research projects conducted by graduates of SWIN modules and ARSRC summer institute contribute to research agenda of HP4RY. <u>2011:</u> 4. Sexual health seminar group in Benin contributes to an ARSRC sponsored edited volume of research papers.</p>

APPENDIX 2:

Evaluator Visits to Nigeria

2011: Third annual process evaluation visit.

Visit dates: 5th – 12th November, 2011.

Report: Year 3 Process Evaluation Report, January 2012.

2010: Second annual process evaluation visit.

Visit dates: 16th – 25th October, 2010.

Report: Year 2 Evaluation Report, January 2011.

2009: First annual process evaluation visit.

Visit dates: 2nd-8th August, 2009.

Report: Year 1 Evaluation Report, August 2009.

2008: Initial visit prior to project mobilization to gather baseline information.

Visit dates: 20th – 26th April, 2008.

Report: Baseline Study, April 2008.

APPENDIX 3: INITIAL THOUGHTS ON HOW CAPACITY BUILDING WORKS

Amongst the people who are gaining new capacity	
ELEMENTS OF THE PROCESS	BARRIERS TO SUCCESS
Entry levels of knowledge, skills and behaviour/roles	False projection of entry levels or experiences already had/roles played
Expectations of new behavior/roles	Cultural differences in conceptualizing what roles entail Differences in institutional structures and cultures/management styles Different ideas about professional behavior
Received exposure, knowledge and skills	Challenges to providing contact time – geographical distance (who goes where, how many go, how long for etc) Unanticipated barriers – visas, technology, language etc Trying to start above the actual entry level Adult inhibitions around admitting gaps in knowledge, lack of understanding
Opportunity to take on new isolated and supervised tasks to apply new knowledge and skills	People can't/don't assimilate new knowledge and skills Time and funding constraints when work has to be delivered Communication and technological context/challenges
Demonstrated independence and reliability in applying new knowledge and skills	Time and funding constraints when work has to be delivered Communication and technological context/challenges
Supervised transition into new roles, transfer of responsibilities	Institutional resistance to change Roles and responsibilities not equated with aptitude and abilities Ineffective/conflicting supervision
Adoption of new role with internalized behaviour	Institutional resistance to change/ lack of situational support for change Roles not equated with aptitude and abilities Personal reluctance to adopt new role/lack of remuneration

Amongst people who already have the capacity and who are trying to transfer it.	
ELEMENTS OF THE PROCESS	BARRIERS TO SUCCESS
New, required knowledge skills and behaviours identified	False assumptions of quality and depth of knowledge and skills
Mechanism used for imparting new knowledge, developing skills and modeling behaviours	Challenges to providing contact time – geographical distance (who goes where, how many go, how long for etc) Unanticipated barriers – visas, technology, language etc Trying to start above the actual entry level Assumptions/mixed experiences around teaching and communication styles
Person playing existing role ‘moves over’ to allow new person to apply new k, s and b.	Person playing existing role has no where to move over to, resists giving up power or position People who have started to receive capacity leave Institution resists the movement
Supervision/mentoring supplied to assist in adoption of new k, s and b	Insufficient supervision/mentoring time or skills New k, s and b are not witnessed or are not of sufficient quality/haven’t reached required level
Capacity builder withdraws	Capacity builder feels responsible for the work Capacity building institution is held accountable for delivery (financial/legal) Capacity building institution has committed to other deliverables that are dependent on the outputs of the new k, s and b Capacity builder has to protect own reputation

APPENDIX 4: SUMMARY TABLES OF KEY COMPONENTS (FLHE and Action Research Model)

FLHE, as implemented in Edo State under HP4RY:

Table completed by Drs. U Oni-Ekhosuehi and E. Maticka-Tyndale

Materials:

- National Curriculum Guidelines (green)
- Edo State Scheme of Work –state approved SoW for integration of FLHE into carrier subjects is in each school for JSS 1; the state is not yet ready to distribute these for JSS 2 and 3. Master Trainers have copies of draft JSS 2 and 3 SoW and use them in their training.
- Subject text books
- Each school has a set of blue books to be shared by teachers.

Trainers:

- Master Trainers (including for subjects and G&C):
 - Selection Criteria: All have at least an MA or MSc in their subject field. All have taught in JSS or SSS. All are currently either teaching in JSS or have positions in the Min of Ed.
 - Received 2 weeks Master Trainer training and a 3 day refresher course prior to initiating training for the HP4RY programme.
 - During training of teachers there is 1 master trainer/carrier subject and 1 for G&C. Master Trainers are placed based on their own subject training and experience. In addition, there is one master-master to organize and supervise the training. Normally 10 schools are trained at one course giving the MTs each 10 subject or G&C teachers to supervise.

Training of schools:

- Sensitization at school level
 - 1 day sensitization with 2 parents from each school plus the school's teacher responsible for G&C attending.
 - Two sessions held, one in Benin and one in the north of the State to minimize travel.
- Teacher Training
 - Each schools sends 1 teacher/carrier subject plus the G&C teacher for a total of 4 teachers/school.
 - Criteria for Teacher Selection:
 - Carrier Subject Teachers: Ideally all teachers should be formally trained in their subject area and employed by the Min of Education. However, for schools that do not have such teachers, the teacher responsible for the carrier subject attends training.
 - Counselors: Ideally G&C teachers should have university level training in guidance and counseling. There are few such teachers in Edo State. Therefore, for the HP4RY programme, whichever teacher carries the responsibility for G&C in the school is eligible for training.

- Training takes place during regular school breaks so that it does not disrupt the teaching function of the schools.
- Duration of training: 10 days for teachers, 7 days for G&C. The first 5 days both groups are trained together. Following this the groups are split. Teachers cover subject specific teaching and SoW followed by a practicum and debriefing. G&C cover counseling and guidance topics and selection, training, supervising and sustaining peer educators plus a practicum.
- Training includes instruction plus practicum for both teachers and G&C.
- Other school personnel
 - School principals receive 2 days training.
 - CIEs receive 2 days training in monitoring of programme activities
- Other:
 - Dr. Uyi Oni Ekhosuehi, the AIDS Officer for the Ministry of Education in Edo State visits each school to meet with the PTA and insure information about the programme is getting to the parents.
 - Components of sexual scripting theory relevant to teaching were incorporated into Master Trainer training. Since this is a new, non-standard area that is being added to a Ministry approved standard curriculum, a newsletter that covers pedagogy and messages based on scripting theory and results of the baseline research was distributed in each school through the PTA for use by teachers and parents.

School level implementation: *(incl. how sexual scripting has informed the delivery of FLHE)*

- Where do we expect to find FLHE in an Edo State school after HP4RY training?
 - FLHE is designed for integration into the carrier subjects of English, Integrated Science and Social Studies. Regular lessons in these subjects will include information from the FLHE curriculum – i.e. about family life, gender roles, sexuality, sexual health (including pregnancy prevention, STIs and HIV).
 - FLHE topics will also be addressed in school assemblies, by peer educators, in PTA meetings with parents, and FLHE clubs. In addition, each school is encouraged (although not required) to have an anonymous question box with regular answering of questions.
 - G&C teachers have the responsibility to select and train peer educators in their schools. This is included as part of the training of G&C teachers. Activities of peer educators should be visible in the schools, students should be aware of the presence of peer educators, and the PEs should be addressing FLHE relevant topics.
- What messages will be emphasized with the HP4RY input?
 - HP4RY has added material on sexual scripting to teacher training and made this available in the newsletters.
 - Messages emphasized include specific reasons/benefits and ways to postpone sexual activity for both boys and girls that are based on how youth spoke about these in the baseline research; and correction of misinformation about HIV transmission and condoms.
 - Condoms are not a formal part of the curriculum, but questions about condoms may

- be answered and misinformation may be corrected.
- What strategies do we expect to see teachers adopting?
 - Infusion and integration of FLHE topics into regular subject teaching (e.g. in English, lessons on proper letter writing might include writing a letter about what you have learned about HIV; Integrated Science will include lessons on STI, HIV and pregnancy prevention; Social Studies will include lessons on the impact of HIV on communities)
 - Teachers speak more openly, with less embarrassment about sexuality topics with students and parents.
 - Teachers more accommodating of student questions
 - Will also expect to see students talking more openly about sexuality topics in class.
 - More participatory teaching activities.
 - Is there anything specific that has been introduced under HP4RY?
 - In prior FLHE training, only teachers formally trained in one of the carrier subjects and employed by the Ministry were eligible for FLHE training. Under HP4RY we are training all teachers who teach the carrier subjects, whether or not they have prior formal training or are employed by the Ministry or the community.
 - The State AIDS Education Officer is visiting each PTA and delivering a newsletter to raise awareness of the programme among parents and communicate Ministry endorsement of the programme and the newsletter contents.

Monitoring:

- CIEs visit schools once/year to monitor all programmes and activities. This is their regular work.
- The Minister has approved additional monitoring by one information officer from the HIV and AIDS Educational Unit who will monitor under the supervision of Dr. Oni Ekhosuehi.
- Waves 2 and 3 of data collection in the schools took place in February-March 2010 and 2011 and included questions designed to monitor the presence of FLHE activities.
- Feb. 2011 visits were made by project staff to all 30 participating schools to assess the status of the FLHE program in schools. Considerable movement of teachers was recorded, with some intervention schools losing all FLHE trained teachers and 1 delay school gaining trained teachers. All but 1 trained principal had been removed from project schools. This is documented in the wave 3 report on teacher evaluations.

NOTE:

A manual that fully records and documents delivery of FLHE in Edo State was completed in April, 2012.

ACTION RESEARCH:
Cycle 1
<p>Research: School-based: Baseline Surveys, FGDs, Interviews October-November 2008, February 2009 Community-based: Ethnographies February-March, 2009</p>
<p>Reflection/Action Design: <i>School-based:</i> Analysed in Canada (sexual scripting etc) with electronic input from Benin. Incorporated in FLHE through</p> <ul style="list-style-type: none"> • Master Trainers June 2009 • newsletters sent to schools – early 2010 • State AIDS Education Officer visits to schools. <p><i>Community-based:</i> Analysed in Canada and Benin. Key findings of both school-based and community-based research fed back to communities July 2009 with feedback, questions, interpretations, ideas for action articulated and recorded during these meetings for use in community- and school-based programming. How incorporated into Corper training and community mobilization towards AIDS Competence?</p> <ul style="list-style-type: none"> • Corpers briefed on AIDS Competent Community model during training and how to use it in community work. • Field Coordinator provides monthly work plans using the AIDS Competent Community model and review of the monthly field reports of activities. • Periodic newsletters highlight ‘best practices’ and segments of the ACC model to promote additional work by Corpers to move communities toward greater AIDS competence.
<p>Action/follow up: Actions listed above are implemented in schools and communities. See FLHE chart for implementation in schools.</p> <ul style="list-style-type: none"> • Scripting and FLHE – teachers trained, newsletter prepared and circulated. • ACC – See above for actions by Corpers and Field Coordinator.
Cycle 2:
<p>Research: School-based: Surveys of teachers and students, FGDs with students, interviews with teachers. February-March, 2010. Monitoring of school activities by CIEs April-June 2010. Community-based: no formal research. Corpers provide journals recording daily activities and monthly summaries reporting on how they have addressed the targeted aspects of the ACC model for each month. June 2010, first cycle of Corpers will complete their work and be debriefed about activities in their communities. They will document all activities related to ACC that took place during their tenure. This will be repeated in January 2011 when second group of Corpers complete their tenure and in June 2011 for 3rd and final group.</p>
<p>Reflection/Action Design: <i>Community-based:</i> On-going based on review of monthly Corper reports and more intensive at Corper debriefing in June, 2010 and January and June 2011. <i>School-based:</i></p>

Review of results of first wave of evaluation data and CIE monitoring reports.
<p>Action:</p> <p>Closer ties with Ministry of Education.</p> <p>Provide Corpers with work-plans that specifically address activities to move along the AIDS Competent Community Continuum.</p> <p>No specific actions in schools until after 3rd wave of data collection to prevention contamination of evaluation.</p>
Cycle 3:
<p>Research:</p> <p><i>School-based:</i> Surveys of teachers and students, FGDs with students, interviews with teachers. February-March, 2011</p> <p><i>Community-based:</i> Corpers provide journals recording daily activities and monthly summaries reporting on how they have addressed the targeted aspects of the ACC model for each month. June 2011, final cycle of Corpers will complete their work and be debriefed about activities in their communities. They will document all activities related to ACC that took place during their tenure.</p> <p>June-July, 2011 – All Corpers completed questionnaires designed to evaluate their experience. Ethnographic Research Assistants administered questionnaires as structured interviews to community leaders and youth in communities that had received the Community Programme to evaluate and provide feedback on the programme. Results were compiled into an Evaluation Report on the Corper/ Community programme.</p>
<p>Reflection/Action Design:</p> <p>July 2011-April 2012. Team reviews all evaluation data.</p> <p>Full documentation of the community programme and Corper involvement was prepared in ‘manual’ format and will be made available to State and Federal NYSC Directorates in July, 2012.</p> <p>Full documentation of the FLHE programme as delivered in Edo State was completed in April, 2012. This will be made available to the State and Federal Ministries of Education in June and July 2012.</p> <p>Special Issue of African Journal of Reproductive Health covering all aspects of the HP4RY research and programme will be issued June, 2012. This will document impact evaluation results. All of these documents will be made available to federal and state ministries and government offices and NGOs working in Nigeria. They will be made more widely available through the CPED website.</p>