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PREVENTING HIV INFECTIONS IN YOUTH AGED 10–24 YEARS:
REPORT OF THE USAID TRACK 1.0 ABY PROGRAM REVIEW

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The Global Health Technical Assistance Project
1250 Eye St., NW, Suite 1100
Washington, DC 20005
Tel: (202) 521-1900
Fax: (202) 521-1901
info@ghtechproject.com

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ACRONYMS

ABC	Abstain, Be Faithful, Correct and Consistent Use of Condoms
ABY	Abstain, Be Faithful Prevention for Youth
AAHT	Anglican AIDS and Healthcare Trust
ADRA	Adventist Development and Relief Agency
APS	Annual Program Statement
ARC	American Red Cross
BCC	Behavior change communications
CA	Cooperative agreement
CAF	Children's AIDS Fund
CBO	Community-based organization
CRS	Catholic Relief Services
CTO	Cognizant Technical Officer
CVBT	Community-based volunteer teams
DFP	District focal points
DHS	Demographic and Health Survey
FBCI	Faith-based and community initiatives
FBO	Faith-based organization
FHI	Family Health International
GH Tech	Global Health Technical Assistance Project
HBC	Home-based care
HIV	Human immunodeficiency virus
HWW	Hope Worldwide
IEC	Information, education, and communication
IYF	International Youth Foundation
KAP	Knowledge, attitudes, practices
LQAS	Lot quality assurance sampling
M&E	Monitoring and evaluation
NGO	Non-governmental organization
OGAC	Office of the Global AIDS Coordinator
OLF	Olive Leaf Foundation (formerly HWW South Africa)
OVC	Orphans and vulnerable children
PE	Peer educator
PEPFAR	President's Emergency Plan For AIDS Relief
PMTCT	Prevention of mother-to-child transmission
RH	Reproductive health
SP	Samaritan's Purse
STIs	Sexually transmitted infections

TA	Technical assistance
USAID	United States Agency for International Development
USG	United States government
VCT	Voluntary counseling and testing

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EXECUTIVE SUMMARY

INTRODUCTION

This report presents the results of an external assessment of a youth-focused HIV/AIDS prevention program promoting abstinence before marriage and being faithful in a monogamous relationship as primary prevention approaches for youth aged 10–24. The program was implemented through multicountry cooperative agreements (CAs) between the U.S. Agency for International Development (USAID) and 14 partner organizations as part of the President's Emergency Plan for AIDS Relief (PEPFAR). The Abstinence, Be Faithful Prevention for Youth Program (ABY) sought to (1) delay first intercourse among youth not yet sexually active; (2) increase "secondary abstinence" among unmarried people; (3) increase fidelity in marriage and monogamous relationships among youth and the general population; (4) reduce sexual coercion and violence; (5) reduce transactional and cross-generational sex; and (6) reduce other unhealthy sexual behaviors that increase vulnerability to HIV.

EVALUATION SCOPE OF WORK

The purpose of this evaluation was to document the contributions of the USAID Track 1.0 ABY program and to identify lessons learned from it for other centrally funded programs implemented in the field. Specific objectives were to

1. Assess and document the achievements of the USAID Track 1.0 ABY program with regard to the original grant solicitations.
2. Identify promising approaches that merit further evaluation for possible replication and scale-up.
3. Identify lessons learned about programs that are designed and managed centrally and implemented in the field, recommending strategies for programming that are responsive to field needs.
4. Discuss the USAID Track 1.0 ABY portfolio's contributions to PEPFAR's HIV prevention efforts.

METHODOLOGY

The evaluation was conducted by a four person, multinational team of consultants hired through the Global Health Technical Assistance Project (GH Tech) in September–November 2008. The approach was qualitative and descriptive. The team reviewed cooperative agreements, plans, and reports and gathered additional program materials from the 14 implementing partners; conducted interviews with or received written responses from more than 60 stakeholders and implementers in nine of the focus countries and the U.S; and observed activities and conducted interviews and focus group discussions with more than 200 program participants in Ethiopia, Kenya, South Africa, and Tanzania. Most of the field observations and participant discussions were with in-school youth (11) followed by community groups (8), peer educators (7), out-of school youth (5), and couples (3). Site visits were limited by the number of partners in each country, the time available for each country visit, and the traveling time required. Usually the team visited one site per partner for about half a day.

FINDINGS

Throughout the Track 1.0 ABY portfolio, programs used similar approaches in terms of venues, messengers, and strategies. However, implementation varied from partner to partner, and between countries for the same partner. The main factors affecting program implementation were technical

leadership, quality control of cascade training, and a focus on rapid scale-up at new sites to achieve numerical targets. Selection of subpartners also affected the success and quality of certain programs. Some programs overestimated the infrastructure of their subpartners and/or did not have infrastructure in country to rapidly build their capacity. Some subpartner capacity is still low.

Finally, the quality of monitoring and evaluation (M&E) systems varied. All partners have an M&E system, but some are better at ensuring data quality and using data as both a monitoring and a programmatic tool. These variations led the team to define "collective achievements" as achievements of at least four partners in four countries and to distinguish these from "promising practices" that should be further assessed for possible replication and scale-up. As collective achievements and promising practices were identified, so were programmatic gaps with respect to the original annual program statement (APS) objectives and outcomes.

Objective 1: Document Collective Achievements Toward Meeting Original Grant Objectives and Outcomes

The collective achievements have been organized into five subcategories that combine both objectives and outcomes from the APS document:

1. Building capacity of partners and subpartners
2. Creating evidence-based HIV prevention programming
3. Increasing the numbers of youth reached with Abstain, Be Faithful (AB) messages and activities
4. Reducing factors that make youth vulnerable to HIV infection
5. Changing behavior to reduce HIV risk among youth and the general population

In general, the team found that collectively ABY program partners succeeded in building their own capacity and the capacity of their subpartners to implement HIV prevention programming for youth. They were also successful at increasing the number of youth reached with AB messages and activities through interpersonal rather than mass media strategies. For the most part, partners based their programming on evidence-based HIV prevention approaches, such as life-skills-based curricula and peer education. However, some partners used approaches that have shown limited effectiveness at changing behavior, such as abstinence pledges.

Another collective achievement of the Track 1.0 program was the increase in community dialogue about factors that make youth vulnerable to HIV infection, such as sexual coercion and violence and cross-generational and transactional sex, through parent-child communication programs and other community mobilization efforts. However, programs directly addressing sexual coercion, cross-generational sex, and transactional sex were few and limited. Furthermore, while anecdotal evidence from site visits suggests that ABY partners have changed some youth behavior, it is impossible to state definitively whether these programs have collectively changed behavior enough to reduce youth HIV risk. Partners do not systematically collect data on sexual behaviors like abstinence, fidelity, and condom use. Collection of this data was to be part of an external impact evaluation organized by PEPFAR but was never done.

Objective 2: Identify Promising Approaches

The team identified seven approaches that merit further evaluation for possible replication and scale-up. These are described here in general terms; the body of the report provides specific examples. These practices begin to fill some of the gaps noted but need more assessment.

1. Community engagement is a key feature of the ABY program and an advantage of faith-based (FBOs) and community-based organizations (CBOs). Partners have engaged communities to support AB behaviors and to begin addressing the social issues that contribute to increased risk. They have both established and worked through existing community structures; both approaches have shown promise especially for sustaining support for continued community involvement in youth HIV prevention efforts.

2. Many approaches for reaching in-school youth are ready for scale–up, among them using teachers to promote HIV prevention strategies through Ministry of Education curricula where they exist; extracurricular and co-curricular activities; partnering with Scouts and other youth service organizations; providing training and materials to school-based anti-AIDS clubs; and incorporating HIV prevention messages into nontraditional education programs.

3. Three partners have created curricula for use with couples in committed relationships that focus on increasing fidelity within marriage. However, the curricula have not yet undergone rigorous external review. Moreover, since they are concerned with increasing communication within monogamous marriages, they do not address reduction of multiple concurrent relationships among those in nonmonogamous relationships.

4. Some partners are linking their ABY programs to programs that target out-of-school youth, such as community self-help groups, residential programs for street kids, and alternative/informal education centers. Others reach out-of-school youth as an extension of their school-based work. While life skills and peer education are part of the approach to out-of-school youth, most partners recognize that these youth have different needs that require modification of curricula, especially to target specific high-risk behaviors.

5. While all partners have increased their capacity to aggregate and report M&E data consistent with USAID and PEPFAR requirements, several have built systems for using data to both monitor and improve the quality of the program and to begin collecting outcome data, e.g., self-reported data on abstinence.

6. Some partners also have mechanisms for cross-country coordination that are promising, such as multicountry exchange workshops, staff exchanges between program sites, and assignment of technical staff to field offices to oversee multicountry programs and facilitate coordination.

7. Youth-moderated radio talk shows and youth-led newsletters both increase skills and ownership and promote peer learning and support. While the use of media is not new, engaging and training youth in creating and presenting mass media programs is a promising practice.

Objective 3: Lessons Learned About Centrally Managed Programs

The evaluation identified advantages and disadvantages, some of which were unique to the ABY program and some of which are generic to all centrally managed and funded activities. The five main advantages of centrally managed programs are these:

1. From the partner perspective there is an economy of scale, consolidating one system for management, administration, and M&E in all target countries.

2. Having a single procurement action for multiple country activities can benefit both USAID and partners.

3. A central focal point creates possibilities for more easily sharing technical assistance (TA) and promising approaches between partners and countries.

4. The centrally driven focus on ABY programming highlighted its importance at the Mission level, which led to an increase in bilateral funding.

5. The ABY program offered an opportunity to organizations that had not previously partnered with USAID. Half the ABY partners were receiving their first USAID funding.

The team also identified seven disadvantages of the ABY program, which largely derived from the nature of the program itself:

1. Exclusion of Missions from the ABY procurement process and selection of partners and program sites led to a lack of ownership in the field and to confusion about the role Missions had in managing the programs.

2. There was some initial reluctance to integrate ABY partners into each Mission's HIV prevention portfolio, especially where youth HIV prevention programs were not seen as a priority. Many countries have now taken steps to integrate the ABY partners into their programming, although how successfully varies by country.

3. The lack of clarity about the role of USAID field staff in the program resulted in several disadvantages to partners. Many reported that they had little access to TA and the expertise of Mission staff and that they sometimes received conflicting advice from Mission staff and USAID/Washington.

4. Continuity of services to communities can be compromised if the work of centrally funded partners is not completed or transferred to others through a clear process of closure and sustainability planning for continuation of funding from either other donors, USAID bilateral agreements, central funds, or some combination of these. It is unclear if there will be a second round of PEPFAR ABY funding; of nine Missions that responded to a query, none had current plans to continue support to the ABY partners.

5. The reporting requirements of USAID Missions and USAID/Washington often differed and were country-specific.

6. Communication and coordination between USAID/Washington, USAID field staff, and ABY partners is a challenge. The problem is driven in part by the additional workload that centrally managed programs impose on field staff; high staff turnover in both USAID and partners; and the uneven management skills and technical expertise of partners.

7. Aspects of program content needed early clarification to avoid the additional effort required to revise curricula, retrain trainers and others, and adjust programs. The issue of timely clarity is similar, though the two issues are quite different:

    a. Several partners felt that they received conflicting information from USAID/Washington and field offices on guidelines for condom information. In some cases, partners felt "compelled" to provide at a minimum a condom fact sheet and did so reluctantly (based on their moral values) in response to direct inquiries from program participants. Some partner staff were wary of crossing a line between information-sharing, personal opinion, and promotion. Others felt that the guidelines restricted them from responding fully to participant queries and the needs of couples and sexually active youth, especially high-risk, out-of-school youth. These organizations tended to provide information and referrals. One sought authorization to add condom distribution to its program for out-of-school youth and couples.

    b. Religious messages were an area of ambiguity for FBOs. Many of their curricula incorporated prayers, devotionals, and biblical passages, some to the extent of using religious values as the major rationale for abstinence as a prevention strategy. Curricula

have been revised to highlight prayer, devotionals, and scriptural references as "optional" or "voluntary."

c. Similarly, some partners felt that the types of activities specified in the APSs for ABY programming were too restrictive. These wanted more flexibility to expand into other program areas and target populations.

Objective 4: Contributions to PEPFAR's HIV Prevention Efforts

The Track 1.0 ABY program has contributed to two of the priorities articulated in the 2005 "ABC Guidance #1 for United States Government In-Country Staff and Implementing Partners Applying the ABC Approach to Preventing Sexually Transmitted HIV Infections Within the President's Emergency Plan for AIDS Relief," namely abstinence and behavior change for youth, and promoting healthy norms and behaviors. The program has also contributed to local capacity-building and highlighted the need for comprehensive HIV prevention strategies for youth. Skills-based curricula can empower youth to make or negotiate choices that eliminate or reduce their risk of HIV infection (Yankah & Aggleton, 2008).

Many of the ABY Track 1.0 partners use skills-based curricula to encourage healthy sexual behavior and to create a foundation for the family and community dialogue needed to address social norms that put youth and others at risk of sexual transmission of HIV. Religious and community leaders and institutions are being mobilized to examine community and social norms as well as individual behaviors to reduce the risk. Many ABY partners have programs addressing youth development (leadership, education, rehabilitation of street kids, economic empowerment) as well as reproductive health and other HIV/AIDS-related programs. These partners have promoted an integrated approach by using their other programs as points of entry or as supplemental resources for ABY programs. Partners have also responded to participant requests for condom information, at a minimum providing or referring for basic facts while reinforcing that abstinence is the best way to prevent sexual transmission. The U.S. government (USG) has recognized that CBOs and FBOs are able to reach families and communities to promote behavior change and has invested in their capacity. The ABY partners have built their own capacity and that of their CBO and FBO partners, thus contributing to longer-term prevention programming.

CONCLUSIONS

These findings lead to a number of conclusions:.

FBOs and CBOs have succeeded in using their values and community infrastructures as an asset in promoting Abstinence (A) and to a lesser degree, Be Faithful (B) practices. Track 1.0 ABY partners as a whole have engaged not only individual youth but also their families, communities, and society as a whole in discussing healthy sexual behavior and putting in place the knowledge, skills, and strategies that are the foundation for modified behavior and norms.

Abstinence has been emphasized as the main HIV prevention strategy for 10–14-year–olds. Older, sexually active youth have been presented with facts and skills related to secondary abstinence for HIV prevention. Program participants report having increased their knowledge, skills, and support systems for adopting abstinence and their ability to discuss sex with peers, parents, and other adults.

Because Be Faithful ABY programs are less developed than Abstinence programs, there is a need for more focused B and B/C (condom) programming for older sexually active single youth and couples. The couples curricula created by ABY partners can be important elements of prevention.

ABY has focused on youth 10–24, though it is not age alone that determines risk. Multiple concurrent partners; cross-generational, transactional, and coerced sex; and their root causes

(economic, cultural, social, or individual) also need to be addressed in a comprehensive program. Track 1.0 partners have made their largest contributions in curriculum-based activities targeting youth and their use of religious and community structures and values to promote A and AB, but additional work needs to be done to target risk factors for transmission and infection that are not limited to age.

Centrally managed programs have the potential to promote cutting-edge programs and research on promising practices; reduce the procurement burden on the field; and offer access to funding to organizations that have not previously partnered with USAID. About half the ABY partners and many of their local subpartners are first-time recipients of USAID funds. However, these programs are best organized with field input on design, procurement, implementation, and monitoring.

RECOMMENDATIONS

Based on their review of the Track 1.0 ABY program, the team offers the following recommendations for concluding ABY and for future programming.

Concluding ABY Programming

1. Encourage partners who have collected baseline or mid-term outcome data to conduct follow-up studies to assess the outcome and impact of their interventions. Where baseline data are not available, partners should be encouraged to design studies that compare intervention and control communities. Partners that have reached or exceeded their targets should be authorized to use remaining funds for such studies.

2. Encourage ABY partners to continue to promote and create mechanisms for sustaining community dialogue and action on norms that promote lifelong healthy sexual behaviors, especially

    a. Creating and maintaining a supportive environment for healthy choices.

    b. Dialogue on transactional, cross-generational, and coerced sex that makes youth vulnerable to HIV infection.

    c. Problem-solving and action planning for continued community dialogue through local ordinances and locally sustainable activities.

3. Conduct a rigorous quality review of couples curricula drafted by ABY partners, looking at messages, methods, referrals to related services, and the role of cultural norms and religious values in promoting B and AB strategies. The review should cover mutual faithfulness; partner reduction; couple counseling and HIV testing; disclosure of HIV sero-status; and the role of cross-generational, transactional, and coerced sex in HIV transmission and prevention. Trained couples should be interviewed for case studies on the use of couples curricula.

4. Encourage all partners to incorporate promising practices to the degree that time and resources allow.

5. Ensure that curricula, tools, and communications materials produced by ABY partners are formally reviewed for technical soundness and effectiveness and that copies are provided to national programs. The review should be based on objective quality criteria and input from youth who participated in ABY activities. Partners should be encouraged and supported to follow up these youth either as part of their M&E activities or to help determine the effectiveness of these products, especially products for high-risk out-of-school youth.

6. Use the results of the technical review and participant follow-up to support sustainability and close-out planning. Government participation will promote mutual confidence that partner programs are consistent with national policies.

7. At the country level, draft plans for ensuring that valued services and benefits remain available in communities where ABY partners have been working. National government plans, PEPFAR Strategic Plans, and input from partners (ABY and others) can inform this planning.

8. Prepare a single presentation on the results of the ABY Track 1.0 program with a summary of quantitative achievements and illustrative case studies for the PEPFAR Implementers Meeting in 2010.

Future Programming

1. Future programming should include protocols for data collection and evaluation, including outcome and impact indicators to be used across the portfolio. Identify and promote operations research to (1) learn about the most effective methods and means to enable primary and secondary school youth to craft a personal behavioral response to the risks of HIV infection (2) reach out-of-school youth who are not necessarily high-risk but who will not be reached by school-based programs; and (3) evaluate the effect of skills-based curricula on couple fidelity and partner reduction.

2. The definition of indicators such as "persons reached" and "persons trained" should be standardized to avoid confusion and facilitate comparisons between programs and countries.

3. Youth HIV prevention programming should be comprehensive, targeted at specific risk factors, and linked to complementary services in an active network referral system. The following are suggested elements of a comprehensive program:

    a. Expand family and community dialogue on prevention of HIV for young people. Many of the risk factors involve social norms as well as individual behavior. Religious and community networks should continue to promote dialogue to change norms that put youth at risk.

    b. HIV prevention programming should help prepare youth to make the transition from abstinence to fidelity within marriage or from abstinence to behavioral and biomedical practices that will protect them once they initiate sexual activity.

    c. Couples curricula should be reviewed for technical soundness and completeness and, if warranted, scaled up to other countries and programs. Curricula should cover HIV counseling and testing, reduction in multiple concurrent partnerships, condom information, especially for sero-discordant couples, and referral networks for reproductive health services and HIV/AIDS related services, especially HIV testing and care, treatment, and support programs. Linking couples programs to HIV counseling and testing services may be a first step in reducing risky sexual behavior among married and cohabiting youth and adults.

    d. Programs for in-school youth should be led or coordinated by national ministries or departments of education through curricular, co-curricular, and extracurricular programs that institutionalize such approaches.

    e. HIV prevention programs, not just ABY programs, are needed for high-risk out-of-school youth to address the behaviors and underlying factors that put them at risk. Programs should provide comprehensive sex education integrated or linked by referral to youth-friendly services, such as HIV counseling and testing and

post-test services, comprehensive reproductive health services, income generation or replacement programs, domestic violence programs, substance abuse treatment programs, and other psychosocial support services.

4. Future programs should take advantage of the results and opportunities that are available in communities currently served by ABY partners, such as networks of religious and community groups, youth and couple peer educators, trained facilitators, and formal and informal community leaders. They should build on approaches that have been successful and on high-quality materials that have been developed.

5. Future programs should also more actively engage FBOs and CBOs to target norms related to coerced sex, domestic or gender-based violence, cross- generational or transactional sex, early marriage, and sexual practices related to rites of passage. Dialogue can be stimulated by popular and interactive drama, radio programming, and other behavior change activities, notably training. Future country prevention programming should draw on peer groups, influential adults, and social or religious networks established by ABY.

6. Future centrally managed programs should

    a. incorporate field input throughout the process of program design, partner selection, implementation, M&E, reporting, and application of lessons learned to current programs. Roles and responsibilities of headquarters and field offices should be defined at the outset, especially responsibility for work plan development and approval, M&E, and coordination and communication at headquarters and field levels. Funds should be made available to USAID Missions to cover additional management needs.

    b. reflect the state of the art or be innovative, responding to issues in multiple countries or settings. They should be explicitly linked to the prevention strategies of the PEPFAR program as a whole, build on USAID's expertise in prevention and behavior change to improve public health outcomes, and add value to each country's national prevention strategies.

    c. if operating in multiple countries, document a stakeholder analysis, including roles, responsibilities, and clear communications channels. This would include expectations for formal and informal reporting, information sharing, networking, and referrals between all stakeholders. USAID headquarters and field offices, other donors and multilaterals, appropriate levels of national government and other organizations working on HIV prevention should be part of the analysis.

I. INTRODUCTION

This report presents the findings of an external assessment, conducted through the Global Health Technical Assistance Project, of a youth-focused HIV/AIDS prevention program promoting abstinence before marriage and being faithful in a monogamous relationship as primary approaches for youth aged 10–24. The short-hand notation is ABY Prevention, for Abstinence and Be Faithful for Youth Prevention. The program is implemented by 14 partner organizations through cooperative agreements (CAs) with the U.S. Agency for International Development (USAID) as part of the President's Emergency Plan for AIDS Relief (PEPFAR). The ABY program took place within a dynamic context of PEPFAR prevention strategies and related earmarks; the changing context of HIV prevention based on emerging knowledge and practice; the design and development of the Track 1.0 ABY program; and the challenges of managing it. USAID initiated this review to ensure that program achievements, promising practices, and lessons learned are systematically documented to guide future programming.

BACKGROUND

The PEPFAR Track 1.0 ABY Program

In the authorizing legislation for PEPFAR, signed in May 2003, Congress suggested a distribution of funds with 20 percent of overall funding to be designated for HIV prevention efforts, and one-third of the 20 percent to be expended for "abstinence until marriage" programs. The Office of the Global AIDS Coordinator (OGAC) has worked to meet this sense of an effective funding distribution.

In late 2003 and early 2004 USAID released two Annual Program Statements (APSs) that solicited applications from organizations to expand activities in support of abstinence (A), fidelity in marriage and sexual relationships (B), and avoidance of unhealthy sexual behaviors among youth aged 10–24 in the 15 PEPFAR focus countries. The solicitations supported the following evidence-based strategic approaches: scaling-up of skills-based HIV prevention education, especially for younger youth and girls; stimulating broad community discourse on healthy norms and avoidance of risky behaviors; reinforcing the protective influences of parents and other primary caregivers; addressing sexual coercion and exploitation of young people; and strengthening early prevention interventions for at-risk youth. Between February 2004 and September 2005, USAID/Washington awarded funding to 14 non-governmental organizations (NGOs), including 10 faith-based organizations (FBOs) to significantly scale up youth HIV prevention activities that support abstinence and fidelity strategies in 14 of the PEPFAR focus countries (see Appendix A, Scope of Work, and Annex C, for a list of partners and countries of operation).

Key objectives and target populations for these ABY programs were:

1. Delaying first intercourse among youth who have not yet initiated sexual activity. Target audiences were youth aged 10–14, especially girls; older adolescents not yet sexually active; and families and communities;

2. Increasing "secondary abstinence," i.e., avoidance of intercourse among unmarried youth and young adults who had previously initiated sexual activity but were not in a committed relationship; and

3. Increasing safer behavior, including mutual fidelity, partner reduction, knowledge of own and partner sero-status, and reduction in sexual coercion and violence, among both youth and the general population. The original solicitations recognized that to reduce HIV transmission,

especially among young women, it is important to address social norms in the community, including promotion of older men taking more sexual responsibility.

Among the outcomes anticipated by the solicitations were the following:

1. Increased numbers of faith-based, youth-serving, and community-based partners implementing youth-focused HIV prevention activities
2. Increased number of sites where A- and B-focused HIV prevention programs are implemented
3. Increased numbers of youth (10–24) and adults reached with messages about abstinence and safer behaviors. (Collectively, recipients of U.S. government [USG] assistance were expected to reach over 200,000 youth in 12 months through interpersonal approaches, and well over 2 million at the end of five years. The solicitations anticipated that a much larger population would be reached through mass media.)
4. Strengthened capacity of indigenous faith, youth-serving, and other community-based organizations to develop, implement, and monitor HIV behavior change programs
5. Expanded and strengthened A and B activities and messages, resulting in more comprehensive and balanced national HIV prevention programs
6. Behavior change and reduction of HIV transmission, especially among young people

Impact evaluation at the partner level was not stressed as a component of PEPFAR ABY programs. Instead, each partner was to contribute to the larger HIV prevention programming efforts and resulting changes in behavior in each country. While the APS noted that the USG and national government partners would be responsible for assessing program impact (including trends in HIV prevalence and risk behaviors) within broader prevention efforts by PEPFAR and national AIDS programs, this evaluation was never done. However, because of the anticipated assessment of impact, few partners invested in rigorous data collection on outcomes and impacts, though 10 report that they have collected baseline data from a variety of sources, including their own studies.

Program Design and Development

The design of the ABY program was a Washington-based activity—a departure from USAID's usual practice of field input. The APSs were drafted without field input into programmatic or geographic areas of emphasis, and there were no field representatives on the committee reviewing submissions. Cooperative agreements were signed with faith-based, youth-serving, and community-based organizations at their U.S. headquarters. As a result, USAID/Washington, OGAC, USAID field offices, and implementing partners have struggled to define a working relationship that responds to the interests of all parties.

Programming Guidelines

Programmatic guidelines for Track 1.0 ABY partners were derived from the APSs, including "expanded/strengthened 'A' and 'B' activities and messages resulting in more comprehensive and balanced national HIV prevention programs." The 2005 "ABC Guidance #1 for United States Government In-Country Staff and Implementing Partners Applying the ABC Approach to Preventing Sexually-Transmitted HIV Infections Within the President's Emergency Plan for AIDS Relief" (OGAC, 2005) describes comprehensive programming in great detail. It defines the ABC approach as population-specific and emphasizing abstinence for youth and other unmarried persons, including delay of sexual debut; mutual faithfulness and partner reduction for sexually

active adults; and correct and consistent use of condoms by those whose behavior places them at risk of transmitting or becoming infected with HIV.

Abstinence (A) programs encourage abstinence until marriage, delaying first sex, and achieving secondary abstinence. These are especially important for youth. Be Faithful programs (B) encourage fidelity in marriage and other sexual relationships to reduce the risk of exposure to HIV, including eliminating casual sexual partnerships and sex outside of marriage, especially cross-generational, transactional, and coerced sex. Correct and consistent condom use (C) programs support the provision of full and accurate information about the use of condoms to reduce, though not eliminate, the risk of infection and also support giving access to condoms to those most at risk. Additional details and illustrative activities can be found in the guidelines.

The guidelines indicate that PEPFAR funds may be used for Abstinence and/or Be Faithful programs that are implemented on a stand-alone basis. They also stipulate that all C components must include information about abstinence as the only 100 percent effective method of eliminating risk and about the importance of HIV counseling and testing, partner reduction, and mutual faithfulness as other methods of risk reductions.

The guidelines offer three areas of priority intervention:

- Abstinence and behavior change for youth
- Promoting healthy norms and behaviors
- Prevention of HIV infection in the most at-risk populations.

Although the APS documents were released before the Guidance from OGAC was published, they are aligned with the first two priority areas, and ABY partners have been expected to work within the published guidance.

Monitoring and Process Evaluation

Cognizant technical officers (CTOs) and activity managers were responsible for technical guidance to partners and were active in routine and on-site monitoring of partner programs and in representing and interpreting USAID and OGAC guidance and concerns to partners. Technical inputs focused on improving curricula and designing effective behavior change communications (BCCs).

In 2006, to assess and improve the quality of these Track 1.0 multicountry ABY programs, USAID asked the MEASURE evaluation project to evaluate partner activities (Speizer & Lopez, 2007). The primary intent was to produce information useful for making recommendations for mid-course corrections to the ABY programs to help maximize their potential benefits. The evaluation assessed the quality and rigor of ABY partner programs and made recommendations to the partners visited and the ABY program in general for strengthening these and other abstinence and partner reduction programs for youth. Most ABY partners modified their programs based on these recommendations, which suggested improvements in curricula; more focus on gender issues; improved supervision and refresher training for peer educators and adults trained through a cascade process; better quality training of youth participants; and increased community buy-in to programs. The evaluation also noted gaps in programming for participants who were older or sexually active and the need for a better definition of “persons reached,” one of the required indicators for PEPFAR reporting.

SCOPE OF WORK FOR THIS EVALUATION

The purpose of this evaluation was to document the collective contributions of the USAID Track 1.0 HIV prevention ABY programs, and the lessons learned from them for centrally funded

programs implemented in the field. This assessment was designed to be program-wide rather than an evaluation of the performance of individual partners. The information gathered will be critical for informing future HIV prevention programming. Specific evaluation objectives were to

1. Assess and document the collective achievements of the PEPFAR Track 1.0 HIV prevention ABY programs toward reaching the objectives, outcomes, and target populations specified in the original grant solicitations.
2. Identify promising approaches used in implementing Track 1.0 programs that merit further evaluation for possible replication and scale-up.
3. Identify lessons learned for USAID Track 1.0 programs implemented in the field and recommend strategies for future programming that are responsive to field needs.
4. Discuss the ABY portfolio's contributions to PEPFAR prevention efforts.

Appendix A contains the complete Scope of Work, including illustrative questions on each of the four objectives.

Team Members

1. **Team Leader**: ***Judith Oki, M.Ed.*** Ms. Oki has long provided leadership, management, and technical assistance (TA) in training and performance improvement to social sector development projects and programs. She has worked for more than 20 years providing technical services to national and local governments; NGOs, including FBOs and CBOs; and donors in education, HIV/AIDS, and health. In the HIV/AIDS area, she has recently supported training and supervision on voluntary counseling and testing (VCT); prevention of mother-to-child transmission (PMTCT); integration of clinical services (HIV/AIDS, tuberculosis, and malaria); and prevention of malaria during pregnancy among women receiving antenatal care. Her program development, training, and evaluation work has included integration of HIV/AIDS into educational programs targeting students, the workforce, and the community.
2. **HIV/AIDS Prevention Advisor**: ***Amy Medley, PhD, MPH.*** Dr. Medley has collaborated for the past seven years on a meta-analysis of behavioral interventions to prevent HIV infection in developing countries. Interventions reviewed include peer education, abstinence-based programs, condom social marketing, needle/syringe exchange programs, VCT, and mass media programs. Her fieldwork was conducted in Uganda, where she examined women's experiences, counselors' challenges, and men's attitudes toward antenatal HIV counseling and testing programs. Dr. Medley's research skills and experience are strengthened by her experiences as a teacher in Eritrea and teacher trainer in Tanzania, where she supported integration of HIV/AIDS information and life skills into Tanzanian secondary school curricula.
3. **Youth Education and Outreach Advisor**: ***Ademola Ajuwon, PhD.*** Dr. Ajuwon is an associate professor in the Department of Health Promotion and Education at the University of Ibadan College of Medicine in Nigeria. He has also consulted extensively in the areas of reproductive health education in schools, community mobilization, and BCC. He has participated in baseline studies, evaluations, and strategic planning in HIV/AIDS prevention.
4. **Youth Education and Outreach Advisor**: ***Leah Wanjama, PhD.*** Dr. Wanjama is director of the Gender and Affirmative Action Implementation Centre and a faculty member in the Department of Gender and Development Studies at Kenyatta University. She was a member of the MEASURE evaluation team that assessed the Track 1.0 ABY program in 2006. She was also part of the team that carried out the Kenya Advocacy Assessment for the Gates

Foundation. She has been at the forefront in articulating gender issues in the pandemic and is a champion of girls' education. She has provided training, advocacy, and evaluation services to other USAID projects as well as to AIDSCAP and POLICY. She is a member of the National AIDS Control Council's Technical Subcommittee on Gender.

METHODOLOGY

The approach to this evaluation was descriptive rather than metric. The focus was on describing achievements, promising practices, and lessons learned from the perspectives of beneficiaries and multiple stakeholders. Major activities were document review, interviews with stakeholders and implementers, and focus group discussions with beneficiary groups. The evaluation was conducted in four phases:

Phase I: Team Planning, September 2–5, 2008

An initial team planning meeting with the USAID Office of HIV/AIDS was held in Washington, DC, to ensure a shared understanding of the purpose, audiences, and scope of the evaluation and the Track 1.0 ABY program. The products in this phase consisted of a work plan; preliminary team assignments for reviewing data and gathering basic information; revised evaluation questions linked to data sources; focus group and interview guides; and communications with USAID Missions, partner headquarters, and field staff to introduce the team, review the objectives, and propose schedules for interviews and site visits.

Phase II: Data Review and Collection, September 8–18, 2008

After the team planning meeting, the team began review of the documents provided by the Office of HIV/AIDS (see Appendix D for a partial list). The team also interviewed in person or by phone partner headquarters staff, USAID/Washington staff, and some partner staff in Haiti and Guyana, the two focus countries that are not in Africa. Partner headquarters staff who could not be reached were contacted later when the team returned from the field, which ensured that all headquarters staff were contacted. USAID field staff in countries not visited were sent a questionnaire; responses were received from five countries, bringing the total number of USAID field responses to nine. Appendix B contains a list of all persons interviewed. Appendix F contains the field guides used during interviews.

Phase III: Field Visits, September 19–October 4, 2008

The team conducted field visits to a sample of ABY partners, subpartners, beneficiaries, and USAID Mission staff in Ethiopia and Kenya (team leader and one youth outreach specialist) and South Africa and Tanzania (HIV prevention specialist and one youth outreach specialist). Of the 14 ABY partners, 13 were visited in at least one of the countries. Table 1 describes the participants met or observed during field work. Partners were asked to select sites that were representative of their work and reachable within the time available. Rural sites were visited in all four countries.

TABLE 1. NUMBER AND TYPES OF PRIMARY TARGET GROUPS MET OR OBSERVED

	In-School Youth	Out-of-School Youth	Community Groups	Peer Educators	Couples
Ethiopia	2	1	2	1	2
Kenya	5	2	1	0	1
South Africa	2	0	1	4	0
Tanzania	2	2	4	2	0

More than 40 field staff of partner and subpartner organizations participated in the site visits, during which more than 200 program participants were interviewed or observed participating in activities and focus group discussions. When the team had the opportunity to observe an activity first-hand (training sessions, community meetings, dramas), implementers and beneficiaries were interviewed afterward. The team met with national and local government officers referred by in-country partners or USAID field staff in Kenya, Tanzania, and South Africa. Comparable meetings in Ethiopia were not possible.

Appendix E lists itineraries and partners for each country. Each country field visit began with a briefing with the USAID Mission and ended with a Mission debriefing.

Phase IV: Data Analysis and Reporting, October 6–25, 2008

After the field visits, the team reconvened in South Africa to pool information and compile findings. Findings for partners were consolidated in individual partner briefs (see Appendix C). Consensus was reached on the major findings for each evaluation objective. This team review formed the basis for the recommendations in this report. The team leader and HIV prevention specialist returned to Washington to prepare and deliver a debriefing to USAID/Washington and partner headquarters staff and to draft the report. All team members contributed to the analytic process, the drafting of partner briefs, and review of the report.

Limitations of the Methodology

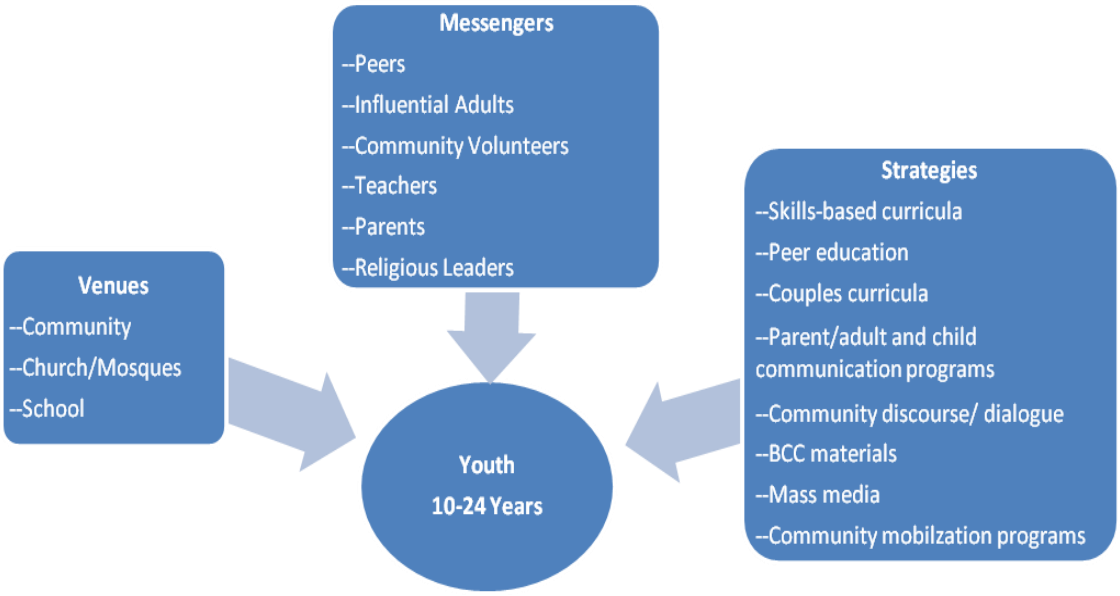
Due to time constraints the field site visits were limited in most cases to just one half-day visit per partner and usually allowed for only one implementation site per partner. Selection of sites, staff, and beneficiaries was driven largely by logistical issues, such as location and length of travel time, and probably represented the best of the program. Because the mandate of this evaluation was to document achievements and promising practices, visiting more successful sites may have been appropriate; the challenges were often discussed in semiannual reports, previous evaluations, and trip reports. The conclusions of the evaluation team are based on data from documents and interviews with a range of stakeholders as well as the field site visits. They are not intended to provide impact or performance data on individual partners or the program as a whole.

II. FINDINGS

PARTNER APPROACHES TO TRACK 1.0 ABY PROGRAMMING

This section of the report outlines the findings from the Track 1.0 ABY program review organized by the main objectives of the evaluation. However, before describing the findings, it is useful to examine similarities and differences in partner approaches to ABY programming. Figure 1 seeks to summarize commonalities among partners in terms of venues, messengers, and strategies. The programs target youth aged 10–24 years in venues like the community, churches, mosques, and schools with a variety of messengers, such as peers, influential adults, community volunteers, teachers, parents, and religious leaders. Almost all the programs use some form of peer education, and most use at least one form of skills-based curriculum.

Figure 1. Summary Model of Partners' Approach to ABY Programming



Although the programs use similar approaches, there were areas of unevenness centered in four main areas:

Consistency and Specificity of Program Message

There are skills-based curricula that promote abstinence and be-faithful messages available for use with different age groups and different target populations, such as parents and couples, but many partner organizations spent enormous amounts of time and effort developing curricula when they might have been better served by adapting an existing curriculum or focusing on improving the quality of their programs. While a systematic review of all ABY curricula was outside the scope of this evaluation, the team did look at materials presented by partners during interviews or site visits, the quality of which varied across programs. Weaker curricula tend to discuss abstinence and fidelity largely in terms of religious and moral values without also presenting it as a key HIV prevention strategy or discussing the scientific evidence for these strategies. Some of the sounder curricula reference previous lessons in later lessons to build upon knowledge, but in weaker curricula the lessons tend not to reference each other.

The quality of additional materials also varies considerably. Some have a clear behavior change model underlying the message, but others lack specificity in the message, which limits their ability to effect behavior change. (See Appendix D for a list of documents, curricula, M&E tools, and other products reviewed by the team.)

Quality of Program Implementation

The quality of program implementation also varies by partner and even by country for the same partner. Some programs use a cascade approach to training peer educators where program staff train a district or regional coach who then trains facilitators who then train peer educators. Although this allows for training of larger numbers of people than would be possible with direct training, there is the distinct possibility of a dilution in the message at each level of the cascade. Without rigorous supervision it is often unclear whether the message is being delivered as intended (Population Council, 2000). Moreover, training is often a one-time event, and the quality of the message can be further compromised if peer educators and facilitators receive limited supervision (Population Council, 2000). Stronger programs often train peer educators or facilitators directly and provide supervision usually monthly. Programs often feel that they need to use the cascade training approach to reach their targets of persons trained. However, it is more desirable to reduce the target numbers and focus instead on the quality of training and supervision.

Selection of Subpartners and In-Country Infrastructure

Some partners had country infrastructure in place before the ABY program and were able to use it to get their programs up and running relatively quickly. Others severely overestimated the infrastructure of subpartners and were not able to rapidly build their technical and organizational capacity. This often caused a delay in getting the program going, and the capacity of some subpartners is still not substantial enough for them to implement the program effectively. In future, subpartner capacity needs to be assessed more realistically to ensure that subpartners are capable of implementing the program as intended.

Quality and Utilization of Monitoring and Evaluation Systems

Although all partners have an M&E system, some are much better able to ensure data quality and reduce the potential for double-counting. These programs are also able to use their M&E systems not only as a tool to monitor numbers reached but also as a programmatic way to identify and correct problems. For example, several organizations use pre-/post- tests given at the start and end of their curricula to plan refresher trainings for peer educators and facilitators. Other organizations use lot quality assurance sampling (LQAS) to identify trends, understand reasons for high and low performance, and make any necessary revisions to the program.

Some partners have also invested in baseline or mid-term surveys even though these were generally not included in the original CAs and in some cases partners were specifically told that USAID would not fund impact evaluation activities. The lack of good impact evaluation data is a significant missed opportunity to understand whether ABY programs are effective at changing behavior and reducing vulnerability to HIV infection.

These areas of program unevenness are general findings. The findings discussed in the next four sections are presented according to the four objectives of the program review outlined in the Scope of Work.

COLLECTIVE ACHIEVEMENTS

Objective I. Assess and document the collective achievements of the PEPFAR Track 1.0 HIV prevention ABY programs with regard to the objectives, outcomes, and target populations specified in the original grant solicitations.

The original APSs describing the Track 1.0 ABY program laid out six objectives:

1. Increase abstinence until marriage (delay sexual debut).
2. Increase secondary abstinence until marriage among unmarried people, particularly those aged 10–24.
3. Increase fidelity in marriage and monogamous relationships among both youth and the general population.
4. Reduce sexual coercion and violence.
5. Reduce transactional and cross-generational sex.
6. Reduce other unhealthy sexual behaviors that increase vulnerability to HIV.

The document also laid out six outcomes detailing individual behavior change and partner capacity building that the ABY program targeted:

1. Increased involvement of local FBOs and other community-level partners
2. Increased number of activities and sites in PEPFAR countries focused on increasing A and B and avoidance of unhealthy sexual behaviors among unmarried people, particularly youth
3. Increased numbers of both youth and adults reached with messages about abstinence until marriage, fidelity in marriage and monogamous relationships, and avoidance of unhealthy sexual behaviors, and 2 million youth reached through interpersonal approaches
4. Strengthened capacity of indigenous faith-based and community organizations
5. More comprehensive, balanced, and evidence-based national HIV prevention programs based on the ABC model (in that order of priority)
6. Increased abstinence until marriage, fidelity in marriage/monogamous relationships, and avoidance of unhealthy sexual behaviors, resulting in a decline in HIV incidence among the unmarried general population, particularly youth

To determine whether ABY partners had "collectively achieved" these objectives and outcomes, the evaluation team created a minimum standard for what would be considered a collective achievement: objectives and outcomes were considered collectively achieved if at least four partners operating in at least four different countries had developed programs to successfully address the objective or outcome. This definition also allowed the team to identify program gaps. The findings for collective achievements have been organized into five categories that combine both the objectives and outcomes from the APS document. These are collective achievements in

1. Building capacity of partners and subpartners
2. Creating evidence-based HIV prevention programming
3. Increasing the numbers of youth reached with AB messages and activities
4. Reducing factors that make youth vulnerable to HIV infection

5. Changing behavior to reduce HIV risk among youth and the general population

Findings for each are discussed below; Table 2 summarizes collective achievements of and programmatic gaps in the Track 1.0 ABY program.

Building Capacity of Partners and Subpartners

Related Program Outcomes

- Increased involvement of local faith-based and other community-level partners
- Strengthened capacity of indigenous faith-based and community organizations

One of the most laudable achievements of the ABY program is the increased involvement of local FBOs and other community-level partners. For many the ABY program was the first time they had received USAID funding. Implementing partners and subpartners reported a new capacity to address the HIV/AIDS epidemic as a result of their participation in the program. They reported enhanced technical knowledge and approaches, financial management and accounting, and M&E systems.

Many of the CBOs and FBOs have created interfaith dialogue and collaboration on HIV/AIDS prevention by bringing together diverse groups around a common goal (preventing HIV infection among youth) and a common value (abstinence and fidelity messages). This dialogue makes HIV prevention a shared effort and contributes to program sustainability. Many partners also described how participating in the ABY program has allowed them to gain national and international recognition for their HIV prevention programs. Previously, many FBOs and CBOs typically worked on poverty reduction programs. Participation in the ABY program has also allowed them to address HIV/AIDS in their communities.

Through the MEASURE midterm field assessment and the continuing TA provided by CTOs and activity managers, partners have been able to strengthen their ABY programs. Partners and USAID have worked together to improve ABY curricula and programs by adapting them to the local context, integrating skill-building exercises, or incorporating messages that address cross-generational sex and gender norms. Several partners have also developed curricula for activities to complement their youth HIV prevention efforts by, for example, improving parent/child communication, fostering discussion of sexual matters in the community, and increasing couple communication. They have also created resources for peer educators, such as booklets on gender and HIV/AIDS and a guide to local youth-friendly services. Several partners have tried to improve gender equality in their programs by recruiting female trainers, peer educators, and program beneficiaries. As a result, the quality of ABY programming and curricula has increased substantially since the ABY program began.

Partners have also moved to improve the quality of training of both their trainers and peer educators. To mitigate some of the risks of the cascade training model, partners are offering refresher training and leadership camps to peer educators, which reinforces their training practice and helps keep staff, peer educators, and other volunteers motivated. Increased supervision of trainers helps strengthen delivery throughout the cascade, and partners have increased the length of training and required attendance at more training sessions to promote training effectiveness and added facilitation skills and counseling to their training programs. Other partners have improved their strategies for recruiting peer educators; they now require a commitment to remain in the area for at least 18 months as a criterion for becoming a youth educator and are selecting peer educators through a simulation process in which candidates demonstrate how they would conduct activities they might lead as peer educators.

Finally, partners have also built up their M&E systems. Many partners now have clearer and more stringent definitions for what is considered a person reached and a person trained. For

example, someone attending a large community event (over 500 people) is no longer considered a person reached. However, because the definition for these two measures varies by partner, direct comparison of programs is impossible. Many partners also have guidelines for their M&E systems that limit the possibility of double-counting and help ensure data quality. Some partners have hired in-country M&E and program staff to oversee the programs and coordinate the efforts of their subpartners.

In summary, through participation in the Track 1.0 ABY program and with the TA provided by both Washington-based CTOs and Mission staff, implementing partners have collectively been able to improve not only their own capacity but also that of local subpartners in both program development and M&E. The ABY program has also increased the involvement of local faith-based and community organizations in HIV prevention programming for youth.

Creating Evidence-Based HIV Prevention Programming

Related Program Outcome:

- More comprehensive, balanced, and evidence-based national HIV prevention programs based on the ABC model (in that order of priority)

While there is general agreement in the literature that abstinence from sexual intercourse is the most effective protection against not only HIV and other sexually transmitted infections (STIs) but also unintended pregnancy, there is equally general disagreement about the best approach to promote abstinence (Santelli et al., 2006). Abstinence-only programs are often criticized for excluding all other HIV prevention strategies, especially when an individual initiates or resumes sexual activity (Kerr, 2003; Lamstein & Haffner, 1998; McKay, 1993; Santelli et al., 2006). Such programs have also been criticized as being inappropriate and ineffective for certain cultural contexts. This is especially true where early marriage is common for girls but not boys. There, opponents argue, abstinence until marriage may offer girls little protection from HIV infection from their more sexually experienced husbands (Sinding, 2005).

The effectiveness of abstinence-only programs in changing HIV risk behavior in developed countries, particularly the United States, has been studied extensively (Santelli et al., 2006; Jemmott & Jemmott, 2000; Jemmott et al., 1998), but few studies have examined their effectiveness in developing countries (Magnussen et al., 2004). Recent studies of U.S. schoolchildren have found these programs had no effect on frequency of unprotected sex, number of partners, condom use, and sexual initiation or abstinence, primary or secondary. (Underhill et al., 2007a; Trenholm et al., 2007). In developing countries a review of abstinence-only programs found little evidence that they were effective in changing sexual behavior, although they did increase knowledge about HIV (O'Reilly et al., 2006).

In contrast, it appears that comprehensive sex education programs that emphasize abstinence as the main HIV prevention strategy but also include be faithful and condom messages are effective at changing youth HIV risk behavior, including delay of sexual initiation, partner reduction, and condom use (Kirby, 2001; Underhill et al., 2007b). Most ABY partners use a comprehensive approach, emphasizing abstinence until marriage and fidelity in monogamous marriages but also providing condom information or referrals on request. Only four partners use an abstinence-only approach.

Skills-based curricula that teach youth life skills, such as problem-solving, communication and negotiation, and goal-setting, have been widely used in HIV prevention efforts. These have been found to have had positive influences on knowledge, attitudes, intentions, and skills—but had inconsistent effects on sexual risk behavior, and little effect on biological outcomes (Yankah & Aggleton, 2008). Many ABY partners use as the basis of their HIV prevention efforts skills-based curricula that aim to improve negotiation and communication skills, self-confidence and self-

esteem, and the ability to resist peer pressure to increase abstinence until marriage and fidelity to one partner among sexually active youth. The development of skills-based curricula has been one of the most successful collective achievements. Youth interviewed underscored the value of these skills, giving examples of how they were better equipped to practice abstinence and to discuss sexual matters with peers and adults.

In addition to life skills training, many partners also use abstinence pledges as part of their curriculum. Youth can pledge to remain abstinent for a year, until they finish school, or until marriage, depending on their interest. Studies from developed countries, particularly the United States, have shown mixed results on the effects of abstinence pledges on sexual behavior. In one such study, a nationally representative sample of middle and high school students, found that youth who took "virginity pledges" did not differ from nonpledgers in terms of lifetime sexual partners, STD prevalence, or age of first sex, and were less likely to use birth control or condoms when they initiated sexual intercourse (Rosenbaum, 2009). However, another study conducted in the U.S. found an association between taking a virginity pledge and delaying sexual debut, although not between making a pledge and condom use when sexual intercourse was initiated (Martino et al., 2008). Unfortunately, there have been no studies of the effectiveness of abstinence pledges on sexual risk behavior in developing countries.

Peer education is also a widely used strategy for ABY partners. These programs are based on the rationale that peers have considerable influence on individual behavior (Population Council, 2000). As members of the target group, peer educators are assumed to have a level of trust and comfort with their peers that allows for more open discussion of sensitive topics (Campbell & MacPhail, 2002). Peer education has been shown to significantly increase HIV knowledge among in-school youth in several developing countries, including Zambia (Agha & van Rossem, 2004); Ghana (Asamoah, 1999); Turkey (Ergene et al., 2005; Ozcebe et al., 2004), China (Gao et al., 2002); and Indonesia (Merati et al., 1997). Two studies in West Africa also showed significant increases in reproductive health knowledge among both in- and out-of-school youth after peer education (Briger et al., 2001; Speizer et al., 2001). Similarly, two studies have pointed to the efficacy of peer education at increasing communication about HIV/AIDS between in-school youth and parents (Kinsler et al., 2004); other adults (Merati et al., 1997); and friends (Merati et al., 1997).

Studies looking at actual behavior change among youth after peer education have had more mixed results. A study in Zambia of in-school youth found that while youth receiving peer education were less likely to report having multiple regular sex partners or a casual partner in the last three months, there was no change in the percent who reported being abstinent or using condoms (Agha & van Rossem, 2004). However, two studies, one in Cameroon and one in Belize, found that contact with a peer educator was significantly associated with condom use (Kinsler et al., 2004; Speizer et al., 2001). Unfortunately, because most studies were of in-school youth, it is not clear whether peer education had any impact on HIV knowledge and risk behavior among out-of-school-youth.

Despite the epidemiologic evidence that reduction in multiple concurrent partnerships is an effective HIV prevention strategy (Stoneburner & Low-Beer, 2004; Green et al., 2006; Shelton et al., 2004; Wilson, 2004), this message has not been the focal point of many ABY programs. Moreover, even though correct and consistent condom use at every sexual encounter has been associated with lower HIV incidence and STI prevalence (Ahmed et al., 2001; Weller & Davis, 2002; Pinkerton & Abramson, 1997), condoms are not generally promoted in the ABY programs. However, all 14 partners at least respond to youth inquiries about condoms through either referrals or fact sheets. Only three organizations promote condoms and abstinence equally as HIV prevention strategies. Of the other 11 partners, four do not routinely mention condoms and the other seven mention condoms but emphasize abstinence as the main strategy.

In summary, Track 1.0 ABY partners for the most part have used evidence-based approaches, such as comprehensive programming modeled after the ABC approach, skills-based curricula, and peer educators, as the basis of their programs. However, not all approaches used by partners are supported by the evidence, especially the use of abstinence pledges. They have not implemented as widely other strategies with a solid evidence base, such as reduction in multiple concurrent partnerships and promotion of consistent condom use at every sexual encounter.

Increasing Messages and Activities Related to Abstinence and Being Faithful

Related Program Outcomes:

- Increased number of activities and sites in PEPFAR countries focused on increasing A and B and avoidance of unhealthy sexual behaviors among unmarried people, particularly youth
- Increased numbers of both youth and adults reached with messages about abstinence until marriage, fidelity in marriage and monogamous relationships, and avoidance of unhealthy sexual behaviors; 2 million youth reached through interpersonal approaches

Although abstinence-based programs remain controversial (Kirby, 2006), the Track 1.0 ABY program has successfully brought abstinence messages into a more prominent role within the ABC continuum. These messages are most appropriate for youth aged 10–14 for a range of developmental reasons. They also fit within the moral and cultural models of many FBOs and CBOs and are consistent with traditional practices and both the Christian and the Muslim faiths. Thus, these ABY programs and messages are often readily accepted by the community as consistent with local culture.

Many ABY partners have designed curricula and programs to reach both in-school and out-of-school youth with AB messages. Generally, peer educators, trained youth facilitators, or schoolteachers bring the messages to the target population. No longer counting individuals attending large-scale mass media events as persons reached, partners now try to reach target populations through interpersonal contact with a trained facilitator. Collectively, partners have been very successful at reaching youth, especially those in school, and the goal of reaching 2 million with these messages through interpersonal approaches has already been met. According to their semi-annual reports, as of March 2008 partners had reached over 12 million youth aged 10–24.

However, reaching the general population with these messages has not been as successful. Track 1.0 programs generally do not target high-risk youth, such as transport workers, commercial sex workers, and married youth. Only three partners have couples curricula and programs for married or cohabitating youth and adults to increase communication and fidelity. A few partners have recently designed small-scale programs to target commercial sex workers and a few are working on programs for out-of-school high-risk youth, such as fishermen and transport workers, but the few programs for these populations have limited reach. As promising practices, these small-scale programs will be discussed later.

Reducing Factors that Make Youth Vulnerable to HIV Infection

Related Program Objective:

- Reduce sexual coercion and violence.

Few ABY programs have given much attention to reducing sexual coercion and violence. Most partners deal with this issue indirectly by teaching life skills, such as problem-solving and assertiveness skills, and adding self-esteem-building exercises to their curricula. The life skills are meant to give youth the tools they need to resist sexual coercion and violence. Several partners have attempted to address this issue more directly by creating programs and curricula to increase

community dialogue about sexual matters through, for instance, adult and child communication programs (6 partners), couple communication programs (3), and community mobilization programs (3). Only one partner has a curriculum that specifically discusses preventing youth sexual abuse.

The goal of all these activities is to build a supportive environment so that individual youth are able to initiate and maintain healthy sexual behavior that limits their vulnerability to HIV infection. The programs also aim to build platforms for community discourse and action on issues that increase youth HIV vulnerability, such as sexual coercion, child sex abuse, substance abuse, gender-based violence, male sexual behavioral norms, and early marriage. Collectively, partners have been able to increase this type of dialogue through their community programs. However, direct interventions to reduce sexual coercion and violence among youth are limited, and it is not clear whether the increase in community dialogue has actually helped reduce sexual coercion and violence.

Related Program Objective:

- Reduce transactional and cross-generational sex.

A few partner strategies address issues of transactional and cross-generational sex. One is to increase community dialogue about gender issues through community mobilization events and workshops for influential adults as a way to identify community norms and practices that put youth, especially girls, at risk of infection. These include early marriage, cross-generational sex, and transactional sex. Better communication between youth and adults as well as broader community dialogue can begin to address social norms that perpetuate such behaviors (Yankah & Aggleton, 2008). Seven partners use the community dialogue approach to open up discussion of cross-generational sex, six have integrated gender issues into their ABY curricula, and one has drafted a specific curriculum to encourage discussion of gender issues. Beneficiaries described how these programs had increased community awareness of HIV prevention and gender issues. One young woman in Ethiopia stated that the ABY program she attended had helped her understand that "a girl should not be married according to age but she should be mature, educated, know about social skills, raising children, family planning, communication with her husband, and problem solving at home."

Programs directed to reducing cross-generational and transactional sex beyond these community dialogue and curriculum-based approaches were not a prominent feature of ABY programs. Because socioeconomic status is an underlying risk factor for transactional sex, two partners have begun career training programs as part of their ABY programming and many others have plans for income-generating activities, but the scale of these projects needs to be expanded. Only three partners had programs that targeted high-risk out-of-school youth, such as transport workers, commercial sex workers, and street youth—the populations most likely to engage in transactional sex.

Partners attributed the lack of programming for high-risk out-of-school youth to a number of factors. First is the difficulty of reaching these mobile and often hidden populations. Second, PEPFAR's focus on numbers reached as a main indicator meant that many partners felt the need to scale up programs rapidly for those who were more easily reached—in-school youth. Finally, some partners, particularly those using abstinence-only curricula, wanted to focus their ABY programming on young adolescents.

In summary, through parent/child communication programs and similar community mobilization efforts Track 1.0 ABY partners have collectively been able to increase community dialogue about issues that make youth vulnerable to HIV infection, including cross-generational and transactional sex and sexual coercion and violence. However, direct interventions to reduce

sexual coercion and transactional sex are limited in both reach and scope. As promising practices, these programs will be discussed later in the report.

Behavior Change to Reduce HIV Risk Among Youth and the General Population

The original APS document outlines a number of behaviors to reduce HIV risk among youth and the general population, among them increasing abstinence until marriage, fidelity within committed relationships, and reducing unhealthy behaviors, such as alcohol use, that increase HIV risk.

Increasing Abstinence Until Marriage

Related Program Objectives:

- Increase abstinence until marriage (delay sexual debut).
- Increase secondary abstinence until marriage among unmarried people, particularly those aged 10–24.

Partners generally use life-skills-based curricula to encourage youth to abstain. The curricula generally do not separate out primary abstinence (delay of sexual debut) from secondary abstinence (return to abstinence among those sexually experienced). Instead, they encourage all youth, regardless of previous sexual activity, to remain abstinent until marriage. While it is clear that these messages have reached many youth, it is not clear whether they have translated into actual behavior change; information on behavior change post-intervention is not routinely collected.

During the team's site visits, youth reported that life-skills curricula had increased their self–confidence and their decision-making and communication skills. They felt empowered to engage in discussions about sexual matters with each other and with adults and felt this would help them remain abstinent. They also appreciated the social networks they formed in their participation in ABY programs because these linked them to like-minded youth who supported them in their sexual abstinence decisions. Finally, they felt the curricula had given them the skills to make choices based on long-term goals, such as education or good jobs, which gave them the strength to resist peer pressure.

Although the data on whether abstinence pledges in fact increase rates of abstinence are unclear (Rosenbaum, 2009; Martino et al., 2008), some partners have reported significant increases in the numbers of youth pledging abstinence until marriage after their interventions. Anecdotally, many beneficiaries also reported to the evaluation team changes in behavior, including a commitment to primary and secondary abstinence. As one young woman from a slum in Kenya said, "Abstinence is the best choice for me, because I've already seen how HIV has taken my parents and siblings; friends and neighbors are dying."

Increasing Fidelity Within Relationships

Related Program Objective:

- Increase fidelity in marriage and monogamous relationships among both youth and the general population.

Although the Track 1.0 ABY program was meant to increase fidelity as well as abstinence messages in HIV prevention programming for youth, there has been considerably less attention paid to the B component. Partners have integrated Be Faithful messages into their curricula, but it is not clear whether these messages are translating into more youth remaining faithful to one

partner. Three partners have created couples curriculums and programs for married or cohabitating youth and adults to increase communication and fidelity within marriage, but because these programs have only just begun, there are few data on how effective they are at changing behavior. During site visits couples reported that these programs improved their communication and problem-solving skills, which has led to increased transparency not only about sexual matters but also about household income and expenditures.

Reducing Other Unhealthy Sexual Behaviors

Related Program Objective:

- Reduce other unhealthy sexual behaviors that increase vulnerability to HIV.

The other unhealthy sexual behaviors AB programs have targeted are primarily reduction of unprotected sex, multiple concurrent partners, and alcohol and substance abuse. Three partners do not mention condoms at all; others mention them as one HIV prevention strategy but emphasize abstinence as the main strategy; others emphasize both abstinence and condoms equally as HIV prevention strategies. Only four demonstrate condoms as part of their ABY program. Less attention has been paid to reducing alcohol and substance abuse, despite the evidence that alcohol use is associated with high-risk sexual behavior (Anderson & Mueller, 2008; Khasakhala & Mturi, 2008; Weiser et al., 2006; Cooper, 2002; Fisher et al., 2008). The relationship is discussed in many ABY curricula but only two partners are directly linked to alcohol and substance abuse programs.

Almost all partners have taken advantage of opportunities to link ABY programming to other youth services or HIV prevention programs, including support for orphans and vulnerable children (OVCs) and HIV counseling and testing services. Although at least six partners refer for VCT, referrals are rare to other youth-friendly services related to HIV vulnerability, such as domestic violence programs, psychosocial support services, reproductive health services, and STI treatment programs.

Increase in Safer Sexual Behavior Resulting in a Decline in HIV Incidence

Related Program Outcome:

- Increased abstinence until marriage, fidelity in marriage/monogamous relationships, and avoidance of unhealthy sexual behaviors, resulting in a decline in HIV incidence among the unmarried general population, particularly among youth

It is impossible to definitely state whether the ABY partners have collectively achieved an increase in safer sexual behavior among youth and the general population. The only data they routinely collect are process indicators related to the reach of the program. They do not systematically collect data on sexual behaviors like abstinence, fidelity, and condom use. Thus, while it is possible to state that these Track 1.0 partners have collectively spread messages about abstinence and fidelity and to a lesser extent condom usage to youth and the general population, it is difficult to state the effects of these messages. Similarly, it is impossible to link these programs to any declines in HIV incidence among youth.

Summary of Collective Achievements

In summary, collectively the Track 1.0 ABY program partners were successfully able to build their own capacity and the capacity of their subpartners to implement HIV prevention programming for youth. They were also successful in increasing the number of youth reached with abstinence and be-faithful messages and activities through interpersonal rather than mass

media strategies. For the most part, partners used evidence-based HIV prevention approaches, such as life-skills-based curricula and peer education, as the basis for their programming. However, some partners continued to use approaches that have shown limited effectiveness at changing behavior, such as abstinence pledges.

Another collective achievement of the Track 1.0 program was, through parent-child communication programs and other community mobilization efforts, to increase community dialogue about factors that make youth vulnerable to HIV infection, including sexual coercion and violence and cross-generational and transactional sex. However, programs directly addressing these were rare and narrow in scope. Furthermore, while anecdotal evidence from site visits suggests that the ABY partners have changed the behavior of some youth, because data on sexual behaviors are not routinely and systematically collected it is impossible to state definitively that the programs have collectively changed behavior enough to reduce HIV risk among youth.

TABLE 2. COLLECTIVE ACHIEVEMENTS AND PROGRAMMATIC GAPS OF THE TRACK 1.0 ABY PROGRAM		
Objective/Outcome from APS	**Achievements**	**Gaps**
Build Capacity of Partners and Subpartners		
• Increased involvement of local faith-based groups and other community-level partners • Strengthened capacity of indigenous faith-based and community organizations	• Track 1.0 ABY program has led to an increased involvement of FBOs and CBOs in USAID-funded HIV prevention efforts. • Capacity of implementing partners and subpartners has been enhanced in terms of technical knowledge and approaches, financial management and accounting, and M&E systems.	• The quality of ABY programming and technical knowledge varies considerably by partner. Some programs remain substandard despite technical assistance from CTOs. • There is no standard definition of what is considered a "person reached," making direct comparisons across the portfolio impossible.
Create Evidence-Based HIV Prevention Programming		
• More comprehensive, balanced, and evidence-based national HIV prevention programs based on the "ABC" model, in that priority	• All ABY programs emphasize abstinence as the main HIV prevention strategy for younger youth. • Ten of 14 partners include discussion of mutual monogamy and condom use as HIV prevention strategies for older youth and couples.	• Despite the epidemiologic evidence that reduction in multiple concurrent partnerships is an effective HIV prevention strategy, this message has not been the focal point of many ABY programs. • Many programs provide only limited information about condom use, though some refer for condom information and distribution.
Increase Messages and Activities Related to Abstinence and Being-Faithful		
• Increased number of activities and sites in PEPFAR countries focused on increasing "A" and "B" and avoidance of unhealthy sexual behaviors among unmarried people, particularly youth • Increased numbers of both youth and adults reached with messages about abstinence until marriage, fidelity in marriage and monogamous relationships, and avoidance of unhealthy sexual behaviors; 2 million youth reached through interpersonal approaches.	• ABY program has led abstinence and be-faithful messages to assume a more prominent role within the ABC continuum. • Partners have integrated messaging about abstinence, fidelity, and avoidance of unhealthy sexual behaviors into skills-based curricula. • Curricula are often implemented by peer educators or trained facilitators. • The goal of reaching 2 million youth with these messages through interpersonal approaches has been achieved.	• While partners have successfully reached in-school youth with messages, high-risk youth such as transport workers, commercial sex workers, and married youth are generally not being reached. • Skills-based curricula should be reviewed to ensure their accuracy and evaluate their effectiveness at changing behavior.

Reduce Factors that Make Youth Vulnerable to HIV Infection		
• Reduce sexual coercion and violence. • Reduce transactional and cross-generational sex.	• Few partners deal directly with these issues. Instead, most use skills-based curricula to give youth the tools they need to resist sexual coercion and violence and transactional and cross-generational sex. • Some partners have developed programs and curricula that seek to increase community dialogue about social norms that increase vulnerability to transactional and cross-generational sex and sexual coercion and violence. • Partners have also integrated lessons on gender norms into ABY curricula.	• Only one partner has a curriculum that specifically addresses sexual coercion and violence. More programs that directly address these issues are needed. • Very few programs work with high-risk out-of-school youth, who are especially vulnerable to transactional and cross-generational sex and sexual coercion and violence. Programs focused on this population are urgently needed. • Future programming should foster linkages between ABY programs and organizations that provide support services for domestic violence and child sex abuse victims as well as organizations involved in microfinance projects, income-generation activities, and career training programs.
Change Behavior to Reduce HIV Risk Among Youth and the General Population		
• Increase abstinence until marriage (primary and secondary). • Increase fidelity in marriage and monogamous relationships. • Reduce other unhealthy sexual behaviors that increase vulnerability to HIV. • Increase abstinence until marriage, fidelity in marriage/monogamous relationships, and avoidance of unhealthy sexual behaviors, to bring about a decline in HIV incidence among the unmarried general population, particularly among youth.	• Partners use skills-based curricula and abstinence pledges to increase rates of abstinence. • Only three partners have curricula focused on "B" component for couples who are married or in long-term monogamous relationships. • Other unhealthy sexual behaviors that AB programs have targeted include multiple sex partners, unprotected sex, and alcohol/substance abuse. • Almost all partners have linked ABY programming to other services including OVC support, VCT, and condom education/distribution programs.	• Curricula and programs need to be developed to help youth make a transition from abstinence to fidelity, and to address fidelity and partner reduction in nonmonogamous settings. • Programs are needed for both married or cohabitating youth and sexually active youth that encourage HIV counseling and testing and reduction in multiple concurrent partnerships. • Linkages are needed to other youth-friendly services related to HIV vulnerability, such as domestic violence and substance abuse treatment programs, psychosocial support services, reproductive health services, and STI treatment programs. • It is not clear whether skills-based curricula and abstinence pledges are in fact leading to changes in behavior because outcome and impact have not been evaluated. Thus, it is impossible to say whether these Track 1.0 ABY programs have led to a decrease in HIV incidence among youth.

PROMISING APPROACHES

Objective 2: Identify promising approaches utilized in the implementation of PEPFAR Track 1.0 ABY programs that merit further evaluation for possible replication and scale-up.

Besides its collective achievements, the Track 1.0 ABY program has also resulted in promising practices that were not widespread enough to be considered a collective achievement but that should be reviewed for possible replication and scale-up. The Scope of Work described candidates for "promising approaches" as those which were worthy of further USAID support, including

- activities that meet the needs of local communities and circumstances (in terms of country context, culture, etc);
- lessons learned or better practices that have already been successfully adopted or replicated by other donor projects and programs or by national governments;
- innovative/promising technical approaches and strategies that should be applied in any follow-on prevention programs; and
- activities with the greatest likelihood for sustainability and broader replication.

The team added to these criteria a sense that the activity or interventions were grounded in established practices; promoted change at individual and societal levels; and took a holistic view of HIV/AIDS within a given social context. This section of the report will focus on the general characteristics of these practices and as appropriate highlight an activity of a specific partner. The highlights are intended to be illustrative rather than exhaustive. The activities and interventions discussed met most of these criteria and in the team's judgment are practices that should be included in any prevention program or that warrant assessment as likely candidates for scale-up or replication.

Engaging Communities in Behavior Change

The first promising approach identified was the effort by partners to engage communities and influential adults in youth behavior change efforts. This approach targets factors that create an enabling environment for youth to initiate and maintain healthy sexual behaviors that reduce their risk of HIV infection. It also supports individual behavior change by creating platforms for family and community dialogue to assess, challenge, or promote community norms. Cultural and religious traditions that promote abstinence until marriage and faithfulness in marriage can be viewed as assets with respect to these values. In several communities, cultural norms such as rites of passage for boys that promote vigorous sexual activity or the pursuit of early marriage for girls as young as 10 are barriers to abstinence for young adolescents. Community engagement is also needed to address the root causes of coerced, transactional, and cross-generational sex (gender norms, economic circumstances, absence of laws or law enforcement). Engaging communities also promotes the sustainability of ABY programs.

Working with such subpartner organizations as faith-based groups and small community organizations has enabled ABY partners to extend their reach substantially, using or creating networks that penetrate to the household level. This is the place where community mobilization, discourse, and action can be initiated. The inroads that have been made especially through skills-based curricula and community dialogue can be used to accelerate the challenging work of reducing coerced, transactional, and cross-generational sex and gender-based violence. At a minimum, ABY partners have demonstrated their ability to reach communities and individuals

intensively at their schools, community social venues such as TV/video-watching centers, recreation clubs, places of worship, and local government facilities. Taken as a whole, this is a comprehensive approach that should be replicated after more detailed review of current and potential messages that might strengthen it.

Examples of how communities can be engaged in dialogue about HIV prevention are as follows:

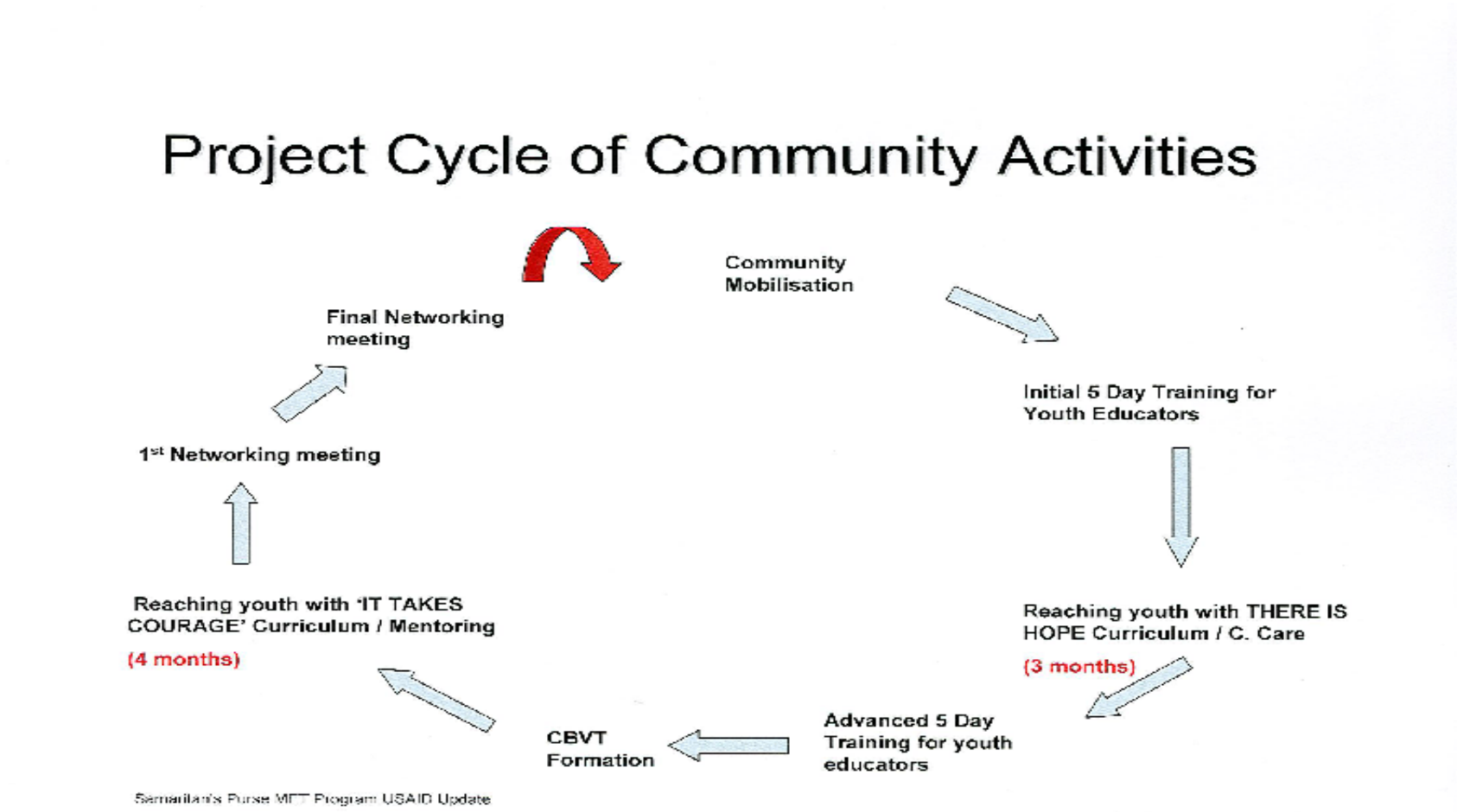
Community-Based Volunteer Teams (CBVTs)

Samaritan's Purse's CBVTs are trained to deliver skills-based training and to conduct community conversations. The action-focused conversations often result in a set of written norms that attendees sign. The norms address a range of community issues and build a solid foundation for community action and self-monitoring. The CBVTs are the core of Samaritan's Purse implementation strategy. After an 18-month program cycle (see Figure 2), the teams are registered with local authorities and "launched" in the community. At least two of the CBVTs that have been registered have since received local government funding for their activities.

Use of *Idirs* and *Mahbers*

Pact in Ethiopia uses the traditional structure of *Idirs* and *Mahbers*, which were originally burial societies but have now become agents of community development, including leadership and response to the HIV epidemic, to engage community members in dialogue about HIV prevention as a whole, including ABY messages. The *Idirs* and *Mahbers* in turn support youth and couples in behavior change for HIV prevention.

Figure 2. Samaritan's Purse's Project Cycle of Community Activities



Training Communities on Sexual Abuse

Food for the Hungry has drafted a curriculum and piloted a training program to address sexual abuse that engages local government, police, and social workers as well as parents. This program has been recognized as promising but has not been implemented in full due to resource constraints. Some activities continue on a limited scale with organizational rather than program funds. These include awareness-raising and formation of community-based networks to promote women's savings clubs and engage men in violence prevention.

Parent/Adult-Child Communication Programs

The American Red Cross, the International Youth Foundation, The Olive Leaf Foundation, Salesian Missions, and World Vision provide skills-based training in parent/adult-child communication. This promotes further dialogue on issues of healthy behaviors, enabling parents to better respond to the challenges their children face in trying to change their behavior after receiving life skills and HIV prevention training.

Community Action Teams

The Olive Leaf Foundation uses community action teams as part of its core mission of empowering communities to comprehensively address development challenges, including the HIV epidemic. Similarly, peer educators use a community mapping exercise to identify the nearest HIV/AIDS-related services, such as HIV counseling and testing, services to OVCs, home-based care, and HIV treatment programs. Besides locating resources, peer educators can determine whether they are friendly to young people before referring their peers for services. This enhances the likelihood that referred youth will find a friendly ear and helps identify gaps in services for youth.

The HIV/AIDS and Healthcare Trust

Fresh Ministries has catalyzed the Anglican Church in South Africa to institutionalize an HIV/AIDS Healthcare Trust, which provides comprehensive HIV/AIDS services. It is the means through which the church coordinates prevention, care, and support programs. Fresh Ministries and the Trust have found that commissioning adult peer supervisors and youth peer educators in a public ceremony gives them recognition and status that has helped limit volunteer and staff turnover. Systematic attention to staff and volunteer retention enhances the likelihood of sustainability.

All these practices promote the sustainability of program benefits and help ensure continued community involvement in youth HIV prevention efforts by establishing or reinforcing the technical and institutional capacity of communities to support and implement ABY programming. Community recognition and dialogue between peers, families, and community members provides support for sustaining changed behaviors and addressing social norms that work against healthier sexual behaviors. Institutional experience, including the ability to implement program activities, network with related local efforts, and report on activities and results, positions community-based groups to continue promoting activities with their own resources or to seek additional resources. The relatively successful engagement of community-based groups across several sites and countries is promising. Partners have high hopes that program benefits will be sustained by the communities and subpartners and that they will find the resources to replicate the program in other geographic areas.

Creating and Promoting Partnerships to Reach In-School Youth

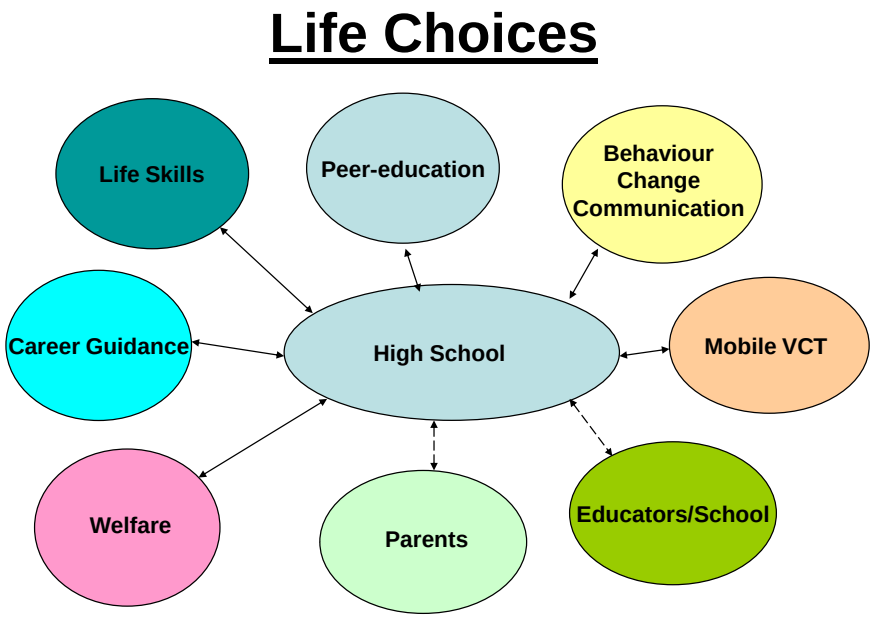
Track 1.0 ABY partners have been particularly successful at reaching in-school youth. Often they do this by creating and promoting partnerships with schools, churches, and other youth-serving organizations. They have partnered directly with departments and ministries of education, trained

people who work with youth (teachers, scout leaders, clergy, etc.) in HIV prevention, and worked with youth-serving organizations (e.g. Scouting Associations) that have solid footholds within schools. This practice is promising because it promotes the sustainability of ABY programming by working within existing institutions.

Implementing Ministry/Department of Education Curricula

In South Africa Salesian Missions has a comprehensive model of academic, psycho-social, and behavioral support for high school youth (see figure 3), the Life Choices Program. It engages teachers, social workers, guidance counselors, parents, and VCT service providers, among others, to support HIV prevention by providing school-based services. The Life Orientation Curriculum of the Western Cape Department of Education is fully integrated into the Life Choices Program at Salesian Mission sites.

Figure 3. Salesian Missions' Life Choices Program



In Kenya PATH is developing a harmonized life skills curriculum with the Kenya Institute for Education in the Ministry of Education. In Ethiopia, Pact works with the Ministry of Education to standardize life-skills curricula through the Alternative Basic Education program. In Uganda, USAID has funded the development of a comprehensive life skills and HIV prevention program that has been rolled out to almost all primary schools and is working on a model for secondary schools. (The Uganda program predates ABY but provides an example of taking A and AB programming to scale for in-school youth.)

Partnering with Scouting Organizations

Scouts provide an extracurricular approach to reaching in-school youth and allow ABY partners to take advantage of scouting values, such as learning by doing; mentoring by peers, older scouts, and adult leaders; and service to others. Both PATH and the International Youth Foundation (IYF) have engaged scouting organizations as partners. While IYF has used a more traditional curriculum model (life-skills training, provision of HIV/AIDS information, parent-to-child communication programs), PATH and its subpartner the Kenya Scouts Association have

developed HIV prevention into a merit badge with specific activities that lead up to award of the badge and stars for successful completion of additional activities.

School-Based Anti-AIDS Clubs

World Relief works through a network of partners to implement a skills-based curriculum, Choose Life, in school-based anti-AIDS clubs. The curriculum is available for two age groups, 10–14 and 15–19. This curriculum has been adopted or adapted by Food for the Hungry, Children's AIDS Fund, and Catholic Relief Services (CRS)/Rwanda. Recent revisions to it have highlighted optional bible-based segments, inviting users to modify or drop them, and have included the condom fact sheet, which is especially important for the older group.

School-Level Partnerships

Food for the Hungry, World Relief, and the Olive Leaf Foundation use teachers as core promoters for their ABY curricula. They are trained to be resources for peer educators and are responsible for supervising anti-AIDS clubs. In addition to traditional schools, Pact in Ethiopia extends its ABY curriculum and approaches to its Alternative Basic Education Centers, informal education settings for school leavers aged 10–24. Partners report that teachers appreciate the interactive nature of the curricula and value their students' responsiveness to the methods as well as the messages.

Developing Curricula for Couples

One of the main recommendations from the MEASURE evaluation was that ABY curricula include specific messages, skills-based lessons, and strategies on partner reduction or mutual fidelity for sexually active or married youth. While this is still a gap in many programs, Food for the Hungry, Samaritan's Purse, and CRS now have Be Faithful curricula for use with couples in committed relationships. They focus on the religious values of remaining faithful in marriage and the benefits to the relationship, family, and society. They promote knowledge and skills for faithfulness and its relationship to HIV prevention. Themes include definitions of marriage and commitment, faithfulness, the role of mutual respect, communication, and sessions related to HIV/AIDS. Food for the Hungry's curriculum has adapted the Stepping Stones curriculum, and Samaritan's Purse acknowledges its use of sessions from the Food for the Hungry curriculum. Religious or devotional sessions of both are optional or voluntary. The CRS curriculum is implemented with direct CRS funding rather than funding from the ABY CA, though some of its trainers are also trainers in ABY-funded CRS activities.

During site visits couples reported that the skills they learned from these couples programs have strengthened their relationships in many ways, encouraging open discussion of challenging issues such as faithfulness and sexual activity and setting problem-solving skills within the context of family life. One couple reported that the course has promoted transparency in household income/expenditures, lack of which had created tensions in the past.

Enhancing Community-Based Programs to Reach Out-of-School Youth

All partners acknowledge that it is hard to reach out-of-school youth in general and the population needs further segmentation by risk. High-risk out-of-school youth are those who are married and either in a discordant relationship or not aware of their HIV status; who practice secondary abstinence after being involved with multiple partners; who engage in the demand or supply side of high-risk occupations; who are involved in coerced transactional or cross-generational sex, which is at times sanctioned implicitly by community, social, or legal practices; or who abuse drugs or alcohol as part of their lifestyle. Youth who are out of school because of recent completion of one phase of formal education may be more like in-school youth in terms of sexual and economic activity. Though they may currently lack resources to continue to the next

level, they may not be as vulnerable as those who have been out of school for some time, taking on a range of sexual and economic behaviors that place them at risk.

Reaching High-Risk Out-of-School Youth

Three partners have used their community outreach programs to reach high-risk out-of-school youth with ABY messages. For example, ABY prevention activities have been incorporated into the Don Bosco Programs of the Salesian Missions. These programs, active in Kenya and Tanzania, transition rehabilitated street children to boarding schools where they are with peers and older youth who have left the street life to complete schooling. These youth have benefited from the life skills curricula of the ABY program. One young man in Kenya remarked that "I thought that having a girlfriend was just for sex; I learned that you can also discuss homework, sports, news, and life with girls."

Similarly, one of the Olive Leaf Foundation's subpartners is a community organization serving slum-based youth whose clients acknowledge the value of the life-skills curricula and ABY as a prevention strategy while also emphasizing that improving their lives requires more comprehensive skills development and income-generating opportunities. Many of these young people have witnessed or experienced the consequences of high-risk behavior, including drug and alcohol abuse and sex with multiple partners. Pact in Ethiopia offers its ABY program, Y-CHOICES, through its Alternative Basic Education Centers, which help school dropouts to complete their formal education.

Reaching Low-Risk Out-of-School Youth

Some partners are reaching out-of-school youth who are not necessarily high risk due to sexual activity, family, or economic circumstances as an extension of school-based work. For example, the Kenya Scouts Association engages youth who were active scouts in school to be Rover Scouts, working with scout patrols on ABY interventions within schools. In Ethiopia, the Meki Catholic Secretariat, a subpartner of CRS, works with a community-based anti-AIDS club formed by school leavers who had been active in school anti-AIDS clubs.

Use of Program and Community Data for Site Selection and Program Development

Several partners collect information beyond what USAID requires for routine reporting and use it to examine how effectively the program is reaching APS objectives, to inform program activities, to address issues of quality, to examine variance by site/country, and to select program sites. Collecting such data enables the partner to ensure that programs are responsive to the changing needs of program beneficiaries and helps them identify and modify aspects of the program that are not meeting the objectives.

Lot Quality Assurance Sampling

Samaritan's Purse uses LQAS to collect routine data on outcome indicators and the results of the analysis are fed back to project staff and discussed for programmatic implications and action. Samaritan's Purse has presented its M&E system at PEPFAR conferences, where it has been well received, with acknowledgement of the challenges of developing appropriate indicators to measure behavior change. IYF has also used LQAS to survey the knowledge, attitudes, and practices of its Ugandan participants.

Use of Pre- and Post-Test Data to Monitor Training Quality

The American Red Cross uses pre- and post-test data to monitor the quality of training of its peer educators and to plan refresher training for program beneficiaries. The results are entered into a database that allows stratification by peer educator, gender, question, and indicator and that is reviewed routinely to identify program weaknesses. This and other routine monitoring have

helped the organization and its subpartners shift geographic targets, identify needs of specific subgroups within youth audiences, and revise curricula and other materials.

Training Staff on Using M&E Data to Improve the Program

As part of its capacity-building mission, PACT provides training and tools in "Monitoring, Evaluation, Research and Learning" to its staff and subpartners. "Learning" was added to make explicit the need to apply M&E findings to what is being done.

Developing Mechanisms for Collaboration Within and Between Partners

Several levels of collaboration have evolved through implementation of Track 1.0 ABY programs, among them cross-country collaborations within and between partner organizations as well as in-country collaborations between ABY partners and other organizations doing youth HIV prevention work.

Cross-Country Workshops

The American Red Cross holds trainings and exchange workshops to stimulate peer learning between Red Cross branches within the same country and between Red Cross Societies and regional and cross-regional International Red Cross and Red Crescent partners. Food for the Hungry holds annual meetings with one or two representatives from each lead agency working in the four implementing countries, at which staff are trained on updated curriculum and other materials and offered refresher training on previous topics.

Hiring Field-Based Technical Staff to Coordinate Multicountry Programs

The American Red Cross, CRS, Samaritan's Purse, World Relief, and World Vision maintain field-based technical staff who are responsible for multiple country programs. This helps ensure that program quality is maintained across country programs and that lessons and information are shared.

Use of Information Technology

Food for the Hungry uses communications software, such as Groove and Elluminate, so that country representatives can share best practices and lessons learned in ABY approaches and to keep subpartners informed of the latest research in youth HIV prevention programming. Under a separate mechanism, now ended, USAID supported a Web site available to all ABY program managers to keep partners abreast of the latest advances in HIV prevention science.

Mechanisms Used by USAID to Promote Exchange

Some Missions or PEPFAR Country Teams (the Technical Working Group on Prevention) organize annual or semiannual meetings of ABY partners and other PEPFAR prevention program implementers to share best practices and lessons learned. USAID/Tanzania has made an agreement with Family Health International (FHI) for it to coordinate all the ABY partners and other organizations doing youth HIV prevention work. USAID/Washington has also invited and encouraged all partners to submit abstracts for the annual PEPFAR Implementing Partners Meetings.

Partner Meetings at the Country Level

Salesian Missions in South Africa facilitated a meeting with Fresh Ministries to discuss curriculum development and adaptation

Training Youth to Develop and Implement Mass Media Projects

While the use of media is not new, engaging youth in developing and implementing mass media programs has the potential to build skills as well as to reach other youth. *Scout Voice* in Kenya

has gone one step beyond producing a newsletter; it is training youth and youth leaders of the Kenya Scouts Association in journalism (writing and photography) as well as production of the newsletter. After issues on HIV prevention, *Scout Voice* received funding from the Ministry of Youth Affairs to produce a special issue on substance abuse.

LESSONS LEARNED ABOUT CENTRALLY MANAGED PROGRAMS

Objective 3. Identify lessons learned from USAID Track 1.0 programs implemented at the field level, and recommend strategies for future programming that are responsive to field needs.

The ABY program was designed to be centrally managed and funded. All decisions about programs were made by USAID in Washington, bypassing the usual practice of field involvement in procurement. There are both advantages and disadvantages to centrally managed programs:

Advantages

1. One advantage of these programs from the partner perspective is that they provide an economy of scale. Organizations can develop and implement one system for management, administration, and M&E in all target countries.

2. Another advantage is that centrally managed programs require only a single procurement action for activities in several countries, which can benefit USAID as well as partners.

3. Because the program is centrally managed, there is a possibility to share TA and promising approaches across partners and countries. Unfortunately, the ABY program has not fully exploited this advantage. USAID/Washington created a Web portal with closed access to ABY program managers to encourage partners to share best practices, but the subcontract for managing it fell through and currently there are no staff to run the site. Annual partner meetings are also held for partner headquarters staff and USAID/Washington, but it is unclear whether this information reaches the field. Several partners have tried to bring their country operations together for workshops to share best practices and lessons learned. but this type of sharing is rare and not portfolio-wide. USAID Tanzania funds FHI to coordinate its ABY partners and other youth-based HIV prevention efforts. This type of system may be one model to encourage partner sharing within countries, although there is still a need for effective systems to share across countries.

4. The centrally managed ABY program highlighted the importance of HIV prevention programming for youth. Prevention efforts were previously focused on adults and other high-risk populations, and while there was some AB messaging, the focus was more on PMTCT and other prevention efforts. The ABY program put HIV prevention for youth on the agenda.

5. The ABY program also provided an opportunity for partner organizations to participate that had not previously contracted with USAID: Half of the ABY partners were receiving their first USAID funding. A few of these organizations have since received additional funding from USAID or PEPFAR. For example, Salesian Missions in South Africa has received funding from the U.S. Centers for Disease Control for mobile HIV counseling and testing.

Disadvantages

The team also identified eight disadvantages of the ABY program, which largely derive from the nature of the program itself.

1. The main disadvantage is the lack of ownership at the USAID field level. Because USAID field staff were not involved in the ABY procurement process or in selection of partners or program sites, they were uncertain about their role in managing the programs, especially how

much direction and TA to provide to partners. Similarly, the channels of communication with partners were not clear in terms of whether USAID activity managers should communicate with partner field staff directly, through the Washington-based CTO, or through partner headquarters staff.

2. There was also some initial reluctance to integrate ABY partners into Mission HIV prevention portfolios. This was especially true in countries where youth HIV prevention was not considered a priority for funding. This reinforced the perception that awards to some ABY partners, especially FBOs, were for political rather than programmatic reasons. The degree of integration of the Track1.0 partners into the USAID/PEPFAR program in-country depended on the leadership and individual technical staff in Missions and partner organizations. The fact that PEPFAR planning and reporting processes require that ABY partner results are included at the country level has since encouraged Missions to fold ABY partners into their programs, but the success of this integration varies by country.

3. Partners perceived the ambiguous role of USAID field staff in the ABY program in a number of ways. Many reported that they felt left out of Mission activities, especially provision of TA and expertise. Meetings facilitated by Missions often focused on HIV treatment, care and support programs, and OVC programs, with little concern for prevention; when prevention was on the agenda, the tendency was to focus on PMTCT. Partners also reported receiving conflicting advice from USAID field staff and USAID Washington, especially about the ability to reduce targets and modify programs to strengthen quality.

4. A further disadvantage to partners is the ambiguity related to post-Track 1.0 partnering opportunities within a given country. While all partners look forward to the possibility of a second round of PEPFAR funding, many are beginning to source new private funding, leverage existing programs, and advocate for bilateral support. ABY as a stand-alone intervention may or may not continue. Of the nine missions that responded to the questionnaire or participated in the field visits, none had concrete plans for these ABY partners; most have delayed discussion until the 2010 Country Operating Plan cycle in 2009, at which time the current CAs will approach their conclusion. Reasons stated include lack of funds (current and projected funds are committed to other programs); prevention needs and opportunities are under review and may or may not include need for the approaches used by ABY partners; other organizations may already be carrying out the work of ABY partners, which makes ABY programs redundant; or ABY programs may not be a high priority for funding given the epidemiologic profile of the HIV/AIDS epidemic in the country.

5. Having to report to both Missions and USAID/Washington was a challenge for many partners. The different reporting templates and schedules required by USAID Missions and USAID/Washington often vary by country. Partners feel they spend an inordinate amount of time on reporting, which limits their ability to focus on programs. They would like to see reporting requirements and timelines standardized to ease this burden. Moreover, there is wide variation between programs in terms of involvement of headquarters staff in preparing USAID reports. More centralized organizations are able to ease the reporting burden by compiling the individual country reports into the report for USAID/Washington. More organizations should consider adopting this model to ease the burden on their field staff.

6. Communication and coordination between USAID and the implementing partners is a challenge for the ABY program. Often these programs place a management burden on USAID field staff, which must manage the centrally funded partners in addition to bilateral agreements. Moreover, turnover of Washington-based CTOs and both field and headquarters partner staff makes it difficult to build an effective communication system. Activity managers and CTOs are also often frustrated by the wide variation in the management skills and

technical knowledge of partner organizations: some organizations are perceived as unable to provide the information needed to properly oversee the program. For any future centrally managed programs, funding should be set aside to hire additional USAID field staff to help manage them.

7. Some aspects of program content needed early clarification to avoid the effort required to revise curricula, retrain trainers and other implementers, and adjust programs. These include condom references, religious messages, and expanded program focus.

    a. Several partners felt that they received conflicting information from USAID/Washington and Missions offices on guidelines for condom information. Some partners felt "compelled" to provide at a minimum a condom fact sheet and did so reluctantly (considering their moral values) in response to direct inquiries from program participants. Some partner staff were wary of crossing a line between information-sharing, personal opinion, and promotion. Others felt that the guidelines restricted them from responding fully to participant queries and the needs of couples and sexually active youth, especially high-risk, out-of-school youth. These organizations tended to provide information and referrals, and one sought authorization to add condom distribution to its program for out-of-school youth and couples.

    b. Religious messages were another area of ambiguity for FBOs. Many incorporated prayers, devotionals, and biblical passages in their curricula, some to the extent of using religious values as the major rationale for abstinence as a prevention strategy. It was often unclear to FBOs what the boundary was for acceptable religious content in ABY materials. This confusion on religious content and practice was often magnified by local practice. For example, in several countries where ABY partners operate, opening and closing prayers are often part of a meeting agenda. In such cases, the rationale for the prayer is the culture, not the FBO. USAID CTOs have worked with partners to identify materials that contain excessive religious messaging or incorrect information. When partners were challenged about their curriculum in one country, they generally adjusted curricula for all countries. Partner materials currently make it clear that prayer, devotionals, and scriptural references are optional or voluntary.

    c. Some partners felt that the types of activities specified in the APS for ABY programming were too restrictive. They wanted more flexibility to expand into other program areas and target populations.

CONTRIBUTIONS TO PEPFAR PREVENTION EFFORTS

Objective 4: Discuss the PEPFAR Track 1.0 HIV prevention ABY portfolio's contributions to PEPFAR prevention efforts.

PEPFAR's prevention target was to avert 7 million new infections in the 15 focus countries by 2010 through comprehensive programs addressing all modes of transmission, categorized as follows:

- Abstinence, Be Faithful messages
- Condoms and other prevention
- Prevention of mother to child transmission

- Blood safety
- Injection safety

Anticipating that if sexual transmission is to be prevented, people would have to change their sexual behavior, PEPFAR promoted activities that would focus on "delay of sexual debut, abstinence, fidelity and monogamy, reduction of casual sexual partnering, reducing sexual violence and coercion, including child marriage, widow inheritance, and polygamy, and, where appropriate, use of condoms." As noted earlier, Congress had recommended targeting 20% of the total PEPFAR expenditure for prevention and 33% of prevention funds for Abstinence and Be Faithful programs. This challenged program designers to separate out and track these elements of the comprehensive ABC (Abstain; Be Faithful; Correct, Consistent Condom Use) approach. Often this limited the flexibility of country teams to support comprehensive prevention programming (IOM, 2007).

While recognizing that abstinence is the only sure way to prevent sexual transmission, the ABC Guidance disseminated by OGAC describes ABC as an "approach" to infuse HIV prevention programming. Elements common to A, B, and C are self-worth and dignity; understanding of risks related to age, gender, and sexual activity; and knowledge and skills needed to adopt and sustain prevention behavior. The guidance describes the key role of social norms, including those related to gender, in supporting risk avoidance and reduction behavior. It also notes that a country program is likely to include all three elements, targeting specific behavior changes for specific at-risk groups (OGAC, 2005). Separating out the funding and programming of AB has left many partners and their clients not clear about C, or with incomplete prevention strategies.

USAID's ABY partners have contributed to two of the priorities articulated in the OGAC guidance, abstinence and behavior change for youth and promoting healthy norms and behaviors (OGAC, 2005). The program has also highlighted the need for a more natural inclusion of A, B, and C in a comprehensive approach to preventing sexual transmission of HIV among youth; affirmed the value of CBOs, FBOs, and other local youth-serving organizations in reaching individuals, families, and communities; and reinforced the importance of rigorous attention to M&E across programs.

Abstinence and Behavior Change for Youth: Promoting Knowledge and Skills

Skills-based curricula can empower youth to make or negotiate choices that eliminate or reduce their risk of HIV infection (Yankah & Aggleton, 2008). Many of the ABY partners use them to provide information and skills needed to practice healthy sexual behavior and create a foundation for the family and community dialogue needed to address social norms that put youth and others at risk. The following materials have been developed for specific populations:

Curricula for Youth aged 10-14

All ABY partners have skills-based curricula for youth aged 10–14. For this group, the focus is on delaying sexual debut and on abstinence until marriage. The curricula have been supported by training for influential adults (teachers, youth leaders, religious leaders) and peer educators, all of whom have benefited from the communication skills and open dialogue that has been initiated.

Curricula for Youth aged 15–19

Curricula and advanced sessions have been written or adapted for youth aged 15-19, for whom abstinence until marriage and fidelity within marriage are the primary messages. It is generally within this age range that partners find youth requesting information about condoms, suggesting that they are curious about or perhaps already engaged in sexual behavior. All partners respond by providing factual information to peer educators and adult trainers. At a minimum, youth are

referred to other community organizations for information on condoms. However, there is a lack of curricula specifically targeting high-risk out-of-school youth.

Supplemental Activity Kits for Youth

Partners have also developed activity kits that supplement structured training sessions with such things as card games, workbooks, and videos. Notable among these are the Youth Action Kit, developed by PSI and used by Pact and CRS among other partners, and the Kenya Scouts Association Activity Packs.

Adult-Child Communication Curricula

Training youth and giving them information about HIV prevention and life skills to negotiate and maintain safe behavior provides youth with knowledge and attitudes that parents or other adult caregivers may or may not be aware of or attuned to. Skills-based communication programs for parents and other influential adults help them help their children. Several partners now have curricula to enable adults to better understand the challenges facing their children as they try to implement what they have learned in life skills and HIV prevention training.

Curricula for Couples in Committed Relationships

Three partners have created couples curricula for use with married couples of all ages that promote communication skills and provide opportunities for couple and family dialogue. The curricula include definitions; cultural norms and standards related to gender, marriage and faithfulness; dialogue on the role and purpose of sex within marriage; and the risks of STIs. Trainers are provided with condom fact sheets to prepare them for participant queries. Participants are referred for VCT, and condoms are discussed in the context of HIV testing and the possibility of sero-discordance. (Note: Food for the Hungry and Samaritan's Purse are implementing couples curricula with ABY funding; CRS does so as part of its cost share.)

Youth participants report that they now have more knowledge, confidence, and skills to talk to parents, other adults, and each other about sex and HIV and to make healthy choices to eliminate or reduce their risk of infection. Couples interviewed by the team reported similar results of their training and dialogue activities. Some couples felt that improved communication extended to other family and household issues.

Promoting Healthy Norms and Behavior: Building Community Networks

Beyond individual skills, all partners have built networks of local faith- and community-based groups to promote family and community dialogue. Adults meet to discuss and challenge the social norms that put youth and others at risk of sexual transmission of HIV. Parent-child and couple communication programs open up possibilities for families to discuss comprehensive HIV prevention strategies, such as abstinence, negotiation of HIV testing and sharing of test results, condom use, resisting coercive sex, and peer and community support for making these decisions. Skills-based training encourages young people to speak out and elders to listen to opinions on topics like early marriage.

Community dialogues initiated to address issues of youth HIV prevention are beginning to open up wider discussions of sexual behavior, an important element of addressing the community norms that promote or implicitly sanction high-risk behavior. Community groups increasingly recognize the need for HIV prevention strategies as they discuss and grapple with the situation of OVCs in their communities. Youth-moderated call-in shows on community radio provide skills and prominence to youth role models who have made abstinence pledges. This was perhaps best stated by a parent commenting on a radio program run by Pact in Zambia,

"*My name is Kalenga, I stay in Mandanga Area. I am a parent. I am a frequent listener to your Mr and Ms Abstinence Radio Show, and I am very impressed with discussions you hold with our children. I decided to come and encourage you to keep up with this radio program. I wish this kind of program had started earlier before I lost my beloved daughter. It could have made a difference. I really admire the abstinence messages that you pass on to your peers. This has kept me listening. This is what I think of your program: It is unique because I have never heard young people of your age in this generation coming out in public saying they are abstaining. Your program is so interactive that youths are able to call in and find out how to abstain and they get information on the spot from their peers. No parent has come out negatively on air against your program. Each parent that contributes to your program stresses the importance of this almost forgotten virtue. Finally, I wish I had enough resources to further sponsor this program. However, I appeal to local business houses and organizations to see how important this program is to our children. If it continues, it will make a big difference."*

Moving Toward Comprehensive HIV Prevention Programming

Abstinence, Be Faithful, and Correct and Consistent Condom Use (ABC) is a comprehensive approach to prevention of sexual transmission; the OGAC guidance describes it well (OGAC, 2005). Track 1.0 ABY partners were selected on the basis of their interest and ability to reach youth with AB messages. They have also had to respond to the realities of their program participants, who have offered them an opportunity to consider broader-based programming. Partners and program participants are clear about abstinence as the lead strategy for youth who are not yet sexually active, and about mutual fidelity in a monogamous relationship as the lead strategy for those entering a committed relationship. However, the realities facing many participants—especially older youth—in terms of sexual practices within their communities provided opportunities for some partners to look beyond the basic aspects of AB to consider strategies for the sexually active, within or outside a committed relationship.

Be Faithful

Working with older youth, both in and out of school, as well as with parents and other concerned adults, has highlighted the need to address B more broadly. Three partners have written couples curricula, though they have not yet undergone rigorous review by USAID. While some cultural and religious values prohibit sex outside of marriage, there is among most partners a recognition that couples and sexually active unmarried youth must become aware of the risks of multiple concurrent partners, be encouraged to be faithful to a single partner, have the necessary skills to engage in dialogue and action, and have access to information about condoms. The couples curricula provide a starting point for Be Faithful programs that will also benefit from the family and community dialogue and outreach programs.

Correct, Consistent Condom Use

All partners emphasize abstinence as the main HIV prevention strategy for youth age 10–14 years. However, some Track 1 partners have recognized that older youth and couples may have an interest in or need for condom information. This is especially true for monogamous couples where knowing each other's HIV status is an essential element of HIV prevention; the possibility of sero-discordance is among the factors that prompt demand for condom information and services. Partners use a variety of approaches to provide condom information to youth aged 15–24:

- Four partners do not routinely discuss condoms as an HIV prevention strategy in their ABY curricula. Participants who inquire about them are referred to other organizations within the community for condom education.
- Seven partners mention condoms as one HIV prevention strategy but emphasize abstinence.
- Three partners emphasize abstinence and condoms equally as HIV prevention strategies. Of these, two give condoms equal weight with AB in all country programs. The other gives condoms and AB equal weight in only one of the three countries where it operates and emphasizes abstinence as the main prevention strategy in the other two.

Only four of the partners provide condom demonstrations as part of their ABY program. Two of these provide demonstrations in some but not all countries where they operate. Two provide demonstrations to all youth, the other two only in the context of risk reduction for sexually active youth.

Condoms are not distributed or purchased with ABY funding. Instead, ABY participants are referred to other service providers for education and access to condoms. A few organizations also have peer educators or beneficiaries visit local health service providers to learn about the services provided, their youth friendliness, and condom availability.

Integration of Prevention Activities into Other Youth Programs

Many of the ABY partners have programs addressing youth development (leadership, education, rehabilitation of street kids, economic empowerment) or other HIV/AIDS-related programs, such as static or mobile VCT, home-based care, and support for OVCs, adolescent reproductive health, alternative basic education, and gender education. These partners have promoted an integrated approach to HIV/AIDS by using their other programs as points of entry or as supplemental resources for ABY programs.

Building the Capacity of Community-Based Organizations

PEPFAR recognized that an emergency response to HIV/AIDS would not be sustainable and promoted the development and use of local civil society organizations, including CBOs, FBOs, and national and regional NGOs. The APSs attracted youth-serving international NGOs that were both faith-based (10) and secular (4). Most had some prior experience with USAID, although not necessarily with PEPFAR or ABY. Partners had the dual responsibility to produce results and build both their own capacity and that of their subpartners. The programmatic and financial reporting requirements of USAID and PEPFAR required adjustments by experienced partners and rapid learning by less experienced partners and subpartners. Less experienced partners also had to deal with aligning their organizations to comply with USAID grant requirements.

Although a full capacity assessment was not within the scope of this evaluation, in discussions with partners and subpartners the team did solicit input about increased capacity. Partners reported building capacity in such areas as technical programming, curriculum development, M&E, reporting to respond to USAID and PEPFAR requirements at both headquarters and country levels, working with and through subpartners, and accessing financial and technical resources. All partners report that they have built up their capacity to implement HIV prevention programs, account for funds, and respond to PEPFAR and USAID data collection and reporting requirements.

The models for subpartnering varied from one partner to another; they included

- specially created community implementation structures
- use of existing structures and outreach mechanisms, such as a church or religious network or local governments
- working with subpartners with whom there was a long-standing relationship
- creating new subpartnering relationships
- combinations of these factors

The use of CBOs and FBOs as subpartners enables the program to influence not only individuals but also their families and communities. The use of smaller local organizations at times required them to upgrade their technical knowledge and skills, placed additional expectations on volunteers and professional staff, and required development of rigorous systems for technical and financial reporting.

Subpartners were trained on curricula, training, follow-up and outreach, and M&E through workshops and on-site coaching. Subpartnering was a particular challenge when the relationship was new and the partner had overestimated the capacity of the subpartner to mobilize quickly for project start-up. For one partner, the subpartnerships were not fruitful in two of the three planned countries of operations. Another partner reported that it might have provided more direct start-up support from headquarters had it better understood the limitations of its subpartners. Team observation of field sites revealed that the technical knowledge and ability of in-country subpartners varied within a partner's program, but headquarters and field-based technical staff were well aware of and had developed strategies to address the variations.

Overall, the strategy of using FBOs and CBOs enabled the U.S.-based organizations to better reach families and communities. CBOs, whether religious, secular, or governmental, are also effective points for integrating prevention, care, and support, as is true for partners who are active in care and support to OVCs as well as in ABY.

Monitoring, Evaluation, and Reporting Results

M&E Systems

USAID and PEPFAR reporting requirements have raised the profile and investment of all PEPFAR partners in M&E, the partners report. PEPFAR's investment in data collection and data quality assessments has reinforced those practices across countries and partners. Tools, training programs, and workbooks are used to standardize reporting in a given country and to enable partners to aggregate their data within and across countries and conform to PEPFAR reporting requirements.

Use of Data at Program and Community Levels

The local use of data at program and community level has received less attention. Some partners do collect outcome data regularly and use process and outcome data to reflect on how their program is operating. Baseline surveys or midterm evaluations using a combination of outside data, such as DHS data, and their own data collection and analysis, have been conducted by ADRA, American Red Cross, Food for the Hungry, Fresh Ministries, The Olive Leaf Foundation, Pact, PATH, Salesian Mission, Samaritan's Purse, and World Relief. A few partners have also conducted internal midterm evaluations of their programs.

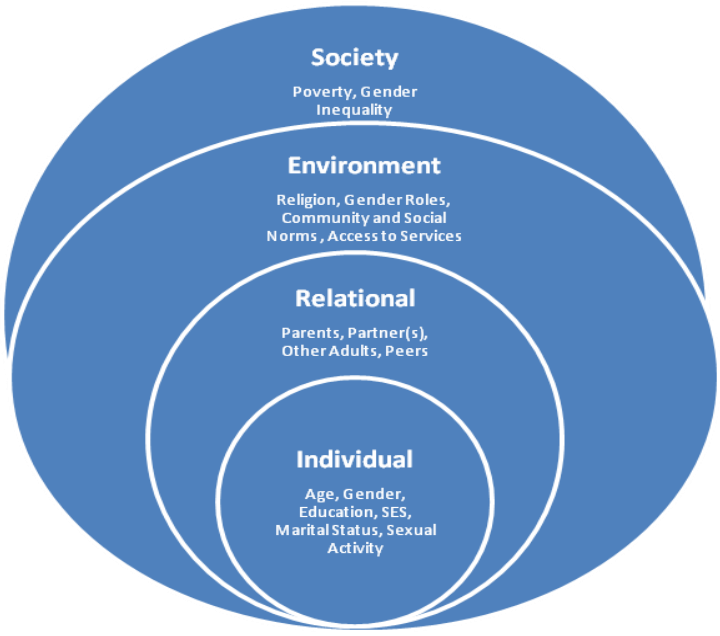
III. CONCLUSIONS

The primary mandate of this program review was to document achievements and promising practices of USAID's Track 1.0 ABY partners; lessons learned about centrally managed programs; and the contribution of the ABY program to PEPFAR's overall prevention efforts. The findings presented earlier suggest the following conclusions:

1. FBOs and CBOs have succeeded in using their values and community infrastructure as an asset in promoting AB messages. The messages they presented fit within the cultural and religious traditions of both Christianity and Islam, which makes ABY messages acceptable to the community and allows them to be complemented and reinforced by religious and cultural practices. The interfaith dialogue created by many of the ABY programs allows communities to discuss what makes local youth vulnerable to HIV infection and to address these vulnerabilities. Moreover, as permanent institutions within the community, the presence of FBOs and CBOs supports the sustainability of ABY programs.

2. ABY partners have been able to target both individual youth and their families and communities to discuss sexual behaviors. Figure 4 presents an ecological model of how individuals are affected by factors in their relational environment (peers, parents, other adults); their social environment (access to resources, gender roles, social and community norms); and the wider society. These factors all influence an individual's vulnerability to HIV infection (Sweat & Denison, 1995).

Figure 4. Factors That Influence an Individual's Vulnerability to HIV Infection



By creating programs that target not only individual youth but also relational and environmental factors, ABY programs attempt to create an environment that allows youth to initiate and maintain healthy sexual behaviors that reduce their risk of infection. They also seek to create a community discourse to address and end risky practices like sexual abuse, coercive sex, domestic violence, substance abuse, and transactional sex.

1. All Track 1.0 ABY partners now have successful HIV prevention programs for youth, the majority of them using skills-based curricula. Messages within these curricula are often segmented by age. Programs for 10–14-year-olds emphasize abstinence as the main HIV prevention strategy and encourage youth to delay sexual debut. Several partners have modified their curricula for youth aged 15-19 to reinforce abstinence as an HIV prevention strategy, promote fidelity within marriage, and, as needed, provide condom information and referrals. Responses to youth asking about condom information vary from partner to partner based in part on the partner's mission and values. However, all ABY partners make condom facts available to interested youth either directly or through referrals to other organizations. The provision of condom information to interested youth may be the least well-executed portion of the ABC message, since partner discomfort or reluctance is likely to affect how information is distributed and received.

2. ABY partners have mainly targeted in-school youth with their HIV prevention programs, working through schools with the direct involvement of teachers and through school-based youth groups that may or may not involve teachers. Teachers have been effective promoters of ABY where there is strong support from school administrators.

3. Partners have been less successful at targeting out-of-school youth, whose risks are different from those of in-school youth. Programs need to be modified to address their specific needs, risks, and behaviors. Abstinence programs focus on eliminating risk, which is not always possible. Age is not the sole determinant of risk for youth aged 10–24. Some are essentially adults in terms of social and economic responsiblities and family status, and prevention programs must target these by risk factor and root cause. Second-chance venues, such as youth-serving community self-help groups, residential programs for street kids, and alternative or informal education centers represent an opportunity to reach at-risk and traditionally hard-to-reach youth. The programs can also position HIV prevention among a series of life choices and life changes that the youth are considering or engaged in, especially in urban areas.

4. There is a need for more focused B and B/C programming for older and sexually active single youth and couples. While three partners now have skills-based curricula for couples that promote fidelity within marriage and encourage knowledge of HIV status of both self and partners, there are no similar programs emphasizing reduction in multiple concurrent partnerships among youth in nonmonogamous relationships.

5. The experience of ABY partners reinforces the need for a comprehensive ABC approach, whether a given partner implements a comprehensive program alone or collaborates with others. The strengths of individual partners, in terms of programs and community networks, provide a solid foundation for A and AB programs, which must be supplemented by referrals for other prevention activities that focus on community norms as well as individual sexual behavior.

6. The ABY program has given FBOs and CBOs increased access to USAID funding, through direct partnerships with groups that have not previously worked with USAID and through the networks of subpartners. Beyond the USAID financial resources, new to many of them, partners and subpartners valued the opportunities to learn from USAID and other partners through workshops, conferences, and site visits.

7. The ABY program missed an opportunity to gather outcome and impact data that might have shed additional light on effective A, B, and AB interventions for youth. While data from process indicators suggest that the ABY programs were successful in reaching youth and the

general population with AB messages, it is difficult to state whether the messages were translated into actual behavior change.

8. Among a number of roles that centrally managed programs, developed with field input, can play in future programming, are to

    a. Review and analyze data and promote research on the validity of promising practices to identify how and why certain HIV prevention programs are successful.

    b. Promote and fund scale-up and replication of promising practices that add value to country programs.

    c. Highlight and fund cutting-edge programs that are not being funded by Missions. At least one Mission noted that youth HIV prevention was not initially a priority, but after the ABY program highlighted the need, bilateral funding to ABY programs increased. USAID/Washington can use centrally managed programs to complement bilateral funding for important but underfunded objectives and programs as part of its global mandate, adding value to bilateral programs.

    d. Reduce the burden of the procurement process at the Mission level through a central process.

IV. RECOMMENDATIONS

The evaluation team has a number of recommendations for concluding Track 1.0 ABY programming and for future programming. The former build on the strengths of the partners' work to date and recognize that their activities, though consistent with the objectives and outcomes of the APS, are not explicitly captured in the PEPFAR indicators for this program.

CONCLUDING THE CURRENT PROGRAM

1. Encourage partners who have collected baseline or midterm outcome data to assess the outcome and impact of their interventions. Where baseline data are not available, partners should be encouraged to design studies that compare intervention and control communities. Where partners have reached or exceeded their targets, use of remaining funds for such studies should be authorized.

2. Encourage ABY partners to continue to promote and create mechanisms for sustaining community dialogue and action on norms that promote lifelong healthy sexual behaviors. The focus of the discourse should be on

    a. Creating and maintaining a supportive environment for healthy choices that eliminate or reduce risk of HIV transmission.

    b. Dialogue on issues such as transactional, cross-generational, and coerced sex that make youth more vulnerable to HIV infection.

    c. Problem-solving and action planning for continued community dialogue through local ordinances and locally sustainable activities.

3. Conduct a rigorous quality review of the couples curricula that have been written by ABY partners that covers messages, methods, referrals to related services, and the role of cultural norms and religious values in promoting B and AB strategies. The review should also cover the role of mutual faithfulness, partner reduction, couple counseling and HIV testing, HIV sero-status disclosure, and cross-generational, transactional, and coerced sex in HIV transmission. Trained couples should be followed up as case studies on the use of the couples curricula.

4. Encourage all partners to incorporate promising practices to the extent that time and resources allow.

5. Ensure that curricula, tools, and communications materials produced by ABY partners are formally reviewed for technical soundness and effectiveness and that copies are provided to national programs. The review should be based on objective quality criteria and input from youth who participated in the program. Local experts, such as national government program staff and USAID staff, can continue to work with partners on technical soundness. Couples curricula should be updated to emphasize the risks of multiple concurrent partnerships. Finally, other programs and curricula are needed that target reducing multiple concurrent partnerships among both married and unmarried youth.

6. Encourage and support partners to follow up youth who have been involved in training and other activities, either as part of their M&E activities or to help determine the effectiveness of partner products.

7. Use the results of the technical review and participant follow-up in planning for sustainability and close-out. Government participation will promote mutual confidence that partner programs are consistent with national policies and guidelines.

8. Rigorously review the results of partner strategies for incorporating HIV/AIDS prevention into programs for high-risk, out-of-school youth. Collect and document strategies, results, and opportunities for replication.

9. At the country program level, make plans for ensuring that valued services and benefits remain available in the communities where ABY partners have been working. National government plans, PEPFAR Strategic Plans, and partner input (ABY and others) can inform the planning.

10. Create a single presentation on the results of the ABY Track 1.0 program with summative quantitative achievements and illustrative case studies for the PEPFAR Implementers Meeting in 2010.

FUTURE PROGRAMMING

1. Specify protocols for data collection and evaluation, including development of outcome and impact indicators, to be used across the portfolio. Also identify and promote operations research to learn about the most effective methods to enable in-school youth to create a personal behavioral response to the risks of HIV infection, spanning primary and secondary school years; reach out-of-school youth who are not necessarily high-risk but who will not be reached by school-based programs; and the effect of skills-based curricula on couples fidelity and on partner reduction.

2. Standardize at the outset the definition of indicators like "persons reached" and "persons trained" to avoid confusion and to facilitate comparisons between programs and countries.

3. Ensure that youth HIV prevention programming is comprehensive, targeted at specific risk factors, and linked to complementary services in an active network referral system. A comprehensive program might include the following:

    a. Expand family and community dialogue related to prevention of HIV for young people. Many of the risk factors involve social norms as well as individual behavior. Keep religious and community networks involved in promoting dialogue to shift norms that put youth at risk.

    b. Design programming to help prepare youth to make the transition from abstinence to fidelity within marriage or from abstinence to behavioral and biomedical practices that will protect them when they initiate sexual activity.

    c. Review couples curricula for technical soundness and completeness and, where warranted, scale them up to other countries and programs. Curricula should cover HIV counseling and testing; reduction in multiple concurrent partnerships; inclusion of condom information, especially for sero-discordant couples; and networks for referrals for reproductive health services and HIV/AIDS related services, including HIV testing and care, treatment, and support programs. Linking the couples programs to counseling and testing services may be a first step in reducing risky sexual behavior among married and cohabitating youth and adults.

    d. Ensure that programs for in-school youth are led and coordinated with Ministries or Departments of Education through curricular, co-curricular, and

extracurricular programs that sustain and institutionalize approaches for reaching in-school youth.

e. Design HIV prevention programs, including but not limited to ABY, to address behaviors and other factors that put certain out-of-school youth at high risk for HIV infection. Such programs should link comprehensive sex education with referral to youth-friendly services, such as HIV counseling and testing and post-test services; comprehensive reproductive health services; income generation or replacement programs; and domestic violence, substance abuse treatment, and other psychosocial support services.

4. Future programs should take advantage of the results and opportunities that are available in the communities currently served by the ABY partners. These include established networks of religious and community groups, youth and couple peer educators, trained facilitators, and formal and informal community leaders. Specific approaches that have been successful a well as high-quality materials that have been developed should be built on.

5. More actively engage FBOs and CBOs to target norms exacerbating vulnerability, such as coerced sex, domestic or gender-based violence, cross-generational or transactional sex, early marriage, and sexual practices related to rites of passage. Dialogue can be stimulated by popular and interactive drama, radio programming, and other behavior change activities, including training. Peer groups, influential adults, and social or religious networks established under Track 1.0 ABY should be used in future prevention programming.

6. For future centrally managed programs:

    a. Solicit field input throughout the process of program design, selection of partners, implementation, M&E, reporting, and dissemination and application of lessons learned. Define the roles and responsibilities of headquarters and field offices at the outset, assigning responsibility for workplan development and approval, program M&E, and coordination and communication. Make funds available to USAID Missions if their rules impose additional management demands on them.

    b. Design programs that reflect the state of the art and are innovative and adaptable to multiple countries or settings. The programs should be explicitly linked to PEPFAR prevention strategies, build on USAID's expertise in prevention and behavior change for improved public health outcomes, and add value to each country's own prevention strategies.

    c. For centrally managed programs operating in multiple countries, establish clear expectations for interaction and networking with national governments and with other organizations, especially other donors, working in HIV prevention. These programs should document a stakeholder analysis, specifying roles, responsibilities, clear communications channels, and expectations for formal and informal reporting, information-sharing, networking, and referrals among stakeholders. The analysis should cover USAID headquarters and field offices, other donors, and appropriate levels of national governments and other organizations working to prevent HIV prevention.

APPENDIX A. SCOPE OF WORK

Final Statement of Work
August 27, 2008

Track 1.0 HIV Prevention Programs for Abstinence and Be Faithful for Youth (ABY) Programs End of Project Evaluation

PURPOSE

This scope of work describes a proposed external evaluation of the President's Emergency Plan for AIDS Relief (PEPFAR) Track 1.0 HIV Prevention Programs for Abstinence and Be Faithful for Youth (ABY) programs. The aim of the evaluation is to inform the U.S. Agency for International Development (USAID)/Office of HIV/AIDS (OHA) and the Office of the Global AIDS Coordinator (OGAC) regarding the following objectives:

1. Assess and document the collective achievements of the PEPFAR Track 1.0 HIV prevention ABY programs toward reaching the key objectives and target populations specified in the original grant solicitations.
2. Identify promising approaches utilized in the implementation of PEPFAR Track 1.0 HIV prevention ABY programs that merit further assessment and evaluation for possible replication and scale-up.
3. Identify lessons learned for USAID Track 1.0 programs implemented at the field level, and recommend strategies for programming that are responsive to field needs in the future.
4. Discuss the PEPFAR Track 1.0 HIV prevention ABY portfolio's contributions to PEPFAR prevention efforts.

It is expected that the evaluation will begin in early September and be completed by early December 2008.

BACKGROUND

PEPFAR Track 1.0 ABY Programs

The authorizing legislation for the President's Emergency Plan for AIDS Relief (PEPFAR) recommended that 20 percent of overall funding under the initiative be designated for prevention efforts, with one-third of these resources expended for "abstinence-until-marriage" programs.

In late 2003 and early 2004 USAID released two Annual Program Statements (APSs) that solicited applications from organizations to expand activities in support of abstinence, fidelity in marriage and sexual relationships, and avoidance of unhealthy sexual behaviors among youth aged 10–24 in 14 PEPFAR focus countries. The solicitations specifically supported the following evidence-based strategic approaches: scaling-up of skills-based HIV prevention education, especially for younger youth and girls; stimulating broad community discourse on healthy norms and avoidance of risk behaviors; reinforcing protective influences of parents and other primary caregivers; addressing sexual coercion and exploitation of young people; and strengthening early prevention interventions for at-risk youth. Between February 2004 and September 2005, 14 nongovernmental organizations (NGOs) and faith-based organizations (FBOs) were awarded direct funding from USAID/Washington to significantly scale up international youth HIV prevention activities that support abstinence and fidelity strategies in these 14 PEPFAR focus countries.

Key objectives and target populations for these ABY programs were

1. Delaying first intercourse among youth who have not yet initiated sexual activity. Target audiences include younger youth aged 10 to 14, especially girls; older adolescents who are not yet sexually active; and families and communities.

2. Increasing "secondary abstinence." i.e., avoidance of intercourse among unmarried youth and young adults who have previously initiated sexual activity but are not in a committed relationship.

3. Increasing safer behavior, including mutual fidelity, partner reduction, knowledge of own and partner sero-status, and reduction in sexual coercion and violence among both youth and the general population. The original solicitations recognized that to reduce HIV transmission, especially among young women, it is important to address social norms in the community more broadly, including promotion of greater sexual responsibility on the part of older men.

The outcomes anticipated by the solicitations included the following:

1. Increased numbers of faith, youth-serving, and community-based partners implementing youth-focused HIV prevention activities

2. Increased number of sites where "A" and "B"-focused prevention programs are implemented

3. Increased numbers of youth (10–24) and adults reached with messages about abstinence/safer behaviors. Collectively, recipients of U.S. government (USG) assistance under the program were expected to reach over 200,000 youth through interpersonal approaches by 12 months, and well over 2 million at the end of five years. The solicitations anticipated that a much larger population would be reached through mass media.

4. Strengthened capacity of indigenous faith, youth-serving, and other community-based organizations to develop, implement, and monitor HIV behavior change programs in the 14 Emergency Plan countries

5. Expanded/strengthened "A" and "B" activities and messages resulting in more comprehensive and balanced national HIV prevention programs

6. Behavior change and reduction of HIV transmission, especially among young people

Individual program impact evaluations were not stressed as important components of PEPFAR Track 1.0 HIV prevention ABY programs. Instead, programs were intended to contribute at the country level and be included in the larger prevention programming efforts and resulting changes in behavior. The APSs noted that the USG and national government partners would be responsible for assessing overall program impact (including trends in HIV prevalence and risk behaviors) within broader prevention efforts under PEPFAR and national AIDS programs. As a result, only a few programs have attempted to collect outcome and impact-level data.

In 2006, to assess and improve the quality of these Track 1.0 multicountry ABY programs, USAID requested that the MEASURE Evaluation project carry out an evaluation of these partners' program activities.[1] The primary focus was to produce information useful for making recommendations for "mid-course corrections" to the ABY programs to help maximize their potential benefits. It provided an assessment of the quality and rigor of Track 1.0 ABY partner programs and overall recommendations for strengthening these and other abstinence and partner

[1] I. Speizer and C. Lopez (2007). *Field Assessment of Emergency Plan Centrally-Funded HIV Prevention Programs for Youth*. Chapel Hill, NC: MEASURE Evaluation. http://oversight.house.gov/documents/20071005120622.pdf

reduction programs for youth. Recommendations were made for the particular partners visited and overall recommendations for the ABY programs in general. Most ABY partners have modified their programs based on these recommendations. The recommendations suggested improvements in curricula, methods for better peer education programming, improved training of the participants, and other actions such as the need to increase community buy-in to programs, and to address gaps in programming for participants who were older or sexually active.

In 2007, MEASURE Evaluation conducted an additional review of the content of the Track 1.0 HIV prevention ABY partners' curricula.[2] The review focused on strengths and areas for improvement and made recommendations to strengthen the content of the curricula to better reach target audiences. Recommendations were made for the particular curriculum of each partner visited. In general, recommendations included improvements in targeting sexually active youth and inclusion of topics such as sexual violence, drugs, and parent-teen communication.

A few of the Track 1.0 ABY agreements are scheduled to end in fiscal year (FY) 2009; the majority, 10 of the 14 agreements, is scheduled to end in FY 2010.

EVALUATION OBJECTIVES

The overarching purpose of this evaluation is to document the collective contributions of the PEPFAR Track 1.0 HIV prevention ABY programs, and lessons learned from these programs for centrally funded programs implemented at the field level. The information gathered over the course of this evaluation will be critical to informing future PEPFAR prevention programming. Specific evaluation objectives and illustrative questions are as follows:

1. Assess and document the collective achievements of the PEPFAR Track 1.0 HIV prevention ABY programs toward reaching the key objectives and target populations specified in the original grant solicitations.

    a. Implementation

    Activities

    - Were the overall objectives in the ABY cooperative agreements achieved? What have been the most successful aspects of these programs, and what strategies were used to achieve these successes?
    - To the extent that objectives were not met, what were the barriers and are there strategies that can be used to overcome them in the remaining agreement period?
    - What are gaps in programming, if any, and how could they be addressed in future programming?
    - What actions, if any, have the partners undertaken in response to the field assessment and curriculum review carried out by MEASURE Evaluation in 2006?

    Target Group

    - Within the broad target audiences mentioned in the original solicitations, how have programs identified their specific target populations?
    - To what extent have partners tailored their programs in each country to the needs of particular target populations?

[2] C. Lopez, (2007). *A Review of PEPFAR-funded Abstinence-until-Marriage and Faithfulness HIV Prevention Curricula for Youth.* Chapel Hill, NC: MEASURE Evaluation.

- Are there other youth populations in high need of prevention programs that have not been targeted by the partners? If so, why not?

Products and Tools

- What products or tools developed by the projects appear to warrant further evaluation and possible wider dissemination and use?
- What products or tools have already proven to be successful and are ready for wider use?

b. Monitoring and Evaluation (M&E) and Reporting

- How have the different partners defined "persons reached" in reporting on the results of their programs? Have their definitions evolved over time? Are the definitions used by partners consistent with overall USG country team and PEPFAR-issued guidance?
- What mechanisms are in place, at the individual partner and subgrantee levels, to avoid double-counting of results and address data quality issues?
- How do partners account for progress toward their cumulative (five–year) total in terms of numbers reached?
- Have targets been modified during the life of the programs? If so, why?

2. Identify promising approaches utilized in the implementation of PEPFAR Track 1.0 HIV prevention ABY programs that merit further assessment and evaluation for possible replication and scale-up.

- Identify and describe especially successful examples of programs that have been adapted to meet the needs of local communities and circumstances (including country context, cultural, etc.).
- What factors were necessary for successful adaptation of programs to meet the needs of local communities and circumstances?
- Are there any lessons learned or better practices that have already been successfully adopted and/or replicated by other donor projects and programs or by national governments?
- Are there especially innovative or promising technical approaches and strategies that should be applied in any follow-on prevention programming?
- Are there technical approaches or strategies that should not be continued in the future? Why?
- Which programs/interventions appear to have the greatest likelihood of sustainability beyond the life of the project and/or broader replication? Are there particular characteristics of programs that increase the likelihood of sustainability and/or replication?
- Are there any key prevention initiatives, activities, and approaches that warrant continued/additional USAID investment in the future?

3. Identify lessons learned for USAID Track 1.0 programs implemented at the field level, and recommend strategies for programming that are responsive to field needs in the future.

    - What strategies have worked well to assist USAID/OHA, USAID Missions, partners, and national governments in their interactions with one another (including issues of communication, relationships, decision-making authority and transparency, and monitoring duties and reporting)?
    - How have Track 1.0 ABY programs assisted in building the capacity of host governments in designing, managing, and implementing ABY programs, including the area of curriculum development?
    - To what extent have USG country teams integrated PEPFAR Track 1.0 HIV prevention ABY partners into existing PEPFAR sexual prevention portfolios? What have been factors facilitating successful integration?
    - Identify and describe especially successful examples of ABY partner coordination efforts at the country level, including both challenges and solutions in coordination efforts.
    - What strategies could USAID/OHA, Missions, and partners potentially adopt to strengthen management of future Track 1.0 projects and their integration within USG country-level portfolios?
    - What additional critical management issues for Track 1.0 activities (including partner, host country governments, and USAID) should be considered moving forward?

4. Discuss the PEPFAR Track 1.0 HIV prevention ABY portfolio's contributions to PEPFAR prevention efforts.

    - Are current programs, as called for in the APS, responsive to the priority epidemiologic needs in the countries where partners are working? If programs are not aligned with epidemic priorities, or if there are significant gaps in target populations, what are suggested modifications for future programs?
    - Are partners and subpartners working in geographic areas with needs for additional coverage (vs. over-saturated)? Did coordination with the USG country team and other implementing partners occur to determine the geographical areas of focus?
    - What plans, if any, do partners and USAID Missions have for these ABY partners programs following the end of their agreements? What are potential strengths/weaknesses of these plans?

METHODOLOGY

The evaluation team is expected to propose a detailed work plan during the Team Planning Meeting for collecting the necessary information and data. This should include a description of how the work plan responds to the above tasks and questions; and from whom and how the data will be collected and analyzed. The work plan should be collaborative and participatory, including plans for conducting interviews with implementing partners, USAID/OHA CTOs/project managers, USG country teams, and other key stakeholders at the headquarters, national, and local levels. The plan should also include a full review of background materials provided, such as the original Annual Program Statements (grant solicitations), cooperative agreements, internal and external partner evaluations (as available), and the two evaluations conducted by MEASURE Evaluation.

In order to examine the above issues, the following methodology is suggested for consideration by the team:

1. **Team Planning Meeting (TPM):** A two-day team planning meeting will be held in Washington, DC to

    - share background, experience, and expectations for the assignment
    - formulate a common understanding of the assignment
    - review the background of the PEPFAR Track 1.0 HIV prevention ABY portfolio and its current status
    - review and clarify any questions on the evaluation SOW
    - identify partners and key informants involved in the task and agree on an approach to working with these groups and individuals
    - define and agree on the roles and responsibilities of the team leader and team members, including drafting responsibilities for the evaluation report
    - develop a data collection plan
    - finalize evaluation questions
    - develop the evaluation report table of contents
    - agree on the objectives and desired outcomes of the assignment
    - develop a realistic work plan
    - orient the team to the report guidelines and financial forms
    - discuss all relevant administrative procedures

The initial two days will be very important for laying the groundwork for the evaluation. The team will be briefed by USAID staff at the beginning of the evaluation assignment in order to prepare them for key informant interviews and site visits and clarify issues. Within three days of the end of the TPM, the team will share the work plan and solidify it for completion of the evaluation with USAID/OHA.

2. **Data Review**: The evaluation team will review the various project documents and reports, including the APSs related to the ABY portfolio; proposals, work plans, annual reports, internal and external evaluation reports, and the two ABY evaluations conducted by MEASURE Evaluation; the OGAC Abstinence, Be Faithful, Correct and Consistent Condom Use (ABC) Guidance; and other relevant materials.

3. **Interviews and Consultation Meetings:** The team will also conduct interviews and consultation meetings with stakeholders and key informants, including but not limited to USAID/OHA CTOs and Prevention Managers, USG country teams (including Activity Managers), relevant host government authorities, and ABY PEPFAR Track 1.0 HIV prevention ABY partners and subpartners.

4. **Field Visits:** The team will undertake a multicountry sample review of ABY partners, subpartners, beneficiaries, and USAID Mission staff. In order to accomplish these visits, it is possible that the team may split into two smaller teams for the field visit portions (every country trip should include at least two consultants). It is hoped that each of the fourteen PEPFAR Track 1.0 HIV prevention ABY partners will be visited in at least one of the

countries in which they work. Visits to four countries will be made (to be divided between the four individual team members).

In-Country Field Visit Debriefings: At the end of each country visit, the team will report orally on initial top-line findings to USAID Missions. It is anticipated that this session will help the team to clarify any questions or issues that came up during the field visits.

Field Visit Debriefings (Washington, DC): At the end of each country visit, the team will report orally (and with slides) on initial top-line findings to both USAID and Track 1 partners. It is anticipated that this session will help the team to clarify any questions or issues that came up during the field visits, and to solicit support for any gaps in information.

TEAM COMPOSITION

The evaluation team will consist of four persons. The Team Leader and evaluation team members should have expertise in technical approaches to HIV/AIDS prevention education and outreach to young people and in M&E of USAID portfolios (and programs) at international, national, and community levels.

The Team Leader will be responsible for managing the team in conducting the evaluation and in preparing and finalizing all deliverables. This individual will be responsible for achieving assignment objectives as well as briefings and presentations, and will be the key liaison with USAID/OHA. The Team Leader needs to be an innovative thinker but should also have a strong understanding of USAID programming.

Possible Team Roles:

Team Leader—Broad HIV/AIDS experience or public health expert with evaluation youth prevention expertise. Strong management, leadership, and writing skills.

HIV/AIDS Prevention Advisor—High-level technical and/or programmatic HIV/AIDS prevention experience. Experience in youth prevention and faith and/or community-based programming. Specializations might include: peer education; curriculum-based education; work with FBOs/CBOs; monitoring and evaluation; etc.

Youth Education and Outreach Advisor—High-level programmatic and/or technical experience in curriculum-based youth education/outreach. Familiarity with HIV/AIDS youth prevention and community-based programming. Specializations might include youth peer education; curriculum-based education; work with FBOs/CBOs; monitoring and evaluation; etc.

The TPM will be led by a **Team Planning Meeting Facilitator.** The facilitator will organize and plan, in collaboration with the GH Tech Project and USAID/OHA, the Team Planning Meeting. He/she will facilitate the TPM meeting and foster consensus on the following items:

- Work plan (including work plan for field visits)
- Timeline
- Roles and responsibilities of team members, USAID clients, and stakeholders
- Methods/approaches to be used in implementing the assessment
- Communications between team members and with USAID and GH Tech
- Outline for report
- Other topics, as appropriate

All team members will

- Participate in the team planning meeting and all interviews and site visits. Site visits will be divided between the four team members (in teams of two) in order to accomplish the required visits.
- Foster productive team working relationships.
- Facilitate the preparation of all deliverables.
- Maintain records and notes of all interviews and meetings.

Level of effort for each team member:

Activity	Who	Estimated LOE (#s of days)
Background reading	Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	4 4 4
Travel to DC	Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	1 0 2
Team Planning Meeting – 2 days	Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors Team Planning Meeting Facilitator (including 1 day prep)	2 2 2 3
Stakeholder meetings/document review (DC)	Team Leader HIV/AIDS Prevention Advisors Youth Education/Outreach Advisors	10 10 10
Travel to country #1	Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	2 2 2
Field work (country #1)	Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	7 7 7
Travel to country #2	Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	1 1 1
Field work (country #2)	Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	6 6 6
Travel to South Africa (for analysis & report-writing)	Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	1 1 1
Analysis & report-writing	Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	6 6 6
Travel to DC/home	Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	1 1 1
Report drafting & follow-up	Team Leader	3

meetings as necessary	HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	3 n/a
Debriefings with USAID & partners	Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	1 1 n/a
Return travel to home	Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	1 0 n/a
Report finalization	Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	5 3 3
TOTAL LOE	Team Planning Meeting Facilitator Team Leader HIV/AIDS Prevention Advisor Youth Education/Outreach Advisors	**3 days est.** **51 days est.** **47 days est.** **45 days est.**

A 6-day workweek is authorized for work performed outside the United States.

DELIVERABLES

(Deliverable due dates may need to be adjusted based on the actual start date of the assignment)

Work Plan: During the Team Planning Meeting**,** the team will prepare a detailed work plan and timeline, which shall include the methodologies to be used in this assessment. The work plan shall be shared with USAID/OHA for approval no later than three days after the conclusion of the TPM.

USAID In-Country Debriefs: The team will present the major country findings from each country visit to a USAID/USG team in country prior to departure.

Preliminary Report: The team will submit a preliminary report, including findings and recommendations, upon completion of the fieldwork. This report will highlight achievements and best practices as well as shortcomings and lessons learned. The report should also include a 1–2 page brief (as annexes) for each Track 1.0 partner, summarizing highlights of the specific project as well as key results and recommendations. This report should not exceed 35 pages in length (not including annexes, lists of contacts, etc.). This draft will include findings and recommendations for USAID/OHA and USAID Mission review. USAID (including in-country teams) will have two and a half weeks to provide comments and suggestions to the evaluation team which shall be addressed in the final report. *Due o/a October 17, 2008.*

USAID Washington Debrief: The team will present two presentations (likely the same day) on the major findings of the Track 1.0 ABY Evaluation to (1) USAID and (2) USAID/Track 1.0 partners (combined) audiences through PowerPoint presentations. These debriefs will include a discussion of past achievements and issues, as well as any recommendations the team has for future programming. It is anticipated that these sessions will help the team to clarify any questions or issues that came up during the field visits, and to solicit support for any gaps in information. *To take place mid-October.*

Final Report: The team will submit the final report to GH Tech on/about mid-November. GH Tech will review this report and send the final formatted version to USAID/OHA on or about end-December 2008. This report should not exceed 40 pages in length (not including appendices, lists of contacts, etc.). The format will include executive summary, table of contents, findings, and recommendations. The report will be submitted in English, electronically. It will be

disseminated within USAID. A second version of this report, excluding any potentially procurement-sensitive information, will be submitted (also electronically, in English) for dissemination among implementing partners, stakeholders, and general dissemination. This second version of the report will be 508 Compliant.

The final report document will be edited/formatted by GH Tech and provided to USAID/OHA approximately one month after USAID/OHA has reviewed the content and approved the final revised version of the report. This final revised version of the report can be used as a working document while final report editing/formatting is in process by GH Tech. *Due to USAID/OHA o/a mid December 2008.*

LOGISTICS & ESTIMATED TIMELINE/LOE

USAID/OHA will provide overall direction to the evaluation team, identify key documents and key informants, and liaise with USAID Missions to ensure logistical support for field visits prior to the initiation of fieldwork. USAID/OHA personnel shall be available to the team for consultation regarding sources and technical issues, before and during the evaluation process.

USAID/OHA Point of Contact:

Elizabeth Berard
USAID- Office of HIV/AIDS

Period of Performance

It is expected that the evaluation will begin in early September and be completed by early December 2008. Field work and the majority of the key informant interviews will take place in September and October 2008.

FINANCING

This evaluation will be covered by USAID/OHA funds.

APPENDIX B. PERSONS CONTACTED

ETHIOPIA

Catholic Relief Services

Mitiku Telila, AB CRS Officer for Development
Uger Denboba, Senagret Aregaga, and Azenegash Demisse, participants in Couples Program

Food for the Hungry

Tesfaye Tilahun, Country Representative

Integrated Service for AIDS Prevention and Support Organization (ISAPSO)

Beletu Mengistu, Director
Nardos Masresha, Program Staff
Shimela Tliahun, Program Staff

Life in Abundance

Yonnas Baye, Project Director
Waltenegus Bekele
Debra Berhane
Gefechew Belete, Core Promoter
Wolde Glikidan, Core Promoter
Mulu Getahun, Core Promoter
Fikirte Mekonneh, Core Promoter
Yigeza Alemu, Core Promoter
Nigussie Mengesha, Core Promoter
16 Youth Leaders, names not listed here
Tefere Zeneb, Couples Facilitator
Nine participants in Couples program, names not listed here

Meki Anti-AIDS Club

Birnam Tadese, Director
Shmleis Awese, Secretary
Hayegweyn Daselom, Member
Mekuria, Abdi, Member

Meki Catholic Secretariat

Matheos Shewanega, Coordinator
Tofik Shukri, AB Project Officer
Kiflu Silasu, AB Pastoral Coordinator
Kecha Bobei, ABY Animator
Asrat Alemishet, ABY Animator
Yohannis, ABY Animator

Menelik II Secondary School Anti-AIDS Club

16 female and seven male club members, names not listed here

Pact

Bertukan Ayele, Program Manager, Y Choices
Zerihum Youhannes, Officer, Y Choices
Simunegus Mizrete, MER Manager
Addisis, Grants Manager
Fekerte Belete, Director
Leslie F. Mitchell, Country Representative

Sama Reproductive Health and Anti-AIDS Association

Club members, names not gathered.

Samaritan's Purse[CH

James Bauler, Country Director
Dr. Alemu Mekonnen, M&E Advisor
Wobeshet Mengistu, Program Manager
Matthew Nowery, Deputy Country Director
Sara Nowery, Program Development

St. Michael Meredaja Idir

Ten female and four male members, two female facilitators, names not gathered

U.S. Agency for International Development

Laurie Rushton, Social Mobilization Advisor
Garoma Kena, Program Monitoring
Dawit Abraham, HIV/QA Specialist
Antenah Worke, Strategic Information Advisor
Melissa Jones, PHNO

GUYANA

Guyana Red Cross

Priya Rai, TWC Project Coordinator

HAITI

U.S. Centers for Disease Control

Whitney Gautier, Prevention Section Chief, CDC

American Red Cross

Militza Michel, TWC Project Coordinator

KENYA

Dandora Youth Multi-Purpose Self-Help Group

Moses Ngenge, Chairman
James Mwangi, Vice Chairman
Eight members, names not listed here

Gacharage Primary School

Joseph Wanyuki, Head Teacher
Rastas Duo, Deputy Head Teacher
Damaris Kariyuki, Anti-AIDS Club Sponsor

Kenya Ministry of Education

Mr. Kabetu, Senior Education Officer, HIV/AIDS
Mr. F. Kimsop, Assistant Director of Education and Coordinator HIV/AIDS

Kenya Ministry of Health, Igembe District

Dr. MN Kariuki, District Medical Officer
Nkonge Griffin, Trainer

Kenya Scouts Association

A.J. Miritii, National Executive Commissioner
Agnes Mwangi, Gender Advisor
Richard Iyaya, Youth Director/BCC

Kianjai Jr. Academy

Anti-AIDS Club Members, names not listed here

PATH

Wangui Nganga, Program Officer
Abel Mugenda, M&E Advisor
Joanne Wangui, Program Assistant
Annie Thairu, Project Director, Scouting for Solutions
Maina Kiranga, BCC Advisor
Monica Waga, Project Adminstrator

Salesian Missions

Perpetua Weru, Program Manager
Sam Ebele, Program Administrator
Stephen Muli, M&E Officer

Salesian Missions/Don Bosco Boys Youth Center

Mr. Kevin, Youth Facilitator
Charles Mwema, Student
Josphat Kariuki, Student
Joseph Ndungu, Student
Ignicia Ouma, Student

Samaritan's Purse

Patrick Gitonga, Country Director
Mr. Phineas, Program Manager
Jacqueline Muriungi, M&E Coordinator
David Ntongai, Tiganya SA
Christopher Kithingi, Igembe SA
Judith Karemu, Ntonyeni SA

Scripture Union

Michael Githaiga, ABY Coordinator

Soweto Baptist Primary School

Nicholas Otieno, Head Teacher
12 Scouts from the Kenya Scouting Association, names not listed here

The Olive Leaf Foundation's former subpartner, HWW Kenya

Malinda Wheeler, Country Director
Robert Olweny, Program Manager
Julius Nguku, M&E Manager

U.S. Agency for International Development

Karen Klimowski, Team Leader, HIV/AIDS
Emma Mwamburi, Prevention Specialist
Jennifer Wesonga

Wangu Primary School

Principal

World Relief Kenya

Jean Paul Ndagijumana, Regional Director, MYFL
John Mwangi, Program Manager
Wangui Gatheri, Technical Unit

MOZAMBIQUE

U.S. Agency for International Development

Cherry Gumapas, Activity Manager

RWANDA

U.S. Agency for International Development

Muthoni Gachuhi, HIV Prevention Advisor

SOUTH AFRICA

Anglican AIDS & Healthcare Trust

Sabelo Mashwama, CEO
Kelvin Adams, Finance Minister
Elizabeth Mtela, M&E Officer
Lundi Joko, Capacity Building and Training Manager
Odridge Dingalo, Siyafundisa Field Worker

Department of Education, Johannesburg Central District

Deputy Curriculum Specialist

Department of Education, Western Cape

Peter Fenton, Administrator, Life Skills and HIV/AIDS Program

Ned Doman High School

Marius H.W. Ehrenreich, Principal

Salesian Missions

Sofia Neves, Project Coordinator
Marina Marco, Auxiliary Social Worker
Desiree Amon, Parents Program Facilitator
Tsedi Lemaoana, Career Guidance Counselor
Stacey Hector, M&E Officer
Shadrack Kgosane, Facilitators Coordinator
28 Peer Educators, names not listed here

The Olive Leaf Foundation (South Africa)

Fikile Dlali, Operations & Program Director
Melissa Johannes, Prevention Program Manager
Ms. Antoinette, Parent and Participant in Adult/Child Communication Program
Ms. Erica, Life Skills Educator
35 peer educators and CAT members, names not listed here

U.S. Agency for International Development

Marie McLeod, ABY Activity Manager
Olga Mashia, ABY Activity Manager
Anita Sampson, ABY Activity Manager
Naletsana Masango, OVC Project Development Specialist

TANZANIA

Adventist Development and Relief Agency (ADRA)

Philemon Yugi, Project Director
Joseph Dzombe, Training Coordinator
Nafuru Yango, Training Officer
Faraja Nafuru, BCC Specialist
Phoebe Riah, BCC Specialist
Owigo Rhinias, BCC Specialist
Sylevester Mavanza, M & E Officer
Tumani Mbibo, Media Technical Officer

American Red Cross

Kendall RePass, TWC Program Manager and Senior HIV/AIDS Initiative Manager
Erin Smith, TWC Health Delegate

Catholic Relief Services

Dorothy Brewster-Lee

Family Health International (FHI)

Tom Ventimiglia, Ujana Project Director
Jane Schueller, Senior Technical Advisor

International Youth Foundation

Dr. Admirabilis Kaloella, Tanzania Country Director
Sara Mtambo, EAYPI Program Officer
15 peer educators from the Girl Guides Association, names not listed here
20 peer educators from the YWCA, names not listed here

Salesian Missions

Emmanuel Mtete, Life Choices Program Manager
12 facilitators, names not listed here

Tanzania Ministry of Health

Dr. Valentino, Regional Medical Officer, Kigoma

Tanzania Red Cross

Dr. Justin Lugoi, TWC Project Director
T.E. Nkala, Regional Project Officer
Ally M. Aliwanga, Regional Blood Donation Coordinator
Costancia Mathias, Peer Educator
Hussen Juma, Peer Educator
Umaya Mvano, Peer Educator
Jacinta Vitus, Peer Educator

Ally R. Mavura, District Coach Kigoma
Celestine Buwyuku, District Coach Kigoma
22 TWC program beneficiaries, names not listed here
16 community stakeholders attending a Community Council Meeting, names not listed here
30 parents and children attending Adult/Child Communication Program, names not listed here

U.S. Agency for International Development

Laura Skolnik, Prevention Advisor

World Vision

Monica Ndege, National Coordinator
John King Gwanyemba, District Coordinator
Deborah Niyeba, District Coordinator
Monica Dedu, Zonal Coordinator
Lazarus Mangoi, Program Officer
Masonga Nkoli, Mass Media Specialist
Esther Onesmo, Project Assistant Accountant

UGANDA

Catholic Relief Services

Irene Ssentongo, Program Officer ABY Program

International Youth Foundation

Dr. Humphrey Megere, Country Director

U.S. Agency for International Development

Robbinah Ssempebwa, ABY Activity Manager
Sereen Thaddeus, Senior Technical Advisor in Behavior Change Communication

UNITED STATES

Adventist Development and Relief Agency

Mike Negerie, Program Officer

American Red Cross

Lindsay Lincoln, Project Officer

Children's AIDS Fund

Anita Smith, President
Damilola Walker, Global Initiatives Program Specialist

Food for the Hungry

Kim Buttonow, HIV/AIDS Program Coordinator

Fresh Ministries

Bruce Grob, Vice Chairman

International Youth Foundation

Peter Shiras, Executive Director
Jed McCormack, Operations Manager
Julia Freed, Health Officer

Pact

Pricilla Ndlovu, Program Officer

PATH

Lisa Mueller, Project Manager

Salesian Missions

Ricardo Silva, Senior HIV/AIDS Advisor

Samaritan's Purse

Sheri Warren, Director, International HIV Programs

U.S. Agency for International Development

Emily Osinoff, Health Science Specialist
Rebekah Krimmel, Public Health Advisor
Pamela Wyville-Staples, Health Development Officer
Debbie Cook Kaliel, Public Health Advisor
John Crowley, Chief, Implementation Support Division
Elizabeth Berard, New Partner Advisor
Megan Gerson, HIV Prevention Advisor/Health Science Specialist
Shanti Conly, Senior Prevention Advisor

World Relief

Stephen Bauman, Senior VP Programs
Esther Gwan, Director, HIV/AIDS and Child Health
Joanna Mayhew, HIV/AIDS Grant Manager
Piper Purcell, M&E Specialist

World Vision

Fe Garcia, ARK Project Director

ZAMBIA

U.S. Agency for International Development

Beatrice Chikotola, ABY Activity Manager

APPENDIX C. REFERENCES

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Cooper M. (2002). Alcohol use and risky sexual behavior among college students and youth: evaluating the evidence. *J Stud Alcohol Suppl*. 2002 Mar(14):101-17.

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