ARC TWC Evaluation: *Guyana and Tanzania Comparative Report*

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ACRONYMS & ABBREVIATIONS

ABC	Abstinence, Be Faithful, Consistent condom use
ACC	Adult-Child Communication
AI	Appreciative Inquiry
AIDS	Acquired Immune Deficiency Syndrome
ARC	American Red Cross
CBI	Curriculum-Based Intervention
CWE	Community-Wide Event
FBO	Faith-Based Organization
FGD	Focus Group Discussion
FM	Field Manager
FUI	Follow-Up Intervention
FY	Fiscal Year
GRCS	Guyanese Red Cross Society
HRCS	Haitian Red Cross
HRY	High-Risk Youth
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interview
IFRC	International Federation of Red Cross & Red Crescent Societies
ISY	In-School Youth
M&E	Monitoring & Evaluation
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-Governmental Organization
n/a	Not Applicable
NS	National Society
OD	Organizational Development
OSY	Out-of-School Youth
PACA	Participatory Appraisal for Community Action
PE	Peer Educator
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PM	Program Manager
PRA	Participatory Rural Appraisal
RC	Red Cross
SO	Strategic Objective
TOT	Training of Trainers
TRCS	Tanzanian Red Cross Society
TWC	Together We Can
UI	Urban Institute
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme

UNICEF	United Nations International Children's Fund
U.S.	United States
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
YM	Youth Multiplier
YP	Youth Participant

A. EXECUTIVE SUMMARY

The Scaling-Up Together We Can (TWC) project was officially launched in February 2004, and is set to close its doors in June of 2010. The American Red Cross (ARC) implemented activities in collaboration with the Guyanese Red Cross Society (GRCS), Haitian Red Cross Society (HRCS), and Tanzanian Red Cross Society (TRCS); however, this report covers only the Guyana and Tanzania projects. All of the TWC staff and volunteers worked towards the common goal of reducing HIV incidence among youth 10 to 24 years of age. The project had three strategic objectives (SO):

Strategic Objective 1: Strengthen HIV-prevention life skills of youth 10 to 24 years of age
Strategic Objective 2: Build capacity of National Societies to implement youth HIV-prevention projects
Strategic Objective 3: Enhance community environment for the adoption of safer sexual practices

The end-of-project evaluation involved four researchers collecting qualitative data using focus group discussions and in-depth interviews with National Society (NS) staff, youth, parents of youth, community leaders, development partners, and other stakeholders. Key informants ranged from 10 years of age to legal adults. Interviews were analyzed using a qualitative analysis tool, ATLAS.ti, in Washington, DC, where the report writing also took place with contributions from four writers.

The evaluation investigated youth behavior change outcomes in addition to: 1) how well the project responded to local needs by assessing its geographic and beneficiary targeting, as well as asking about social and cultural influences on risky behaviors; 2) how well activities were implemented for each of the beneficiary groups identified in the original project plans; and 3) the implementation of capacity building efforts for the National Societies (NS) to perform their management duties. As there was no baseline information, researchers on the ground asked evaluation participants if they experienced increases in knowledge or changes in attitudes or behaviors as a result of participating in this project.

The TWC project was very dynamic. The NSs of both countries effectively transmitted messages using rather different approaches. HIV-prevention activities have a longer history with more development funding in Tanzania than in Guyana. TRCS reached a many more people than did GRCS, but project impacts were similar in both countries for those who received messages. Both countries had issues targeting beneficiaries for activities other than those included in the TWC curriculum because they were less well planned and attended to during the life of the activity. Because of the heavy focus on the curriculum, other planned activities, e.g., mass media, youth groups, community-wide events, town hall meetings, community councils, and NS capacity building, received relatively less attention.

The overall recommendations include:

- ✓ Collaboratively plan activities as intended using participatory community mapping;
- ✓ Describe all participant targets in the same detail as for the Curriculum-Based Intervention;
- ✓ Define and prioritize activities in the same detail as for the Curriculum-Based Intervention;
- ✓ Link the monitoring and evaluation plan to project goals and objectives; and
- ✓ Formalize and document project activities and management procedures in a 'Scaling Up TWC' project binder.

B. INTRODUCTION

B.1. Together We Can History Before 2004

The *Together We Can* methodology was first developed and implemented in Jamaica in 1993, and ran to 1997 through a partnership between United States Agency for International Development (USAID), the American Red Cross (ARC), and the Jamaican Red Cross. Since then it has been successfully replicated in Africa, Central America, and throughout the Caribbean, including a limited roll-out in Haiti and Guyana. Together We Can (TWC) has been reviewed and occasionally modified over the years to incorporate core elements that are known to have a positive impact on young peoples' behavior. These include peer learning, follow-up contacts, participatory methods using two-way communication, and a comprehensive life-skills approach. TWC has now been formally adopted by all 26 Caribbean Red Cross Societies as the cornerstone of their ABC (Abstinence, Be faithful, Consistent condom use) HIV/AIDS strategies, and is supported financially and technically by partners such as the Norwegian Agency for Development Cooperation, UNICEF, and UNAIDS. TWC materials have been translated into five languages, and in 2003 the International Federation of Red Cross & Red Crescent Societies (IFRC) printed and distributed 150,000 TWC Activity Kits throughout the Caribbean.

B.2. The Scaling-Up Together We Can Project

In Fiscal Year (FY) 2004, the ARC received a five-year, three-country PEPFAR (President's Emergency Plan for AIDS Relief) Track 1.0 grant from USAID to reduce incidence of HIV among youth 10 to 24 years old. The project provided technical assistance to Guyanese, Haitian, and Tanzanian Red Cross (RC) National Societies (NS) and was later extended through June of 2010. The project has exceeded targets, reaching more than one million youth through interpersonal and participative approaches to relaying HIV-prevention messages, and many more through general diffusion "edutainment" events and mass media-based outreach. The project mobilizes youth and young adults to deliver HIV-prevention messages, offer life skills training, and provide education and support to youth to encourage them to reduce or eliminate risky sexual behaviors. It also endeavors to change the environment in which youth are making decisions about relationships and sexuality by building the capacity of parents and community stakeholders and enhancing community resources to educate and support young people in making decisions that will affect the rest of their lives. The project was to commence with a community mapping activity to determine local resources and needs. It is guided by three strategic objectives (SO):

Strategic Objective 1: Strengthen HIV-prevention life skills of youth 10 to 24 years of age
Strategic Objective 2: Build capacity of National Societies to implement youth HIV-prevention projects
Strategic Objective 3: Enhance community environment for the adoption of safer sexual practices

B.2.a. SO 1: Strengthen HIV-prevention life skills of youth 10 to 24 years of age

Activities categorized under the first SO include a curriculum for youth that includes follow-up visits, "edutainment" events, youth clubs, and a mass media campaign. These interventions use peer-to-peer outreach to transmit prevention messaging emphasizing abstinence (including secondary abstinence), being faithful to one's partner and reducing multiple partners (particularly overlapping or concurrent multiple partners), and other healthy behaviors such as condom use, HIV testing, and accessing sexual and reproductive health services.

B.2.b. SO 2: Build capacity of National Societies to implement youth HIV-prevention projects

Another critical strategy, improving the ability of NSs to manage and expand youth HIV-prevention programs, is accomplished through formal trainings, individual coaching, systems development, and the dissemination of best practices. Capacity building of NSs includes organizational development training, partnership building, and exchange workshops with other RC branches or RC Movement partners.

B.2.c. SO 3: Enhance community environment for adoption of safer sexual practices

In addition to working directly with youth, TWC creates an enabling community environment for youth behavior change by soliciting the active involvement with TWC of youth gatekeepers such as parents, teachers and religious leaders. Activities include holding town hall meetings with community stakeholders and outreaching to new and existing community councils composed of host-country government officials, non-governmental organization (NGO) staff, and other community leaders.

B.3. The American Red Cross and the National Societies in Guyana and Tanzania

ARC, in cooperation with host NSs in Haiti, Tanzania, and Guyana, has been implementing *Together We Can,* a youth-targeted HIV/AIDS peer education program since 2004. This program is currently funded by PEPFAR's Track 1.0, and has been extended through June 2010 with additional activities such as condom distribution and implementation in new geographic areas in Haiti and Tanzania. As the program's primary recipient, ARC is responsible for providing funding and technical assistance to the program's in-country implementers: the Guyanese, Haitian, and Tanzanian Red Cross Societies.

Guyanese Red Cross Society (GRCS) has been supporting youth HIV-prevention promotion activities since 2000. GRCS prioritized HIV/AIDS as one of its central programs, focusing specifically on educating youth and on supporting people living with or affected by HIV/AIDS. GRCS's youth HIV program has been supported in the recent past by UNICEF, UNAIDS, and UNDP. GRCS is an active partner of both the central and local government Ministries of Health (MOH) and is considered a key partner in a country where the presence of other community-based NGOs and agencies is limited.

GRCS works in three regions, Regions 1, 4 and 9. Region 4 contains the largest urban area in the country, but is the smallest in terms of territory. Region 4 is particularly important because it has the highest incidence of AIDS. Region 1 is very similar to Region 9 in population density, that is, it is sparsely settled yet has the third largest land area. Mobility is a challenge in Region 1, and as a result, it is not nearly as well-served by social programs as is Region 4.

Tanzanian Red Cross Society (TRCS) was founded in 1962. By the time the TWC program was initiated in 2004, there were 14 regional committees with 56 district committees or branches providing support to more than 150 sub-branch committees across the country. The total number of TRCS volunteers was estimated at 7,000 active in first aid training, blood donor recruitment, disaster preparedness and response, as well as providing support to MOH national immunization and health campaigns.

The current TRCS TWC project focuses on urban centers in the Shinyanga Region of Tanzania as well as one urban site in Kigoma Region. TRCS began TWC implementation in Shinyanga only nine months before the evaluation was conducted. It had previously been operating in Kigoma Region, but was requested by USAID to move to Shinyanga due to the higher prevalence rates and lower levels of knowledge of HIV-related issues. Only one other international NGO was working in the region on youth-focused HIV-prevention education.

C. EVALUATION DESCRIPTION

This evaluation was conducted to assess the performance of the American Red Cross (ARC) in achieving the program's goals in Guyana and Tanzania as part of its close-out process of the TWC program. Its intent is to augment the TWC program's internal monitoring and assessment of interventions that promote self-efficacy, abstinence, fidelity, condom use, and the uptake of reproductive health services to reduce HIV transmission and unintended pregnancy in youth. Evaluators reviewed the mechanics of the program and its effect on creating a community environment conducive to youth behavior change, as well as its efforts to strengthen the NSs' capacity to manage and expand their HIV-prevention project for youth.

Country evaluations were completed in both Guyana and Tanzania. This final comparative report looks at what did and did not work in each country and draws generalizable conclusions across the two countries regarding the best way to implement TWC projects in the future.

C.1. Evaluation Objectives

The evaluation was directed by three Strategic Objectives as agreed upon by the lead consultant and the client, ARC:

SO1: To evaluate the effectiveness and appropriateness of beneficiary and geographic targeting for TWC activities within the environmental (including social and cultural) context.

SO2: To evaluate the impact of TWC interventions in promoting abstinence, fidelity, condom use, testing, and uptake of reproductive health services.

SO3: To evaluate the efficacy of TWC's efforts to build the capacity of each country's Red Cross National Society to implement youth HIV-prevention projects and development projects in general.

C.2. Evaluation Methods

The evaluation protocols are summarized below. See ***Appendix A: Evaluation Protocols*** for details.

C.2.a. Site Criteria & Selection

Local field offices were asked to select two sites, one urban and one rural, where the evaluation could be conducted. They were also asked to select a trial site where the discussion guides could be pilot tested. The sites were to be accessible within one day's travel from their headquarters. Each site was to have key informants who would be able to represent views from the perspective of all of the TWC targeted populations. For the purposes of the evaluation, a "site" is defined as a geographic location where program activities are centered. A site could be a school, a youth group venue, a religious center, a neighborhood in an urban setting, or an entire small village.

In Guyana, the evaluation focused on GRCS sites in Regions 1 and 4. Unfortunately, Region 9 could not be included in this evaluation. Sites from within Regions 1 and 4 were included and provided some diversity in terms of target population, risk conditions and youth behavior. Most of the peer-to-peer outreach in the areas occurs through schools which were the sites selected for the evaluation.

In Tanzania, the evaluation sites were similar highly-populated towns on major trucking routes. TRCS and ARC/Tanzania selected Ushirombo and Kahama Districts, along with Muhongolo town within Kahama, as testing sites for the discussion guides. TRCS operates in schools, but makes a concerted

effort to reach youth through venues outside of schools. Interviews were held both with school children and with participants who had either completed or were no longer enrolled in school.

C.2.b. Respondent Criteria & Selection

In order to collect data relating to implementation and efficacy of TWC, all the major organizations and beneficiaries in the program were included in the evaluation. Interviews were conducted with United States Government donor representatives, ARC headquarters and field staff, NS staff, stakeholder representatives, and project participants. ***Table 1: Field Interviews*** lists categories of respondents and the number of focus group discussions (FGD) and in-depth interviews (IDI) conducted with each type of respondent. The number in parentheses indicates the total number of FGD interviewees.

Table 1: Field Interviews

	Guyana		Tanzania	
Respondent Category	**FGD**	**IDI**	**FGD**	**IDI**
Youth Participants	--	5	3 (22)	11
Youth Multipliers	4 (23)	14	4 (30)	15
Peer Educators	3 (20)	15	2 (10)	10
Parents	1 (5)	7	2 (9)	12
Community Council	n/a *	3	n/a *	4
Town Hall Participants	3 (11)	--	2 (13)	n/a
Community Stakeholders	--	5	1 (5)	9
COMMUNITY TOTAL	**11 (59)**	**47**	**14 (89)**	**61**
National Stakeholders	n/a	5	n/a	--
GRCS Staff	1 (6)	7	1(6)	9
ARC Staff	n/a	n/a	n/a	2
NATIONAL TOTAL	**1 (6)**	**12**	**1 (6)**	**11**
COUNTRY TOTAL	**12 (65)**	**59**	**15 (95)**	**72**

* n/a = not applicable

Each NS was asked to identify key informants and arrange FGDs and IDIs. The sampling frame was designed to encompass the age range of the participating youth, both boys and girls, and to obtain data from students as well as youth reached in out-of-school settings.

It was originally planned that the same number of interviews would be conducted in each country, but due to the short turnaround time to organize the evaluation, logistical constraints, and the GRCS's lack of prior experience with project evaluations, the number of interviews in Guyana was smaller than expected.

C.2.c. Data Collection

The research team in the field consisted of the team leader, three research assistants, and in Tanzania, a translator. The research assistants had good experience in research methods through other projects and were able to work independently after two days of training, thus forming a strong team.

Secondary data. The ARC headquarters in Washington, DC, provided more than 70 documents relating to the TWC program, ranging from planning documents to project reports. These included monitoring and evaluation reports, descriptions of data collected in the field, logic models, and other project materials. Researchers reviewed all this literature prior to developing the research protocol and discussion guides, and returned to it throughout the data analysis process. In the final analysis pre- and post- test intervention data, as gathered by project staff was looked at. A sample report from the Access data management program is in ***Appendix B: Example of Pre- and Post-Test Report***.

Primary data. The team leader and a Washington, DC-based anthropologist created a series of discussion guides for collecting data. (See ***Appendix C: Discussion Guides*** for guides.) Since the type and level of project participation differed greatly between, for example, community leaders and peer educators, each discussion guide was tailored to the respondent's role. Including the guides for respondents representing organizations, 17 distinct guides were created. Based on the number of interviews to be conducted, a period of approximately 30 days in each country was allocated for primary

data collection. There was no significant difference between the selected sites within each country in terms of the actual number of interviews and groups.

The time allotted for IDIs was one hour, while the FGDs of 4-6 people were expected to last 90 minutes. All the interviews were recorded, and the audio files and notes retained for analysis. The privacy of respondents was protected by creating a coding structure that allowed each interview to be logged and personal information deleted. A discussion about the project goals and activities preceded each interview and focus group so the participants could provide informed consent. Both male and female respondents were comfortable with the researchers and responded to questions relatively openly and freely.

C.2.d. Data Analysis

The data analysis process followed the original research plan approved by the ARC prior to fieldwork. Data analysis was iterative, beginning in the field after each IDI or FGD. The researchers used a "rolling debrief form" tailored to capture key learning, new questions, developing issues, and potential implications. The field researchers would regularly discuss what they were learning so themes could be fleshed out in subsequent discussions. By examining the data immediately after collection, researchers were able to begin the process of refining questions and identifying emerging patterns and anomalies. These preliminary analyses were used to develop substantial presentations to share early findings and recommendations with NS management and field staff, ARC/Tanzania and ARC headquarters.

A four-person DC-based team conducted further analysis on the data using ATLAS.ti to code the information and identify overarching themes for more in-depth analysis. Each researcher took responsibility for analyzing and writing portions of the evaluation. The team met and communicated regularly to confirm and ensure consistency of findings.

C.3. Evaluation Commentary

After the primary data collection was completed in Guyana, GRCS staff expressed concern that the evaluation approach left important gaps in understanding, and that the data gathered did not present a complete and accurate picture of the TWC project. They felt that the inclusion of Region 9 would have led to far different conclusions.

TRCS and ARC/Tanzania were well situated to manage the evaluation. They were enthusiastic about the evaluation, but would have preferred that it be conducted midway through the project so that any recommendations could have been implemented. They also felt that only evaluating Shinyanga did not provide a fair representation of the project since the bulk of the activities took place in Kigoma during the first five years.

It was very helpful to meet with the entire NS TWC teams to discuss and clarify the preliminary findings and receive the team's impressions of the data collected and ideas for improving the evaluation. It was also helpful that researchers who were not also data collectors analyzed the data, as they were able to draw completely objective conclusions and bring balance to the report.

D. EVALUATION FINDINGS

This section compares the main findings of each country's evaluation and offers recommendations on cross-cutting issues, activities contributing to measurable changes, community engagement interventions and NS capacity building for future programming.

D.1. Cross-Cutting Issues for the Scaling-Up Together We Can Project

This section explores issues that are not activity specific, but which affect the entire project, namely, geographic and beneficiary targeting strategies, the situational environment, volunteerism and monitoring and evaluation (M&E).

D.1.a. Geographic Targeting

The catchment area covered by TWC was a function of population density, need, the number of volunteers, and the transportation situation. Geographic reach was mainly constrained by the number of Field Managers (FM) (referred to as Coaches in Tanzania) hired to work with volunteers and by the transportation budget. Although project participants in both countries requested an enlarged catchment area, planners had to prioritize where and how extensively they could work.

The evaluation did not find any standardized TWC approach to determining geographic targeting or priority setting for site selection. Because the activities could have worked anywhere, TRCS chose their first site, Kigoma Region, because of existing infrastructure i.e., National Society branch office presence and strength and later moved to the higher HIV prevalence region of Shinyanga. In Kigoma Region they chose to target the generalized population, while in Shinyanga they focused on high-risk urban centers. GRCS started working in Region 4 because they already had an office in Georgetown, but the criteria selecting Regions 1 and 9 were not specified.

It is clear that activities must be organized differently in urban versus rural areas. Rural areas are more difficult to access and have fewer resources such as youth groups, services for referrals and partner organizations, for planned activities. Because of the small populations and inaccessibility of many rural areas in Guyana, time-consuming and costly travel was required to organize and reach small groups of people. GRCS adapted outreach activities to meet the needs of the population while simultaneously minimizing time and financial outlays. The sites evaluated were found to be appropriate locations for an HIV-prevention project as they were commercial transit hubs, and, with the exception of Georgetown, were receiving messages from few other trusted sources.

Recommendations. When determining the appropriate TWC sites, as with all projects, it is advisable to explicitly set priorities in a **list of site selection criteria and clearly document** why sites were selected. All activities may not be feasible in all settings. When considering site selection, evidence of need should certainly be high on the list. In addition, the NSs' comparative advantage in implementing in a given site would also be a strong argument for reduced start-up times and spending.

D.1.b. Participant Targeting

The three NS TWC projects targeted 766,000, but reached over one million youth with interpersonal communication-based outreach. ***Table 2: TWC Cost Per Youth Reached (FY07-09)*** – not including the many more youth reached with general diffusion and mass media events - shows that the average cost per youth reached at US$ 9.00 for FY07-FY09. Expenditures are significantly higher in Guyana where transportation is a major cost factor.

Table 2: TWC Cost Per Youth Reached (FY07-09)

FY 07, 08 ,09	ARC	GRCS	HRCS	TRCS	TOTAL
3-year budget	$2,317,186	$491,028	$979,669	$1,355,848	$5,143,731
% of total 3-year budget	45%	10%	19%	26%	100%
Youth reached with community outreach	556,052	32,418	262,888	260,746	556,052
% of total youth reached	100%	6%	47%	47%	100%
Cost/youth reached with peer-to-peer contact	$4	$15	$4	$5	$9

[*Source: ARC Annual reports; FY07, FY08 and FY09*]

The primary beneficiary target group, youth between 10 and 24 years of age, was the most clearly defined TWC cohort, and the project most definitely succeeded in reaching them. Youth were then further stratified by gender, age group, in-school youth (ISY), out-of-school youth (OSY), and high risk youth (HRY). The term OSY may not accurately reflect this participant category, as some people categorized as such were students who happened to participate in an activity outside of the school setting. In Tanzania, HRY were youth who did not complete the entire curriculum.

Overall, Guyana had more difficulty engaging males, while Tanzania found that fewer females were receiving direct messaging. In Tanzania, ARC led the charge to remedy inequities in peer-to-peer outreach. They worked with TRCS to hold special events targeting girls and worked with PEs to reach OSY. Messages delivered to youth through out-of-school activities were adapted by the PEs depending on the time available and group dynamics. GRCS was less successful in reaching males and OSY through direct interpersonal interactions. Staff expressed dismay over their attempted failures to reach more OSY and were at a loss as to how to proceed. This would have been an excellent opportunity for technical assistance from ARC.

Many adults in both countries expressed concerns that condom and reproductive health messages were too mature for youth under 14 years of age. The two NSs were careful to exclude condom demonstrations when public opinion dictated.

Significant energy went into identifying, counting, documenting and assessing the youth who were reached by TWC under SO1. The same level of effort was not seen for adult or NS participants whose activities fell under SOs 2 and 3. It was unclear from the project planning documents exactly who was being targeting by which activities and what measurements would indicate that these people had been successfully engaged. Furthermore, adult beneficiary targeting was never clarified during the life of the project. Part of this was due to the concentration of ARC and the NSs on delivering five separate youth-focused activities, and project administration and management consumed much staff time.

Interviewees asked for greater engagement by the project for adults and expressed a desire to expand the age range to 35 years of age. The definition of 'youth' apparently varies among cultures. Everyone – local leaders, teachers and parents – wanted to be trained on HIV prevention, and in some cases, to transfer messages to their peers. Although parents requested HIV-prevention information in Guyana and Tanzania, they wanted it directly from the RC, not from their children. TRCS and ARC/Tanzania responded to the demand for parent education by developing and rolling out a trusted adult-youth communications (ACC) curriculum, discussed in more detail below. The request by adults for a TWC-like project targeting adults is unrealistic under the current TWC format. It would require a great deal of effort to develop a separate curriculum for adults who are not intended to be a part the peer-to-peer

outreach. On the other hand, this would be an appropriate point at which to partner with organizations that can deliver messages to adults. Specific organizations should be identified during the community mapping process.

That being said, adults are intended to support the NSs' efforts by allowing access to their children and offering opinions about the project for improvements. SO3 was devised on the assumption that adults would already have basic HIV-prevention knowledge and would immediately understand what the project was attempting to accomplish. The first statement is somewhat true and the second was found not to be true. The adults interviewed were pleased by the positive changes they saw in their children's everyday attitudes and behaviors, but did not necessarily know the details of what they were being taught. Parents and teachers felt the youth were being taught something that they should know about in order to adequately support their children's learning. The local leaders in Guyana wanted more information about the project, and in both locations asked for training on program management to adequately support TWC.

ARC generally planned that NS TWC staff would receive capacity building to effectively manage TWC. The approach varied greatly between Guyana, where there was no ARC presence, and Tanzania, where ARC was imparting their expertise daily. Although the NSs were dealing with widely different situations, both required capacity building at all administrative levels. It was assumed that the NSs would have some level of in-house skills to run programs, and ARC would only be required to train and mentor local staff on the specifics of running the project. Instead of assuming, it would have been helpful to take the first steps to assess with the NSs who needed assistance and in which technical areas, what resources would be required, and the steps needed to be ready to run the program, and to agree on expected results and a timeline by which results would be met.

Recommendations. Continue targeting youth with TWC, but consider that age-appropriate information should be explicitly outlined for PEs if future projects are to pursue youth through out-of-school activities and children in each of the three age cohorts. **Changes to the curriculum could be specified in a Training of Trainers (TOT) manual for FMs** to reduce additional reprinting costs for PE and participant manuals. In support of TWC, **adult targeting should be clearly stated** whilst adaptations to the program will be required depending on the situational environment and the outcome of the community mapping process. These adults include parents, government administrators, referral service providers, leaders of faith-based organizations, FBOs, school officials and teachers. ARC could, for example, develop guidance specifically for sessions targeting parents, not just of basic facts, using select TWC activities but also an orientation to the program with actual materials used on display for viewing. The **NS targets also need to be clearly identified** and agreed upon. Initial assessments of staff readiness for effectively handling both programmatic and administrative duties would have gone a long way.

D.1.c. Situational Environment

Some opportunities and threats posed by the operating environment were discussed in project documents reviewed by the evaluators. They play a pivotal role in the uptake and adoption of health promotion information. The physical, political, and socio-cultural environments mentioned during the evaluation are addressed below. FMs were very adept at making existing materials relevant to the local social and cultural situation. In Tanzania, the project took this one step further and developed a brochure and a magazine that talks about pertinent high risk situations. An opportunity neither NS picked up on were recent Ministry of Education (MOE) mandates to include HIV education in schools. The MOEs documented their need for teacher training to fulfill the directives. NSs could have used this

as an opportunity to reopen discussions with MOE officials to formally promote and further the TWC curriculum in schools.

One of the roadblocks to successful implementation relates to promoting condoms in societies where religion dictates that birth control is unacceptable. The NSs managed this issue by trying to explain the facts-based methodology to persuade a change of opinion or, failing that, removing condom demonstrations from presentations, but keeping it as an option for those who wanted the information. The second major roadblock was adults not being comfortable with discussing sex and sexuality openly and directly with younger children. Both societies felt that reproductive health should be broached after children reach puberty. PEs in Guyana were sensitive to this fact and focused on good decision making, self-efficacy, and HIV-prevention games for the youngest participants. In some instances, GRCS staff used the local value system to persuade parents that youth needed more information in order to abstain from sex and avoid pregnancy. Evaluation respondents expressed more concerned over abstinence and unintended pregnancy than HIV transmission. So, taking advantage of local values was a very clever TWC marketing strategy. There is also great concern over intergenerational and transactional sex in both locations. This value was not used as effectively as it could in promoting the ABCs of HIV prevention to communities.

Evaluation participants in both countries stated that there was significant peer pressure to have sex, particularly for boys. TWC life skills training addressed the ability of youth to refuse sex which appeared to be more effective in Tanzania than Guyana based on interviews with youth. Because youth in both locales reported learning, appreciating and using the TWC decision-making model the difference is most likely due to cultural influences. Adults in rural and urban locations of Guyana discussed the inroads popular culture, especially music and dance, had on encouraging sex while it was not brought up in Tanzania by anyone.

The two cultures value fidelity more for women than men to the point that it is expected that men cheat on their partners. Fidelity was more accepted in Guyana by interviewees as a life goal than in Tanzania. It was more acceptable in both countries for men to purchase and have condoms than women, but this attitude seemed to be changing, more so in Guyana. Social issues that arose in Guyana were sexual abuse and inequitable sexual partnerships, whereas witchcraft was distinct to Tanzania. Myths surrounding witchcraft were methodically and deliberately dispelled during TWC sessions with Tanzanian youth but the Guyanese concerns were not addressed head-on in the same way.

The political environments in Guyana and Tanzania were very different. Guyana had strong but disengaged local leadership, while Tanzania had the polar opposite. The Tanzanian officials were very interested in being paid for their involvement with TWC, whereas the motivating factor for Guyanese officials was time well spent. TRCS actively promoted TWC to local leaders by keeping them informed of their activities through conversations and submitting reports. GRCS did not capitalize on the capacity present in their officials by engaging them mainly because leadership was already busy and did not make TWC meetings a priority.

The undeveloped physical environment made everything just a little bit more difficult for the Guyanese branches outside of Georgetown. Transportation, telecommunications and power were all prohibiting factors to doing more. Rural sites in both countries may have no cell phone service and certainly no power by which to run electronics. This affects the ability of NSs to organize activities with communities, share documentation between sites, and develop and reproduce materials locally. FMs in Guyana rely on public transportation to reach rural sites, which is costly and may not be completely reliable.

Recommendations. During project planning, community mapping and implementation, deliberately **take into consideration the strengths and weaknesses of the operating environment**. Use this information to set realistic activities and targets. TWC may look very different in rural areas versus urban ones.

D.1.d. Volunteerism

The RC is a volunteer-based organization for which voluntary service is a fundamental principle. The Urban Institute (UI) states that, "Volunteer management capacity is a function of two things. One is staff support. The other is the adoption of relevant administrative practices necessary for the effective management of volunteers." [Source: Hager & Brudney, The Urban Institute. (2004) *Volunteer Management Practices and Retention of Volunteers*.] Although the study was about United States (U.S.) -based charities, universal lessons can be learned for application to international settings. Good management practices and valuing volunteers had the most significant positive influences on retention, an issue that has been problematic for both NSs.

NSs recognize that without volunteers, TWC would be a much smaller and less successful program. The results of the UI study positively correlates gratitude, including evidence of tangible achievements, to higher retention. GRCS staff discussed the desire to hold recognition ceremonies for their volunteers to show their appreciation of the Peer Educators (PE). Even though ARC gave NSs the opportunity to increase their budgets, NS staff mentioned monetary constraints as the reason for few formal volunteer acknowledgment activities. ARC and the NSs brainstormed how to motivate volunteers which to date have included; giving allowances, a t-shirt and a vest and loaning them bicycles in Tanzania; and in Guyana they have provided snacks during PE activities and in Regions 1 and 9 FMs went to great lengths to organize fun outings for the PEs and their friends and family members. PE evaluation participants requested certificates as proof that they had been trained by the RC. In Guyana, rural volunteers requested more social activities and snacks. Tanzanian volunteers felt that recognition of their services should come in the form of cash payments and bicycle donations.

Despite desires for more tangible rewards for services, youth volunteers were highly motivated. The greatest motivating factor reported by evaluation respondents was that they were learning new skills, seeing results, and saving lives. PEs in both countries said that the strength of personal character and charisma of the FMs was a key motivator for them to join and stay. Their reasons for leaving are generally not because they no longer want to be a part of the project. In fact, in Guyana PEs return to the RC offices when they have free time to see how they can volunteer. They have competing interests which means the way they are able to volunteer is more of an issue than whether or not they are provided t-shirts.

The UI data show that long-term retention is also influenced by volunteers recruiting other volunteers and very negatively associated by a dependence on volunteers less than 24 years of age. Some GRCS PEs were encouraged by friends to volunteer for TWC, but most volunteers, especially in Guyana, are under the age of 24. The TWC methods for recruitment were slightly different in each country. Both NSs screened PEs and provided well organized training to deliver Curriculum-Based Intervention (CBI) materials. TRCS involved local leaders and imposed strict criteria related to one's potential to deliver the Activity Kit, which ARC believes has served them well. GRCS was assisted by school teachers. A hybrid recruitment strategy could be developed whereby current volunteers recommend people they know, with the final selections made by the NSs and the local leaders. PEs were also expected to volunteer for other TWC activities such as organizing and participating in Community-Wide Events (CWE) and maintaining communication with local leaders.

Recruiting PEs is one example of how local leaders were asked to participate in TWC, in addition to contributing ideas for project improvement. Branch committees were also expected to volunteer for the advancement of NS objectives, including HIV prevention. Staff in NS Branches in Tanzania received some limited training, but other than that, these branch volunteers were not actively managed by NSs who did not apply the best practices already in use with PEs.

Recommendations: NSs are implementing many proven best practices for the recruitment and retention of PEs but a **formal recognition structure should be put in place**. The **management of adult volunteers should be as deliberate** as that used with PEs.

D.1.e. Monitoring and Evaluation

An enormous amount of effort was put into designing, testing, rolling out and adapting the M&E system. In an effort to compare Track 1.0 projects, USAID mandated that they perform a centrally-managed baseline study and mid-term evaluation. The baseline was never completed and the mid-term evaluation, while giving USAID a good idea of progress, was less helpful to individual county-level projects on specific recommendations for improvements or changes. The lack of baseline data was ultimately problematic. Neither ARC nor the NSs knew what their starting points were so measuring progress was somewhat circumspect. A well-done baseline study could have also assisted ARC and the NSs to develop meaningful outcome indicators to track. The absence of TWC evaluations deprived NSs of the opportunity to step back and objectively look at how well the project was or was not meeting objectives through the eyes of a third party.

Perhaps because ARC changed the system nearly annually, NSs never quite caught up or on. As both NSs' staff stated during interviews, the M&E system should be clear from the beginning of the project. Having a defined M&E system from the beginning would have allowed it to be integrated into activities rather than ending up as an afterthought for data collectors.

There was an M&E plan finalized in May of 2009 composed of two diagrams, a description of each form and the actual forms to be filled out. There was no linkage made between the data collected and project management or toward reaching intended results. In fact, according to the M&E plan, the only expectation for the project is to train and educate people, and hold meetings and events. If this is the measure of success, then the implementers should consider the project a resounding success. In project documents and conversations with ARC staff, however, more lofty goals were espoused. For the evaluation it was assumed, due to the nature of the project that TWC was hoping to impact abstinence, fidelity, and condom use even though these ideas are not explicitly in the M&E plan.

ARC trained NS staff on how to use the forms which were reported to be onerous and difficult for illiterate or semi-literate people to fill out. Data collection was a part of training for FMs and PEs, but not for Youth Multipliers (YM). PEs and YMs randomly filled in CBI rosters. Some PEs, YMs and FMs reported knowing of YMs who made names up. An appreciation of the importance of good data was not systematically instilled in volunteers. In addition to collecting names and personal information, each form had spaces where volunteers and coaches could write down their reflections on the activity which proved to be the burdensome task. This qualitative information was to inform supervisors of areas needing follow-up and improvements and to document progress. Even though the forms were not used as intended, YMs spoke with PEs who spoke with FMs to resolve problems. The downside to this strategy is that commentary that could be useful to others has been lost. This section could be simplified to three questions what worked, what did not work, and what is recommended.

In an effort to look at end point outcomes, ARC implemented a pre- and post-test for YMs who participated in CBIs and Follow-Up Interventions (FUI). This test covered HIV-prevention knowledge, attitudes towards People Living with HIV/AIDS (PLWHA), and changes in cultural values regarding the right to refuse sex and insist on condom use. TRCS attempted a short pre- and post-test at CWEs which they found unwieldy and unusable. Other than the TWC Activity Kit, no other SOs have outcome data to show progress. An annual or bi-annual information collection exercise could be conducted to obtain a better-rounded picture of overall TWC achievements, not just accomplishments of the CBI and FUIs. The regular review of the entire SO1 would inform decision makers of other areas needing improvement such as CWEs and mass media. If this approach was used, the pre- and post-test could become redundant and is discussed more below.

By project end, both NSs were using targeting data and the results from the pre- and post-tests to inform CBI programming decisions. It would have been helpful to look at the quality of the interventions for each SO, such as the degree to which activities were youth-, adult- or NS-initiated and -directed, access to and utilization of referral services, and level of community engagement. Countless lists exist that could help in the development of more useful indicators and suggestions are included below.

Recommendations: Each NS should come up with their own M&E plan and include all fo the requisite components. When developing the M&E framework, consider key decisions that will need to be made to determine whether activities are being implemented as intended. **Develop indicators and systems which track outcomes** to help with decision making, not just output from the start of the project. **Simplify the data collection forms**. **Train staff and volunteers on M&E basics** and explicitly tie data collected to individual and project achievements and decision making. Complement or replace the pre- and post-test with a more **comprehensive evaluation tool** to measure outcomes resulting from all interventions. This is further described in ***F.4. Define Indicators and Link Measures to Use*** below. (See ***Appendix D: Participatory Data Collection Methods*** for ideas.)

D.2. HIV-Prevention Education Activities Contributing to Measurable Changes

TWC targeted youth individually with direct peer-to-peer interactions through CBIs, FUIs and the ACC curriculum. For each of these three activities, evaluators inquired about beneficiary targeting strategies, message delivery, activity monitoring, volunteer supervision and sustainability.

D.2.a. Curriculum-Based Interventions (CBI)

The curriculum was the part of the project most developed and focused upon by ARC and the NSs. It was well received by most stakeholders, especially volunteers and participants, in both countries. Many of the stories, games, and activities were singled out for praise by evaluation participants. PEs in Guyana noted that the content was most appropriate for youth between the ages of 15 to 19 years, a much narrower range than the targeted 10 to 24 years of age. In particular, the parts of the curriculum that included depictions of reproductive anatomy and discussions of condoms were problematic in both countries. Parents of youth in the younger age groups felt they were too young to be exposed to those topics and speaking about sex would encourage experimentation. On the other hand, for youth aged 19 to 24, some of the TWC Activity Kit games and activities were considered juvenile by the Guyanese participants. FBO objected to the presentations about condoms on religious grounds. These circumstances are unlikely to change any time soon, and were taken into consideration by PEs who presented the curriculum without condom demonstrations.

Table 3: Number of Youth Reached through CBIs

FY	Guyana	Tanzania	TOTAL
FY04	300	0	**300**
FY05	6,529	111,135	**117,664**
FY06	7,881	96,991	**104,872**
FY07	5,447	95,986	**101,433**
FY08	6,393	81,434	**87,827**
FY09	3,688	47,894	**51,582**
LOA	**30,238**	**433,440**	**463,678**

[Source*: ARC APRs*]

During the six years of implementation, TWC reached nearly a half-million youth through CBI peer-to-peer outreach in the two countries. Although the evaluation found very little difference in terms of self-reported HIV-related outcomes between the highly stylized Tanzanian curriculum and the relatively unmodified Guyana one, TRCS reached a great many more youth through CBI activities as presented in ***Table 3: Number of Youth Reached through CBIs***.

Multi-year efforts were put into adapting the CBI curriculum to the local environment in Tanzania by ARC. GRCS chose to remain largely faithful to the original IFRC curriculum. A greater fraction of YMs tested in Guyana than Tanzania were found to have comprehensive knowledge about AIDS per the TWC project's definition – responding correctly to all five HIV knowledge-related questions. But a far larger percentage of Tanzanian YMs held accepting attitudes towards PLWHA. The results of the other composite indicators showed similar ability levels to negotiate abstinence and condom use between groups of YMs over time, as illustrated in ***Table 4: Percentage of YMs Responding Correctly to Select CBI Post-Test Questions for Multiple Years***.

Table 4: Percentage of YMs Responding Correctly to Select CBI Post-Test Questions for Multiple Years

	Guyana			Tanzania		
Data Period / Select Composite Indicators	10/07 to 09/08	10/07 to 9/09	10/07 to 05/10	06/09 to 09/09	05/09 to 03/10	05/09 to 04/10
Number of post-tests	607	749	1018	317	1770	2402
Comprehensive correct knowledge about AIDS	43%	55%	57%	11%	48%	48%
Accepting attitudes towards PLHIV	34%	33%	35%	61%	62%	63%
Ability to negotiate abstinence	59%	59%	64%	64%	67%	65%
Ability to negotiate condom use	86%	86%	87%	92%	90%	91%

[Source: *GRCS and TRCS Pre- and Post-Test CBI Databases*]

Although over 80% of people responded accurately to nearly all of the individual questions about HIV transmission, the low comprehensive score is likely due to individuals missing one or more correct answers from the group of five applicable questions. The large difference of stigma towards PLHIV between Guyanese and Tanzanian test takers is probably related to the lack of personal exposure in Guyana to PLWHA and not the curriculum. It is important to note that the absolute increases in people with comprehensive knowledge and decreases in stigma towards PLWHA were greater in Guyana (85% and 95%, respectively) than in Tanzania (78% and 62%, respectively). These data would indicate that the extensive changes to the CBI curriculum in Tanzania may not have had the expected results for more efficacious information transfers.

Tanzanian PEs were older and worked more independently in indentifying, contacting and educating YMs. TRCS PEs were given a quota of one school per month, and there was a more concerted effort to target youth through out-of-school activities in market places, workplaces and gathering places for youth. In the two Guyana evaluation sites, the FMs led, identified, and organized every TWC outreach session to YMs and YM to Youth Participant (YP) outreach was stressed much less than in Tanzania.

In short, the success of the CBIs, as measured by TWC, is very influenced by effective targeting. CBI activities were constrained by such factors as the number of volunteers the NS is equipped to manage, the numbers of youth available to participate, and as described in the section on Geographic Targeting, by challenges of geography and transportation. The last two issues are very applicable in Guyana. GRCS trained 298 staff and volunteers under SO1 over the life of the activity and TRCS trained 935. Although younger Tanzanian YMs more vehemently reported having a harder time passing messages on to YPs, staff and PEs trained by TRCS reached an average of 463.6 people each through the CBI peer-to-peer cascade, whereas each person trained by GRCS reached approximately 101.5 YMs and YPs. The number of people reached is most likely considerably higher than what was reported, since YMs did not keep good records of who they spoke with, and YPs transferred messages as well, especially in Tanzania.

One of the reasons that monitoring YM activity fell short may have been that concept of "Take Home Assignments" is not a very appealing one. It might be appropriate for school children, but what really motivated youth to pass on messages was that they felt they were saving lives. A better way to frame the activities might be something such as "Spread the Word." An additional PE responsibility could be to record the number of people YMs spoke with in an additional column on their forms, instead of having separate YM rosters. Given the context of low literacy levels in both countries, oral data collection occurs quite frequently already. PEs already ask YMs to describe the impediments they encountered in spreading information and could record this as well in bullet points for the group of YMs.

The CBI targeted individuals and institutions. TWC used three main institutions to reach youth: schools, FBOs, and youth centers. Schools were the most successful due to the high degree of central level controls and structure at the grassroots level. Both NSs used the formal hierarchical administrative structures of the MOE to gain entry into schools. This proved effective in persuading school principles to allow the RC regular access to students in Tanzania and rural Guyana. In Georgetown, where the RC is competing with numerous other organizations for public schools' time and attention, entrée was more labor intensive, while private schools turned out to be more flexible in incorporating TWC into their schedules.

FBOs and youth clubs were venues by which the project planned to reach OSY. Although many FBOs have a rigid hierarchy, such as the Catholic Church with arch-bishops, bishops and priests, it was not used in the same way as the MOE's structure. Youth clubs are relatively unorganized where they do exist so difficult to identify and engage. ARC and the NSs identified constraints in accessing both of these organizations. Neither type of organization is explicitly set up to engage youth as they are in schools. Even though identifying groups and FBOs was not as straight forward as finding schools, TRCS staff were able to work with a church choir, a *madersa* (Islamic school) and a football team in Shinyanga. TWC staff maintained that gaining entry was the larger problem with religious organizations who opposed any conversation related to birth control. Youth clubs were difficult to locate and often times disinterested when found. Instead, GRCS and TRCS used organized sporting events to engage OSY.

In addition to the importance of targeting for CBI activities, another consideration is the use and promotion of referrals. As it was operationalized, it was more a directory of services than a referral system. The need for referrals should reflect the goals of the project. Certainly Voluntary Counseling and Testing (VCT), condoms, and reproductive health should be a part of this system. Both countries had resource lists that were created by the NSs and presented to YMs by the PEs in the form of posters. TRCS was more methodical on keeping the list updated through the participation of YMs and YPs. Youth were not systematically referred for services in either country. Although Tanzania authorities reported a

greater uptake of VCT services and felt that TWC contributed to the increase in demand for services, it was not possible to verify the linkage.

Recommendations. The content and delivery mechanisms for HIV-prevention messages are liked and effective. Additional efforts do not necessarily need to go into adapting the curriculum as CBI testing data does not support great increases in knowledge or skills because of the changes. It may be helpful to have a **TOT manual for facilitators** that contains more specific directions for M&E, age-appropriate messages, and referral resources, which can be determined during the community mapping process. Promote **spreading the word** instead of giving homework assignments. Referrals require more thought on **involving the service providers**. It would be advisable to provide YMs with **referral forms** that are signed upon receipt of services and returned to the NS staff for tracking.

NSs should **continue to strategize on effective targeting**. A more methodical approach, such as the one used with MOE, for gaining entrée with FBOs might be more effective for obtaining buy-in from religious leaders. Another option could be to develop a written presentation specifically targeting religious leaders that FMs and volunteers would be trained to deliver. Some people did manage to connect with youth through FBOs in Tanzania. It would be appropriate to share these strategies among the staff and volunteers. But in the final analysis, if the FBO gatekeepers continue to decline to allow TWC to be presented to the youth in their charge, recruitment efforts should be redirected towards more amenable entry points.

D.2.b. Follow-Up Interventions (FUI)

The FUI Toolkit developed by ARC and finalized in 2009, provided a step-by-step explanation of how to conduct an FUI. The first step is to gather information to determine which topics would be covered in the upcoming FUI. The document then outlines a syllabus to present key messages and facts, to discuss managing peer pressure, to allow for a question and answer session and to reinforce the use of youth-friendly services. Portions of the guide are to be used by PEs as they see fit, based upon the analysis of data assembled by NS staff and PEs.

Implementation of FUIs began in FY07 in Tanzania and FY08 in Guyana. They may or may not have occurred with YMs who had received the full curriculum. YMs and YPs interviewed did not differentiate FUI sessions from the CBI session, so the evaluation could not pick up nuances on the value of its content. YMs were able to state whether or not RC had returned after the original sessions. Participants liked this opportunity to refresh their information, ask questions, and learn more from PEs and requested more return visits. They felt PEs did a good job transferring appropriate knowledge. YMs stated that they learned new information through the FUIs, but when pressed for details, they spoke in general terms about HIV prevention. PEs mentioned FUIs in Guyana when probed and to a slightly greater extent in Tanzania. They did not talk about following the *FUI Toolkit* but explained FUIs as an opportunity for YMs to ask and get answers to their questions.

Table 5: Percentage of YMs Responding Correctly to Select CBI and FUI Pre- and Post-Test Composite of Questions

Guyana	CBI 10/07 – 05/10 Data			FUI 06/09 – 05/10 Data		
Select Composite Indicators	Pre-Test	Post-Test	Change	Pre-Test	Post-Test	Change
Number of tests	1068	1018		693	638	
Comprehensive correct knowledge about AIDS	26%	46%	84%	41%	56%	37%
Accepting attitudes towards PLHIV	18%	35%	94%	28%	36%	29%
Ability to negotiate abstinence	57%	64%	12%	57%	63%	11%

Ability to negotiate condom use	79%	87%	10%	89%	89%	0%

Tanzania	CBI 05/09 – 04/10 Data			FUI 06/09 – 05/10 Data		
Select Composite Indicators	**Pre-Test**	**Post-Test**	**Change**	**Pre-Test**	**Post-Test**	**Change**
Number of tests	2483	2402		1732	1689	
Comprehensive correct knowledge about AIDS	27%	48%	78%	40%	59%	48%
Accepting attitudes towards PLHIV	39%	63%	62%	56%	66%	18%
Ability to negotiate abstinence	55%	65%	18%	63%	70%	11%
Ability to negotiate condom use	82%	91%	11%	87%	92%	6%

[Source: *GRCS and TRCS CBI and FUI Pre- and Post-Test Databases*]

The *Toolkit* did offer guidance and a semblance of structure to the FUIs but the influencing factor of the activity seems to be related to effective targeting. ***Table 5: Percentage of YMs Responding Correctly to Select CBI and FUI Pre- and Post-Test Composite of Questions*** shows that much of the post-test data were nearly identical after FUIs and CBIs in Guyana. Gains in knowledge from pre- to post-test were not as huge after the FUI as after the entire CBI so some information had been retained. More YMs in Tanzania responded correctly to FUI post-tests than to CBI post-test, if even slightly. These observations may be of no consequence as YMs attending the FUIs did not necessarily sit in on the CBI. Where numbers do not change significantly the question for TWC program managers is to determine if information exchanged through an FUI format is just as effective as through the more labor intensive and time consuming CBI. If this is the case this would have very positive implications for reaching OSY and school children with little time allotted to RC where a shorter presentation would elicit the same results.

TRCS put more effort into methodically reaching out to the same youth who had participated in the CBI whereas the YMs in Guyana were not as diligently targeted and may not have taken part in the original CBI. So it is understandable that FUI-related gains would be more pronounced in Tanzania. These data would indicate that FUIs are more valuable for YMs who have already had exposure to interpersonal information from other sources. As with CBIs, it was relatively easy to locate and recontact youth in schools if the FUIs were conducted within the same school year. Finding youth who had been reached through out-of-school CBIs proved very time consuming for TRCS PEs. It was decided in Tanzania to focus FUIs on ISY, which may be a better strategy as the younger the YM age cohort, the lower the baseline knowledge and information retention was shown to be from the CBI pre-test to the FUI post-test.

Table 6: Number of Youth Reached through FUIs

FY	Guyana	Tanzania	TOTAL
FY07	0	1,921	**1,921**
FY08	419	5,997	**6,416**
FY09	669	4,064	**4,733**
LOA	**1,088**	**11,982**	**13,070**

[Source*: ARC Annual Performance Reports*]

Once again, by focusing on highly populated areas, TRCS was able to reach a greater number of youth with FUIs, as illustrated in ***Table 6: Number of Youth Reached through FUIs***. The percentage of YMs reached through FUIs in Guyana and Tanzania was 7% and 5%, respectively, of the number of youth reached through the CBI in FYs 07-09. In FY09 when FUIs were fully up and running a greater proportion of all youth reached through CBIs participated in FUIs, 18% and 8%, respectively for Guyana and Tanzania. FUIs did not include reporting on YPs, so the actual number of youth reached is likely underreported.

Recommendations. **Stay the course** of using FUIs to reinforce knowledge of YMs who had participated in CBIs.

D.2.c. Adult-Child Communication (ACC)

GRCS staff reported having educational sessions with YMs' parents, but the ACC curriculum is unique to Tanzania. In its first year of operations, FY09, TRCS reached 30 trusted adults and 30 youth. Although the curriculum, as originally planned, did not end up working with parents of YMs, it was very warmly received. The content was found by participants to be appropriate, well presented, and helped parents to communicate better with their children. The substance of this activity does not need modification. Once again the issue that needs more consideration is participant targeting.

Recommendations. Continue with this activity but **develop a clear targeting strategy**. Determine whether the YMs or the parents will be used as NSs' point of entry, or both. Once the entry point has been established, work with NS staff to market the activity and recruit participants. This could be accomplished though community leaders such as the community-based advisory board or religious leaders and/ or a concerted effort to engage YMs in the recruitment process of their trusted adult.

D.3. HIV-prevention Education Activities: Community Engagement

The TWC methodology integrates several approaches for communicating with, reaching out to, and drawing upon the community as a full partner in the process. Town hall meetings and community councils are used to garner and engage community support. Youth clubs, community-wide events, and mass media are means for delivering HIV awareness messages to those not reached by the one-on-one interventions. These TWC components are distinguished from those in the previous section in that it is not possible to measure their individual or even group impact, but they contribute to the success of the overall program by creating a welcoming environment for TWC messages. The evaluation asked relevant project participants and NS staff about their perception of the goals of each activity, the degree to which they had been carried out and their level of sustainability after the RC no longer sponsors TWC.

D.3.a. Town Halls and Community Councils

Many TWC stakeholders were unclear on the distinction between Town Halls and Community Councils. Although their purposes were ostensibly different (town halls were to be community information events; community councils were to act as advisory bodies), that distinction was lost on staff and participants and in practice. This lack of clarity extends to the TWC documentation for community engagement activities, e.g., "Town Hall and Community Council Operational Plan for Haiti June-December 2006," which does not disambiguate the two types of meetings. It seems to distinguish between them temporally – the first meeting in any given site is a town hall, subsequent meetings are community councils. However, a note within this document defines them in functional terms, introductory versus activity planning.[1] This section will discuss the evaluation findings with respect to both types of meetings together, but provide separate recommendations.

The Town Hall meetings were intended to be a marketing tool for the NSs to present and garner community support for their programs with the general public, and obtain permission to conduct the TWC project in the community. However, the concept of the "town hall" was unclear in both countries, and frequently conflated with the Community Council. Evaluation participants reported either not being sure of the purpose of the town hall, or not even being aware that any such meetings took place,

[1] *"N.B. In some cases a community council meeting may occur immediately after a town hall meeting (that is introductory <u>and</u> activity planning topics occur during same meeting…)."*

probably due to the uncertainty surrounding the term. They were simply termed by beneficiaries as community meetings or RC meetings.

In Guyana, attendees found the meetings to be useful for learning about the program and the content of TWC. However, the bad experiences of most attendees with poorly run Parent-Teacher Association and other community meetings led them to be wary of getting involved, and attendance soon fell off despite the efforts of the TWC staff to promote them. Respondents also noted that townspeople might be reluctant to attend meetings where they might look ignorant in front of their peers. In Tanzania, stakeholders recalled a sustainability meeting, which was favorably received. Instead of relying on town hall meetings to garner community support, TRCS staff and volunteers were able to do so through the existing community government structure, which, while valuable for gaining community entrée, neglected many other stakeholders.

GRCS and TRCS both referred to the existing community governing structure as their Community Council. Between two and 24 councils were reported as 'operational' each year, which, practically speaking, translated into government leaders being informed of activities. It turned out to be very difficult for the NSs to establish community councils to provide ongoing advisory support. The concept of a supportive leadership is an important one, but its functionality was constrained by the local operating environments. Reporting progress to local leaders turned out to be a workable solution, especially in light of Tanzania's "sitting fee" system, for holding meetings with government officials, which were avoided by getting on the agenda of already-scheduled meetings to present progress reports.

Recommendations. The actual form either type of meeting will take will vary depending on the local situation, e.g., community interest, school system and government structure. **Distinguishing more clearly between the two types of community engagement events** would make it easier for TWC staff and volunteers to promote them to potential attendees, as well as simplify record keeping. Town halls should be formalized in the TWC documentation as the venue for reaching out to and informing the community, especially stakeholders not otherwise involved with the program. Community councils should be advisory bodies that take an active role in planning and decision-making. This distinction should be **clearly spelled out in TWC documentation**, and assumed for the recommendations provided next.

Town Halls. Every community reached by TWC should have **one entrée meeting with gatekeepers** to request permission to operate in the area and **periodic meetings** where new information is presented, progress is documented, and questions and concerns are addressed. The public should be motivated to attend by **offering education, information, or other incentives** that directly benefit participants. These incentives should be selected by assessing local needs during the initial set up and community mapping process. As noted in the Tanzania report, these meetings do not necessarily have to be called "town halls," nor do they need to follow that format. The important point is to ensure that the community is informed, engaged, and invested in the TWC process.

Community Councils. Rather than relying on local government officials and other community leaders, the **community-based advisory board could be made up of RC branch volunteers**, with ARC providing technical assistance, and coordinated by a TWC staff member. Local government should be kept informed but should not be solely relied on for regular advice. In Tanzania, the assigned NS coordinator might be the branch development manager; in Guyana, this might be handled by a qualified volunteer, e.g., Peace Corps, or it may be necessary to hire someone for the role. Board activities might include

holding the town hall meetings, and members might attend TWC staff meetings and should participate in the community mapping process. This will require that ARC **invest in developing the advisory board's capacity** and provide clear guidance**.**

D.3.b. Youth Clubs

Youth clubs are not an activity *per se*, but rather a means of accessing youth through non-school based activities, especially OSY. The plan was to target existing youth clubs. [Source: *TWC FY09-10 Workplan*]. Previously organizing youth clubs proved to be fairly labor intensive and required a high degree of oversight and involvement by RC field staff. As reported by evaluation participants, lack of clarity in the TWC documentation on how to go about setting up a club, establish its purpose, and monitor and evaluate its effectiveness hindered implementation of this component of the project.

GRCS was significantly more successful in accessing youth via youth clubs, mainly in the urban Region 9, where such youth venues already existed. Youth clubs are not plentiful in rural settings, and they are not always identified with a "bricks-and-mortar" location. They may be informal and lack official leadership. They most likely do not meet regularly, and may only exist for a limited amount of time. In short, they have limited utility as recruiting sites over the lifetime of the CBI. On the other hand, PE youth groups have played an important role in rural Guyana as a kind of support group for volunteers, by providing them with a setting in which to gather outside of school to work on TWC planning and preparation, do homework, or just congregate socially.

Recommendations. TWC should **establish guidelines for working with youth groups** that make clear the target population and the process for engaging them, as with any other group such as church groups of school children. Youth groups should be identified in the initial stages of establishing TWC in a region during community mapping and **targeted for gaining access to youth** in the same way as any other organization. As appropriate, other locations or contexts in which youth gather could be **identified by YMs and YPs and added to the referral list** as part of the TWC take home assignments. The concept could be recast as "youth groups" rather than clubs in order to avoid the connotation of a specific venue like a club house.

D.3.c. Community-Wide Events (CWE)

The purpose of and approach to community-wide events changed considerably over the course of the project based on direction received from USAID. Initially, CWEs were conceptualized as small-scale (less than 500 reached) versus large-scale (over 500) community mobilization events, and there was an expectation that TWC staff and volunteers would be instrumental in organizing or staging them. Over time, it became clear that "mobilization" was not an accurate description of the events and that the depth and level of interaction in the intervention was more important than size, so the guidance was amended accordingly. The differentiation was now between interpersonal and general diffusion events, and any given CWE could be both at once. This distinction completely changed the character of the concept. CWEs now needed to be tracked in two separate ways, by the number of individual conversations of three or more minutes, and as general diffusion events by number of attendees who only engaged in uni-directional communication with limited participation of recipients. The complexity of the tracking system is evidenced by the TWC document, "Guidance on Community-Wide Events (CWE) Terminology," which includes three pages of instruction with 15 examples.

The result was considerable confusion among TWC evaluation participants regarding recordkeeping and reporting for CWEs. Since any given CWE could include both types of events the number of attendees way usually not known, and, the FMs would often just guess on the paperwork. The reported number of

CWE participants varied widely from year to year, ranging from 4,500 to nearly 75,000 youth. For the purposes of reporting targets to USAID, only small-scale CMEs and later interpersonal CWEs were counted towards the strategic indicator of youth reached.

Both NSs participated in CWEs in conjunction with already-planned events such as health fairs, festivals, vocational camps, and sporting events, i.e., they were "piggy-backed" on existing events of other organizations. The "piggy-backing" strategy used by NSs is a good way to conserve resources and volunteers' time. One popular activity in Guyana was to facilitate discussions in the form of a quiz show and the PEs in Region 1 used the opportunity to raise funds to purchase items for the program. Community leaders in Guyana were very impressed with the PE-run booths and RC is now expected by the community to participate in large gatherings. In Tanzania, only one CWE was reported by evaluation participants for the nine-month period covered by this evaluation in Shinyanga. Relocating and starting work in a new region superseded organizing CWEs. Implementing CWEs was constrained in both countries by issues of geography and resources, that is, the existence of events in the local area and the time available to volunteers to participate in them.

Recommendations. Community-based advisory board members and YMs could be charged with identifying and alerting NS and PEs of upcoming events, and with promoting TWC's upcoming participation to their constituents. General diffusion CWEs could also be used for recruiting branch members and PEs and for fundraising. For example, PEs could have a booth with signup sheets for youth and groups that would like more information, or hold drawings for prizes to be announced at a town hall meeting to encourage attendance.

While USAID's purpose in creating the distinction between interpersonal and general diffusion CWEs is appreciated, **the purpose of the general diffusion CWE needs to be clarified** in terms of TWC. Activities involving direct one-to-one communication make more sense if incorporated into the CBI or FUI peer-to-peer outreach. Regardless, ARC needs to clarify exactly what is to be gained from three-minute conversations and then communicate that to the TWC volunteers. Monitoring success of the events will be easier if the rationale for conducting the events is well established.

D.3.d. Mass Media

The use of mass media to educate youth missed by all the other outreach efforts is a commendable idea, but may not be the best use of scarce TWC resources. The idea is to use radio, television, magazines, etc., as marketing tools to bring NS programs to the public's attention and to spread the TWC message to a wider audience. The difficulty with this approach is that it requires a level of expertise, resources, time, and commitment that may not exist in the NSs or ARC in these countries. Although the amount of funding devoted to this effort is minimal (less than 10% of the budget), if not done well, it could actually detract from the strength of the project. Mass media HIV-prevention campaigns are already being implemented by other organizations in both Tanzania and Guyana, and TWC's effort may well be unnecessary duplication of effort.

Evaluation participants reported "hearing messages," but usually could not say whether they were produced by TWC or some other organization. A few noted that while they had heard the messages, they did not really apply them to their own situations until they heard the TWC message directly. This speaks well for the value of the flagship TWC approach – one-to-one education – as more likely to affect attitudes, and eventually behavior.

Recommendations. The Tanzania and Guyana National Societies and the ARC should **limit time and resources** spent on mass media, if at all, to **partnering with other organizations** or government to conduct mass media campaigns. This would most likely be an activity for TWC management rather than the volunteers and the approach will be different in each country.

D.4. National Red Cross Society Capacity Building

The discussion on ARC and NS capacity to manage development projects should not be confused with their management of activities within their core set of competencies. This evaluation only considers the capacity building that occurred between ARC and the NSs to manage development activities, as stated in the project documents. It should be noted however that the NSs' ability to manage staff and its human resources policies sets the stage for any future capacity building exercises. GRCS staff, for example, had good skill sets but weak leadership, resulting in them not reaching their full potential. TRCS is hampered by low salaries and high turnover, especially in the finance department, which resulted in personnel with fewer, notably computer, skills and made it difficult to raise standards. Staff roles are dependent on organizational structure, but should be clearly defined, including specifying the final decision maker.

ARC proposed to develop the capacity of NSs through four activities: training, mentoring, developing partnerships, and exchange activities among NSs, within NSs, and with other organizations. Capacity building was intended to help strengthen NSs' abilities to manage development projects in general and TWC specifically. This required institutional strengthening as well as skills building for the TWC project staff. IFRC was to assist with the institutional strengthening, but was not as engaged as intended due to competing demands, staff turnover and reorganization within the coordinating body. However, it did carry out some training sessions in collaboration with ARC and the NSs. Because the institutional management of development projects was weak in some areas such as leadership, planning, monitoring and evaluation, and financial stewardship, ARC did not have the required foundation upon which to build project management skills. Ultimately, ARC took on the IFRC responsibility for institutional capacity building by identifying and organizing training sessions in some of the above areas for TRCS.

There was a palpable difference in the way the NSs interacted with ARC and their understanding of what to expect from them in terms of capacity building. GRCS capacity building was constrained by management's initial resistance to outside assistance coupled with a lack of ARC presence in Guyana. Conversely, TRCS had the great advantage of having two fulltime ARC staff members based in their headquarters and/or field offices. The relationship between the two organizations was a continuous work in progress where ARC was an appreciated resource.

The areas of focus for capacity building included: project planning, tools development, activity implementation, volunteer management, financial management, donor compliance, M&E, branch leadership development and sustainability planning. It may be assumed that these activities targeted all relevant TWC staff, but this was not specified, which left TRCS feeling that management should have been targeted for training and mentoring rather than the field staff who would be leaving the NS after the end of the project.

To measure success, this SO counted number of people trained, the number of partnerships in existence and the number of existing national task forces. Based on these monitoring data, it cannot be determined whether or not the SO achieved its desired outcome of building capacity. It would have been helpful to track standard project management indicators such as volunteer and staff retention, percentage of on-time reports, and branch performance. Volunteer retention is tracked internally and staff retention may not have been recorded because there was little turnover at the field level in

Tanzania and none in Guyana. Headquarters-based management in Tanzania were promoted to new positions within TRCS but remained involved in TWC. The turnover in the finance department, although not directly assigned to TWC, did affect the ability of this division to focus on the project as it was busy getting staff up to speed. GRCS headquarters staff, but for the finance manager, were present for the life of the project. The high staff retention says a lot about the projects in the highly competitive world of development where it is not uncommon for staff to completely turn over before the completion of a five year project.

Recommendations: Working through the **planning process with NS staff**, including choosing indicators and setting targets for the SO, would have been a valuable lesson and ensured that both parties held similar expectations for the upcoming year. This joint planning document could have served as an agreement between ARC and the NS on roles and responsibilities including who is ultimately accountable for decision making. Joint work plan development and developing usable indicators would have helped both NSs. For example, the GRCS management style was to focus on achieving targets. Had the indicators been developed such that there were targets for outcomes other than the number of organizations involved and people reached and trained, FMs would have had more direction on what they were trying to achieve for the overall project.

D.4.a. Training

Between one and 46 NS staff were trained annually on Organizational Development (OD). As stated above, plans for who would be trained, on what, when, and by whom were not explicit. Perhaps due to the lack of planning for training activities, there was a disconnect between training and practice. ARC felt that NSs could have done a better job of proactively managing TWC, whereas NSs felt they were doing what was expected of them.

TRCS staff relied heavily on the institutional development support they were receiving from ARC through the TWC project and other funding sources. ARC supported branch leadership training in Tanzania. TRCS, in collaboration with ARC has developed a training schedule for field staff to facilitate the project close out where they already completed group organization and computer skills training. TRCS management received training on reporting, communications and finances. They have been and continue to work with TRCS to complete a programmatic audit. The Guyanese NS has requested assistance in completing an audit as well.

Tanzanian staff felt they had developed some strong project management skills through ARC-supported training, but that it was not enough. During the evaluation both senior management and field staff specifically requested that more emphasis be placed on planning training sessions and developing a schedule. GRCS field staff could not speak to ARC capacity building efforts, but some had attended training that they thought may have been sponsored by ARC. TRCS staff were very grateful for the opportunity to learn new skills and felt they had gained valuable skills at both the management and field levels.

Although NS staff were asked during the evaluation what they knew now because of ARC training that they did not know before, most of the TRCS field staff responses came back to HIV-prevention knowledge and delivering HIV-prevention materials. ARC trained NSs on how to implement the CBIs, FUIs and worked in Tanzania on ACC and how to better reach HRY and OSY. They brought a BCC trainer in from Trinidad to assist GRCS on developing messages in the last months of the project. It may be that evaluation participants were not cognizant of their new abilities or that the training they received was

not applicable. Whatever the reason, there was little feedback during the evaluation on the training that ARC provided.

It is quite possible that the NSs did not have a good idea of what training they needed. Leadership in this area is incumbent upon ARC and NS management. ARC headquarters has OD training materials developed in many technical areas that were not fully utilized even though they identified project management as problematic. ARC ended up spending most of its time developing HIV-prevention activities and responding to urgencies as they arose. This left them with limited time to focus on OD. Since it is often easier to "do" than "teach," ARC took over some of the project management functions that should have been completed by the NSs.

NSs need to remember field staff are employees of the NS and not of ARC. Ultimately it is the NS's responsibility to ensure that activities, including project management, are completed satisfactorily. ARC and IFRC can conduct as many training sessions as possible without effecting any real change in the way things are done. At this point, the NS needs to make some difficult decisions about how to maintain staff. If training objectives are clear, then failure to meet those objectives during implementation requires action. It would be effective to associate training objectives to human resources management policies where the endpoints for success and failure and time limits are clearly delineated.

This SO is very important for sustainability, so staff training should be planned with as much enthusiasm and structure as the volunteer training. ARC assumes that beneficiaries are blank slates when planning the HIV-prevention activities, but presupposes that NSs come with enough skills to independently determine what they need to learn. Not knowing where to begin is likely even more pronounced with Branch management committees.

Recommendations. ARC should take leadership by **providing their available modules** for OD training to NS management. ARC and NSs should **collaboratively plan sessions**, develop a training schedule, and come to a mutual understanding of how training will occur. NSs can support training and mentoring goals by **linking staff outcomes to human resource management** and use the **performance review** of staff and volunteers that occurred at the beginning of the project.

D.4.b. Mentoring

Mentoring is a wonderful concept, but very difficult to measure without becoming onerous, which is most likely why there was no data reported on it. In Guyana mentoring was focused on the Program Manager (PM) through telephone conversations, email and site visits by ARC headquarters project manager and technical staff. In Tanzania, mentoring was a daily occurrence, especially when the ARC health delegate was positioned in the field, and seems to have been focused on telling TRCS staff what and how to do things better. All NS project managers participated in TWC international conference calls with ARC HQ to share best practices and discuss the project in general.

Mentoring is the management equivalent of FUIs. The process refreshes and helps to solidify information in the participants' minds. It would be quite unheard of for project staff to put condoms on beneficiaries to ensure it was done correctly. The same is true of project management. If the project goals are clear, the NSs should be encouraged to develop their own way of reaching those targets and supported by ARC through resource allocations and services such as training, advice and technical support.

Because ARC was not present in Guyana, this is what GRCS did. They made they own mistakes and learned from them. They were fully responsible for all aspects of project management and implementation. TRCS was not allowed to make mistakes and was not given the leeway to proceed as they saw fit. They were not the primary decision makers for TWC; ARC was. This resulted in TRCS taking a back seat to ARC and most likely contributed to them not taking initiative. Balancing between the need to get the job done up to donor standards and building local capacity to achieve these standards is a process which requires sincere and focused efforts on the part of both organizations.

ARC's mentoring role should be to follow-up on the training sessions, respond to questions that arise, and work with NS staff to implement policies and procedures. The NSs' role is to utilize training materials and accept that they will make mistakes and that answers may be outside of their realm of knowledge, at which point they should actively seek outside assistance. ARC has multi-country experience implementing TWC and can provide helpful advice that should be considered. NSs have intimate country knowledge. The two should work together to establish and implement appropriate policies and procedures.

Recommendations. Mentoring should occur, and as with training, should be **planned with the NSs** and reassessed on an on-going basis. ARC's global TWC experience is the value they bring to the table, both in terms of technical activities, and more importantly, in setting processes, procedures and standards and documenting them in a **TWC Project Handbook**.

D.4.c. Develop Partnerships

The primary partnership to develop for the TWC project should be between the NS and ARC. Partnerships were intended to be leveraged as learning opportunities and to develop common goals and duplication of efforts. [Source: *Workplan for Fiscal Years 2009 and 2010*.] With the exception of developing the ACC curriculum with FHI and publishing a brochure with Femina in Tanzania and with Peace Corps in Guyana, this did not occur. This is not surprising since it is unlikely that other organizations have a mandate to teach RC NSs what to do. Both NSs and ARC proceeded to implement without developing synergistic partnerships with other players in the field. The project tracked "active partnerships". They were not necessarily durable relationships but the one-off CWE opportunities.

Some partnerships did occur informally for CWEs with small CBOs, schools and the MOH where the FMs and PEs would have set-up an information booth at community health fairs, schools and other community events. The Peace Corps partnership was not as effective as hoped because GRCS staff did not necessarily have the skills to manage fulltime volunteers. It may be worth looking into ways of using Peace Corps Volunteers to assist with the development of NS M&E systems, new business strategy, proposal writing, branch development and strategic partnerships. Other potential partnerships could be identified during the community mapping process with local stakeholders for all aspects of TWC.

The NSs should be encouraged to engage in the national HIV-prevention dialogue. Liaising with other implementing partners was a part of the job description of the PM. The project relied on national task forces such as National AIDS Councils, the Global Fund Country Coordinating Mechanisms and USAID implementing partner groups. The national task force is a nice idea, but really not the responsibility of a NS in either evaluation countries. In both of these countries, government claims that information sharing between programs is their role. Neither government was directing this and unfortunately many of these groups were not very active, so NGOs were finding creative ways of getting around the leadership vacuum. Instead of establishing and strengthening new task forces, NSs should participate in these informal groups. A more strategic and proactive approach to networking with clear goals for

creating active and official alliances in specific technical areas will require significant investments in time and effort to meet with other program leaders on an individual basis to negotiate the specific terms of the association.

Recommendations. Activity-based partnerships should be informed by the **community mapping process** during which gaps are identified between what TWC can offer and what the community wants and needs. The mapping activity will help is identifying potential partners and the gaps between community needs and what the TWC project is offering. Creating partnerships is aligned with all the SOs, not just SO2. Ensure that management is responsible for identifying and **developing formal partnerships** with written agreements to assist in reaching both project and community objectives.

D.4.d. Disseminate Best Practices

NS capacity was to be built by sharing project information between NS staff and volunteers within Guyana and Tanzania, between NSs outside of the country of origin and at international conferences and workshops. This activity is not crucial for the success of the TWC project, but did provide added programmatic value and an incentive for potential participants.

Identifying and organizing sharing opportunities between NSs around the world is probably the responsibility of a coordinating organization like ARC, which is how they occurred. This activity will most likely not happen once ARC no longer has funding to support HIV prevention. Staff from both NSs were enthusiastic at the opportunity to attend international conferences. When asked how ARC had built NS capacity these were mentioned first and foremost.

GRCS staff participated in a national youth leadership workshop to present on the TWC life skills approach. A GRCS volunteer presented the project and its activities at the World Bank on World AIDS Day and GRCS staff offered technical assistance to Miami chapter launching a TWC program. Project managers from all three countries participated in regular conference four-way calls with ARC HQ that served as both a mentoring opportunity and a venue for sharing best practices.

Both NSs were sharing information between project staff and volunteers, mainly during staff meetings. Face-to-face meetings in Guyana were constrained by the very heavy burden of travel between regions. Tanzania did not have this problem as the staff were concentrated in one region. These internal exchanges are most likely to be sustained and perhaps more applicable than international dissemination strategies due to a presumed similarity of environments and shared issues; they also require less funding to organize than international visits.

Recommendations. Disseminating best practices is clearly a valuable exercise. NSs should continue to **hold staff and volunteer meetings**. NSs should make serious efforts to **participate in the national dialogue** through established coalitions and by PMs targeting individual organizations identified during community mapping to plan complementary activities and develop operating agreements. NSs could hold annual dissemination and feedback meetings at national, regional, district and local levels which could be part of the definition of Town Hall meetings. International conferences and workshops are a nice, but will be difficult to finance without significant amounts of external funding unless NSs are willing to fundraise for them. This is most likely a lower priority for the NSs than delivering services.

E. PROJECT IMPACT

The overall project impacts for youth were attributable to a combination of the knowledge and skills learned through CBI and FUIs. Rural-based Guyanese adults also benefited from town hall meetings and CWEs. In Tanzania adults felt the ACC training not only taught them new information about HIV prevention, but more importantly, it helped them become closer to their children by practicing verbal communication.

An unintended result of TWC's implementation was that RC has become better known in both countries, although participants were not exactly sure what RC had to offer them. In Guyana, RC was thought to be doing good and helping people. In Tanzania, because of the TWC and Home-Based Care projects, communities trusted RC more in Tanzania and came to view them as an organization that also works in HIV whereas it was formally known for "sucking blood" and distributing relief supplies.

Table 7: Date Ranges for Pre- and Post-Test Data

	DATE RANGES FOR DATA	
Activity Type	**Guyana**	**Tanzania**
CBI	10/2007-05/2010	05/2009-04/2010
FUI	06/2009-05/2010	06/2009-05/2010

[Source: *GRCS and TRCS CBI and FUI Pre- and Post-Test Databases*]

Included in the discussion of impacts is data from the GRCS and TRCS Access databases. The database is an interactive knowledge management tool which allows for reports to be run on disaggregated data for a specific time period by a single branch, school, lead peer educator name, gender, age cohort, ISY and OSY, school level of the or PE experience. The data in each report are organized by pre/post-test question and provide the number tests taken, the percentage of correct pre- and post-test responses and the percent change in the number of correct responses from pre- to post- test. The peer-to-peer testing activities did not begin at project inception but much later. The data used in the analyses below are from 2007 in Guyana and 2009 in Tanzania, as outlined in ***Table 7: Date Ranges for Pre- and Post-Test Data***. An example of the output is presented in ***Appendix B: Example of Pre- and Post-Test Report***. When commenting on the country reports, the ARC headquarters monitoring and evaluation office requested confidence intervals for these data, but this is not available when running the standardized reports in the Access database, and the data are not accessible for manipulation in statistical programs.

E.1. Life Skills

The most mentioned favorite part of TWC was *Tafakari* in Tanzania and *SOCA* in Guyana. Two pre- and post-test questions, shown in ***Table 8*** and ***Table 9*** assessed the uptake of these self-efficacy lessons. One question was asked only of girls and the other strictly of boys. Generally speaking, the older the participants, the greater was the likelihood of them giving the desired answer, with Tanzanian females being the exception to the rule. Although those examined may not have used this life skill to refuse sex, as these questions imply, this activity permeated their daily decision making and made youth feel more self-confident in all aspects of their lives.

An unintended result of the self-efficacy message was reported changes in social behaviors such as more attention being paid to school work and more respect being shown towards adults and other youth. Youth used the critical thinking process they learned to question common beliefs and their own values. Youth reported a greater tendency towards monogamous relationships with the opposite sex. Local leaders, teachers and parents appreciated the maturity exhibited by youth who had participated in TWC.

These two indicators plus the indicators to negotiate condom use seem to be the most relevant measures for whether or not SO1, Strengthen HIV-prevention life skills of youth 10 to 24 years of age, has been achieved. Where fewer than four-fifths, the TWC threshold for success, of tests came back with the correct answer for the post-test, numbers in tables have been outlined in yellow. Three of the 10 branches had greater than 80% of girls' stating that they could refuse sex and no branches for boys. For having reached nearly a half-a-million people the sample sizes seem smaller than needed to draw any statistically significant conclusions but the numbers do give us an indication of how difficult it is to change social and cultural norms and where need for additional messaging remains.

Table 8: If my boyfriend asks me to have sex with him and I don't want to, I am confident I will not have sex with him. (Female respondents only)

Guyana CBI Data				Tanzania CBI Data			
Age Cohort	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Age Cohort**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
10-14	379/376	61%	66%	10-14	760/742	55%	73%
15-19	196/187	69%	74%	15-19	371/379	62%	71%
20-24	118/12	78%	100%	20-24	70/62	66%	65%
Branch	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Branch**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Georgetown	133/107	85%	86%	Bukombe	20/20	95%	100%
Letham	388/388	60%	69%	Kahama	505/498	57%	73%
Mabaruma	49/40	43%	40%	Kigoma Urban	85/73	49%	74%
Santa Rosa	24/41	62%	68%	Kishapu	234/213	63%	73%
				Shinyanga Rural	35/74	80%	65%
				Shinyanga Urban	20/20	95%	100%

[Source*: GRCS and TRCS CBI Pre- and Post-Test Databases*]

Table 9: If my girlfriend wants me to have sex with her, I will say "Yes" because if I don't my friends will say that I am just a small boy. (Male respondents only)

Guyana CBI Data				Tanzania CBI Data			
Age Cohort	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Age Cohort**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
10-14	296/283	51%	55%	10-14	673/634	47%	56%
15-19	159/141	42%	56%	15-19	458/448	56%	59%
20-24	19/18	47%	72%	20-24	115/109	69%	76%
Branch	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Branch**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Georgetown	136/97	57%	69%	Bukombe	357/342	53%	59%
Letham	289/281	45%	50%	Kahama	492/472	51%	57%
Mabaruma	33/32	48%	56%	Kigoma Urban	132/122	52%	64%
Santa Rosa	16/32	25%	69%	Kishapu	214/172	55%	66%
				Shinyanga Rural	51/81	67%	63%
				Shinyanga Urban	19/20	0%	0%

[Source*: GRCS and TRCS CBI Pre- and Post-Test Databases*]

Youth felt they were able to identify risky situations after participating in TWC. Evaluation interviewees in both countries reported reductions in teen pregnancies and substance abuse. The decrease in teen pregnancies was verified by health workers, school teachers, and community leaders. In Tanzania participants said cultural myths were dispelled, such as traditional birth control and abortion methods and the ability of witch doctors to cause and cure AIDS. No witch doctors were asked if their business

had decreased since the inception of TWC which could be used to triangulate data. Pre- and post-tests listed in ***Table 10: Can a person get AIDS because of witchcraft?*** show that a high proportion of YMs already felt that AIDS is not the result of having a spell cast. The older the test-taker, the higher were the pre- and post-test knowledge scores.

Volunteers, both PEs and YMs, reported gaining organizational and communication life skills. Guyanese leaders recognized the value of TWC in creating tomorrow's leaders. Self-reported changes in self-efficacy were very similar in both Tanzania and Guyana.

Table 10: Can a person get AIDS because of witchcraft?

GRCS	CBI Data			FUI Data		
Branches	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Georgetown	269/204	75%	80%	221/155	85%	78%
Letham	677/699	76%	89%	453/466	77%	85%
Mabaruma	82/72	62%	81%	19/17	79%	94%
Santa Rosa	70/73	35%	88%	No data		
TRCS	**CBI Data**			**FUI Data**		
Branches	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Bukombe	696/657	80%	87%	433/415	86%	92%
Kahama	997/970	77%	89%	503/503	82%	88%
Kigoma Urban	217/195	55%	72%	172/169	71%	67%
Kishapu	448/385	87%	92%	302/302	94%	96%
Shinyanga Rural	86/155	85%	81%	137/131	88%	84%
Shinyanga Urban	39/40	92%	100%	18/18	89%	94%

[Source: *TRCS and GRCS CBI and FUI Pre- and Post-Test Databases*]

E.2. HIV-Prevention Knowledge

Respondents in both countries were able to list ways to prevent HIV and pregnancy, including abstinence, fidelity, and condom use. They also mentioned avoiding sharing sharp objects with people who were HIV positive. In Tanzania, interviewees discussed HIV testing and wearing gloves while caring for an HIV positive person.

Table 11: Comprehensive correct knowledge about AIDS (TWC) indicates that YMs started with similar amounts of HIV prevention knowledge in both countries for the CBIs and the FUIs and knowledge increased after the interventions. The leap from one quarter of people having comprehensive HIV-prevention knowledge to near double the numbers is stunning even though the overall scores appears to be low. The fact that overall correct and comprehensive HIV prevention knowledge is lost with time is a strong argument for the continuation and importance of FUIs.

Table 11: Comprehensive correct knowledge about AIDS (TWC)

Test	Guyana				Tanzania			
	# Tests (pre/post)	**Pre-test**	**Post-test**	**Change**	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Change**
CBI Data	1680/1018	26%	46%	84%	2483/2402	27%	48%	78%
FUI Data	693/638	41%	56%	37%	1732/1689	40%	59%	48%

[Source: *TRCS and GRCS CBI and FUI Pre- and Post-Test Databases*]

The only two CBI post-test questions where fewer than 80% of people responded incorrectly are shown in ***Table 12: Specific HIV-Prevention Knowledge.*** The data also show that after the FUI over 80% of people taking the test provided correct responses. Both countries' YMs retained these pieces of knowledge from the CBI to the FUIs. The Guyanese CBI data were similar across branch and gender. Younger aged cohorts scored lower than did their more aged counterparts after the CBI but this evened out with the FUI. Correspondingly fewer ISY knew about fidelity as an HIV prevention method than OSY

and with the additional FUI training, 84% of ISY as compared to 82% of OSY learned that maintaining a faithful HIV negative partner could prevent contraction of the disease.

Table 12: Specific HIV-Prevention Knowledge

Test	Guyana: Can people protect themselves from the AIDS virus by having one uninfected faithful sex partner?				Tanzania: Can the AIDS virus be transmitted from mother to child?			
	# Tests (pre/post)	Pre-test	Post-test	Change	# Tests (pre/post)	Pre-test	Post-test	Change
CBI Data	1680/1018	62%	73%	18%	2483/2402	72%	76%	6%
FUI Data	693/638	75%	84%	2%	1732/1689	75%	81%	8%

[Source: *TRCS and GRCS CBI and FUI Pre- and Post-Test Databases*]

In Tanzania after CBIs a greater proportion of school children knew that HIV could be transmitted from mother giving birth to her child than did OSY both after the CBI and the FUI. The older the YM, the less likely they were to have this information. Across branches only 43% of respondents in Shinyanga rural knew about mother-to-child transmission after the CBI whereas greater than three-fourths of YMs situated at the other branches were aware of this fact and the level of belief fell yet further after the FUI to 39%. Females (78%) held a slight advantage over males (74%) for this question after the CBI and kept the lead after the FUI at 83% as compared to the males' 78%.

E.3. Attitude Towards PLWHA

Significantly more time and effort has been put into reducing stigma of and discrimination toward PLWHA in Tanzania than in Guyana by a host of partners. It is therefore expected that accepting attitudes would be greater in Tanzania than in Guyana. Few evaluation participants in Guyana had any personal contact with PLWHA, but some had heard gossip and witnessed discrimination against suspected individuals. Evaluation participants in both countries felt that improvements had been made, but there were still people who were afraid of infected persons. More people interviewed in Tanzania were HIV positive and/or had personal relationships with HIV positive people, and so tended to have greater empathy. Tanzanian respondents said the greatest discriminatory hurdle was the self-imposed segregation that people carrying the virus put on themselves.

The gains made in changing attitudes towards PLWHA were not altogether attributable to TRCS efforts since there had been an inundation of messages before TWC arrived. In Guyana, however, GRCS was one of the only sources of this message in the rural sites, and so presumably played a greater direct role in the improvements, especially in rural areas where they may have been the only organization based in the field.

Table 13: Accepting Attitudes Towards PLWHA

Activity Type	Guyana				Tanzania			
	# Tests (pre/post)	Pre-test	Post-test	Change	# Tests (pre/post)	Pre-test	Post-test	Change
CBI	1680/1018	18%	35%	94%	2483/2402	39%	63%	62%
FUI	693/638	28%	36%	29%	1732/1689	56%	66%	18%

[Source: *TRCS and GRCS CBI and FUI Pre- and Post-Test Databases*]

The qualitative data supports pre and post-test findings listed in ***Table 13: Accepting Attitudes Towards PLWHA.*** Gains were made in both countries, and YMs tested higher in overall acceptance levels of PLWHA after TWC exposure than before the original CBI. Where FUI post-test levels in Tanzania were slightly higher than CBI post-test numbers, in Guyana accepting attitudes increased for a greater proportion of the people and remained at the same level after the FUI.

The CBI responses for one of the four questions asked regarding attitudes towards PLHIV are disaggregated in ***Table 14*** by gender, age and NS branch location. Once again age appears to play somewhat of a factor in influencing key decisions. Georgetown and Santa Rosa YMs in Guyana and Kigoma urban YMs in Tanzania were particularly concerned with people knowing that their family member was HIV positive.

Table 14: If a member of your family became infected with the virus that caused AIDS, would you want it to remain a secret?

Guyana CBI Data				Tanzania CBI Data			
Gender	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Gender**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Female	594/576	56%	63%	Female	1218/1193	71%	83%
Male	474/442	52%	57%	Male	1265/1209	69%	82%
Age Cohort	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Age Cohort**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
10-14	675/659	53%	58%	10-14	1433/1376	68%	81%
15-19	355/328	57%	64%	15-19	829/827	71%	82%
20-24	37/30	43%	60%	20-24	185/171	84%	96%
Branch	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Branch**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Georgetown	269/204	36%	43%	Bukombe	696/657	69%	76%
Letham	677/669	64%	65%	Kahama	997/970	70%	86%
Mabaruma	82/72	48%	69%	Kigoma Urban	217/195	50%	56%
Santa Rosa	40/73	32%	49%	Kishapu	448/385	76%	89%
				Shinyanga Rural	86/155	92%	94%
				Shinyanga Urban	39/40	77%	100%

[Source*: GRCS and TRCS CBI Pre- and Post-Test Databases*]

The test also contained the question, "If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?" Despite many YMs wanting the information to remain a secret, a great majority said they would care for them, 94% in Tanzania and 90% in Guyana. 73% of Guyanese YMs said a teacher with AIDS should be allowed to teach in school and 79% would buy fresh vegetables from an HIV positive shopkeeper. Response rates in Tanzania were 89% and 85% for teachers and shopkeepers, respectively. So it appears that the question that drove down the overall acceptance rate of PLWHA in Guyana was the question of secrecy which is not necessarily a reflection of their views but of their perception of how society would critique their family if they were aware of a member's HIV status.

E.4. Abstinence

Evaluators found that abstinence was a very popular message for young school children, and students in both countries touted abstinence as appropriate for them. The rationale was that abstinence was a sure way to not get pregnant and to avoid HIV so they could reach their life goals. Adults felt by that once children reached puberty, abstinence was not realistic, but they still promoted the idea until graduation.

In Tanzania, evaluation participants of all ages attributed some of the drop in teen pregnancy to abstinence. Rural Guyanese nearing or at the age of puberty were viewed as more innocent and naive than those in Georgetown and in the Tanzania evaluation sites. They were not even interested in sex yet, whereas Tanzanian school children were caught "playing" sex. Abstaining from sex for the very young in Guyana was seen as problematic where rape and incest were involved and out of the control of the youth. Abstinence was felt to be more difficult for boys than girls in both countries due strong peer pressure on boys to engage in sexual activity.

The test question highlighted in ***Table 15*** attempts to ascertain whether YMs feel that girls have control over their sexual decisions. Choosing not to have sex does not immediately translate into abstinence but does give an indication as to the level of difficulty, due to social pressures, that a girl may face when not having sex. It seems that for both males and females, women in Tanzania had been given more power by society to refuse sex which was reinforced by the TWC project. Age is once again a factor in the responses where the older the respondent, the greater the numbers who bestow women with the right to choose not to have sex.

Table 15: A girl has the right to choose not to have sex with her boyfriend, even if he wants to.

Guyana CBI Data				Tanzania CBI Data			
Gender	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Gender**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Female	594/576	68%	78%	Female	1218/1193	78%	91%
Male	474/442	66%	74%	Male	1265/1209	77%	88%
Age Cohort	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Age Cohort**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
10-14	675/659	66%	75%	10-14	1433/1376	74%	88%
15-19	355/328	69%	78%	15-19	829/827	82%	91%
20-24	37/30	78%	90%	20-24	185/171	84%	95%
Branch	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Branch**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Georgetown	269/204	87%	91%	Bukombe	696/657	77%	87%
Letham	677/669	61%	71%	Kahama	997/970	74%	90%
Mabaruma	82/72	59%	68%	Kigoma Urban	217/195	75%	89%
Santa Rosa	40/73	60%	92%	Kishapu	448/385	84%	91%
				Shinyanga Rural	86/155	88%	88%
				Shinyanga Urban	39/40	97%	100%

[Source*: GRCS and TRCS CBI Pre- and Post-Test Databases*]

In Guyana reactions to this idea ended up where Tanzania started and are very mixed by branch. Georgetown and Santa Rosa numbers were on par with the Tanzanian post-test figures whereas the attitudes at the remaining two branches were well below the targeted 80%. Age appears to influence responses but the sample size for the 20-24 year old cohort is relatively small so may not be reflective of other YMs of the same peer group.

Pressure to have sex seems to be very pronounced for boys in both countries. As indicated in ***Table 16***, females seem to be more open to the idea that young boys do not need to have sex by the age of 16. Younger aged participant responses indicate that males feel less able to say no to sex than girls. Only in Santa Rosa in Guyana and Shinyanga urban in Tanzania did greater than 80% of YMs tested feel that boys under 16 do not have to be sexually active and that abstinence is a possibility.

Table 16: By the time they are 16, all boys should have sex at least once.

Guyana CBI Data				Tanzania CBI Data			
Gender	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Gender**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Female	594/576	60%	67%	Female	1218/1193	53%	67%
Male	474/442	50%	57%	Male	1265/1209	52%	65%
Age Cohort	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Age Cohort**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
10-14	675/659	56%	60%	10-14	1433/1376	50%	67%
15-19	355/328	57%	66%	15-19	829/827	55%	65%
20-24	37/30	43%	83%	20-24	185/171	57%	71%
Branch	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Branch**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Georgetown	269/204	72%	78%	Bukombe	696/657	49%	63%
Letham	677/669	51%	56%	Kahama	997/970	57%	75%
Mabaruma	82/72	51%	60%	Kigoma Urban	217/195	44%	57%
Santa Rosa	40/73	35%	86%	Kishapu	448/385	58%	66%
				Shinyanga Rural	86/155	22%	29%
				Shinyanga Urban	39/40	44%	95%

[Source*: GRCS and TRCS CBI Pre- and Post-Test Databases*]

E.5. Fidelity

Fidelity was thought to be more important for women than men in both countries. Interviewees reported little change after TWC. Adults were skeptical that within the general population people were more faithful due to the project. TWC messages did cause some Tanzanian participants, both males and females, to report behavior changes, specifically, swearing to be faithful to their partners for fear of contracting HIV. There were no test questions relating to fidelity.

E.6. Condom Use

National governments have made a push in the promotion and availability of condoms in both Guyana and Tanzania. 'Condomize' has become a verb in Guyana. While unsystematic, GRCS helps transport government stock to health centers. Health centers in both countries provide free condoms and shops sell them. In Tanzania organizations distribute condoms at motels and bars. Adult and youth self-reported greater acceptance and use of condoms since the inception of TWC. Males generally are the ones to acquire condoms as girls who obtain or carry condoms are perceived as immoral, although this is less pronounced in Guyana. Condom use between faithful partners is acceptable in Tanzania, but not in Guyana. This could be related to the acknowledgement in Tanzania that discordant couples exist and HIV prevention messaging unambiguously promotes condom use for couples through health centers and development partners.

There was more public resistance voiced during the evaluation to promoting condoms in Guyana than Tanzania which is reflected in ***Table 17*** data. Adults in both countries were opposed to discussing condoms with children who had not yet reached puberty but Tanzanian respondents of all ages said that condoms were a life saving device and should be encouraged for adults. Although Guyanese YMs had overall lower test scores, the amount of the gains were similar between the two countries but for the youngest aged cohort in Guyana. This may be due to the absence of condom messages for these pre-pubescent youth due to social resistance. Age once again appears to play a role in the proportion of older YMs believing in greater numbers than the younger ones that condoms are an HIV prevention tool.

Table 17: If you're having sex, condoms are a good way to prevent pregnancy, HIV, and sexually transmitted diseases.

Guyana CBI Data				Tanzania CBI Data			
Gender	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Gender**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Female	594/576	72	79	Female	1218/1193	76	89
Male	474/442	76	75	Male	1265/1209	79	89
Age Cohort	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Age Cohort**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
10-14	675/659	75	75	10-14	1433/1376	74	88
15-19	355/328	69	78	15-19	829/827	79	89
20-24	37/30	78	90	20-24	185/171	91	93
Branch	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Branch**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Georgetown	269/204	83	83	Bukombe	696/657	73	89
Letham	677/669	69	75	Kahama	997/970	76	90
Mabaruma	82/72	80	74	Kigoma Urban	217/195	77	83
Santa Rosa	40/73	70	89	Kishapu	448/385	83	88
				Shinyanga Rural	86/155	91	92
				Shinyanga Urban	39/40	95	100

[Source*: GRCS and TRCS CBI Pre- and Post-Test Databases*]

During the pre- and post-tests female YMs were asked if they could convince their partners to use a condom. In ***Table 18*** it show that older girls felt more confident about their ability to persuade their partner to use a condom. Tanzanian females say with greater frequency than the Guyanese that they would be able to negotiate the use of prophylaxis. Although 79% of females in Guyana and 89% in Santa Rosa understand that condoms are an effective means of birth control and barrier to contracting STIs, a smaller proportion feel they could actually use a condom with their partner.

Table 18: If I were to have sex, I could convince my partner to use a condom. (Female respondents only)

Guyana CBI Data				Tanzania CBI Data			
Age Cohort	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Age Cohort**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
10-14	379/376	61%	66%	10-14	760/742	78%	88%
15-19	196/187	69%	74%	15-19	371/379	82%	94%
20-24	18/12	78%	100%	20-24	70/62	90%	98%
Branch	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Branch**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Georgetown	133/107	96%	91%	Bukombe	339/315	77%	86%
Letham	388/388	74%	86%	Kahama	505/498	79%	93%
Mabaruma	49/40	78%	92%	Kigoma Urban	85/73	66%	81%
Santa Rosa	24/41	75%	59%	Kishapu	234/213	91%	92%
				Shinyanga Rural	35/74	91%	99%
				Shinyanga Urban	20/20	95%	100%

[Source*: GRCS and TRCS CBI Pre- and Post-Test Databases*]

Males were similarly asked if they could influence their partners to allow them to use a condom. Most of them felt they could within all aged cohorts and across all branches. Even the youngest boys were confident they could sway their partners. When comparing these data in ***Table 19*** with those of ***Table 18***, there does not appear to be any strong correlation between the male and female responses within age or branch groupings.

Table 19: If I were to have sex, I could convince my partner to let me use a condom. (Male respondents only)

Guyana CBI Data				Tanzania CBI Data			
Age Cohort	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Age Cohort**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
10-14	296/283	79%	90%	10-14	673/634	82%	90%
15-19	159/141	77%	87%	15-19	458/448	85%	90%
20-24	19/18	79%	89%	20-24	115/109	89%	94%
Branch	**# Tests (pre/post)**	**Pre-test**	**Post-test**	**Branch**	**# Tests (pre/post)**	**Pre-test**	**Post-test**
Georgetown	136/97	83%	82%	Bukombe	357/342	85%	94%
Letham	289/281	78%	92%	Kahama	492/472	80%	87%
Mabaruma	32/33	76%	88%	Kigoma Urban	132/122	84%	93%
Santa Rosa	16/32	62%	84%	Kishapu	214/172	87%	88%
				Shinyanga Rural	51/81	82%	94%
				Shinyanga Urban	19/20	100%	100%

[Source*: GRCS and TRCS CBI Pre- and Post-Test Databases*]

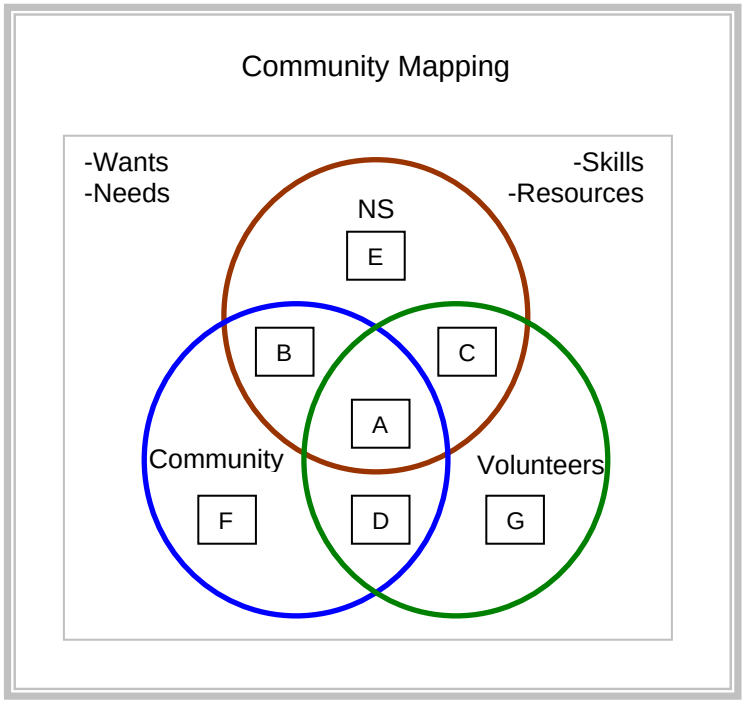
F. OVERALL RECOMMENDATIONS

ARC and NSs should work through the program management process together. Overall TWC project evaluation recommendations therefore fall into five categories; plan collaboratively using participatory community mapping, define intended outcomes for each target population with strategies for engaging them, define and prioritize activities, define measures and data use, and document progress. Specific recommendations for the evaluation findings are contained in ***Appendix E: Evaluation Recommendations***.

F.1. Plan Collaboratively

The community mapping idea was a fabulous one. Unfortunately it did not occur as a participatory process but is highly recommended and necessary for greater success of all future projects. Mapping will most likely be a two step process: with NS TWC staff and with community representatives. The three main players are represented by circles in ***Figure 1: Community Mapping Diagram***; the NS, volunteers and the community. The diagram is a pictorial representation of desired outputs and outcomes (wants and needs). Each box characterizes individual or shared wants or needs. The area under Box A symbolizes mutual interest by all three parties. Boxes B, C and D signify that only two organizations have a shared goal and boxes E, F and G embody unshared goals. Each entity also brings skills and resources which can be used to achieve the wants and needs.

Figure 1: Community Mapping Diagram



The idea of the mapping exercise was to work with community representatives to first identify already existing ties. NSs have the benefit of branch management committees who can act as representatives and/or organize these sessions. At the same time mapping can be used to prioritize activities and ascertain the best way forward based on the available skills and resources each group is willing to contribute towards meeting an end goal.

Participatory methods such as Participatory Rural Appraisal (PRA), Appreciative Inquiry (AI), and Participatory Appraisal for Community Action (PACA) need only be selected by the NS to start down this path. NS staff would need to be trained in the chosen approach which could be an ARC role.

Whichever technique used, the goal is the same, to begin developing long-term, collaborative partnerships with communities NSs serve and to develop community action plans which specify the activities to be implements, responsible parties and timelines. Pieces of the process are already being implemented, i.e. convincing communities that condom promotion is wise. The topic of condom

promotion fell squarely in areas represented by boxes E and C in ***Figure 1***. GRCS used Town Hall meetings to move the condom discussion into zone A, a shared aspiration.

This process will also help in more clearly identifying youth-friendly services such as youth groups, community organizations, youth gatekeepers – especially for FBOs – and organized events where CWEs can be held as well as what resources each special interest is willing to bring to the table. For each targets' influencing social and cultural factors would be discovered and appropriate incentives can be identified to promote active engagement along with resources the community already posses which can act as encouragement. Opportunities for partnerships should also be classified for unmet target populations (Boxes F and G) such as adult HIV prevention education and continuing education for youth. Specific efforts should be made to learn more about how to target volunteer and their motivations.

The end product of community mapping is a plan for the prioritized activities to be undertaken, by whom and under what time frame. Within the community action plan clear lines of communication and oversight should be established. The action plans should be written by community representatives to ensure local ownership with TWC staff contributing to the final product. The approach generally requires that a given community have their action plans written before any development assistance is provided.

F.2. Define Expectations for Target Populations and Engagement Strategies

TWC defined youth, ages 10 to 24 years old, parents, community leaders, the general community, partners and NSs as targets. These are large and disparate groups for which exact targets should be massaged during the community mapping exercise. Expected outcomes for each group evolved over the life of the project for some and are still a work in progress for others. It was clear from the inception that youth would be expected to gain knowledge, improve self-efficacy, become more accepting of PLWHA and adopt healthy behaviors. The strategies for engaging youth were to work with schools, youth groups and FBOs. NSs continue to refine their efforts to reach youth through groups and FBOs. The target population, what they were to achieve and strategies for engagement were heavily focused on for the duration of TWC.

For the other target populations there were breakdowns in defining expected outcomes which resulted in unfocused targeting strategies or no strategy at all. There appeared to be considerable confusion between the planned activities and where the activities would lead to. Because of this disconnect, activities were diluted. Part of the problem may have been the one-size fits all approach to community councils and town hall meetings. The project planned for activities and then retrofitted the target populations into those activities. It may make more sense for developers to first think about who needs to be involved in the project to reach its objectives, secondly to determine what each target group is expected to achieve, and lastly to consider the activities which will lead to realizing these outcomes or intermediate results.

As an example of this approach one can look at RC branch management committees whose involvement could contribute to all of the SOs. There were never explicitly part of TWC but should be. They could be used to provide advice and guidance to project staff regarding the identification of volunteers, where to access youth for outreach activities and to get permission from gatekeepers of youth to operate within their community, religious establishments, workplaces, etc. the management committees can be targeted by staff either by calling a special session or by getting on the agenda of an existing meeting. Once these first two steps have been clearly elucidated planners of TWC can design activities in support of the committee to reach their desired goals. These may include but should not be restricted to, developing and documenting outreach processes, training committee members on topics identified

during community mapping and setting-yup systems for conducting feedback sessions. The feedback session and trainings can also be considered a part of the motivational strategy for these volunteers.

F.3. Define and Prioritize Activities

All TWC activities should be defined to the same degree as the CBI by ARC and their NS partner organizations during the planning phase and though out the life of the activity. The large number of activities combined with low NS capacity and challenging operating environments necessitated concessions to be made regarding the degree to which some activities were implemented. Included in the project were activities which resulted in directly attributable results to the NSs' actions such as the CBI, FUI and ACC which could engage youth clubs, those which reinforced youth taking steps to prevent HIV – ACC, mass media, CWEs, town hall meetings, community councils, and partnerships - and others which ensured that the NSs' could implement the aforementioned interventions, i.e., training, mentoring, information exchanges and tools development.

The menu of TWC activities could be presented to each NS and their ability, national need and resource availability would determine which to pursue and which to disregard. This would result in individualized TWC projects which could become confusing for ARC but better for each country in which TWC is implemented. Some of the pursuits will remain central to the project such as all of the peer-to-peer curricular exercises (CBI, FUI, ACC), engaging the community through meetings and NS capacity building.

Youth groups should be used as a targeting strategy, not an additional activity. These could be formal or informal. This changes the focus of what is expected by engaging them in TWC. Instead of counting them as a separate group of youth, they would be included in those who participated in the CBIs and FUIs.

Activities that contributed less to reducing incidence of HIV in youth ages 10 to 24 should be reassessed. For example mass media. Youth respondents said that they had heard HIV prevention public service announcements – from unknown sources - on television and radio but they did not influence them to change risky behaviors. They said that their own behavior changed only after personal interactions with a FM, PE or YM. TWC's strength lies in their peer-to-peer outreach and not in creating and promoting through mass media. For these three reasons, this activity could be removed from a given NS's TWC project without sacrificing the project's outcomes. If mass media is included in the project its outcomes should be clear and measurable.

Holding CWEs was found to be most valuable in marketing the NSs and transferring some knowledge but no one interviewed during the evaluation said it caused them to change what they were doing thus avoiding new infections. They were also useful in building PE life skills of interpersonal communications, organizing events and leadership. If CWEs are chosen as a part of the overall project, what they are able to achieve should be realistic and assessed.

Town hall meetings and community-based advisory boards should be better defined so all staff understand and are able to achieve their objectives. Project documents were clear in stating that town halls were to engage the community's approval and disseminate information. How this was to be done was not documented which resulted in confusing during implementation. The same is true of community councils. They were to act as an advisory board to the project but the methods were unclear. By using representative members of the community who are already engaged with the RC and willing to contribute may be a more realistic option than asking that government officials serve in this capacity.

Developing partnerships was designed to be cross-cutting activity and could remain so if, during the joint planning process NSs and ARC deemed them useful in achieving TWC objectives; building youths' life skills, supporting the uptake of HIV prevention messages and/or building the NS capacity. This activity became a bit muddled in execution because of the multi-faceted aspects it could potentially take on. It should be clearly understood and documented where partnerships would add value to the NS and what would be expected of each partnership.

Ongoing planning with the NS is a critical process and should be completed for each proposed activity which will not only end up as a list of prioritized activities but will also help in defining what each activity looks like. Priorities set by ARC and the NS will be further massaged during community mapping. This process will provide each country program with more details concerning how TWC will be implemented. For example, take the town hall meetings. Perhaps the idea of holding meeting falls outside of the community set of priorities. It would then be incumbent on the NS staff, the TWC volunteers and the advisor board to come up with a workable solution. The end result may not be a town hall. It may end up that announcements are made at other community events such as village meetings or RC volunteers going door to door to inform people of TWC activities. The end goal is to market the project and garner approval for its implementation.

F.4. Define Indicators and Link Measures to Use

As stated above, each activity should be explicitly linked to project objectives and the TWC goal. A conceptual framework for the entire project should be developed. It needs to be clear how actual progress towards reaching each SO will be measured and documented in the M&E Plan. Each NS's M&E Plan should feed into the overall TWC M&E Plan. This discussion will focus on the ARC document.

Detailed instructions for how to write a complete M&E plan and the components to incorporate can be found on any donor website, including the USAID *TIPS Preparing a Performance Monitoring Plan* (Number 7, 1996). A starting point for ARC and the NSs would be to rethink the intermediate results and replace the activities listed as intermediate results in the proposal with what effects the project seeks to achieve. An illustrative results framework is offered in ***Table 20*** which provides some ideas for structuring future TWC projects. Additional columns could include target numbers or percentages, a short description of how data will be collected, the data source, who is responsible for collecting the data. Each indicator should be carefully chosen so that it will be helpful in making informed programming decisions. Developers should ask such questions as, "What does an enhanced community look like?" and "What could we identify as being different in an enhanced community as compared to today?" In choosing capacity development measures NSs could reference the USAID *TIPS Measuring Institutional Capacity* (Number 15, 2000).

Table 20: Illustrative TWC Results Framework

Project Goal, Strategic Objectives (SO), Intermediate Results (IR) and Activities	Indicators
Goal: Increase HIV prevention practices among youth 10-24 years old	% of youth reached through peer-to-peer outreach who report abstaining % of youth reached through peer-to-peer outreach who report having one faithful partner % of youth reached through peer-to-peer outreach who

	consistently use condom
SO1: Strengthen HIV-prevention life skills of youth 10 to 24 years of age	Life effectiveness scores[2]
IR1: built correct comprehensive HIV prevention knowledge in 80% of youth reached through peer-to-peer activities	% of youth with correct comprehensive HIV prevention knowledge
Activities: CBI, FUI, ACC	
IR2: improved the uptake of HIV preventive services for 80% of youth reached through peer-to-peer outreach	% of youth tested for HIV
Activities: CBI, FUI, ACC	
SO2: Build capacity of National Societies to implement youth HIV-prevention projects	Level of institutional self-reliance Level of project sustainability
IR1: enhanced NS leadership	Leadership index score[3]
Activities: training, mentoring, information exchanges and tools development	
IR2: improved financial management	% on-time complete financial reports
Activities: training, mentoring, information exchanges and tools development	
IR3: improved management of human resources	% staff turnover
Activities: training, mentoring, information exchanges and tools development	% volunteer turnover
IR4: improved staff technical skills	% on-time complete project reports
Activities: training, mentoring, information exchanges and tools development	
SO3: Enhance community environment for the adoption of HIV prevention practices	% of communities mapped with workplan % of community workplans implemented as planned for the specified time period
IR: garner broad based support for TWC & RC	% of PE, YM and YP parents expressing supportive attitudes of TWC & RC
Activities: ACC, mass media, CWEs, town hall meetings, community-based advisory boards, and partnerships	
IR: garner community input towards TWC programming	% of planned advisory board with meeting minutes % of partner MOUs fulfilled
Activities: town hall meetings, community-based advisory boards, and partnerships	

Even if indicators are not reported on to the donor, additional indicators are needed for sound program management. The pre- and post-test approach is useful but the approach should be modified to only collect data really needed. As a stop-gap measure in the absence of any baseline data, the pre- and post-test did provide an indication for progress made. If a baseline study were conducted, this leaves one to ponder the real value of the tests. The information collected in the post-test is used to determine what topics need to be included in future FUIs. When avoidable, excess data not used for decision making should be averted. It would therefore be recommended to continue with the post-test after CBIs and determine whether or not FUI post-tests add value to the information PEs are already supposed to be collecting.

A bit of tangential discussion on the pre- and post-test Access database may help improve that bit of data management and evaluation. The evaluator questions how these comprehensive numbers were

[2] Resource : http://wilderdom.com/tools/ToolsSummaries.html
[3] Resources: http://www.greatsystems.com/leadindex.htm, http://www.dau.mil/doddacm/alei/index.htm

determined. The report calculations for the comprehensive numbers is not apparent when running them through the Access database so it is puzzling how overall correct knowledge could be so low when the individual questions for both the CBI and the FUI which make up the total figures were all near or above 80%. Computations for the composite indicators should be described in the M&E Plan. The reports should contain additional labels - name of the NS and type of activity for which test results are provided (CBI or FUI). Another limitation regarding the Access database report format is that the evaluator is assuming the heading, "pre-test %" and "post-test %" indicate the proportion of respondents who provided correct responses. If this is the case, it would be helpful for this to be explicitly stated in the report and explained in the M&E Plan. The label "% Increase" would be more accurate as "% Change".

Other test-related ideas to consider are the consequences of not having unique identifiers for individual test takers and the level of ease by which data can be manipulated and analyzed. The reporting function for the database is the end reason for its existence. There is the option to export the data into a spreadsheet which did not work at the time of the evaluation. This would have been very helpful and reduced cutting and pasting information from the word processing document into a format where data could be readjusted and studied. Although the project has invested a lot into the Access database, it may be overkill for what decision makers need. By directly using a spreadsheet for data entry, management and analysis, NS project staff will gain valuable computer skills. This would be an important capacity building activity as it is much more likely that they will need to use spreadsheets over Access in the future. All staff should receive training and mentoring on the filling in spreadsheet and how to manipulate the data. Instructions should be contained in the TWC Project Binder.

Comparing pre- and post-test data for CBIs and FUIs over time is crude if what the project is attempting to do is measure longitudinal progress which corresponds to curriculum changes, for example. This is where the issue of unique identifiers comes in for each person tested. If the NSs and ARC felt it was important to collect longitudinal data, each person tested should have an identification number to associate with the tests they take. Perhaps more skilled PEs, or some who volunteer superficially as part of this pilot could choose one of the groups of YMs they are working with to follow over time. One of the insights this type of monitoring would supply is a percentage of youth lost to follow-up after CBIs and FUIs. It would also impart how knowledge and its self-reported use grew with each peer-to-peer session.

The post-tests provided an indication of HIV prevention knowledge gained and applied. Some of the same indicators could be used for measuring overall progress. Similar proxy indicators should also be devised for SO2 and SO3 and for each piece of information captured it should be stated in the M&E Plan how often the data is collected and what decisions could be made using these data. Like with the pre- and post-tests currently used, outcome data does not need to be collected at every contact. Enough data should be provided to give an indication of the efficacy of the activity and determine next steps.

Regular surveys could be used to collect outcome level data for indicators such as those outlined in ***Table 20***, depending on the foreseen need of program adjustments. Many projects use full baseline, mid-term and final evaluations as the standard by which to collect these level of data but instead of one mid-term evaluation the NSs and ARC may decide that smaller annual surveys would be more appropriate. The sampling framework of the surveys can be structured so project managers will be better able to determine the source of prevention knowledge or the impetus to test for HIV.

For future projects the monitoring, baseline and other internal evaluations should be a part of activity implementation, not an add-on activity. When PEs are trained on delivering CBIs, they should have a

thorough training on the M&E Plan, as contained in their TWC Project Binder. RC staff and branch volunteers who are part of the management committee can all contribute to data collection and analysis. As stated above, one of the greatest motivating factors for volunteers is seeing the fruits of their labor. What better way than experiencing it first hand?

F.5. Document Progress

Great efforts were make during the life of the activity, especially starting in FY08 after which multiple documents were finalized in an attempt to better describe component pieces of the TWC project and to document each activity. The evaluators reviewed behavior-determinant logic models to assist with CBI and ACC curriculum modifications, guide for CWEs, community councils, town halls and FUIs, the TWC M&E plan including a logframe for scaling-up activities, strategies for PE retention and reaching OSY and HRY.

It would be helpful to have a TWC Project Binder containing all policies, procedures, and materials for each TWC staff member and volunteer. This should be a reference in both paper and electronic formats for all management, project staff and branches. As information is updated new pages could replace outdated ones. Included in the binder should be the strategic framework, activity implementation documents – such as those already developed, financial management processes and forms, the M&E plan, etc. By having these information written down and all in one place and all associated staff knowing that they are responsible for whatever is contained in the TWC Project Binder will facilitate communication between ARC and the NSs as to what expectations are and what they are agreeing to do.

Appendix A: Evaluation Protocols

AMERICAN RED CROSS

"TOGETHER WE CAN" PROGRAM EVALUATION

RESEARCH PROTOCOLS

December 2009 – June 2010

Developed for activities in Guyana, Haiti, Tanzania

Author: Kyung Endres
Submitted: January 8, 2010
Revised: March 8, 2010

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Acronyms

ABY	Abstinence Be Faithful Youth
ARC	American Red Cross
CB	Capacity Building
CC	Community Council
CL	Community Leader
DC	District of Columbia
FG	Focus Group
FM	Field Manager
HIV	Human immuno-deficiency virus
HQ	Headquarters
HRC	Haiti Red Cross
IDI	Individual Interview
NS	National Society
PC	Program Coordinator
PE	Peer Educator
RC	Red Cross
STI	Sexually Transmitted Infection
TWC	Together We Can
USAID	United States Agency for International Development
YM	Youth Multiplier
YP	Youth Participant

I. Background

A. Description of project

1. TWC logic model

II. II. Research Objectives

A. To evaluate outreach affecting the community environment in TWC implementation communities

B. To evaluate the efficacy of TWC interventions in promoting abstinence, fidelity, condom use and uptake of reproductive health services towards reducing HIV transmission and unintended pregnancy in youth

C. To evaluate the efficacy of TWC's capacity building (CB) of National Societies in Guyana, Haiti and Tanzania to implement youth HIV prevention projects and development projects in general

III. Evaluation Audience & Use

A. ARC headquarters ABY program stakeholders

1. improve TWC program models using best practices, lessons learned and recommendations from final report
2. improve NS capacity building efforts and NS program implementation capacity using best practices, lessons learned and recommendations from final report

B. NS staff program managers, health directors and leadership

1. improve NS project implementation and management

IV. Specific Research Topics

A. To evaluate outreach affecting the community environment in TWC implementation communities

1. describe environmental and cultural elements of the project
2. discuss informant perceptions of contextual influences on youth in contracting HIV

Table 21 Understanding the Operating Environment: Key Respondents

	1. Description	2. Outcomes
Geographic Targeting	Documentation, ARC HQ, ARC Country, NS Program Coordinator (NS PC), NS Assistant PC, NS Health Director, NS Field Managers (FM)	ARC Country, NS
Beneficiary Targeting	Documentation, ARC HQ, ARC Country, NS PC, NS Health Director, NS Assistant PC, NS FM	ARC Country, NS, PE, YM, YP, parents, Community Council
Environmental & Cultural Context	Documentation, ARC HQ, ARC Country, NS Health Director, NS PC, NS Assistant, NS FM	NS FM, PE, YM, YP, parents, Community Council

Table 22 Understanding the Operating Environment: Data Sought

	1. Description	2. Outcomes
Geographic Targeting	Describe geographic location of project; national, regional, district, sites	Discuss appropriateness of geographic location of activities
Beneficiary Targeting	Describe the project participants by age group, gender, risk category	Discuss appropriateness of beneficiaries for TWC activities
Environmental & Cultural	Describe local risk factors to	Discuss appropriateness of TWC

	1. Description	2. Outcomes
Context	youth for HIV transmission	activities in addressing HIV prevention in youth

B. To evaluate the efficacy of TWC interventions in promoting abstinence, fidelity, condom use and uptake of reproductive health services towards reducing HIV transmission and unintended pregnancy in youth

1. describe TWC interventions
2. discuss how activities contributed to changes in youth knowledge regarding sexuality and STI/HIV and in community and parental knowledge of risk factors for youth
3. discuss the attitudes and behaviors of youth to avoid HIV and of parents and communities to support their children's behavior choices (abstinence, fidelity, partner reduction, protected sex, use of reproductive health services)
4. discuss changes in curriculum delivery and target audiences over time

Table 23 Understanding TWC Project Activities: Key Respondents

	1. Description	2. Knowledge	3. Attitudes & Behavior
Curriculum Based Interventions	Documentation, ARC HQ, ARC Country	Documentation, NS PC, NS FM, PE, YM, YP	PE, YM, YP
Follow Up Interventions (FUIs)	Documentation, ARC HQ, ARC Country	Documentation, NS PC, NS FM, PE, YM,	PE, YM
Peer Educator training and support	Documentation, ARC HQ, ARC Country	Documentation, NS PC, NS FM, PE, YM,	PE, YM
Youth Clubs	Documentation, ARC HQ, ARC Country	Documentation, NS PC, NS FM, PE, YM, YP	PE, YM, YP
Mass Media	Documentation, ARC HQ, ARC Country	Documentation, NS PC, NS FM, PE, YM, YP	PE, YM, YP, parents
Referrals and condom distribution	Documentation, ARC HQ, ARC Country	Documentation, NS PC, NS FM, PE, YM, YP, Partner	YM, YP, Partner
Parental Involvement	Documentation, ARC HQ, ARC Country	Documentation, NS PC, NS FM, PE, YM, Parents	PE, YM, YP, Parents
Community Wide Events (general diffusion)	Documentation, ARC HQ, ARC Country	Documentation, NS PC, NS FM, Parents, Community Council, PE, YM, YP	PE, YM, YP, parents, CC members
Community Wide Events (participative)	Documentation, ARC HQ, ARC Country	Documentation, NS PC, NS FM, Parents, Community Council, PE, YM, YP	PE, YM, YP, parents, CC members
Town Hall Meeting	Documentation, ARC HQ, ARC Country	Documentation, NS FM, Community Council, Town Hall Participants	Town Hall Participants
Community Council	Documentation, ARC HQ, ARC Country	Documentation, ARC Country, NS PC, NS FM, CC members	CC members

a. USAID Washington & Missions will be questioned for outcome and impact comparisons to other projects + management efficiency

Table 24 Describing TWC Project Activities: Data Sought

	1. Description	2. Knowledge	3. Attitudes & Behavior
Curriculum Based Interventions	Describe activity; process of cascade training, number of people trained, revisions to curriculum, homework assignments, pre and post test scores	Discuss knowledge gained through activity	Discuss activity influences on participant attitudes & behavior
Follow Up Interventions (FUIs)	Describe activity; who attends, meeting frequency, meeting activities, knowledge gained	Discuss knowledge gained through activity	Discuss activity influences on participant attitudes & behavior
Peer Educator training and support	Describe activity; media activities, population reached, messages disseminated	Discuss knowledge gained through activity	Discuss activity influenced on participant attitudes & behavior
Youth Clubs	Describe activity; who attends, meeting frequency, meeting activities, knowledge gained	Discuss knowledge gained through activity	Discuss activity influences on participant attitudes & behavior
Mass Media	Describe activity; media activities, population reached, messages disseminated	Discuss knowledge gained through activity	Discuss activity influences on participant attitudes & behavior
Referrals and condom distribution	Describe activity; community mapping & use of resource map	Discuss knowledge gained through activity	Discuss activity influences on participant attitudes & behavior
Parental Involvement	Describe activity; parental activities (organized and self-initiated), communication with children,	Discuss knowledge gained through activity	Discuss activity influences on participant attitudes & behavior
Community Wide Events (general diffusion)	Describe activity; attendants, messages, frequency	Discuss knowledge gained through activity	Discuss activity influences on participant attitudes & behavior
Community Wide Events (participative)	Describe activity; attendants, messages, frequency	Discuss knowledge gained through activity	Discuss activity influences on participant attitudes & behavior
Town Hall Meeting	Describe activity; attendants, frequency, discussion points, key concerns	Discuss knowledge gained through activity	Discuss activity influences on participant attitudes & behavior
Community Council	Describe activity; attendants, frequency of meetings, decisions and action taken, leadership characteristics	Discuss knowledge gained through activity	Discuss activity influences on participant attitudes & behavior

C. To evaluate the efficacy of TWC's capacity building (CB) of National Societies in Guyana, Haiti and Tanzania to implement youth HIV prevention projects and development projects in general

1. describe capacity building activities

2. discuss the success levels of each type of activity and why or why it was not optimal in ensuring the sustainability of NS in administering and managing youth HIV prevention projects

Table 25 Understanding NS Organizational Development: Key Respondents

	1. Description	2. Outcomes (Planning, Organizing, Staffing, Leading, Monitoring, Motivating)
TWC supported CB Activities	ARC HQ, ARC Country, NS PC, NS FM, NS Branch, PE	ARC HQ, ARC Country, NS PC, NS FM, NS Branch
Intra-Country Fertilization	ARC HQ, ARC Country, NS PC, NS FM, NS Branch	ARC HQ, ARC Country, NS PC, NS FM, NS Branch
Cross-Country Fertilization	ARC HQ, ARC Country, NS PC, NS FM, NS Branch	ARC HQ, ARC Country, NS PC, NS FM, NS Branch

Table 26 Understanding NS Organizational Development: Data Sought

	1. Description	2. Outcomes (Planning, Organizing, Staffing, Leading, Monitoring, Motivating)
TWC supported CB Activities	Describe activities; country visits, information shared, source of information, frequency of visits	Discuss how learned skills have been used
Intra-Country Fertilization	Describe activities; NS branches, outreach and cooperative efforts with other relevant organizations/other Track 1.0 implementers, Red Cross information sharing events, information shared	Discuss how learned skills have been used
Cross-Country Fertilization	Describe activities, regional information sharing events, information shared	Discuss how learned skills have been used

V. Methods

A. Document Review
   1. Monitoring data
   2. TWC semi-annual and annual reports
   3. other TWC program documents
   4. literature review of ABY programs & organizational management

B. Sampling
   1. site selection (2 sites per country)
      a. 1 urban or peri-urban per country
      b. 1 rural
      c. research team able to travel to site in one day
      d. new curriculum has been utilized
      e. have had access to community-wide events
      f. beneficiaries are willing to participate in the evaluation
      g. some level of community participation ideal
   2. respondent selection
      a. ARC HQ (recommendations from Lindsay helpful here)
      b. ARC Country Office (Head of Programs, Health delegate, others?)

    c. National Society (PC & Assistant, FM, Health Director)
    d. Youth Beneficiaries (PE, YM, YP)
    e. Community Members (Community Council (CC), Community Leaders (CL = nurse, teacher, government official, traditional leader), Town Hall Participants, Parents)
    f. USAID Washington & Missions

C. Primary Data Collection
  1. Semi-structured focus groups
    a. 6 participants per group unless the group size is smaller (example: community council may have only 3 members)
    b. Estimated 1 hour 30 minutes in duration
    c. Person participated in the program as appropriate for the focus group per Table 27
    d. Youth participants (PE, TM, YP) with the maturity to respond to questions in a group setting of mixed ages
  2. Key informant interviews
    a. 1 participant per interview to follow-up on gaps in information from focus groups
    b. Estimated 1 hour in duration
    c. Key respondents will be selected from the focus group members by the interviewer who will make an appointment for individual interviews on day 3
  3. Questionnaires
    a. ARC HQ (recommendations from Lindsay helpful here)
    b. ARC Country Office (Head of Programs, Health delegate, others?)
    c. National Society (PC & Assistant, FM, Health Director)
    d. PE
    e. YM
    f. YP
    g. Community Council (CC),
    h. Community Leaders (CL = nurse, teacher, government official, traditional leader)
    i. Town Hall Participants
    j. Parents
    k. USAID Washington & Missions
  4. Data collection calendar per site
    a. 2 sites
    b. 6 days per site (1 day travel to site + 3 days data collection + 1 day return travel + 1 day data entry & analysis)

D. Data Management
  1. data collection using paper forms
  2. data entry into digital format to improve legibility

E. Data Analysis
  1. preliminary findings for debrief without in-depth analysis
    a. Evaluation objectives
    b. Evaluation methods
    c. Site 1 preliminary findings
    d. Site 2 preliminary findings
    e. Next steps
  2. organize data by topic in word processing program
  3. discuss findings by topic per Tables 2, 4 and 6

Table 27 Illustrative Interview Schedule for One Site

Start	Day 1			Day 2			Day 3		
Time	PI	RA1	RA2	PI	RA1	RA2	PI	RA1	RA2
0800		YM FG	PE FG	CC FG1	YP FG	Parent	YM IDI-	PE IDI-1	CL IDI-1
0830		male	male		male	FG	1		
0900						male	debrief	debrief	debrief
0930	debrief	debrief	debrief	debrief	debrief	debrief			
1000							YM IDI-	PE IDI-2	CL IDI-2
1030							2		
1100							debrief	debrief	debrief
1130		YM FG	PE FG	Town	YP FG	Parent	YP IDI-1	Parent	CC IDI
1200		female	female	Hall	female	FG		IDI-1	
1230				FG1		female	debrief	debrief	debrief
1300	lunch	lunch	lunch	lunch	lunch	lunch	lunch	lunch	lunch
1330									
1400	debrief	debrief	debrief	debrief	debrief	debrief	YP IDI-2	Parent	Gov't
1430								IDI-2	IDI
1500							debrief	debrief	debrief
1530									
1600	travel	from	site	travel	from	site	travel	from	site
1630									
1700	data	entry		data	entry		data	entry	

VI. Ethical Considerations

A. Informed consent
   1. written statement with verbal agreement

B. Privacy protection procedures for data collection and management
   1. no names, use codes to represent type of respondent

VII. Project Management

A. Staffing
   1. principle investigator
   2. 1 DC-based researcher
   3. 2 research assistants per country
   4. 1 translator per country
   5. 3 note takers (2 if translator can also take notes)
   6. local staff as logistician

B. Materials
   1. questionnaires
   2. laptop computers for 2 in-country research assistants
   3. flip charts & markers
   4. printer
   5. training room

C. Data collection logistics
   1. organize respondents for interviews
   2. meeting space for interviews
   3. transportation to and from site visits
   4. lodging in field for principle investigator, 2 research assistants, translator, RC staff, driver

VIII. Timetable

A. See work plan for details
   1. Table 28 illustrates how time in country will be spent each day

Table 28 Evaluation Activities in Country

Day No.	Activity
1	a) Individual Interviews with RC staff b) Finalize travel and sub-contractor logistics
2	c) Train research assistants and RC staff
3	d) Translate field guide questionnaires
4	e) Field test field guides
5	f) Revise field guides g) Reproduce field guides
6-14	h) Primary data collection
15-17	i) Preliminary data analysis j) RC staff interviews & follow-up k) USAID meeting
18	l) Consultant debrief with RC

IX. Report Outline (65 PAGES)

A. Executive Summary – 1 PAGE
B. Introduction – 3 PAGES
   1. Describe Country Context & local HIV history
   2. TWC conceptual framework
   3. TWC program description
C. Evaluation Objectives – 1 PAGE
   1. To evaluate outreach affecting the community environment in TWC implementation communities
   2. To evaluate the efficacy of TWC interventions in promoting abstinence, fidelity, condom use and uptake of reproductive health services towards reducing HIV transmission and unintended pregnancy in youth
   3. To evaluate the efficacy of TWC's capacity building (CB) of National Societies in Guyana, Haiti and Tanzania to implement youth HIV prevention projects and development projects in general
D. Evaluation Methodologies – 2 PAGES
   1. Site Selection and Criteria
   2. Respondent Sample and Criteria
   3. Data Collection
   4. Data Analysis
      a. Delivered per protocols and discussion guides delivered previously to ARC
E. Program Description/Results/Best Practices/Lessons Learned/Recommendations
   1. Targeting – 5 PAGES
      a. Geographic
      b. Beneficiary
      c. Socio-Cultural

   2. Activities by Target Group
      a. General Population – 3 PAGES

    i. Town Hall Meetings
    ii. Garner Community Support
    iii. Community-Wide Events (general diffusion)
    iv. Mass Media Campaign
  b. Stakeholder/Community Leadership – 4 PAGES
    i. Community Council Support (volunteer, financial)
    ii. Competence Building, Training & Support (Coordination)
  c. Stakeholder/Partner Organizations
    i. Garner Community Support
    ii. Competence Building, Training & Support (Coordination)
    iii. Complementary Coverage
    iv. Referrals to other health & social services
    v. Condom distribution
  d. Guardian/Schools (Administration & Teachers) – 6 PAGES
    i. Garner Community Support (volunteer, financial)
    ii. Competence Building, Training & Support (Coordination)
  e. Guardian/Youth Guardians
    i. Garner Community Support (volunteer, financial)
    ii. Parental Involvement
  f. Youth/PE – 20 PAGES
    i. Garner Community Support
    ii. Competence Building, Training & Support
    iii. Intra-Country Fertilization
    iv. Cross-Country Fertilization
    v. Curriculum-Based Interventions
    vi. Follow-up Interventions
    vii. Referrals to other health & social services
    viii. Condom distribution
    ix. CWE (general diffusion)
    x. CWE (interpersonal sharing)
    xi. Youth Clubs
  g. Youth/YM
    i. Garner Community Support
    ii. Competence Building, Training & Support
    iii. Curriculum-Based Interventions
    iv. Follow-up Interventions
    v. Referrals to other health & social services
    vi. Condom distribution
    vii. CWE (interpersonal sharing)
    viii. Youth Clubs
  h. Youth/YP (Ruth/Pamela-coding)
    i. Curriculum-Based Interventions
    ii. Follow-up Interventions
    iii. Referrals to other health & social services
    iv. Condom distribution
    v. CWE (interpersonal sharing)
    vi. Youth Clubs
3. National Society Competency Built – 20 PAGES

a. Program Management
    i. Program planning
    ii. Sustainability planning & implementation
    iii. Staff & volunteer recruitment, training, retention, management
    iv. M&E
    v. Budgeting & financial management
b. Technical Knowledge
    i. BCC for HIV prevention
    ii. Community mobilization & organization
    iii. HIV prevention-specific programming

F. Appendices
1. list of interviews
2. dissemination strategies

Analysis by Question Crosstab by Age Cohort

Surveys from 10-May-09 to 28-Apr-10

Question 5. Do you think a healthy-looking person can be infected with HIV, the virus that causes AIDS?

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	65	84	29%
Age 15-19	829/827	71	81	14%
Age 20-24	185/171	75	88	17%
Age Out of Range	36/28	78	75	-4%

Question 6. Can people protect themselves from the AIDS virus by using a condom correctly every time they have sex?

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	82	94	15%
Age 15-19	829/827	84	93	11%
Age 20-24	185/171	89	96	8%
Age Out of Range	36/28	83	86	4%

Question 7. Can a person get the AIDS virus from mosquito bites?

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	76	87	14%
Age 15-19	829/827	82	90	10%
Age 20-24	185/171	75	93	24%
Age Out of Range	36/28	89	100	12%

Question 8. Can people protect themselves from the AIDS virus by having one uninfected faithful sex partner?

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	66	82	24%
Age 15-19	829/827	69	83	20%
Age 20-24	185/171	73	86	18%
Age Out of Range	36/28	72	71	-1%

Question 9. Can people protect themselves from the AIDS virus by not having sexual intercourse?

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	74	87	18%
Age 15-19	829/827	79	89	13%
Age 20-24	185/171	86	94	9%
Age Out of Range	36/28	89	82	-8%

Question 10. Can a person get AIDS because of witchcraft?

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	75	85	13%
Age 15-19	829/827	84	89	6%
Age 20-24	185/171	78	92	18%
Age Out of Range	36/28	75	96	28%

Question 11. Can a person get AIDS virus by getting injections with a needle that was already used by someone else?

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	86	93	8%
Age 15-19	829/827	88	95	8%
Age 20-24	185/171	90	96	7%
Age Out of Range	36/28	83	89	7%

Question 12. Can the AIDS virus be transmitted from mother to child?

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	76	80	5%
Age 15-19	829/827	69	72	4%
Age 20-24	185/171	56	63	12%
Age Out of Range	36/28	64	68	6%

Question 13. If a Female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	67	88	31%
Age 15-19	829/827	77	89	16%
Age 20-24	185/171	88	94	7%
Age Out of Range	36/28	64	96	50%

Question 14. If you knew that a shopkeeper or food seller had the AIDS virus, would you buy fresh vegetables from him or her?

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	64	84	31%
Age 15-19	829/827	75	86	15%
Age 20-24	185/171	82	95	16%
Age Out of Range	36/28	61	89	46%

Question 15. If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	83	93	12%
Age 15-19	829/827	90	94	4%
Age 20-24	185/171	94	96	2%
Age Out of Range	36/28	89	93	4%

Question 16. If a member of your family became infected with the virus that causes AIDS, would you want it to remain a secret?

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	68	81	19%
Age 15-19	829/827	71	82	15%
Age 20-24	185/171	84	96	14%
Age Out of Range	36/28	72	82	14%

Question 17. Postponing sex until later is a wise decision for teenagers.

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	78	92	18%
Age 15-19	829/827	86	95	10%
Age 20-24	185/171	90	95	6%
Age Out of Range	36/28	83	93	12%

Question 18. A girl has the right to choose not to have sex with her boyfriend, even if he wants to.

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	74	88	19%
Age 15-19	829/827	82	91	11%
Age 20-24	185/171	84	95	13%
Age Out of Range	36/28	78	75	-4%

Question 19. By the time they are 16, all boys should have had sex at least once.

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	50	67	34%
Age 15-19	829/827	55	65	18%
Age 20-24	185/171	57	71	25%
Age Out of Range	36/28	42	54	29%

Question 20. If you're having sex, condoms are a good way to prevent pregnancy, HIV, and sexually transmitted diseases.

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	1433/1376	74	88	19%
Age 15-19	829/827	79	89	13%
Age 20-24	185/171	91	93	2%
Age Out of Range	36/28	78	96	23%

Analysis by Question Crosstab by Age Cohort- Girls

Surveys from 10-May-09 to 28-Apr-10

Question 21. (girls) If my boyfriend asks me to have sex with him and I don't want to, I am confident I will not have sex with him.

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	760/742	55	73	33%
Age 15-19	371/379	62	71	15%
Age 20-24	70/62	66	65	-2%
Age Out of Range	17/10	41	60	46%

Question 22. (girls) If I were to have sex, I could convince my partner to use a condom.

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	760/742	78	88	13%
Age 15-19	371/379	82	94	15%
Age 20-24	70/62	90	98	9%
Age Out of Range	17/10	88	100	14%

Analysis by Question Crosstab by Age Cohort- Boys

Surveys from 10-May-09 to 28-Apr-10

Question 23. (boys) If my girlfriend wants me to have sex with her, I will say "Yes" because if I don't my friends will say that I am just a small boy.

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	673/634	47	56	19%
Age 15-19	458/448	56	59	5%
Age 20-24	115/109	69	76	10%
Age Out of Range	19/18	37	72	95%

Question 24. (boys) If I were to have sex, I could convince my partner to let me use a condom.

Age Cohort	Total Number	Pre-test %	Post-test %	% Increase
Age 10-14	673/634	82	90	10%
Age 15-19	458/448	85	90	6%
Age 20-24	115/109	89	94	6%
Age Out of Range	19/18	79	89	13%

Appendix C: Discussion Guides

USAID Washington Discussion Guide

Interviewer:	_____	Guide No.:	_____
Respondent:	_____	Date:	_____
Country:	_____	Time In:	_____
City/Town:	_____	Time Out:	_____

I. Introduction

** Describe evaluation content and process*
** Informed consent*
** Note setting*

II. Respondent Characteristics

A. **What has your role been with the TWC program?**
   1. When did you begin to work on the TWC program?
   2. What were you responsible for? What is your role?
   3. Who did you work most closely with at ARC?
   4. What was your level of involvement?
   5. Have you ever visited any of the implementation sites? Where did you go? What did you see? What were your impressions?

III. Targeting

A. How appropriate do you feel the selected countries and regions within those countries were?

B. How well do you feel that the appropriate beneficiaries have been targeted?

C. What external factors played a role in how well the project rolled out?
   1. Please describe the political context of the implementation of the TWC program in terms of PEPFAR start-up. How has the operating environment changed and what influence has that had on program implementation?
   2. What affect did the operating environment have on the decision to withdraw the originally planned baseline study? How do you think the lack of the USAID centrally-managed baseline study impacted roll-out?

IV. Monitoring & Reporting

A. Given that no baseline existed, how have you monitored progress?
   1. What feedback have you provided and to whom?
   2. How have the USAID centrally-funded program evaluations assisted in program management? How well do you think ARC has responded to Measure Evaluation's recommendations?

a. Measure Evaluation. (March 2007) *Field Assessment of Emergency Plan Centrally-Funded HIV Prevention Programs for Youth*.
   i. 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.
   ii. Conduct a needs assessment to improve the relevance and potential impact of the program activities.
   iii. Secure community buy-in for program activities.
b. Measure Evaluation. (May 2009) *Curricula Review of Emergency Plan Centrally-Funded HIV Prevention Programs for Youth*.
c. GHTech. (July 2009) *Preventing HIV Infections in Youth Aged 10-24 Years: Report of the USAID Track 1.0 ABY Program Review.*

V. Tiered Programming

A. Both the Measure Evaluation curricula review and GH Tech ABY program review included the TWC program in their studies. What indication did you get from the evaluation teams as to the efficacy of the ARC to NS tiered system of implementation?
   1. What is your understanding of how ARC works with the NRCS?
   2. How comfortable do you feel that ARC has built the capacity of the National Red Cross Societies?
   3. What would you recommend to improve capacity building of NS and program sustainability?

VI. TWC Activity Impact

A. Given the nature of Track 1.0 programs and OGAC's original intention to use centrally funded projects as models by making comparisons across organizations and countries, **how would you grade the TWC projects in terms of meeting their objectives?**
   1. How effective do you think ARC has been at disseminating messages? Improving knowledge? Changing attitudes? Changing behaviors? Building capacity?
   2. How would you compare the ARC program to other Track 1.0 ABY projects in terms of meeting their objectives? How inclined would you be in supporting ARC- type strategies to reducing HIV prevalence in the future?
   3. What are your impressions of project sustainability?
   4. What could improve the project? What do you think USAID should have done to improve program outcomes and impacts?
   5. What did you like about the program?

USAID Mission Discussion Guide

I. Introduction

** Describe evaluation content and process*
** Informed consent*
** Note setting*

II. Respondent Characteristics

A. **What has your role been with the TWC program?**
   1. When did you begin to work on the TWC program? Are you still working with TWC?
   2. What were you responsible for? What is your role? What was your level of involvement?
   3. Who did you work most closely with at ARC?
   4. Have you ever visited any of the implementation sites? Where did you go? What did you see? What were your impressions?
   5. What does the Mission relationship look like with USAID/Washington? How do you work together to manage the TWC program?

III. Targeting

A. How appropriate do you feel this country and regions within this country were?

B. How well do you feel that the appropriate beneficiaries have been targeted?

C. What external factors played a role in how well the project rolled out?
   1. Please describe the political context of the implementation of the TWC program in terms of PEPFAR start-up. How has the operating environment changed and what influence has that had on program implementation?
   2. What affect did the operating environment have on the decision to withdraw the originally planned baseline study? How do you think the lack of the USAID centrally-managed baseline study impacted roll-out?

IV. Capacity Building & Program Management Activities

A. What would your recommendations be to improve program management?

B. What cross-country and in-country fertilization activities do you think have been effective within the RC program offices and between Track 1.0 partners.
   1. Do you have recommendations for how these objectives could have been reached more efficiently or thoroughly?
   2. How well do you feel that collaboration between Track 1.0 and other ABY projects has been handled? How could collaboration been improved?

C. What is your understanding of the Red Cross – National Society relationship?
   1. How well do you feel that ARC has built the capacity of the National Red Cross Societies?
   2. Do you think this has been a sustainable approach to involving additional local organizations in PEPFAR?

D. How well has ARC been providing timely, accurate and useful reports?
   1. How do you monitor the program?
   2. What feedback have you provided and to whom?
   3. In your opinion, what is the purpose of the USAID centrally funded evaluations and how successful have they been?

V. Behavior Change Activities

A. List the activities you used in your country to enhance the community environment

_____ a. Community Wide Events (general diffusion)
_____ b. Community Wide Events (inter-personal)
_____ c. Mass Media
_____ d. Community involvement
_____ e. Town hall meetings
_____ f. Referrals to other services
_____ g. Curriculum-based program
_____ h. Follow-up intervention
_____ i. Condom distribution
_____ j. Youth Clubs
_____ k. Other
_____

   1. Have you attended any community-based activities for TWC? Explain.

   2. What were your impressions of them?

   3. What recommendations would you provide to improve the community environment for uptake of TWC messages? (probe on each type of activity)

B. List the activities you used in your country to strengthen youths' life skills
   1. Have you reviewed or attended any of the youth-focused activities?

   2. What are your impressions of the work being done? (probe on each type of activity)

   3. What recommendations would you provide to strengthen youths' life skills to prevent HIV and unintended pregnancy?

VI. General Impressions

A. How effective do you think ARC has been at disseminating messages? Improving knowledge? Changing attitudes? Changing behaviors?

   1. How would you compare the ARC program to other Track 1.0 ABY projects in terms of meeting their objectives?

   2. What do you think ARC should have done to improve program outcomes and impacts?

3. What do you think USAID should have done to improve program outcomes and impacts?

4. What did you like about the program?

5. What would you change?

6. What are your impressions of project sustainability?

7. How inclined would you be to supporting TWC strategies to reducing HIV prevalence in the future?

B. Do you have any questions or comments?

American Red Cross HQ Discussion Guide

Interviewer:	_____	Guide No.:	_____
Respondent:	_____	Date:	_____
Country:	_____	Time In:	_____
City/Town:	_____	Time Out:	_____

I. Introduction

** Describe evaluation content and process*
** Informed consent*
** Note setting*

II. Respondent Characteristics

A. **What has your role been with the TWC program?**
   1. When did you begin to work on the TWC program?
   2. Are you still working with the TWC program? If not, when did you finish?
   3. What were you responsible for?
   4. To what degree did you interact with the donor?
      a. Describe your relationship to USAID/Washington? How was USAID involved in the TWC program? How did that differ from the original expectations?
      b. How did USAID's involvement levels affect the usefulness of the program baseline studies and evaluations?
   5. **What assistance did you offer the field? To whom?**
      a. How frequently did you interact with the field?
      b. What was the nature of your interactions?
      c. Did you ever make any visits to the field? Where did you go? When? What struck you?

B. What resources do you believe ARC brings to a program like the TWC?
   1. How could the program have been better structured to reach its objectives?

III. Program Implementation

** determine whether or not changes from the original plan were intentional based on monitoring or reactionary to which environmental situations*
** Use follow-up questions appropriate to their current and past roles*

A. What changes to the program did you influence? What do you feel were necessary changes from the original plan to the actual program implementation? (Do you believe that the TWC program was implemented in all three countries with reasonable fidelity to the original plan?) Why did these changes need to occur?

B. **Is there a consensus that the program was implemented in the right countries? Right communities? Where would you recommend the project have been implemented?**

1. How did ARC choose which countries to work in?
2. **Define "high-risk groups." What were your strategies for working with them?**
3. How does ARC promote gender equity in these TWC programs?
4. **How could beneficiary and geographic targeting been better?**

C. What was the environmental context that influenced how, when and where the program was implemented? Please describe the political context of the implementation of the TWC program with USAID, within ARC, with NS's, with host country governments.
   1. Describe any impediments within the operating environment to program implementation.
   2. Describe any catalysts within the operating environment to program implementation.

D. **Please discuss the capacity building for the National RC's. What was effective? What was lacking? How could it have been improved?**
   1. Management (Is the leadership in place strong enough and willing to continue?)
   2. Governance
   3. Policy development
   4. Organizational development tools
   5. Planning
   6. Volunteer management
   7. Technical assistance
   8. Participatory methodologies
   9. Program monitoring

E. **What was ARC HQ's role in ensuring that information was shared between national branches?**
   1. Describe ARC and the Federation's effort to work with the three Red Cross National Societies to share lessons learned and facilitate regional youth and HIV/AIDS networks that include both Red Cross and non-Red Cross actors.
   2. **How did ARC's staff work with the Federation's staff to facilitate branch exchanges so that stronger branches shared lessons learned and best practices with their peers?**
   3. Did the country programs have the right leaders? Did they have effective and locally appropriate materials and activities?
   4. **What cross-country fertilization efforts were carried out? How many and how effective were they?**
      a. What happened to the Red Cross National Youth HIV Prevention Task Force & Community and Social Mobilization listserve?
      b. Would the inclusion of the these activities been fruitful?
   5. **How could information sharing have been improved?**

F. **What are your impressions of the efficacy of the activities that were implemented?**
   1. Parental Involvement
      a. How would you describe the perfectly involved parent?
   2. Community Wide Events (general diffusion)
      a. What general diffusion community-wide events has ARC promoted?
   3. Community Wide Events (participative)
      a. What interactive community-wide events has ARC promoted?
   4. Town Hall Meeting

    a. How has ARC promoted town hall meetings?
5. Community Council
    a. What resources has ARC provided to promote the development and management of community councils?
6. Curriculum Based Interventions
    a. Where did the original TWC curriculum come from? Was the TWC program pilot tested? In all three countries? What was the outcome?
    b. How do you feel about the current curriculum being used?
    c. How did you determine that it wasn't effective? What were the major problems? How did you react to the problems identified?
7. Follow Up Interventions
    a. What was the impetus for FUIs? What were you trying to achieve with FUIs?
    b. Did you achieve what you had intended to?
8. Peer Educator support
    a. Describe the ideal peer support scenario that ARC has promoted.
9. Youth Clubs
    a. What is the ARC strategy for creating or using existing youth clubs?
10. Mass Media
    a. What tools has ARC provided for the use of mass media outreach and education?
11. Referrals
    a. Describe the ARC model for referrals.
12. Condom distribution
    a. How has ARC been involved in condom distribution?
13. **Did you achieve what you had intended to?**
14. **How did you determine that it wasn't effective?**
15. **What were the major problems?**
16. **How could the project have been improved?**

G. Describe your role in program monitoring?
    1. What and how did you provide feedback to the field offices?
    2. **How could monitoring be improved?**

H. Did you receive any feedback from USAID?
    1. **How was USAID involved in the TWC program? How did that differ from the original expectations?**
    2. How did this affect the usefulness of the program evaluations and baseline studies?
    3. How could the ARC's relationship to USAID have been improved?

IV. Resource Management

A. How did changes in the operating environment and program affect resource management?
    1. How were resources managed for the program?
    2. Where could money have been used more wisely?
    3. Did other programs suffer because funding or resources were diverted to TWC?

V. TWC Sustainability

A. Will there be long-term funding?
   1. Is there evidence that funding from other (e.g. European-based) Red Cross Societies currently working in the region will be contributed?
   2. Is there evidence that external sources of funding (e.g., multilateral, international sources) will contribute long-term?
   3. Have the local TWC programs shown evidence of being able to generate some income on their own?
   4. What is the fundraising capacity of each program?
   5. How is the outreach to recipients of the CDC-funded "Hinterland Initiative" progressing? Does that appear to be a viable source of support for continued TWC outreach?

B. **Do you believe the TWC program is sustainable in all three countries?**
   1. **What does sustainability mean in the context of TWC?**

C. **What has ARC done to ensure sustainability?**

D. **Is the leadership in place strong enough and willing to continue?**

E. **Please discuss community and local political support for the continuation of the program in each country.**

F. **What are the impediments to long-term sustainability?**

G. **What are the lessons that have been learned about building sustainable programs?**

H. Do you believe the TWC program is sustainable in all three countries?

VI. TWC Activity Impact

A. What lessons have been learned about working on HIV/AIDS issues specifically with young people?
   1. **What would you do differently? /** What do you think needed to be changed but was not? (Was TWC implemented too quickly? Too slowly?)
   2. How would you use abstinence and fidelity in future programs?

B. What would you list as ARC best practices? What are the positive results that you see coming from the program? Why is this positive?
   1. **What lessons have been learned about working on HIV/AIDS issues specifically with young people?**
   2. **How would you use abstinence and fidelity in future programs?**

American Red Cross Field Office Discussion Guide

Interviewer:	_____	Guide No.:	_____
Respondent:	_____	Date:	_____
Country:	_____	Time In:	_____
City/Town:	_____	Time Out:	_____

I. Introduction

** Describe evaluation content and process*
** Informed consent*
** Note setting*

II. Respondent Characteristics

A. **What has your role been with the TWC program?**
   1. When did you begin to work on the TWC program?
   2. What were you responsible for?
      a. What makes a good program coordinator?
   3. Who did you work most closely with in the NS?
      a. What makes a good field manager?

III. Capacity Building & Targeting

** determine whether or not changes from the original plan were intentional based on monitoring or reactionary to which environmental situations*
** Use follow-up questions appropriate to their current and past roles*

A. How do you fit into the overall management structure of the program? (**Please describe the quality of the management of the TWC program**.) How could it be improved?
   1. Organizational structure, including relationship with national society and the Federation
   2. Staffing and training
   3. Resources, including money and staff
      a. Did the TWC program drain resources from other programs?
      b. What was the impact on those programs?
      c. What advice would you have to prevent that from happening in other locations?
   4. decision making for impediments and resolutions

B. **How has the reporting structure helped you in decision making? How did the reports and evaluations contribute to the program?** Please describe the reporting structure that was set up. (Participants to field personnel to national office to ARC)
   1. How did the data collected for the reports evolve over time?
   2. How did you use the data collected?
      a. Which reports were the most helpful to you? What do you think of the annual reports?
   3. What feedback did you receive and from whom?

4. What feedback did you provide and to whom?
5. What proportion of staff time do you estimate was spent on reporting requirements? Do you think the reporting requirements are too onerous?
6. **What methods were set up to verify data?**
7. **Did you try to verify any of the figures you received from PE's or YM?**
    a. If not, why not.
    b. What did you find?
    c. How accurate do you think the figures generally were?
8. **What were the limitations in data collection?**
9. **What problem areas developed in the reporting process and how were those addressed?**
10. **What do you think of the data collection and reporting requirements?** How could the system be improved? What resources would those improvements require?

C. How did the data from the monitoring system impact **geographic and beneficiary targeting**?
1. How appropriate do you feel your country is for TWC programming?
2. Is there a consensus that the program was implemented in the right communities?
3. Do you think the TWC program is targeting the right population to reduce HIV incidence and unwanted pregnancies?
4. What other groups that should be targeted? Why?
5. How have you handled gender inequality issues?
    a. Are both genders equally represented as PE's and YM's?
    b. Do they have the same types of responsibilities?
    c. How have gender inequality issues been addressed in the program?
    d. Do you have all-female youth groups?

D. What guidance did ARC/HQ provide you on geographic and beneficiary targeting?
1. In what other ways did ARC/HQ support your office? **How did you interact with ARC HQ?**
    a. Administrative
        i. Was the administrative and logistical support ARC provided adequate?
    b. Managerial
    c. Financial
    d. Technical
    e. Reporting
    f. Communications
2. How has the role of ARC evolved over the life of the activities? What role did ARC play at the beginning?
3. **Was the communication from ARC sufficient?**
4. **What would have improved ARC/HQ support to your office?**

E. How about support from your office to the NS? **How did your office support the NS?**
1. Administrative
2. Managerial
3. Financial
4. Technical
5. Reporting
6. Communications

7. How did you communicate with the NS?
8. How capable do you feel the NS is in program management? What skills are strong? What is weak?
9. Did the country programs have the right leaders? Did they have effective and locally appropriate materials and activities?
10. What would have improved ARC/field support to NS's?

F. **What activities have you held to exchange information between NS branch offices?** Describe your participation.
   1. How did ARC's field-based staff also work with the Federation's in-country staff to facilitate branch exchanges so that stronger branches shared lessons learned and best practices with their peers? Has the inclusion of these activities been fruitful?
      a. What was the outcome?
      b. What it repeated?
   2. What happened to the Red Cross National Youth HIV Prevention Task Force and the Community and Social Mobilization Listserve? How were the original goals of Task Force and List serve realized without these tools?
      a. assist the Red Cross in developing the TWC project action plan, recruiting and orienting project staff, and providing technical guidance and oversight to country implementation
      b. capacity building
      c. formally discuss youth peer education and share valuable TWC lessons learned
      d. Share experiences with other Societies in the regions to further expand the project's impact
   3. How did you communicate with the planned participants of the Task Force? (National AIDS Committee, relevant government ministry representatives, youth leaders, other key youth and HIV/AIDS stakeholders)
   4. How could information sharing been improved?

G. **What activities have you held to exchange information between different countries' NS offices?** Describe your country's participation.
   1. What was the outcome?
   2. What it repeated?
   3. How could information sharing been improved?

H. As a Track 1.0 program one of the USG intended benefits was the diffusion of information across country programs. Describe your relationship to the USAID/Mission and how this relationship promoted information sharing across various Track 1.0 programs. To what degree did you interact with the donor?
   1. How was USAID involved in the TWC program? How did that differ from the original expectations?
   2. How did USAID'S involvement levels affect program outcomes?
      a. Lack of program baseline studies and usefulness of evaluations?
   3. What would you have liked the ARC/field relationship to look like with the USAID/Mission?

I. **With all this support going to building that capacity of the NS, describe the quality of the management of the TWC program and how it could be better.**

IV. Environmental Context

A. How well has the NS taken all this support and translated that into culturally appropriate program improvements?
   1. Describe cultural issues that needed to be taken into consideration for the program to be effective.
   2. Describe political issues that needed to be taken into consideration for the program to be effective. (USAID, Federation, ARC, NS, host-country government, community)

B. Given the local context, **What changes to the original TWC program were necessary?** *(*Directions: Use a visual aid of the program components and ask respondent(s) to discuss them and the changes to them.)*
   1. **How were the messages and tools adapted for your program?**
   2. **How effective were the adaptations in meeting the needs of the target audiences?**
   3. **What changes are still ongoing ?**

V. Behavior Change Activities

A. I have cards listing all the TWC activities used to promote positive behaviors. **Rank order the activities in order of perceived efficacy in meeting program objectives.**
   1. **What community interactions have been the most effective in garnering community support?**

_____ a. Community council (**Is there a functioning governing committee in each community?** What work has it done to-date? **How was the relationship handled?**)
_____ b. Community wide events (general diffusion)
_____ c. Community wide events (participatory)
_____ d. Condom distribution
_____ e. Curriculum Based Interventions
_____ f. Follow Up Interventions
_____ g. Mass media (**Please discuss the development of media campaigns**. Have you gotten any well-known figures as media sponsors?)
_____ h. Parental involvement
_____ i. Peer Educator support
_____ j. Referral system (What organizations did you begin to work with for the first time? **How was the relationship handled?** What did those organizations do to advance or work against the program? What were issues in those relationships?)
_____ k. Schools or other existing community structures (**Did you develop good working relationships with community structures? How was the relationship handled?** Did they provide support, resources, and or information to you?)
_____ l. Town hall meeting
_____ m. Youth Clubs

   2. Discuss why they were and were not effective in enhancing the community environment
      a. Did outreach to adults support outreach to youths?

b. Which outreach programs best complimented the curriculum-based approach?
c. Was anything missing? What should have been different?
d. How were the messages and tools adapted for your community?
e. How effective were the adaptations in meeting the needs of the target audiences?
f. Ongoing changes

B. How did relationships with communities affect direct outreach activities towards youth?
1. List the activities you used in your country to strengthen youths' life skills. **Rank order the activities in order of perceived efficacy. Discuss why they were and were not effective in strengthening youths' life skills. How could the activities been improved?**

_____ a. Community council
_____ b. Community wide events (general diffusion)
_____ c. Community wide events (participatory)
_____ d. Condom distribution
_____ e. Curriculum Based Interventions (Please discuss the participant materials. What significant changes were made over time? Were they culturally appropriate? Sufficiently age appropriate?)
_____ f. Follow Up Interventions
_____ g. Mass media
_____ h. Parental involvement
_____ i. Peer Educator support
_____ j. Referral system
_____ k. Schools or other existing community
_____ l. Town hall meeting
_____ m. Youth Clubs

2. Which outreach programs best complimented the curriculum-based approach?
3. Was anything missing? What should have been different?
4. Was the Youth Participant outreach effective in spreading awareness? Why?
5. How were the messages and tools adapted for your community?
6. How effective were the adaptations in meeting the needs of the target audiences?
7. Ongoing changes

VI. TWC Sustainability

A. Given that changes are still happening to the program, do you feel the program has been given enough time? Too much?
1. **Did the program have enough resources throughout?**
   a. Do you think it was given more resources than it should have been?
   b. Did you find ways to generate income for the program? How significant was that?
   c. Did you obtain support from local authorities?
   d. Resource challenges and impacts
   e. Biggest sources of support

B. **How has ARC's involvement contributed to overall sustainability?**
1. What does sustainability mean in the context of TWC?

2. **Are there parts of the program that are more likely to be sustained than others?**
3. What has ARC done to ensure sustainability? Which and why. What resources do you believe ARC brings to a program like the TWC?
4. Do you have a closeout plan? How well is the close-out plan working?

C. **Do you think the TWC program can realistically carry on after the support of ARC is removed?**
1. How could the program have been better structured to reach its objectives?
2. What are the impediments to long-term sustainability?
3. Do you believe the TWC program is sustainable in this country? Please discuss community and local political support for the continuation of the program. How did implementation through the NS support of hinder program implementation?
4. What are the lessons that have been learned about building sustainable programs? What advice would you give to the head of a local Red Cross that is starting a TWC program?

VII. TWC Activity Impact

A. **Given your response to questions regarding TWC sustainability, do you think the TWC program here has been a success? How do you describe that success?**

B. What lessons have been learned about working on HIV/AIDS issues specifically with young people?
1. How would you use abstinence and fidelity in future programs?
2. What would you do differently?
3. What has been the impact of the TWC program on the community?
4. Has the community changed in any ways due to the program?
   a. What has been the impact on young people?
   b. What has been the impact on parents?
   c. What has been the impact on schools and local health providers?

C. **What have been the health impacts of the program?**
1. Do you believe that the program has had an impact on unplanned pregnancies?
2. Has the rate of new HIV cases changed?
3. Has there been an increase in testing?
4. Do young people who are sexually active use condoms more often?
5. Has the age of first sexual experience changed?

D. **What have been the effects on young people?**
1. Sympathy to those with AIDS & PLWH. How has your staff advocated on behalf of the rights of people with AIDS & PLWH?
2. Ability to deal with sexual pressure
3. Understanding of HIV and transmission
4. Openness to discussions of HIV with peers.
5. Openness to discussion of HIV with parents or at school.
6. Ability and willingness to use condoms

E. What would you list as ARC best practices? **What are the crucial elements in the success of the program?**
   1. **People**
   2. **Organizations**
   3. **Knowledge/materials/resources**

F. **What role do you think your office will have in future youth HIV prevention programs?**

National Society Red Cross Manager In-Depth Interview

I. General TWC Program Questions

A. Personal Information

1. **Please describe your role in the TWC program.**
   a. How long have you been a manager?
   b. Who do you receive directions from?
2. Do you have the resources you need to do your job well?
3. **Are you able to make changes to the program that you deliver?**
   a. If yes, what changes have you made? Why?
   b. How do you think your role contributes to the success of the TWC program?

B. Program Management

1. **Please describe the management of the TWC program.**
   a. Organizational structure, including relationship with national society and the Federation
   b. Staffing
   c. Resources (money, equipment, building,…)
   d. Impediments and resolutions to project implementation

C. Geographic Targeting

1. **How appropriate do you feel your country & sites are for TWC programming?**
2. Is there a consensus that the program was implemented in the right communities?
   a. Where else should the program be conducting interventions? Why?
   b. Where should you not be working?

D. Beneficiary Targeting

1. **Do you think the TWC program is targeting the right population to reduce HIV incidence and unplanned pregnancy?**
2. What other groups that should be targeted? Why?
   a. How well have you been able to reach out-of-school youth? Were you able to resolve any of the challenges?
3. Do you think that boys and girls have both benefited from the program? Equally?
4. Do you think the program failed anyone?

E. Environmental & Cultural Context

1. **Describe cultural & political issues that needed to be taken into consideration for the program to be effective.**
2. Please discuss community and local political support for the continuation of the program.
3. Do you think this project has been sensitive to the local cultural context? Give examples.

II. Strengthen National Society Project Management Capacity

A. International Learning Opportunities

1. **What international learning activities have you or others from your office participated in? Describe the participation and what value it brought to TRCS.**
2. What did your organization gain from attending these activities?

3. What would you recommend for future international learning efforts?

B. In-Country Learning Opportunities
   1. **What in-country information sharing activities have you participated in? Describe your participation.**
   2. What did your organization gain from attending these activities?
   3. What would you recommend for future in-country information sharing efforts?

C. TWC supported CB Activities
   1. **What support did ARC provide to the NS & TWC project? Please describe the training and mentoring you received. How was the support from ARC/field to your office adequate/inadequate?**
      a. Administrative
      b. Managerial
      c. Financial
      d. Logistical
      e. Technical
      f. Reporting
      g. Communications/ feedback
      h. Branch development
   2. What would have improved ARC/field support to your office?
   3. What would have improved the support you provided to the branch offices? What did you like about the training? Were there any weaknesses in the training?
   4. How capable do you feel your office is in general program management? What skills are strong? What is weak?
   5. What would you recommendation give for capacity building if asked?

D. Monitoring & Reporting
   1. **Please describe the reporting structure that was set up. How was the information used?** (Participants to field personnel to national office to ARC.)
      a. Quarterly FM Observation Form
      b. PE agreements
      c. Pre/Post test database
      d. PE reports
      e. Follow up Interventions
      f. Community Council Roster
      g. Town Hall Roster
      h. Condom Inventory Management Form
   2. How much has the reporting work changed over time?
   3. How much time do you currently spend every month working on reports?
   4. Do you regularly review the? How often? What methods were set up to verify data?
   5. What feedback do you provide and to whom?
      a. When you review the FM Reports every month, why is the information important?
   6. What feedback have you receive and from whom?
   7. Which reports were the most helpful to you? What do you think of the annual reports? How did you use the data collected?

8. What were the limitations in data collection? What problem areas developed in the reporting process and how were those addressed?
9. What do you think of the data collection and reporting requirements? What could be done to improve the reporting structure? The quality of the reports?

III. Enhanced Community Environment

A. **In your experience, was the community positive toward the program? How did they actively support it?**
   1. Discuss why they were and were not effective in enhancing the community environment.

IV. Strengthen Youths' Life Skills

A. List the activities you used in your country to strengthen youths' life skills
   1. **Discuss the strengths and weaknesses of strengthening youths' life skills.**
      a. Curriculum Based Interventions
      b. Follow Up Interventions
      c. Volunteer support
      d. Youth Clubs
      e. Mass Media
      f. Referrals
      g. Condom distribution
   2. **Explain how the TWC messages and tools were adapted for your community?**
      a. When did it happen? In your opinion, how well did the adaptation meet the needs of the target community?
   3. **What are the outreach approaches that best complemented the curriculum-based approach?** Were they sufficient? How could they have been different? What was missing?

V. TWC Activity Impact

A. Impact
   1. **What have been the effects the program has had on HIV transmission? What are the biggest contributors to that outcome?**
   2. **What have been the main obstacles to success for the program?**

B. Sustainability
   1. **What activities do you think the NS RC will continue to implement after current program funding stops?**
   2. **How will you finance the continuation of these activities?**

National Society Field Staff IDI

I. General TWC Program Questions

A. Personal Information

1. **Please describe your role in the TWC program.**
   a. How long have you been a staff member?
   b. Who do you receive directions from?
   c. Is the feedback you receive fair and helpful?
2. Do you have the resources you need to do your job well?
3. **Please describe the training you received.**
4. **Are you able to make changes to the program that you deliver?**
   a. If yes, what changes have you made? Why?
   b. How do you think your role contributes to the success of the TWC program?

B. Program Management

1. **What advice would you give to improve management at this point in time?**
2. How has the program management evolved over time?

C. Geographic Targeting

1. When did activities begin in your area?
   a. How did the project start here?
2. **Why do you think your geographic area is appropriate for TWC activities?**
   a. What locations would you add or subtract?

D. Beneficiary Targeting

1. **Do you think the TWC program is targeting the right population to reduce HIV incidence and unplanned pregnancy?**
2. How are the people who attend your program recruited? Are the right people attending?
3. What other groups that should be targeted? Why?
4. Do you think that boys and girls have both benefited from the program? Equally? Do you think the program failed anyone?

E. Environmental & Cultural Context

1. **Describe cultural & political issues that needed to be taken into consideration for the program to be effective.**
2. Please discuss community and local political support for the continuation of the program.
3. Do you think this project has been sensitive to the local cultural context? Give examples.

II. Strengthen National Society Project Management Capacity

A. International Learning Opportunities

1. **What international learning activities have you or others from your office participated in? Describe the participation and what value it brought to TRCS.**
2. What did your organization gain from attending these activities?
3. What would you recommend for future international learning efforts?

B. In-Country Learning Opportunities
   1. **What in-country learning activities have you participated in? Describe your participation.**
   2. What did your organization gain from attending these activities?
   3. What would you recommend for future in-country learning efforts?

C. TWC supported CB Activities
   1. **How has ARC supported your office? Tools? Visits? Mentoring? Training?**
      a. Administrative
      b. Managerial
      c. Financial
      d. Logistical
      e. Technical
      f. Reporting
      g. Communications/ feedback
      h. Branch development
   2. **What would have improved ARC support to your office?**
   3. How capable do you feel your office is in general program management? What skills are strong? What is weak?
   4. What would you recommendation for capacity building if asked?

D. Monitoring & Reporting (Directions: Ask for last month's completed reports)
   1. **Please discuss the reports that you create**
      a. Which, how often, how time consuming
   2. Please discuss reports that you are responsible for reviewing
      a. Who creates, which ones, how often, how time consuming
   3. How much has the reporting work changed over time?
   4. Which reports are the most useful?
   5. **How do you use the reports to improve programming? Give an example.**
   6. What could be done to improve the reporting structure? The quality of the reports?
   7. Have you ever discovered PE's or YM's fill out false information on their reports? What happened?

III. Enhanced Community Environment

A. List the activities you used in your country to enhance the community environment
   1. **In your experience, was the community positive toward the program? Did they actively support it?**
   2. How do you involve the community in TWC? Please discuss the identification and recruitment of key stakeholders.

B. Parental Involvement
   1. **How have you involved parents?**
   2. **How have the parents responded to your programs?**

C. Community Wide Events

1. List activities have you held? Explain the difference between general diffusion and interpersonal events.
2. **What are the most effective edutainment programs? Why?**

D. Town Hall Meeting
1. Describe how you conduct town hall meetings and who is involved?
2. **How effective do you feel Town Hall meetings were at meeting their objectives?**
3. **How could they be improved?**

E. Community Council
1. Describe how you work with community councils.
2. Discuss the quality of the relationship with the Community Councils/Town Councils
3. **What were some of the positive and negative issues over time with local leaders?**
4. What were the lessons learned with the community councils?

F. Partnerships
1. **Please discuss the identification and recruitment of and synergies with key stakeholders.**
   a. What role do you play? Just referrals?
   b. What is your impression about the relationship between the TWC program and health practitioners?
2. What have you learned about working effectively with local ministries, schools, health facilities and leaders?

IV. Strengthen Youths' Life Skills

A. **List the activities you used in your country to strengthen youths' life skills**
1. How have the youth responded to your programs?
2. Describe how well the materials and activities work well together.

B. Curriculum Based Interventions
1. Has the content of the curriculum changed over time? Why?
2. Is it more important for the curriculum to be presented exactly as it was developed or that it is appropriate for each audience?
3. Have you been able to attend the TWC sessions at least once a month to observe PE outreach of activities? Do you check the roster against the participants?
4. **Was the PE-YM-YP outreach effective in spreading awareness? Why or why not?**

C. Follow-Up Interventions
1. **Did the Follow-Up Interventions have an effect? How? How could they have been better?**

D. Peer Educator support
1. Describe how your office supports peer educators.
2. Have you conducted any PE exit interviews? What were some of the reasons for leaving?
3. **How do you motivate PEs?** How long do PE's and YM's stay with the program?
   a. Why do they leave?
   b. What could be done to improve retention?
   c. What sorts of incentives have you provided? In what situations? How often?

4. **What are the main issues you have had concerning PE identification, selection, motivation & retention?**

E. Youth Clubs
   1. Discuss the development of the Youth Clubs.
      a. If none, why were they not developed?
      b. What is the value of the clubs?
   2. What do the clubs do?
   3. **What determines whether a club is successful or not?**

F. Mass Media
   1. Describe the mass media campaigns you have launched in your country.
      a. Timing
      b. Messages
      c. Type
      d. Targeted audience
      e. Significant points (celebrity, interactive, discontinued because, collaborated with other organization, …)
   2. **What do you think are the most effective media campaigns? Why?**

G. Referrals
   1. Please describe how TWC works with other organizations. For how long? Who from your organization in involved? How often?
   2. **Describe how the NS coordinates the TWC program with other HIV/youth programs & services?**

H. Condom distribution
   1. **What constraints have you experienced?**
   2. Where? Number of sites?
   3. Who manages the stock?
   4. Will this continue post-USAID funding?

V. TWC Activity Impact

A. Best Practices
   1. **What have been the effects the programs has had on HIV transmission? What are the biggest contributors to that outcome?**
   2. In your opinion, has the type of high-risk behavior changed among participants in this program?
   3. Do you think that the program has affected people's use of condoms? How? Are condoms the same price they were at the beginning of the program? Are they more or fewer places to get them? Are young people better informed about how and why to use condoms?
   4. Do you think that unintended pregnancies are fewer than they were before? Why is that? Do you have any examples of people taking steps to avoid pregnancy that they didn't before?
   5. Do you think that some young people have different ideas about fidelity than they did before the program? Does this apply to both boys and girls?

6. Do you think that some people have changed their ideas about abstinence because of the program? Does this include both boys and girls?
7. Have you seen any difference in the way that people with AIDS are treated in the community?

B. Lessons Learned
1. **What have been the main obstacles to success for the program?**
2. What are the difficulties in measuring behavioral change? How have you addressed this?

C. Sustainability
1. Do you think the NS RC will continue to implement some TWC activities after current program funding stops?
2. **What activities do you think will continue?**
3. How will you finance the continuation of these activities?
4. Who will continue to work on future TWC projects?
5. Where will you work post-USAID funding?

Community Council In-Depth Interview

I. Introduction

** Describe evaluation content and process. Provide informed consent.*
** Enter interview information & respondent names on Respondent Sign In sheet*
* **Do you have any questions for me before we begin?**

II. Respondent Characteristics

A. **Describe the community council.**
1. Who is on the council? How many members? What are the leadership positions?
2. How did you become a council member? Why were you chosen?
3. Who formed it? When was the council formed? When did the Council become involved in the TWC program?
4. How long is your term on the council?
   a. Discuss turnover in council members.
   b. Who has turned over and why? How often?
5. How often do you meet?

B. **How is the council involved with the TWC program?**
1. Describe the relationship between the community council and the Red Cross.
2. Why does this council exist? What are you trying to accomplish? What does the Council see as its goals in involvement with the TWC program?
3. What Community Council support was provided to TWC?
4. What are your roles on the council?
5. What records do you keep?
   a. What do you do with the records?
6. Has the Council faced any opposition in its work in the TWC program?
   a. From which people or groups?
   b. How did it develop?
   c. How was it resolved?

III. Capacity Building

A. **How has the Red Cross supported the Council?**
1. How often have you communicated with them?
   a. Who do you communicate with?
   b. What is the nature of these communications?
2. What kind of support have they provided? How often? Has it been helpful?
3. What support would you like to receive but you have not?

IV. Prevention Activities

A. **What are some examples of TWC activities that the council is responsible for?**
1. Who organized the activity? What was the Council's role?
2. What was your impression? What did you like/dislike about the event(s)?

B. **Did the TWC program address a real community need? In what way?**
   1. Do you think your community is appropriate for the TWC program?
   2. Describe who TWC targeted and whether the right people were included.
   3. Have you seen changes in the TWC program over time? What were they and what outcome did they produce?

V. Sustainability

A. **How will TWC sustain itself after the Red Cross no longer funds the project?**
   1. What are some of the handicaps that the community may have in continuing with the work of the TWC program? (Probe for non-financial issues)
   2. Do you think there is long-term local support for it?
   3. What changes should be made to it?
   4. Will the Council continue as an organization long-term? Why or why not?

VI. Impact

A. **Overall, what changes in the community would you attribute directly to the TWC program?**
   1. Since the TWC program started here, have you seen any change in the behavior of young people due to its work?
      a. Have you seen any change in their attitudes?
      b. Toward sexual activity, abstinence, fidelity, contraception
   2. Do you see any differences in girls' and young women's ability to handle relationships with boys and men?
   3. Do you think that young people are communicating more with their parents, teachers and each other about HIV prevention issues?
   4. Are young people better able to deal with people who have AIDS and PLHA?
   5. What changes have you seen in rates of people getting HIV tests?

VII. Recommendations

A. **What recommendations do you have to improve the project?**

B. **Do you have any question or comments about things we didn't talk about that you think are important?**

Peer Educator Focus Group Discussion

I. Introduction

** Describe evaluation content and process. Provide informed consent.*
** Enter interview information & respondent names on Respondent Sign In sheet*
* **Do you have any questions for me before we begin?**

II. Respondent Characteristics

A. **Tell me the story of how you learned about and joined this program.**
1. How did you learn about the program? Were you a Youth Multiplier before becoming a Peer Educator?
2. Why did you decide to join?
3. How were you recruited? What were the selection processes and selection criteria?
4. What motivates you to continue with your work?

III. Prevention Activities

A. **Peer Educator Training**
1. Describe the training you received. (CBI, facilitation, organizing events, …)
   a. When were you trained? How long did the training last?
   b. Where did the training take place?
   c. Who trained you?
   d. How many people were you trained with?
2. What topics did you learn about?
   a. Was there any difference in the emphasis on condoms, abstinence and fidelity?
   b. What facilitation/communication techniques did you find useful?
   c. What community organizational techniques did you find useful?
3. Are there activities that you like better than others? Do you think the purpose of each activity is clear? What is the most memorable part of your training?
4. What other training did you receive or participate in other than for the curriculum? Any follow-up interventions, national or international workshops or conferences? Please describe.
   a. What are your thoughts on that training?
   b. How has this information helped you to do your job better?
   c. If you did not participate, do you know of any other PE's who have participated in international conferences, workshops or information sharing events? Describe what these people learned and how you heard about it.
   d. Do you wish you had more or different training?

B. **Curriculum Participants**
1. Then you finished your training and went to work. Where did you work?
   a. How did you know where to do your work? How were the sites chosen?
   b. How many locations did you work concurrently? Consecutively?
2. How much time did you spend with each group? Did the amount of time vary? According to what factors?

3. Do you think the YMs you have instructed are the appropriate people to be speaking with? Why or why not?

C. Curriculum Outreach Activities

1. Describe what you did during a typical training course for youth multipliers.
2. What were some of the more prevalent myths that you dispelled? How successful do you think you were?
3. Does the training differ between different target groups? What changes between target groups?
4. Did you have the materials and resources you needed? Do you know where these materials came from?
   a. Do the Peer Educator's Handbook and the Activity Kit work well together? Have you had any difficulty in understanding the relationship between material in them?
   b. Do you think the curriculum sounds foreign, or appears to be something developed here? Why?
5. Do you think the curriculum gives Youth Multipliers the tools to be effective?
6. Did you ever go back to these sites? To do what? Why not? (FUI)

D. Other Community-Based Extension Activities

1. What was your role in other community-based extension activities? (Planning, implementing, recruiting participants, participating, monitoring,…)

_____ a. Community Wide Events (general diffusion)
_____ b. Community Wide Events (inter-personal)
_____ c. Mass Media
_____ d. Referrals to other services
_____ e. Condom distribution
_____ f. School activities
_____ g. Youth Clubs
_____ h. other _____

2. Who did you invite to participate in these activities?
3. What did your guests think of these events?
4. Which activities would you recommend more or less or? Why?
   a. Which activities were most effective in helping you to reach TWC goals?
   b. What approaches best complement the curriculum?

IV. Project Management

A. Reporting (PE & YM)

1. What reports were filled out and by whom?
2. How often were reports filled out and submitted?
3. How thoroughly and accurately were reports filled out?
4. What did the PEs and YMs do with the reports after they had been filled out?
5. What kind of feedback did you receive on the reports you filled out? From whom? How was the feedback helpful to you?
6. How did you know if you were doing a good job or not with these training sessions? (*supervision*)
7. What feedback did you provide to the YMs on their reports?
8. Why are these reports important?

B. Volunteer Motivation

1. How long do you think you will continue being a peer educator?
2. Why do you think people stay or leave? What lowers a person's commitment?
3. How did you motivate the YMs to participate?
4. How did the YMs know if they were doing a good job or not?
5. What did you do with completely uninterested people?
6. What proportion of the people you attempted to contact were uninterested? How did you know?

C. Volunteer Support

1. While organizing different activities, **whom have you turned to** with questions or problems? Do you think that you have had the support you needed?
2. How often did your FM visit you? *Did you receive helpful feedback?*
   a. Has your effectiveness as Peer Educators changed over time? Why is that?
3. Do you think the Peer Educators have the support and resources to be effective?
   a. What could the program do that would help Peer Educators be more effective?
   b. Describe your incentives and why you received them.
4. Do Peer Educators help each other? How do they resolve any differences that develop?
5. What was the reaction of your friends, schoolmates and family? How important is their support in your decision to be a Peer Educator or not?
6. How have your parents attitudes changed with time? Did your parents understand the program at the beginning? Do they understand what you do now?
7. Are your parents supportive of your work? Do you think they should be part of the program? Why or why not?
8. What do they do to support you as a Peer Educator? What role could parents have in this program?
9. Would your parents want your sibling to be a PE? Would **you** want your brother or sister to be one?

D. Partnerships

1. What institutions or organizations did you partner with? List the supportive services in your community that you collaborate with.
2. Describe the partnership.

V. Targeting

A. Geographic Targeting

1. What constitutes your community? (*education, town, religion, geographic boundaries, tribe, etc*)
2. Do you think that your community needs a TWC program? Why?
   a. Why do you think these activities you just described are appropriate for your community?
3. Do you think this project has been sensitive to the local cultural context? Give examples.
   a. What cultural, political or social issues have impacted your work? How have you dealt with those issues?

4. In your experience, was the community positive toward the program? What are some examples of community support?
   a. In what ways has the community resisted this activity?

B. Beneficiary Targeting

1. Within this larger community, who should the program be targeting for messages but are not?
   a. Do you think the program failed anyone?
   b. Do you think that boys and girls have both benefited from the program? Equally?

VI. Sustainability

A. What activities will you continue after the Red Cross no longer funds TWC activities?

1. Please discuss community and local political support for the continuation of the program. What needs to happen for the project activities to be able to continue?
2. What was the biggest obstacle that you were aware of?

B. Would you like the program to continue?

1. Do you think this program should continue? Who should it be targeting? Where?
2. What could the program do that would help it be more sustainable?

VII. Program Impact

A. General

1. What have you gotten out of being a Peer Educator? How has being a Peer Educator affected you?
2. Have any of your ideas changed as a result of your work? Describe the old and new ideas.
3. Have you observed changes in behavior among other Peer Educators? What is different?
4. Has any of your own behavior changed because of your work? Describe what you do differently now.

B. Changes in Knowledge

1. What did you learn that you didn't know before?
2. What myths have been dispelled due to TWC?

C. Changes in Attitudes

1. How have people changed their ideas about abstinence because of the program? Does this include both boys and girls?
2. How is being faithful viewed amongst your peers? How are ideas about fidelity amongst young people different than before the program? Does this apply to both boys and girls?
3. What adjectives would you use to describe condom use? How has the program affected people's use of condoms? Price? Where to buy? How and why to use condoms?

4. What about interacting with people living with HIV or people living with AIDS, have you seen any difference in the way they are treated in the community? Describe what you have seen.

D. Changes in Behavior

1. What have been the effects the programs has had on HIV transmission? What are the biggest contributors to these outcomes?
2. In your opinion, what high-risk behaviors have changed among people who have heard TWC prevention messages? Please provide examples.
3. What changes have you seen in unintended pregnancies for those who have received TWC messages? Please provide examples.
4. What changes have you seen in STIs, including HIV transmission? What do you think caused the change? Please provide examples.
5. What have been the effects the TWC project has had on HIV testing? What are the biggest contributors to that outcome? Please provide examples.
6. What other behaviors have changed as a result of TWC? Please provide examples.

VIII. Recommendations

A. What are some of the best things about being a Peer Educator?

1. In what ways has your work gotten easier or harder?
2. What are some of the challenges you have in your role? What don't you like?

B. Overall impressions of the program

1. What is your opinion about the TWC program?
2. Is there anything you would like to see that you didn't? What recommendations do you have for improving the project? (PE training, curriculum, management, volunteer support, …)

C. Do you have any question or comments about things we didn't talk about that you think are important?

Peer Educator In-Depth Interview

I. Introduction

** Describe evaluation content and process. Provide informed consent.*
** Enter interview information & respondent names on Respondent Sign In sheet*
* **Do you have any questions for me before we begin?**

II. Respondent Characteristics

A. **Tell me how you joined TWC.**
   1. Why did you decide to become a PE?
   2. What motivates you to continue with your work?

III. Prevention Activities

A. **Training**
   1. What did you like about the training you received from Red Cross?
   2. What were some of the ideas that were unclear during training? How did you get answers to your questions?
   3. Did you participate in any national or international workshops or conferences?
      a. How has this information helped you to do your job better?
      b. If you did not participate, describe what others learned and how you heard about it.

B. **Curriculum Participants**
   1. Where did you work? How did you decide where to do your work?
      a. How long did you interact with each site?
   2. How much time did you spend with each group? Did the amount of time vary? According to what factors?
   3. Do you think the YMs you have instructed are the appropriate people to be speaking with? Why or why not?

C. **Curriculum Outreach Activities**
   1. What activities do you think were more popular with the youth? Was there a difference in the popularity of activities by cohort?
   2. Does the training differ between different target groups? What changes between target groups?
   3. Did you have the materials and resources you needed? Do you know where these materials came from?
   4. Did you ever go back to these sites for follow-up interventions? Why or why not?

D. **Other Community-Based Extension Activities**
   1. What was your role in other community-based extension activities? (Planning, implementing, recruiting participants, participating, monitoring,…)

_____ a. Community Wide Events (general diffusion)
_____ b. Community Wide Events (inter-personal)
_____ e. Condom distribution
_____ f. School activities

_____ c. Mass Media
_____ d. Referrals to other services
_____ g. Youth Clubs
_____ h. other _____

2. Which activities did you enjoy the most?
3. Which activities helped you to do your work better?

IV. Project Management

A. Reporting (PE & YM)

1. What was involved in the reporting? What reports did you have to fill out?
2. How often did you fill out and submit reports?
3. When did you fill these reports out? How thoroughly and accurately did you fill out the reports?
4. What did you do with the reports after they had been filled out?
5. What kind of feedback did you receive on the reports you filled out? From whom? How was the feedback helpful to you?
6. Why are these reports important? How did you use the data?
7. How did you know if you were doing a good job or not with these training sessions? (*supervision*)

B. Volunteer Motivation

1. How did the YMs know if they were doing a good job or not?
2. How did you motivate the YMs to participate?

C. Volunteer Support

1. While organizing different activities, **whom have you turned to** with questions or problems? Do you think that you have had the support you needed?
2. How often did your FM visit you? *Did you receive helpful feedback?*
   a. Has your effectiveness as Peer Educators changed over time? Why is that?
3. Do you think the Peer Educators have the support and resources to be effective?
   a. What could the program do that would help Peer Educators be more effective?
   b. Describe your incentives and why you received them.
4. Do Peer Educators help each other? How do they resolve any differences that develop?

D. Partnerships

1. Where did you work? With what institutions (schools, churches, workplaces, …)?
2. Describe the partnership.

V. Targeting

A. Geographic Targeting

1. Do you think that your community needs a TWC program? Why?
   a. Why do you think these activities you just described are appropriate for your community?
2. In your experience, was the community positive toward the program? What are some examples of community support?
   a. In what ways has the community resisted this activity?

B. Beneficiary Targeting

1. Within this larger community, who should the program be targeting for messages but are not?
   a. Do you think the program failed anyone?
   b. Do you think that boys and girls have both benefited from the program? Equally?

VI. Sustainability

A. Community Support

1. What activities will you continue after the Red Cross no longer funds TWC activities?
2. Please discuss community and local political support for the continuation of the program. What needs to happen for the project activities to be able to continue?
3. What was the biggest obstacle that you were aware of? (If something that the program could affect) was anything done that you are aware of to overcome that obstacle?
4. What was the reaction of your friends, schoolmates and family? How important is their support in your decision to be a Peer Educator or not?
5. Are your parents supportive of your work? Do you think they should be part of the program? Why or why not?
6. What do they do to support you as a Peer Educator? What role could parents have in this program?

B. Volunteer Retention

1. What are some of the best things about being a Peer Educator?
2. In what ways has your work gotten easier or harder?
3. What are some of the challenges you have in your role? What don't you like?
4. How long do you think you will continue being a peer educator?
5. Why do you think people stay or leave? What lowers a person's commitment?

VII. Program Impact

A. General

1. What have you gotten out of being a Peer Educator? How has being a Peer Educator affected you?
2. Have any of your ideas changed as a result of your work? Describe the old and new ideas.
3. Have you observed changes in behavior among other Peer Educators? What is different?
4. What have been the effects the programs has had on HIV and STI transmission, unintended pregnancy and HIV testing? What are the biggest contributors to these outcomes?

B. Changes in Knowledge

1. What did you learn that you didn't know before?
2. What myths have been dispelled due to TWC? How successful do you think you were?

C. Changes in Attitudes

1. How have you changed your ideas about abstinence, fidelity or condoms because of the program?
2. What about interacting with people living with HIV or people living with AIDS, have you seen any difference in the way they are treated in the community? Describe what you have seen.

D. Changes in Behavior

1. What high-risk behaviors have you changed? Please provide examples.
2. What other behaviors have changed as a result of TWC? Please provide examples.

VIII. Recommendations

A. What are some of the best things about being a Peer Educator?

1. In what ways has your work gotten easier or harder?
2. What are some of the challenges you have in your role? What don't you like?

B. Overall impressions of the program

1. What is your opinion about the TWC program?
2. Is there anything you would like to see that you didn't? What recommendations do you have for improving the project? (PE training, curriculum, management, volunteer support, …)

C. Do you have any question or comments about things we didn't talk about that you think are important?

Parents of Participating Youth Focus Group Discussion

I. Introduction

* Describe evaluation content and process. Provide informed consent.
* Enter interview information & respondent names on Respondent Sign In sheet
*** Do you have any questions for me before we begin?**

II. Respondent Characteristics

A. Personal Information

1. What do you know about the Red Cross "Together We Can" program?
2. How did you learn about the TWC program? By whom, where, what?
3. Were you more or less open to the project as a result of this interaction?
4. What has your involvement been with this project?

III. Prevention Activities

A. TWC Curriculum

1. What do you know about your child's involvement with the program? Do you recall any TWC activities your child was involved with?
   a. How are your children involved with the project?
   b. For how long?
   c. What did your children learn from the project?
2. Did the children discuss it with you? When? What did they say about it?
   a. How old was he/she?
   b. At that time were you worried about any sexual pressure on your child?
   c. Were you worried about HIV?
   d. Did you have any concerns about the program? What were they?
3. What do you think about the Red Cross project? How has you attitude towards the project changed over time?
   a. What did you like/dislike about the activity?

B. Non-curriculum Based Activities

1. What other Red Cross activities have occurred in your community?
2. What Red Cross activities have you participated in?

_____ a. Community Wide Events (general diffusion)
_____ b. Community Wide Events (inter-personal)
_____ c. Mass Media
_____ d. Referrals to other services
_____ e. Condom distribution
_____ f. School activities
_____ g. Youth Clubs
_____ h. other _____

3. Which activities did you enjoy the most?

IV. Targeting

A. Geographic & Beneficiary Targeting

1. Do you think your children should be participating in an HIV prevention program? If not, who should the project target? If so, why do you think this program is appropriate for your children?
2. Do you think HIV prevention and sex education programs should be in your community? What makes your community appropriate or inappropriate?
3. Do you think the community has supported the program? What could have been done to increase community support? (recommendations)
4. Who would you not recommend it to? Why?

B. Targeting Parents

1. Did parents become involved in the TWC program at all? In what way?
2. In what ways have parents supported their children's participation in the project?

V. Sustainability

A. Community Support

1. Do you think TWC activities should continue in your community?
2. What should that continuation look like?
3. How would you support it if it did continue?

VI. Impact

A. Changes in Knowledge

1. In general, where have you learned about HIV, AIDS and STIs? If it was at an event, who sponsored the activities?
2. What did you learn at TWC events that you didn't know before?

B. Impressions of attitudes and behavior change

1. Describe any changes you have seen in peoples' attitudes and behaviors, in your community, as a result of the TWC activities. (HIV transmission, high-risk behavior, use of condoms, unintended pregnancies, abstinence, fidelity, the way that people with AIDS and PLHIV are treated in the community)

VII. Recommendations

A. Overall Impressions of TWC

1. What would you like changed in the project?

B. Do you have any question or comments about things we didn't talk about that you think are important?

Parents of Participating Youth In-Depth Interview

I. Introduction

** Describe evaluation content and process*
** Informed consent*
** Enter interview information & respondent names on Respondent Sign In sheet*

II. Respondent Characteristics

A. Personal Information

1. What do you know about the Red Cross "Together We Can" program?
2. How did you learn about the TWC program? By whom, where, what?
3. What do you know about your child's involvement with the program? Do you recall any TWC activities your child was involved with?
4. Did the children discuss it with you? When? What did they say about it?

III. Prevention Activities

A. TWC Curriculum

1. What do you know about your child's involvement with the program? Do you recall any TWC activities your child was involved with?
2. Did the children discuss it with you? When? What did they say about it?
3. What do you think about the Red Cross project? How has you attitude towards the project changed over time?

B. Non-curriculum Based Activities

1. What other Red Cross activities have occurred in your community?
2. What Red Cross activities have you participated in?

_____ a. Community Wide Events (general diffusion)
_____ b. Community Wide Events (inter-personal)
_____ c. Mass Media
_____ d. Referrals to other services
_____ e. Condom distribution
_____ f. School activities
_____ g. Youth Clubs
_____ h. other _____

3. Which activities did you enjoy the most?
4. Which events did you find most useful?

IV. Targeting

A. Geographic & Beneficiary Targeting

1. Do you think your children should be participating in an HIV prevention program? If not, who should the project target? If so, why do you think this program is appropriate for your children?
2. Do you think HIV prevention and sex education programs should be in your community? What makes your community appropriate or inappropriate?

3. Do you think the community has supported the program? What could have been done to increase community support? (recommendations)
4. Who would you not recommend it to? Why?
5. What have you said to other people about TWC? To whom?

V. Sustainability

A. Community Support

1. Do you think TWC activities should continue in your community?
2. What should that continuation look like?
3. How would you support it if it did continue?

VI. Impact

A. Changes in Knowledge

1. What did you learn at TWC events that you didn't know before?
2. What new information has your child learned from TWC?

B. Changes in Attitudes

1. Have you changed any of your attitudes or behaviors as a result of the project? Give examples.
2. Have you ever cared for someone HIV positive or has AIDS? What did that consist of?
3. If you knew someone was HIV positive, how would you treat them as compared to someone who is HIV negative?
4. How has the attitude of your child changed due to their involvement in TWC?

C. Changes in Behavior

1. Has your child brought home new information about HIV, STI and pregnancy prevention that you didn't know about before? What was it? Where did s/he learn it?
2. How has your child's participation in TWC changed your communication about HIV and sexuality?
   a. Do you speak with your children about sex? Describe how and why that occurred? (*is it because of TWC?*) At what age do you first initiate these conversations? Who initiated the conversation? What do you say?
3. How do you feel about those discussions? Had the program changed how your feel?
4. Has the program made your child more comfortable with those topics? You?
5. What changes have you noticed in your child's behavior that you think are due to TWC?
   a. Is your child sexually active?
   b. Has he or she been tested for AIDS? When?
   c. Have you been tested? How did you feel?
6. Does he or she practice any preventive measures to prevent pregnancy, HIV or STIs?
   a. What measure?
   b. Has this changed since participating in the program?
   c. Did he or she see a demonstration of condom use?
7. Has TWC information changed any of your behaviors? Describe.

VII. Recommendations

A. Overall Impressions of TWC

1. What advice would you give to the Red Cross if they were to have another HIV prevention program in your community? What would you do differently?

B. Do you have any question or comments about things we didn't talk about that you think are important?

Stakeholder In-Depth Interview

I. Introduction

** Describe evaluation content and process. Provide informed consent.*
** Enter interview information & respondent names on Respondent Sign In sheet*
* **Do you have any questions for me before we begin?**

II. Respondent Characteristics

A. **TWC Participation**
1. What is your position in the local community?
2. How long have you held this position?
3. What responsibilities to you have?

B. **Describe your relationship to the TWC program.**
1. Do you deal with other organizations with a similar mandate to the TWC program?
   a. Which ones?
2. What do you see as the main reason you are involved with the TWC program?
3. Have you faced any opposition in your work in the TWC program?
   a. From which people or groups?
   b. How did it develop?
   c. How was it resolved?

III. Capacity Building

A. **What capacity building support have you seen the Red Cross provide?**
1. Have you been the recipient of any such support?
   a. If so, how often have you communicated with them?
   b. Who do you communicate with?
   c. What is the nature of these communications?
2. What kind of support have they provided? How often? Has it been helpful?
3. What support would you like to receive but you have not?

IV. Prevention Activities

A. **What are some examples of TWC activities that you have been involved with?**
1. Who organized the activity? What was your role?
   a. facilitated referrals between complementary services
   b. condom distribution
   c. community events
   d. working with the youth in schools and other
   e. town hall meetings
   f. mass media
2. What was your impression? What did you like/dislike about the event?
   a. Were they engaging to the participants?
   b. Were the messages given clear to the people attending?

c. Were they appropriate?
d. Do you have any opinion as to their effectiveness?

B. **Did the TWC program address a real community need? In what way?**
1. Do you think your community is appropriate for the TWC program?
2. Describe who TWC targeted and whether the right people were included.
3. Have you seen changes in the TWC program over time? What were they and what outcome did they produce?

V. Sustainability

A. **How will TWC sustain itself after the Red Cross no longer funds the project?**
1. What are some of the handicaps that the community may have in continuing with the work of the TWC program? (Probe for non-financial issues)
2. Do you think there is long-term local support for it?
3. What changes should be made to it?
4. Will you continue to support HIV prevention in the community even though the TWC program is ending?

VI. Impact

A. **Overall, what changes in the community would you attribute directly to the TWC program?**
1. Since the TWC program started here, have you seen any change in the behavior of young people due to its work?
   a. Have you seen any change in their attitudes?
   b. Toward sexual activity, abstinence, fidelity, contraception
2. Do you see any differences in girls' and young women's ability to handle relationships with boys and men?
3. Do you think that young people are communicating more with their parents, teachers and each other about HIV prevention issues?
4. Are young people better able to deal with people who have AIDS and PLHA?
5. What changes have you seen in rates of people getting HIV tests?

VII. Recommendations

A. **What recommendations do you have to improve the project?**

B. **Do you have any question or comments about things we didn't talk about that you think are important?**

Town Hall Participants Focus Group Discussion

I. Introduction

** Describe evaluation content and process. Provide informed consent.*
** Enter interview information & respondent names on Respondent Sign In sheet*
*** Do you have any questions for me before we begin?**

II. Respondent Characteristics

A. TWC Participation

1. Have you heard of the Red Cross "Together We Can" Program?
   a. What do you know about the program?
   b. How do you come to know this information?
2. Describe what happened leading up to and at the Town Hall meeting you attended.
   a. How were you notified? When was it? Where? Who hosted it? Who attended? What the purpose was? What was discussed? What did you learn? Where materials handed out?
   b. Did you give your name at the meeting? Did they write it down?
3. Why did you decide to go to this meeting? Why was this meeting important?
4. Do you think that was a good forum to accomplish that purpose? What did you like/dislike about the Town Hall meeting?

III. Targeting

A. Geographic & Beneficiary Targeting

1. Do you think your community is appropriate for the TWC program? Why or why not?
2. Describe who participates in TWC. Are they targeting the youth who need to be targeted? If not, who should be the participants?
3. Do you think that boys and girls have both benefited from the program? Equally? Do you think the program failed anyone?

IV. Prevention Activities

A. TWC Curriculum

1. Do your children participate in the program? What is their role?
2. What do you think about their participation? Is this a good use of their time? Why or why not?

B. Non-Curriculum Based Activities

1. Have you had any exposure to the project since the town hall meeting? What has that been?
2. Describe the HIV prevention activities you attended? What happened? Where? When? Sponsored by whom?
   a. What did you think of the event? What did you learn that you didn't know before? Is there anything they said that you don't believe to be true? Would you go again?

3. Did participating in the town hall meeting make a difference in whether you attended any community wide events or not?
4. What are some ideas or practices that you have changed because of your participation in the town hall?

V. Impact

A. Motivations

1. In your experience, was the community positive toward the program? How did they actively support it?
2. What are some reasons that people do and do not support the program?

B. Impressions of attitudes and behavior change

1. Do you think the TWC program has made a difference? How has the TWC program affected your community?
2. Describe any changes you have seen in peoples' attitudes and behaviors, in your community, as a result of the TWC activities. (*probe on HIV transmission, high-risk behavior, condom use, unintended pregnancies, abstinence, fidelity, the way that people with AIDS and PLHIV are treated in the community*)

VI. Sustainability

1. What do you think about the program? Do you think TWC activities should continue in your community? What should that continuation look like? How would you support it if it did continue?
2. Who would you not recommend it to? Why?

VII. Recommendations

A. Overall Impressions of TWC

1. What is your current opinion about the TWC program?
   a. What aspects of the program did you like/dislike?
2. Is there anything you would like changed? What do you disapprove of?

B. Do you have any question or comments about things we didn't talk about that you think are important?

Youth Multiplier Focus Group Discussion

I. Introduction

** Describe evaluation content and process. Provide informed consent.*
** Enter interview information & respondent names on Respondent Sign In sheet*
* **Do you have any questions for me before we begin?**

II. Respondent Characteristics

A. TWC Participation

1. What can you tell me about the Red Cross? How did you learn about the Red Cross? Who provided the information?
2. How did you learn about the TWC program? Who told you about the TWC program?
   a. Where did the *Peer Educator* find you?
   b. How many times did interact with the *Peer Educator*? (*probe for # of meetings with PE*)
3. Describe how you became involved in the program.
4. What can you tell me about the *Together We Can* project?

III. Prevention Activities

A. TWC Curriculum

1. Content
   a. Tell us what you learned from the Red Cross volunteer about HIV prevention. What information was new?
   b. Which activities did you like better/less than others? Explain. (*Discuss why the topics are important.)*
   c. What did you think of the homework assignments? What instructions did you get? Did you understand what you were supposed to do? Is there any information that was unclear? Did your trainer do a good job of helping you learn?

2. Targeting Peers
   a. Describe the peers you spoke with. How did you identify these people? Describe the process you used to find people to talk to.
   b. How many people did you talk to? What did they think about the messages?
   c. When you started, how hard was it to reach out to 10 other people? Did it get easier for you? How did that happen?
   d. Describe types of people who you did not speak with but you think should hear what you have to say. Do you think the program failed anyone? (*beneficiary targeting*)

3. Motivation
   a. What motivates/demotivates you to continue promoting HIV and pregnancy prevention messages?
   b. What lowers your commitment? What are some of the challenges you have in your role?

c. Why do you think *Youth Multipliers* continue or stop to volunteer?

4. Activities with Peers
   a. After you found people to talk to what did you talk about? Describe the activities you did with them. How long did each homework assignment take? Did you have enough information to pass on messages accurately?
   b. Were you comfortable conducting them? Which were your favorites? Why? What materials did you use most often? Or very little?
   c. What referrals did you make to YPs? What referrals did they act upon?

5. Record Keeping
   a. What records did you keep of your homework? What did you do with the records? What did the person you gave the records do with them? (*feedback*) What is the information used for? Did you understand the forms? What was hard?
   b. What do you think about the reports and the work involved? Do you think they should be continued?

6. Supervision
   a. If you have any questions or problems, whom have you turned to? What support and resources have you received to be effective?
   b. Do you think you have the support and resources to be effective without Red Cross support? (*sustainability*)

7. Follow-up Interventions
   a. Did you have any additional training? What did it consist of? Who trained you?
   b. Did you enjoy the Follow-Up Intervention? What did you like/dislike about them? Did you get any new information? Were you reminded of anything that you had forgotten?

B. Non-Curriculum Based Activities

1. What other HIV prevention activities you have participated in by yourself, with your family or with friends? (youth club, community-wide event, mass media, town hall)
2. Describe the activity or event in order of interest to you. Why was it interesting? Why was it not interesting? What feedback did you get from your friends who also participated?
3. Who did you hear this information from? Do you know who sponsored ____ activity?
4. Did you help to organize or promote any of the events? What did you do?

C. What are other sources of information for HIV prevention?

1. Did they tell you the same information as you heard from TWC?
2. What other projects are working on HIV prevention in your area?

IV. Targeting

A. Geographic & Beneficiary Targeting

1. Are these messages appropriate for your community? (geographic targeting)
2. Where do you think the TWC project should be working but is not?

B. YM Support

1. What do people (churches, school teachers, parents) think about TWC in your community?
2. What did you tell your parents about these home work assignments? What did your parents think about your participation, especially talking to people about HIV and sexuality?
3. In your experience, was the community positive toward the program? Did they actively support it? How?

V. Program Impact

A. Impressions of attitude and behavior changes since 2004

1. What have been the effects of the program on YMs? YPs? What are the biggest contributors to that outcome?

B. Changes in Knowledge

1. See section III. Prevention Activities; B. What did you learn that you didn't know before?
2. What myths have been dispelled due to TWC?

C. Changes in Attitudes

1. How have people changed their ideas about abstinence because of the program? Does this include both boys and girls?
2. How is being faithful viewed amongst your peers? How are ideas about fidelity amongst young people different than before the program? Does this apply to both boys and girls?
3. What adjectives would you use to describe condom use? How has the program affected people's use of condoms? Price? Where to buy? How and why to use condoms?
4. What about interacting with people living with HIV or people living with AIDS, have you seen any difference in the way they are treated in the community? Describe what you have seen.

D. Changes in Behavior

1. What have been the effects the programs has had on HIV transmission? What are the biggest contributors to these outcomes?
2. In your opinion, what high-risk behaviors have changed among people who have heard TWC prevention messages? Please provide examples.
3. What changes have you seen in unintended pregnancies for those who have received TWC messages? Please provide examples.
4. What changes have you seen in STIs, including HIV transmission? What do you think caused the change? Please provide examples.
5. What have been the effects the TWC project has had on HIV testing? What are the biggest contributors to that outcome? Please provide examples.
6. What other behaviors have changed as a result of TWC? Please provide examples.

VI. Sustainability

A. **Would you like the program to continue?**
   1. Do you think this program should continue? Who should it be targeting? Where?
   2. What could the program do that would help it be more sustainable?

VII. Recommendations

A. **Overall impressions of the program**
   1. What is your opinion about the TWC program?
   2. Is there anything you would like to see that you didn't? What recommendations do you have for improving the project?

B. **Do you have any question or comments about things we didn't talk about that you think are important?**

Youth Multiplier In-Depth Interview

I. Introduction

** Describe evaluation content and process. Provide informed consent.*
** Enter interview information & respondent names on Respondent Sign In sheet*
* **Do you have any questions for me before we begin?**

II. Respondent Characteristics

A. TWC Participation

1. Describe how you became involved in the program.
   a. Where did the *Peer Educator* find you?
   b. How many times did interact with the *Peer Educator*? (*probe for # of meetings with PE*)
2. What can you tell me about the *Together We Can* project?

III. Prevention Activities

A. TWC Curriculum

1. Content
   a. What new information did you learn from TWC?
   b. Which activities did you like better/less than others? Explain.
   c. What did you think of the homework assignments? What instructions did you get? Did you understand what you were supposed to do? Is there any information that was unclear?
   d. Did your trainer do a good job of helping you learn?

2. Targeting Peers
   a. How many people did you talk to?
   b. Did you speak with anyone that you know someone else spoke with? Did you both report that person? Did this happen often?
   c. If you didn't speak with 10 people, why not? What are some common reasons that people give you for not participating? How do you respond? What did you do if you did not speak with 10 people?

3. Motivation
   a. What motivates/demotivates you to continue promoting HIV and pregnancy prevention messages?
   b. What lowers your commitment? What are some of the challenges you have in your role?
   c. Why do you think *Youth Multipliers* continue or stop to volunteer?

4. Activities with Peers
   a. Did you have enough information to pass on messages accurately?
   b. What referrals did you make to YPs? What referrals did they act upon?
   c. Have you had other young people independently approach you for information about HIV, birth control, etc.?

5. Record Keeping
   a. What records did you keep of your homework? What did you do with the records? What did the person you gave the records do with them? (*feedback*) What is the information used for? Did you understand the forms? What was hard?

6. Supervision
   a. Who supervised your homework assignments? Describe the supervision. (*how often, by whom, what happened,…*)
   b. Was this feedback helpful to you?

7. Follow-up Interventions
   a. Did the FUIs cause you to speak with your friends again about HIV prevention and avoiding pregnancy? What did you talk about? What did the YPs think about the FUIs?

B. Non-Curriculum Based Activities

1. What other TWC activities did you participate in? (youth club, community-wide event, mass media, town hall)
2. Did your participation in these other events help you to do your homework assignments better? Which ones? Or do you think the curriculum alone gave you the tools to be effective?

IV. Targeting

A. Geographic & Beneficiary Targeting

1. Are these messages appropriate for your community? (geographic targeting)
2. Where do you think the TWC project should be working but is not?

B. YM Support

1. What did you tell your parents about these home work assignments? What did your parents think about your participation, especially talking to people about HIV and sexuality?
2. Have your parents been supportive? What do they do to support your activities?
3. What have you hear the community saying about TWC? Did they actively support it? How?

C. Targeting Youth Multipliers

1. What do you think about your role in this program? Why are you important? What qualities do you have that makes you good at educating others?
2. Do you think both boys and girls make good educators? All age groups? Why?

V. Program Impact

A. Impressions of attitude and behavior changes since 2004

1. How has participating in TWC affected you?
2. Has it changed your relationship with your friends? Positively or negatively?

3. Do you think that you have more self-confidence? In what way? To do what? How did that develop?

B. **Changes in Knowledge**
1. What (myths) do you no longer believe as a result of TWC?

C. **Changes in Attitudes**
1. Have any of your ideas changed as a result of your participation? Describe the old and new ideas.
2. Do you know anyone who is HIV positive? How do you feel about interacting with someone who is HIV positive? What if they have AIDS? What sources of information made you feel this way?

D. **Changes in Behavior**
1. Has any of your own behavior changed because of your participation? What changes have you made in your lifestyle? Describe what you do differently now.
2. How do you prevent the transmission of HIV and other STIs? (probe on HIV testing, abstinence, fidelity, condoms) What made you decide to use this prevention method?
   a. Do you know your HIV status? Have you ever had an HIV test? What made you decide to get tested?
   b. Do you have a boy/girlfriend? How do you know that you are safe from HIV, STIs or getting pregnant?
   c. How do you use condoms? Where do you get condoms? Where did you get this information? Have you ever applied what you learned?

VI. Sustainability

A. **Would you like the program to continue?**
1. What activities will you continue you continued after you graduate from the project?
2. What could the program do that would help it be more sustainable?

VII. Recommendations

A. **Overall impressions of the program**
1. What is your opinion about the TWC program?
2. If someone from the Red Cross asked you how the program could be improved, what would you say?

B. **Do you have any question or comments about things we didn't talk about that you think are important?**

Youth Participant Focus Group Discussion

I. Introduction

** Describe evaluation content and process. Provide informed consent.*
** Enter interview information & respondent names on Respondent Sign In sheet*
* **Do you have any questions for me before we begin?**

II. Respondent Characteristics

A. **TWC Participation**
   1. What can you tell me about the Red Cross? How did you learn about the Red Cross?
   2. Who told you about the TWC program? What is the *Together We Can* project about?

III. Prevention Activities

A. **How did you participate in the TWC project? (probe on the list below for involvement)**

1. TWC curriculum/ Follow-up interventions
   a. How many times did you meet with the YM? (*probe on # of meetings with YM*)
   b. Where did the *Youth Multiplier* find you?
2. Referrals
   a. What services did the *Youth Multiplier* tell you about?
   b. What services did the *Youth Multiplier* refer you to?
   c. What services did you use?
3. Youth club
   a. Did you participate in a youth club? How was/is the club involved in the TWC project?
4. Community-wide event
   a. Did you participate in any community-wide events? Please describe.
5. Mass media
   a. Did you hear TWC provide HIV messages on the radio or TV?
   b. What did they talk about?
   c. What did you think of the announcement?
6. Town hall meeting
   a. Did you attend any meetings where the Red Cross gave a presentation?
   b. What did they talk about? How did this information apply to you?

B. **What did you learn that you didn't know before? Which activity did you learn this information from?**
   1. What did you like about _____ activities? What didn't you like?
   2. Which activity gave you the most useful information? Why was it useful?
   3. Were there any messages that were unclear? What is still difficult about the topic?

C. **Where (else) have you heard HIV prevention messages?**
   1. Did they tell you the same information as you heard from TWC?
   2. What other projects are working on HIV prevention in your area?

IV. Targeting

A. **Geographic & Beneficiary Targeting**
   1. Why do you think your community is an appropriate place for TWC?
   2. What do people (churches, school teachers, parents) think about TWC in your community?
   3. Where do you think the TWC project should be working but is not?
   4. Who do you think needs to hear these messages? Where do you find these people? What makes you choose that group of people?

B. **YP Support**
   1. Who do you talk to for information about HIV, STIs, sex or pregnancy prevention? The YM? Your parents?
   2. Who do you think would be the best source of information? Have you spoken with that person/those people? What made you decide to (not) have that conversation?
   3. Do you feel more, less or equally comfortable talking and hearing about these issues than you were before speaking with the YM?

V. Program Impact

A. **Changes in Knowledge**
   1. See section III. Prevention Activities; B. What did you learn that you didn't know before?
   2. What myths have been dispelled due to TWC?

B. **Changes in Attitudes**
   1. How have people changed their ideas about abstinence because of the program? Does this include both boys and girls?
   2. How is being faithful viewed amongst your peers? How are ideas about fidelity amongst young people different than before the program? Does this apply to both boys and girls?
   3. What adjectives would you use to describe condom use? How has the program affected people's use of condoms? Price? Where to buy? How and why to use condoms?
   4. What about interacting with people living with HIV or people living with AIDS, have you seen any difference in the way they are treated in the community? Describe what you have seen.

C. Changes in Behavior

1. What have been the effects the programs has had on HIV transmission? What are the biggest contributors to these outcomes?
2. In your opinion, what high-risk behaviors have changed among people who have heard TWC prevention messages? Please provide examples.
3. What changes have you seen in unintended pregnancies for those who have received TWC messages? Please provide examples.
4. What changes have you seen in STIs, including HIV transmission? What do you think caused the change? Please provide examples.
5. What have been the effects the TWC project has had on HIV testing? What are the biggest contributors to that outcome? Please provide examples.
6. What other behaviors have changed as a result of TWC? Please provide examples.

VI. Recommendations

A. Overall impressions of the program

1. What is your opinion about the TWC program?
2. If someone from the Red Cross asked you how the program could be improved, what would you say?

B. Do you have any question or comments about things we didn't talk about that you think are important?

Youth Participant In-Depth Interview

I. Introduction

** Describe evaluation content and process. Provide informed consent.*
** Enter interview information & respondent names on Respondent Sign In sheet*
* **Do you have any questions for me before we begin?**

II. Respondent Characteristics

A. TWC Participation

1. What can you tell me about the Red Cross? How did you learn about the Red Cross?
2. Who told you about the TWC program? What is the *Together We Can* project about?

B. Where (else) have you heard HIV prevention messages?

1. Did they tell you the same information as you heard from TWC?
2. What other projects are working on HIV prevention in your area?

III. Prevention Activities

A. How did you participate in the TWC project? (probe on the list below for involvement)

1. TWC curriculum
2. Follow-up interventions
3. Referrals
4. Youth club
5. Community-wide event
6. Mass media
7. Town hall meeting

B. What did you learn that you didn't know before?

1. What was your favorite activity? Why?
2. What was your least favorite activity? Why?
3. Were there any messages that were unclear? What is still difficult about the topic?

IV. Targeting

A. Geographic & Beneficiary Targeting for Messages

1. Is this the right place to have a project like TWC? Why?
2. Do you think that you are the right person to hear HIV prevention messages? Why do you think the *Youth Multiplier* spoke with you?
3. Who do you think needs to hear these messages? Where do you find these people? What makes you choose that group of people?

B. YP Support

1. Who do you think could help you discuss HIV prevention & unwanted pregnancy when you need to?

   a. Have you ever had a discussion with this person?
   b. What did you talk about?
   c. Would you have gone to that same person before you joined the program?
2. Who would you not tell what you learned? What are some reasons you would not tell people about what you learned?

V. Program Impact

A. Observed Changes

1. What have been the effects the programs has had on HIV transmission? What are the biggest contributors to these outcomes?
2. In your opinion, what high-risk behaviors have changed among people who have heard TWC prevention messages? Please provide examples.
3. What changes have you seen in unintended pregnancies for those who have received TWC messages? Please provide examples.
4. What have been the effects the programs has had on HIV transmission? What are the biggest contributors to these outcomes?

B. Personal Changes

1. How have you changed as a result of TWC? Explain with examples.
2. What (myths) do you no longer believe as a result of TWC?
3. Do you know anyone who is HIV positive? How do you feel about interacting with someone who is HIV positive? What if they have AIDS? What sources of information made you feel this way?
4. How do you prevent the transmission of HIV and other STIs? (probe on HIV testing, abstinence, fidelity, condoms) What made you decide to use this prevention method?
   a. Have you ever had an HIV test? What made you decide to get tested?
   b. Do you have a boy/girlfriend? How do you know that you are safe from HIV, STIs or getting pregnant?
   c. How do you use condoms? Where do you get condoms? Where did you get this information? Have you ever applied what you learned?

VI. Recommendations

A. Overall impressions of the program

1. What is your opinion about the TWC program? Is there anything you would like to see that you didn't?

B. Do you have any question or comments about things we didn't talk about that you think are important?

Appendix D: Participatory Data Collection Methods

Data Collection Method	Type of Data	Constituency Group	Purpose of data
Community Surveys	Quick and dirty information on how girls feel about a particular issue	Girls in the community or in programs Parents, gatekeepers, service providers in the community	Get an idea of general attitudes and beliefs of girls and other community members w/o filter
Interviews	More in depth understanding of girl's experiences with particular issue within the context of their experience and in their own words	Girls who have some personal experience that has relevance to the issue you want to know about	Use in development of educational campaign or activities/development of engagement strategies/ development of services
Focus Groups	Feedback on perspectives of individuals within a group context that leads to deeper discussion and illustrative interaction	Groups of people with shared characteristic or experience (i.e. girls in a particular community, parents of girls in program, teachers)	Provides insight into how your program/issue is perceived by a particular group of constituents that can help shape program activities or educational approaches
Video-graphy/ Ethno-graphic observation	Gives a visual or descriptive look at the issue/program -framing it within an environmental context Gives information about how the culture of group works	Participants in activities, people in the community	Provides an understanding of the frame in which an issue or program functions
Community Mapping/ Photo Mapping	Maps the terrain and interactive patterns of a community or group in word and with pictures including transportation patterns, congregate settings, public behaviors, safe and unsafe spaces, information sites	Gatekeepers and stakeholders, people in community	Provides a cultural blueprint for understanding a group or community that informs outreach, organizing and educational or program services
Relation-	Provides information	Girls in programs, parents	Create a visual

Data Collection Method	Type of Data	Constituency Group	Purpose of data
ship Mapping	about relationships and patterns of relationships as they are constructed in a person's life either by intent or by circumstance	and other extended family members	perspective of how people see themselves in relation to others – what they give and what they look for in others that can influence choices, values, decision making and behaviors
Journaling	Provides a structured means for expression of feeling and ideas and can be constructed in ways that address particular questions to draw out thinking that is not influenced by others	Girls in programs, parents and other extended family and social network members	Brings a personal perspective regarding the effects of an issue on an individual inside their inner dramatization of their lives and all the attendant players
Photo Journaling	Provides a visual and accompanying story to express the ideas and meaning that girls get from their relationships and surroundings	Girls in programs, parents and other extended family and social network members	Provides a visual depiction of life through the eyes of the participants which is defining and described in their own words

[Source: P. Catlin Fullwood (2005) Girl's Best Friend Foundation]

Appendix E: Evaluation Recommendations

Cross-Cutting Issues for the Scaling-Up Together We Can Project

Geographic Targeting

When determining the appropriate TWC sites, as with all projects, it is advisable to explicitly set priorities in a **list of site selection criteria and clearly document** why sites were selected. All activities may not be feasible in all settings. When considering site selection, evidence of need should certainly be high on the list. In addition, the NSs' comparative advantage in implementing in a given site would also be a strong argument for reduced start-up times and spending.

Participant Targeting

Continue targeting youth with TWC, but consider that age-appropriate information should be explicitly outlined for PEs if future projects are to pursue youth through out-of-school activities and children in each of the three age cohorts. **Changes to the curriculum could be specified in a Training of Trainers (TOT) manual for FMs** to reduce additional reprinting costs for PE and participant manuals. In support of TWC, **adult targeting should be clearly stated** whilst adaptations to the program will be required depending on the situational environment and the outcome of the community mapping process. These adults include parents, government administrators, referral service providers, leaders of faith-based organizations, FBOs, school officials and teachers. ARC could, for example, develop guidance specifically for sessions targeting parents, not just of basic facts, using select TWC activities but also an orientation to the program with actual materials used on display for viewing. The **NS targets also need to be clearly identified** and agreed upon. Initial assessments of staff readiness for effectively handling both programmatic and administrative duties would have gone a long way.

Situational Environment

During project planning, community mapping and implementation, deliberately **take into consideration the strengths and weaknesses of the operating environment**. Use this information to set realistic activities and targets. TWC may look very different in rural areas versus urban ones.

Volunteerism

NSs are implementing many proven best practices for the recruitment and retention of PEs but a **formal recognition structure should be put in place**. The **management of adult volunteers should be as deliberate** as that used with PEs.

Monitoring and Evaluation

Each NS should come up with their own M&E plan and include all fo the requisite components. When developing the M&E framework, consider key decisions that will need to be made to determine whether activities are being implemented as intended. **Develop indicators and systems which track outcomes** to help with decision making, not just output from the start of the project. **Simplify the data collection forms**. **Train staff and volunteers on M&E basics** and explicitly tie data collected to individual and project achievements and decision making. Complement or replace the pre- and post-test with a more **comprehensive evaluation tool** to measure outcomes resulting from all interventions. This is further described in ***F.4. Define Indicators and Link Measures to Use*** below. (See ***Appendix D: Participatory Data Collection Methods*** for ideas.)

HIV-Prevention Education Activities Contributing to Measurable Changes

Curriculum-Based Interventions (CBI)

The content and delivery mechanisms for HIV-prevention messages are liked and effective. Additional efforts do not necessarily need to go into adapting the curriculum as CBI testing data does not support great increases in knowledge or skills because of the changes. It may be helpful to have a **TOT manual for facilitators** that contains more specific directions for M&E, age-appropriate messages, and referral resources, which can be determined during the community mapping process. Promote **spreading the word** instead of giving homework assignments. Referrals require more thought on **involving the service providers**. It would be advisable to provide YMs with **referral forms** that are signed upon receipt of services and returned to the NS staff for tracking.

NSs should **continue to strategize on effective targeting**. A more methodical approach, such as the one used with MOE, for gaining entrée with FBOs might be more effective for obtaining buy-in from religious leaders. Another option could be to develop a written presentation specifically targeting religious leaders that FMs and volunteers would be trained to deliver. Some people did manage to connect with youth through FBOs in Tanzania. It would be appropriate to share these strategies among the staff and volunteers. But in the final analysis, if the FBO gatekeepers continue to decline to allow TWC to be presented to the youth in their charge, recruitment efforts should be redirected towards more amenable entry points.

Follow-Up Interventions (FUI)

Stay the course of using FUIs to reinforce knowledge of YMs who had participated in CBIs.

Adult-Child Communication (ACC)

Continue with this activity but **develop a clear targeting strategy**. Determine whether the YMs or the parents will be used as NSs' point of entry, or both. Once the entry point has been established, work with NS staff to market the activity and recruit participants. This could be accomplished though community leaders such as the community-based advisory board or religious leaders and/ or a concerted effort to engage YMs in the recruitment process of their trusted adult.

HIV-prevention Education Activities: Community Engagement

Town Halls and Community Councils

The actual form either type of meeting will take will vary depending on the local situation, e.g., community interest, school system and government structure. **Distinguishing more clearly between the two types of community engagement events** would make it easier for TWC staff and volunteers to promote them to potential attendees, as well as simplify record keeping. Town halls should be formalized in the TWC documentation as the venue for reaching out to and informing the community, especially stakeholders not otherwise involved with the program. Community councils should be advisory bodies that take an active role in planning and decision-making. This distinction should be **clearly spelled out in TWC documentation**, and assumed for the recommendations provided next.

Town Halls. Every community reached by TWC should have **one entrée meeting with gatekeepers** to request permission to operate in the area and **periodic meetings** where new information is presented, progress is documented, and questions and concerns are addressed. The public should be motivated to attend by **offering education, information, or other incentives** that directly benefit participants. These incentives should be selected by assessing local needs during the initial set up and community mapping process. As noted in the Tanzania report, these meetings do not necessarily have to be called "town

halls," nor do they need to follow that format. The important point is to ensure that the community is informed, engaged, and invested in the TWC process.

Community Councils. Rather than relying on local government officials and other community leaders, the **community-based advisory board could be made up of RC branch volunteers**, with ARC providing technical assistance, and coordinated by a TWC staff member. Local government should be kept informed but should not be solely relied on for regular advice. In Tanzania, the assigned NS coordinator might be the branch development manager; in Guyana, this might be handled by a qualified volunteer, e.g., Peace Corps, or it may be necessary to hire someone for the role. Board activities might include holding the town hall meetings, and members might attend TWC staff meetings and should participate in the community mapping process. This will require that ARC **invest in developing the advisory board's capacity** and provide clear guidance**.**

Youth Clubs

TWC should **establish guidelines for working with youth groups** that make clear the target population and the process for engaging them, as with any other group such as church groups of school children. Youth groups should be identified in the initial stages of establishing TWC in a region during community mapping and **targeted for gaining access to youth** in the same way as any other organization. As appropriate, other locations or contexts in which youth gather could be **identified by YMs and YPs and added to the referral list** as part of the TWC take home assignments. The concept could be recast as "youth groups" rather than clubs in order to avoid the connotation of a specific venue like a club house.

Community-Wide Events (CWE)

Community-based advisory board members and YMs could be charged with identifying and alerting NS and PEs of upcoming events, and with promoting TWC's upcoming participation to their constituents. General diffusion CWEs could also be used for recruiting branch members and PEs and for fundraising. For example, PEs could have a booth with signup sheets for youth and groups that would like more information, or hold drawings for prizes to be announced at a town hall meeting to encourage attendance.

While USAID's purpose in creating the distinction between interpersonal and general diffusion CWEs is appreciated, **the purpose of the general diffusion CWE needs to be clarified** in terms of TWC. Activities involving direct one-to-one communication make more sense if incorporated into the CBI or FUI peer-to-peer outreach. Regardless, ARC needs to clarify exactly what is to be gained from three-minute conversations and then communicate that to the TWC volunteers. Monitoring success of the events will be easier if the rationale for conducting the events is well established.

Mass Media

The Tanzania and Guyana National Societies and the ARC should **limit time and resources** spent on mass media, if at all, to **partnering with other organizations** or government to conduct mass media campaigns. This would most likely be an activity for TWC management rather than the volunteers and the approach will be different in each country.

National Red Cross Society Capacity Building

Working through the **planning process with NS staff**, including choosing indicators and setting targets for the SO, would have been a valuable lesson and ensured that both parties held similar expectations for the upcoming year. This joint planning document could have served as an agreement between ARC and the NS on roles and responsibilities including who is ultimately accountable for decision making.

Joint work plan development and developing usable indicators would have helped both NSs. For example, the GRCS management style was to focus on achieving targets. Had the indicators been developed such that there were targets for outcomes other than the number of organizations involved and people reached and trained, FMs would have had more direction on what they were trying to achieve for the overall project.

Training

ARC should take leadership by **providing their available modules** for OD training to NS management. ARC and NSs should **collaboratively plan sessions**, develop a training schedule, and come to a mutual understanding of how training will occur. NSs can support training and mentoring goals by **linking staff outcomes to human resource management** and use the **performance review** of staff and volunteers that occurred at the beginning of the project.

Mentoring

Mentoring should occur, and as with training, should be **planned with the NSs** and reassessed on an on-going basis. ARC's global TWC experience is the value they bring to the table, both in terms of technical activities, and more importantly, in setting processes, procedures and standards and documenting them in a **TWC Project Handbook**.

Develop Partnerships

Activity-based partnerships should be informed by the **community mapping process** during which gaps are identified between what TWC can offer and what the community wants and needs. The mapping activity will help is identifying potential partners and the gaps between community needs and what the TWC project is offering. Creating partnerships is aligned with all the SOs, not just SO2. Ensure that management is responsible for identifying and **developing formal partnerships** with written agreements to assist in reaching both project and community objectives.

Disseminate Best Practices

Disseminating best practices is clearly a valuable exercise. NSs should continue to **hold staff and volunteer meetings**. NSs should make serious efforts to **participate in the national dialogue** through established coalitions and by PMs targeting individual organizations identified during community mapping to plan complementary activities and develop operating agreements. NSs could hold annual dissemination and feedback meetings at national, regional, district and local levels which could be part of the definition of Town Hall meetings. International conferences and workshops are a nice, but will be difficult to finance without significant amounts of external funding unless NSs are willing to fundraise for them. This is most likely a lower priority for the NSs than delivering services.