

**Evaluation of HIV Prevention**  
**For Rural Youth, Nigeria**  
**HP4RY**

**BASELINE STUDY**  
*(One Volume Only)*

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Date: April 2008

## **ABBREVIATIONS**

AHI	Action Health Incorporated, Lagos
ARSRC	Africa Regional Sexuality Resource Centre, Lagos
CIDA	
CIHR	
CPED	Centre for Population and Environmental Development, Benin City
FLHE	Family Life and HIV Education programme
FLHECy	Family Life and HIV Education programme with Community Mobilization component
HP4RY	HIV Prevention For Rural Youth, Nigeria
IDRC	International Development Research Centre
JSS	Junior Secondary School (years 7, 8 and 9)
NERDC	
NYSC	National Youth Service Corp (aka 'Corpers')
PHAC	
SMoE	State Ministry of Education
SSS	Senior Secondary School (years 10, 11 and 12)
SWIN	Social Work in Nigeria
TP	Teaching Practice
UBE	Universal Basic Education
UNIBEN	University of Benin City
UoW	University of Windsor, Canada

## **CONTENTS PAGE**

Abbreviations	2
Introduction	4
Methodology	4
Indicators for Evaluation	5
Operational Context	16
<i>Appendices:</i>	
1: Scope of Work for Evaluation	18
2: Itinerary for April 2008 Site Visit	22
3: Key Partners	23
4: International Visits Prior to Project Start Up	24
5: Project Schedule	26
6: Pre-Service Teacher Training	28
7: Existing Materials on FLHE	30
8: Guidelines on Budget for In-Country Visit	32

## **INTRODUCTION**

The goal of the HIV Prevention for Rural Youth (HP4RY) project is to develop and use research evidence to build and evaluate HIV prevention for youth delivered through schools and communities in Edo State, Nigeria. The four year project is funded by IDRC<sup>1</sup> and implemented by a consortium of three full-time partners: University of Windsor (UoW, lead), Action Health Incorporated (AHI) and Centre for Population and Environmental Development (CPED). The University of Benin (UNIBEN) and the Edo State Ministry of Education (SMoE) are affiliated partners in the programme.

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

A robust assessment of the impact of both the school and community based components is designed as an output of the HP4RY programme and will also provide an outcome evaluation of the success of the HIV prevention model being applied. As a supplement to the impact evaluation, the purpose of this consultancy is to provide an evaluation of the integrity and quality of the implementation process. This process evaluation will, during implementation, be available to inform the development of the HP4RY programme to maximize the effectiveness of its delivery. The progress of the project development and delivery will be assessed through annual visits to the project site and monitored against the *Indicators of Evaluation* as set out in appendix 1. In addition, observations on the operational context, which may influence project effectiveness, will be documented.

## **METHODOLOGY**

Prior to the project start up the evaluator had been briefed on the objectives and design of the project and had read relevant project documents. The first visit to the project site by the evaluator was arranged to take place during project mobilization in April 2008. This provided an opportunity for the evaluator to experience the context in which the project will take place; observe preliminary planning and inception meetings; gain insight into the roles and responsibilities of key partners and to establish the most feasible and reliable mechanisms for verifying the key evaluation indicators.

During the week-long visit the evaluator attended key group planning meetings, met with individuals who hold responsibility for specific project components and discussed project design, preparation and planning with the Principal Investigator, Eleanor Maticka-Tyndale.

The evaluator will make annual visits to the project site during implementation. These visits will be scheduled to coincide with the delivery of key components to facilitate personal observation as well as physical checks of project records and face-to-face meetings with key staff and partner organizations.

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<sup>1</sup> IDRC funding incorporates funding from four Canadian institutions: CIDA, CIHR, PHAC, and IDRC.

## **INDICATORS FOR EVALUATION OF HP4RY**

The table below summarises the status of the key indicators at baseline in April, 2008.

### **Research**

*Objectives 4.1.1 and 4.1.2*

### **Process:**

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
Data collection and analysis proceeding on schedule.	6-monthly progress reports against Schedule (Appendix 5)  Field reports on data collection.	Eleanor Maticka-Tyndale, UoW  Andrew Onokerhoraye CPED, Benin City	Draft schedule in existence and revised during April 08 visit (Appendix 5).  Research sites were reduced from 12 to 10 in each research arm in recognition of logistical constraints inherent in the Edo State context of widely dispersed communities and weak infrastructure, such as the poorly maintained road network.  Piloting of questionnaires, interviews and data collection procedures is scheduled for September with phase I data collection in October-November, 2008.  Planning has been undertaken for the ethnographies and Terms of Reference for research assistants have been drawn up. The ethnographies represent a challenging research task as they aim to cover a wide range of issues, depend on a group of research assistants with varying backgrounds and will generate a large volume of data for analysis. Drs. Omorodion, Eghafona and Okonofua, who are taking the lead on this research component, have extensive experience with this form of research in Edo and other Nigerian states.  Project equipment (scanner, laptops, portable

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
			printers, digital cameras, audio recorders) delivered to CPED to support input of data and easy transfer from CPED to UoW.

**Outcome:**

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
<p>Research questions answered with results published in peer reviewed papers or book chapters</p> <p>Reports to national and international organizations</p> <p>Presentations made at academic conferences</p>	<p>Summary List organized chronologically and final copy of material presented held against date.</p> <p><i>This tool is intended to be similar to an annotated bibliography but for project-related research, and may, over time, also be made available through a web-site.</i></p>	<p>UoW to compile and manage central record</p>	<p>Evaluated interventions exist on school-based HIV prevention programmes as well as community-based programmes (see Ross, D.A., Dick, B. &amp; Ferguson, J. (Eds) <i>Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries</i>. Geneva: WHO)</p> <p>No evaluated model combining a community-based element with a school-based model is known to exist.</p> <p>Eleanor Maticka-Tyndale holds the Canada Research Chair in Sexual Health and Social Justice, is widely published and engages with academic debate on these issues at academic conferences. She is also established as a peer reviewer for several international organizations.</p> <p>Canadian partners are published on a range of issues related to this area of intervention. Some Nigerian partners have published in this area.</p> <p>CPED has experience with conducting the relevant field research and meeting the expectations of international donors such as UNDP, UNFPA, Rockefeller Foundation and others.</p>

### Impact:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
HP4RY work and publications referenced in proposals, project design, and research of others.	Included in Summary List . <i>This is a long term indicator and is unlikely to reflect impact before 2011.</i>	UoW to monitor and update summary	UoW has, through Eleanor Maticka-Tyndale, experience of translating field-based research evaluations into published articles and contributing to ongoing debates in project and research designs.  HP4RY itself has been designed with the benefit of UoW experience in a large-scale, school-based HIV prevention programme in Kenyan primary schools.

### **Knowledge Translation to Action**

*Objectives 4.2.1 and 4.2.2*

### Process:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
Meetings with communities held to provide feedback from baseline research.	Field reports on data collection.	Andrew Onokerhoraye and HP4RY staff	CPED are experienced at working within communities. Evidence of usual field reports observed during baseline visit and shows appropriate level of detail and clear summary of field experiences.
Teachers and peer educators trained for FLHE with content supplemented with information from baseline research on sexual scripts of youth.	Report on research findings  Documentation of meeting to review FLHE training material and revised plans  Physical observation of training.	Eleanor Maticka-Tyndale  Uyi Oni Ekhosuehi, State Ministry of Education, Edo State  Janet Wildish, Evaluator	FLHE is, in its current form, endorsed by the State and National Ministries of Education. The existing curriculum for FLHE contains instructions on how to run an activity that highlights the prevention advantages of delaying sexual activity and the harm reduction properties of condoms, but otherwise emphasizes factual information on HIV and AIDS. A considerable amount of space in the curriculum is devoted to life skills content (eg decision making, goal setting, negotiation, assertiveness)  The FLHE programme in its present form, does not appear to raise debate on issues that can be

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
			<p>expected to be controversial such as social and cultural factors motivating youth to be sexually active and otherwise making youth vulnerable to HIV infection, condoms and other forms of sexual expression and issues related to sexual health. However, in some States training materials are in use, which do cover these more culturally-sensitive matters.</p> <p>Pre-service teacher training at UNIBEN includes a course on Family Life Education.</p>
Pre-service curriculum for FLHE based on existing FLE curriculum prepared, piloted approved and delivered to education students at University of Benin.	Written curriculum and teaching guidelines. Course approval from University of Benin. Course being delivered.	Felicia Okoro and Numbuso Dlamini	There is an existing course in the pre-service teaching training for FLE which is taught by Dr. Okoro at University of Benin. This course has had supplementary materials on HIV and AIDS added to it, but these belong to Dr Okoro and do not appear in the course training materials.
NYSC trained and facilitating FLHECy.	Documentation of training programme and materials for NYSC	Francisca Omorodion, and Kokunre Eghafona,	NYSC members do take up community-based service roles during their national service. To-date they have not played the role envisaged in HP4RY.
Reports to SMOE and Council on Education on year 1 evaluation results.	Memoes to SMOE  Progress report on year 1	Uyi Oni Ekhosuehi and Adenike Esiet, Action Health Incorporated  Eleanor Maticka-Tyndale Janet Wildish	A system exists for the transfer of field experiences to National level through the drafting of memos for presentation at the Council on Education. However, competition for tabling of issues is high.
Meetings held with communities, SMOE, and other stakeholders to provide overview of full evaluation results.	Field visit notes and minutes of SMOE meetings.	Andrew Onokerhoraye (CPED) Uyi Oni Ekhosuehi	CPED staff has experience in working at community level but does not have direct experience of an elaborate action research design.
Report to Council on Education on full evaluation results.	Minutes of meetings with Council of Education	Uyi Oni Ekhosuehi and Andenike Esiet	Information is tabled for discussion at the Council on Education through the drafting of memos. AHI is experienced in this mechanism.
Report to Federal and State	Minutes of meetings with Federal	Francisca Omorodion	NYSC is an enthusiastic partner in this venture



<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
Directors of NYSC on training and mobilization of NYSC for research and community mobilization.	and State Directors of NYSC  Copies of NYSC reports and training materials	and Kokunre Eghafona	and personal as well as formal communication channels exist between NYSC senior staff and leaders of the HP4RY project.

### Outcome:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
30 schools receiving FLHE.	Signed participation records of school staff.	Uyi Oni Ekhosuehi	<p>Before Universal Basic Education Edo State had 347 Junior Secondary Schools and now has 547. Of these, 94 have received training in FLHE through funding from the IOM. The HP4RY will bring training to a further 30 schools over the life of the project.</p> <p>47 Master Trainers were trained in Edo State in 2002, 28 of these were retrained in 2004 and 12 received further training in 2005.</p> <p>In the existing FLHE model, 3 teachers from each school receive 2 weeks' training. Classes consist of 30 participants lead by two Master Trainers. A Guidance and Counseling teacher from each school is trained for 5 days and the School Principal and the relevant Inspectors are trained for 2 days. Parents are invited to attend a 1-2 day sensitization. Guidance and Counseling teachers train peer educators for a period of 3-4 days and Inspectors visit the schools twice in a term, once at the beginning and once at the end.</p> <p>The FLHE material is typically integrated into Integrated Science and Social Studies. In Edo State it is also integrated into English Language.</p> <p>See Appendix 6 for an overview of pre-service teacher training.</p>
10 communities mobilized to enhance AIDS capacity.	Signed participation records of community members	Francisca Omorodion and Kokunre Eghafona,	The figure has been revised to 10 communities due to logistic constraints.

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
		supported by CPED	<p>Edo State consists of 3 Senatorial Districts: South, Central and North. Within these Districts there are a total of 18 Local Government Areas. The smallest administrative units are Wards. For the purposes of HP4RY the 3 senatorial Districts have been divided into 10 clusters (4 clusters in North and 3 in each of the other Districts). 3 communities and their schools have been selected from each cluster to maximize the representation of ethnic, political and geographic diversities and CPED staff have begun a process of seeking approval for the communities to take part in HP4RY. This process involved meeting with the community elders, then with the leaders of the men's group and the leaders of the women's group. As schools were closed during this approval-seeking process, the endorsement process was not yet complete during the April visit.</p> <p>Two outcomes are noted: 1) schools are generally smaller than anticipated, often having significantly less than the expected 200 pupils. It was agreed that enrolment between 80 – 150 pupils was considered acceptable. 2) Communities expressed concern about the lack of tangible and material benefits to them through participation in this project. In particular, they expressed a desire for testing and referral services and concern for those living with HIV and AIDS.</p> <p>Edo State is approximately 300 km North to South and 300 km West to East. The HP4RY location furthest from Benin City is approximately 3 hours travel time away.</p>
Relative impact of FLHE and	Report on research findings with	Eleanor Maticka-Tyndale	The 30 communities selected through the

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
FLHECy interventions demonstrated in final report with implementation guidelines for efficacious models.	respect to impact.  Documentation of FLHE and FLHECy models	Eleanor Maticka-Tyndale, Andrew Onokerhoraye and Andenike Esiet	<p>process described above will be randomly allocated to one of three research arms: those to receive the school-based FLHE component only, those to receive the school-based component plus a community-based component, called FLHECy and those to receive the school-based FLHE component on a delayed basis at the end of the project. The final group will form a control group for the purposes of the project impact evaluation.</p> <p>AHI expressed some concern that funding organizations such as the World Bank and DFID were likely to bring funding into Edo State to expand the delivery of FLHE and that contamination between the target and control sites was likely. However, the level of funding to date in Edo State suggests that this is less of a concern ie. only 94 out of 547 schools have been trained to date. Uyi Oni Ekhosuehi confirmed that funding is difficult to secure for FLHE in Edo State and that it is often directed towards urban centres rather than the rural sites targeted by HP4RY.</p>
Funding obtained to hold a post-programme summit	Invitations to attend the summit	Eleanor Maticka-Tyndale, Andrew Onokerhoraye and Andenike Esiet Supported by AHI	Some differences of opinion exist as to who should lead on setting up the summit and, most importantly, seek the funding. A consensus was reached that the most cost-effective and feasible option is to have a one-day workshop in conjunction with another international conference. The probable target conference will be the 2012 meeting of the African Sexual Health and Rights Conference. This is a biannual conference held on the African continent and targeting issues of sexual health and rights in Africa.

## Impact:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
Future surveillance of HIV and behaviours demonstrate reduced sexual risk of youth in Edo State.	State data on HIV prevalence and behavioural surveys.	Canadian and Nigerian team members	Baseline data will be provided by baseline surveys conducted in October-November 2008.
Future interventions in Nigeria and elsewhere in sub Saharan Africa reference the models of community programming and school-community linkage developed by HP4RY.	Included in Summary List (see above), and updated every 6 months.	UoW to monitor and update summary	The FLHE model itself was evaluated in Lagos State by Philliber Research Associates in 2004. A pre-post survey was used without controls. The evaluation results have not been referenced in any synthesizing documents or reports of school-based programming because of the weakness of the evaluation design.
Donor agencies provide support for future initiatives referencing models developed in HP4RY.	Included in Summary List (see above), and updated every 6 months.	UoW to monitor and update summary	The HP4RY is being fully funded in its original form.

## **Capacity Building**

*Objectives 4.3.1, 4.3.2 and 4.3.3*

## Process:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
NYSC and ethnography research assistants complete designated training modules.	Signed participation records of NYSC and research assistants.	Francisca Omorodion, Kokunre Eghafona	Existing training modules have already been adapted to suit the likely time frame of NYSC and research assistants.
At least 2 staff members/year attend 2 or more SWIN modular courses on research methods.	Signed participation records of HP4RY staff members on SWIN courses	Uzo Anucha and UoW	The SWIN project is experiencing some delays in start up, which may impact on this indicator.
At least 2 junior faculty from SWIN conduct a post-course research project in association with HP4RY.	Copy of research project	Uzo Anucha, and SWIN staff	The SWIN project is experiencing some delays in start up, which may impact on this indicator.
1 affiliate of HP4RY/year attends ARSRC summer institute and conducts final	Signed participation record of 1 HP4RY affiliate.	Co-Principal Leads in conjunction with ARSRC staff members	ARSRC courses are well-established.

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
research project in association with HP4RY.	Copy of research project		
Short (3 day) course module in Sexuality & Sexual Health Leadership developed	Copy of curriculum	E. Maticka-Tyndale and ARSRC	ARSRC delivers a 3 week course in this area and Dr. Maticka-Tyndale teaches courses in this area in Canada.
Sexual health seminar group established and meeting in Benin City.	Invitations to the seminar Signed participation records	Co-Principal Leads in conjunction with ARSRC	ARSRC already has a model for running sexuality and sexual health seminar groups in other cities.
Nigerian team members, research assistants, research interns and/or junior faculty affiliated with HP4RY make presentations at 2 or more international conferences.	(Included in Summary List, see above) Invitations to present at conferences Copy of presentations	UoW to monitor and update summary	Nigerian team members have some experience with research presentations.

### Outcome:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
NYSC demonstrate capacity to take on research or intervention tasks.	Card index profiling NYSC members Field reports during implementation of FLHECy	Kokunre Eghafona and Francisca Omorodion supported by CPED	NYSC members have been involved in various forms of community mobilization and also in working with youth on HIV-related issues. They represent a diverse range of backgrounds, but are all university graduates and can therefore be reasonably expected to have the necessary skills to benefit from the learning opportunities embodied in HP4RY.
Research assistants and interns take increasing responsibility for research activities over 4 years of programme.	Card index profiling research assistants and interns Field reports during implementation of HP4RY	CPED and UoW	This is a new area of experience being introduced into a resource-poor context.
Research assistants and interns take increasing responsibility for leadership in training of NYSCs.	Card index profiling research assistants and interns	CPED and UoW	This is a new area of experience being introduced into a resource-poor context.
Small research projects conducted by graduates of SWIN modules and ARSRC summer institute contribute to	Copies of research projects	CPED and UoW in conjunction with SWIN staff members	The SWIN project is experiencing some delays in start up, which may impact on this indicator.

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
research agenda of HP4RY.			
Sexual health seminar group in Benin contributes to an ARSRC sponsored edited volume of research papers.	Copy of edited volume of research papers	CPED in conjunction with ARSRC	One volume of edited research papers has been published as a result of a sexual health seminar lead by ARSRC.

### Impact:

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
At least 50% of NYSC involved in HP4RY pursue employment in HIV prevention and/or community development either in research or action capacities.	Card index profiling NSYC members	CPED	This is a new area of experience being tested in HP4RY.
At least 50% of the combined body of faculty, research assistants and interns affiliated with HP4RY become part of research teams and projects related to sexual health and HIV after the tenure of this programme.	Card index profiling research assistants and interns	CPED	This is a new area of experience being tested in HP4RY.
At least 1 team project for purposes of new research or publication is established that involves HP4RY members and researchers met through networking facilitated by ARSRC or conference participation.	(Included in Summary List, see above)	CPED and UoW in conjunction with ARSRC	None to date.
ARSRC continues providing short (3 day) course module on sexuality and sexual health research.	Public announcement of ARSRC modules	CPED in conjunction with ARSRC	ARSRC currently provides short (3 week) courses on sexuality and sexual health.
SWIN continues providing course modules on research methods, sexual health, and	Public announcement of SWIN modules	CPED in conjunction with SWIN	The SWIN project is scheduled to run concurrently with HP4RY and has experienced some delays in start up.

<i>Objectively Verifiable Indicator</i>	<i>Means of Verification</i>	<i>Person Responsible</i>	<i>Baseline Status</i>
action research to students and to professionals working in the field.			
Community mobilization related to sexual health and HIV becomes a regular component of the SWIN programme.	SWIN course programme publications	CPED in conjunction with SWIN	The SWIN project is scheduled to run concurrently with HP4RY and has experienced some delays in start up.
Model of training NYSC in community mobilization to increase AIDS capacity of communities is taken up in future NYSC training.	NYSC training programme documentation	CPED in conjunction with SWIN	Community mobilization is not a regular part of NYSC training. Some organizations that are assigned NYSC provide such training specific to their projects.

## **OPERATIONAL CONTEXT**

### *Institutions*

All five institutions involved in the HP4RY project: University of Windsor, University of Benin City, Center for Population and Environmental Development, State Ministry of Education and Action Health Incorporated, have substantial areas of expertise and specialist skills. For the successful implementation of this project the institutions are required to apply their expertise in specific components, such as community mobilization or training for school-based HIV prevention, as well as to work together effectively as a group to achieve their common goal within an agreed and inter-dependent plan of work. The goodwill and open communication witnessed among the group by the evaluator during the first visit in country bodes well for the successful completion of the work.

CPED, University of Benin and the State Ministry of Education are all located close together in Benin City. AHI is one hour away by air in Lagos and regular meetings between these organizations are possible. Challenges will exist in the communication between the organizations based in Nigeria and University of Windsor as email connections are not always reliable. However, the plan of work entails frequent, 3 monthly, visits from UoW staff for different purposes. This should provide enough contact to avoid major miscommunications.

### *Ethics Clearance*

Ethics' clearance was sought from, and granted by, four academic institutions for the HP4RY project research design. These are: University of Windsor, University of Western Ontario and York University in Canada and the University of Benin in Nigeria. In addition, the State Ministry of Education in the implementation state of Edo, provided a letter of endorsement.

The social context in which data are being collected for the HP4RY research component differs from that of three of the academic institutions granting the ethics' clearance. Some cultural translation was required to contextualize the practical ways in which the same ethical principles are experienced in a Nigerian setting. Importantly, the academic institutions in Canada, agreed that to overturn the norms operating in Nigeria in order to follow methods of seeking consent more common to the Northern Hemisphere, would not be appropriate. Specifically, in a Nigerian setting, village elders and recognized groups of influential men and women, have the social authority to consent to participation in collective activities on behalf of the community members. Once these three groups have given their consent it would be inappropriate to ask individuals for their signed consent as it challenges the authority awarded to these social groups of leaders.

Likewise, in a school setting, seeking individual consent contradicts the authority of the Ministry of Education and the standing of evaluation as a part of the normal educational process. Signed consent for research is only required for medical research. To seek individual signed consent for social research would overturn the long-standing norms and challenge the authority awarded to groups of leaders. However, the principles of informed participation will be followed by informing all participants in advance about the research activity that is to take place and allowing everyone to make their own decision about whether or not to take part by absenting themselves.

### *Research Capacity*

The goal of building research capacity among those taking part in the programme is ambitious but not unrealistic. It is noted that the pace and extent of the capacity building in research is connected to progress in implementing one other new project, SWIN (a CIDA funded initiative



at the University of Benin) and the continuation of capacity building activities undertaken by ARSRC.

### *HIV Prevention in Schools*

As outlined in the project document, the Ministry of Education endorses the Family Life and HIV Education programme for implementation in schools:

HP4RY's focus on prevention through school- and community-based activities builds on policy initiatives already taken by the Nigerian government. The *HIV/AIDS Emergency Action Plan* (HEAP, 2001) acknowledges the need for a multi-sectoral approach to combating HIV and AIDS and focuses on eliminating barriers to community-based responses. The *National Education Sector HIV/AIDS Strategic Plan for Action* (NESSP, 2006) specifically addresses the role of the education sector as an agent of change and declares that every child has a right to participate in the Nigerian *Family Life and HIV Education* programme in their schools. This programme was developed by the Nigerian Educational Research and Development Council with the assistance of Action Health Incorporated (AHI) to fill the gap in family and sexual health education in Nigerian primary and secondary schools. It has been endorsed by the Federal and State Ministries of Education, as well as by faith-based leaders (Action Health Incorporated, no date; Building Consensus, 2004; Enabling Access, 2003; Nigerian Educational Research and Development Council, 2003). AHI, together with State Ministries of Education has developed and mobilized a training model that has insured there are master trainers in each province and an infrastructure and method to train teachers for delivery of FLHE through carrier subjects in each school (Action Health Incorporated, no date).

During the April 08 visit AHI provided copies of the recently published support materials, comprising a Teacher's Guide and a Student's Handbook. The HP4RY project aims to incorporate culturally and contextually specific material into the existing curriculum in order to make the training more relevant and useful to the people living in the targeted communities. It should be noted that although the support for HIV prevention material in schools from the Ministry of Education is encouraging, tension may arise around this revision because the curriculum is viewed as a national document and also because the curriculum does not currently include some of the topics that typically provoke debate and varied responses.

### *HIV in Pre-Service*

The Pre-Service Teacher Training for secondary school teachers, described in appendix 6, also includes a Family Life Education component that incorporates HIV and AIDS material. The pre-service curriculum needs to be revised to take account of the Family Life and HIV Education curriculum for Junior Secondary Schools and the accompanying teaching and learning materials.

Changes in the pre-service training of teachers are intended to substitute for future in-service training, as newly trained teachers graduate with the necessary pedagogic skills and content knowledge to deliver the curriculum.

### *Community Engagement*

In the initial discussions with CPED staff, community members raised questions about the material benefits they would receive from taking part in the programme. Some expressed concern for the care and treatment of those people living with HIV and AIDS, while others sought access to testing services.

## **APPENDIX 1: SCOPE OF WORK OF PROJECT EVALUATOR**

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

#### **Section 1.0 Overview of HP4RY**

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

Co-Principal Leaders: Eleanor Maticka-Tyndale, University of Windsor  
Andrew Onokerhoraye, University of Benin and Centre for Population and Environmental Development  
Adenike Esiet, Action Health Incorporated

Team Members: Uzo Anucha, York University  
Robert Arnold, University of Windsor  
Nombuso Dlamini, University of Windsor  
Kokunre Eghafona, University of Benin  
Isaac Luginaah, University of Western Ontario  
Felicia Okoro, University of Benin  
Friday Godwin Okonofua, University of Benin  
Francisca Omorodion, University of Windsor  
Uyi Oni Ekhosuehi, Edo State Ministry of Education

Collaborating Institutions: University of Windsor (UoW)  
University of Benin (UoB)  
Centre for Population and Environmental Development (CPED)  
Action Health Incorporated (AHI), including Africa Regional Sexuality Resource Centre project (ARSRC)

#### **Section 2.0 Activities**

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

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

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

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

**Section 5.0: INDICATORS FOR EVALUATION OF HP4RY**

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

Evaluation Level	Research Objectives 4.1.1 and 4.1.2	Knowledge Translation to Action Objectives 4.2.1 and 4.2.2	Capacity Building Objectives 4.3.1, 4.3.2 and 4.3.3
			HP4RY. <u>2011:</u> 4. Sexual health seminar group in Benin contributes to an ARSRC sponsored edited volume of research papers.

## **APPENDIX 2: EVALUATOR'S FIRST VISIT: ITINERARY OF MEETINGS**

### **Sunday 20<sup>th</sup> April**

Arrival in Lagos, 10.30 am  
Briefing with Eleanor Maticka-Tyndale.

### **Monday 21<sup>st</sup> April**

Day-long meeting with Action Health Incorporated at their office in Lagos City.  
*Present:* Eleanor Maticka-Tyndale, Andrew Godwin Onokerhoraye, Adenike Esiet, Richmond Tiemoko, Nelly Onwordi, Damilola Abokede.

### **Tuesday 22<sup>nd</sup> April**

Arrival in Benin City, 1.35 pm  
Welcome by Centre for Population and Environmental Development.

### **Wednesday 23<sup>rd</sup> April**

Day-long meeting with CPED and members of the School component at their office in Benin City.  
*Present:* Eleanor Maticka-Tyndale, Andrew Godwin Onokerhoraye, Friday Okonofua, Francisca Omorodion, Kokunre Eghafona, Uyi Oni Ekhosuehi, Felicia Okoro and staff members of CPED: Johnson Dudu and Solomon Oshodin

### **Thursday 24<sup>th</sup> April**

Half-day meeting with lead staff member of Pre-service component.  
*Present:* Felicia Okoro  
Observation of handing over of project equipment and instructions to CPED staff.  
*Present:* Eleanor Maticka-Tyndale, Johnson Dudu, Solomon Oshodin, Emmanuel Ideh, Christabel Uaboi Ahamiojie and Eloho Tobrrise  
Scheduled follow up with representative from SMoE failed to take place due to transportation difficulties.

### **Friday 25<sup>th</sup> April**

Day-long meeting with lead staff of the Community Mobilization component.  
*Present:* Eleanor Maticka-Tyndale, Francisca Omorodion and Kokunre Eghafona  
Meeting on FLHE component.  
*Present:* Eleanor Maticka-Tyndale and Uyi Oni Ekhosuehi  
Meeting on Pre-service training  
*Present:* Eleanor Maticka-Tyndale and Felicia Okoro

### **Saturday 26<sup>th</sup> April**

Debriefing with Eleanor Maticka-Tyndale.  
Departure from Benin City for Lagos, 1.35 pm

### **APPENDIX 3:**

### **KEY PARTNERS AND RESPONSIBILITIES**

#### **Principal Applicants:**

Eleanor Maticka-Tyndale, PhD  
University of Windsor

Andrew Godwin Onokerhoraye, PhD  
University of Benin City

*Leads in Research and Evaluation*

*Leads in Field Implementation and Community Partnerships*

Adenike Esiet, BSc  
Action Health Incorporated

*Leads in Education Sector Representation and Integration*

#### **Team Members:**

Francisca Omorodion, PhD  
University of Windsor  
*Community ethnographic work, NYSC training & community mobilization*

Kokunre Eghafona, PhD.  
University of Benin City  
*Community ethnographic work, NYSC training & community mobilization*

Uzo Anucha, PhD  
York University  
*Capacity building in relation to SWIN*

Nombuso Dlamini, PhD  
University of Windsor  
*Pre-service teacher training & evaluation of teacher use & response to FLHE*

Isaac Luginaah, PhD  
University of Western Ontario  
*Collaborate on community selection & data analysis*

Felicia I. Okoro, PhD.  
University of Benin City  
*Pre-service teacher training & evaluation of teacher use & response to FLHE*

Friday Okonofua, MD, PhD  
University of Benin City  
*Involvement of health sector in community interventions – e.g. youth friendly clinics.*

Uyi Oni Ekhosuehi, PhD  
State Ministry of Education, Edo State  
*In-service teacher training, interpretation of evaluation results, liaison with and report-back to education sector.*

Robert Arnold, PhD  
University of Windsor  
*Quantitative data analysis*

#### **Research User Partners:**

Action Health Incorporated, Lagos, Nigeria, including the Africa Regional Sexuality Resource Centre project

Centre for Population and Environmental Development, Benin City, Nigeria

State Ministry of Education, Edo State, Nigeria

**Financial Administration:** University of Windsor, Windsor, Ontario, Canada

**APPENDIX 4: INTERNATIONAL VISITS PRIOR TO PROJECT STARTUP**

<b>Date</b>	<b>Person</b>	<b>Funding</b>	<b>Purpose</b>
Feb '05 - 8 days Benin City	Drs Maticka-Tyndale, Omorodion, Luginaah	Canadian Institute for Health Research (CIHR)	Workshop to identify potential research projects on HIV prevention. Potential projects included: 1) University student risk 2) Community based intervention Involved Center for Population and Environmental (CPED) Development and faculty members from University of Benin.
July '05 - 14 days Benin City	Dr Maticka-Tyndale (5 days) Dr Francisca Omorodion (14 days)	Canada Research Chair in Social Justice and Sexual Health	Generation of letter of intent in response to Global Health Research Initiative call. Visits to: State Commissioner of Education, State Director for National Youth Service Corps, Vice Chancellor of University of Benin, Ministry of Women's and Youth Affairs, Unicef.
July/August '06 - 3 days Windsor	Dr Onokerhoraye Dr Okoro Ms Esiet	IDRC grant plus contribution from University of Windsor	To complete proposal once Letter of Intent had been accepted. 3-day workshop to establish architecture of the project. Coincided with International AIDS Conference in Toronto.
Dec '07 - 9 days (1 day HP4RY, 8 days SWIN) Benin	Drs Anucha, Maticka- Tyndale, Dlamini	CIDA-funded project, Social Work in Nigeria, SWIN	Celebratory dinner with partners after proposal accepted in August '07 with revisions and budget cuts. Event made possible as Dr Maticka-Tyndale was delivering a research course at University of Benin under the SWIN project.
Feb '08 - 3 days Brnin	Dr Maticka-Tyndale Sanford Tyndale, Research Coordinator	Canada Research Chair in Social Justice and Sexual Health	To establish agreed financial management and accounting systems at CPED. Set up the Rapid Assessment necessary to select intervention communities. This coincided with attendance at the Africa Sexual Health and Rights Conference in Abuja, where Dr Maticka-Tyndale made a plenary presentation.
April '08 - 2 weeks (1 week evaluator) Benin	Dr Maticka-Tyndale Janet Wildish, Evaluator	HIV Prevention for Rural Youth (HP4RY)	Establish baseline and agreed documentation for evaluation indicators. Confirm and elaborate on roles and responsibilities within the project. Delivery of project equipment and establish protocol and processes for additional purchases and office set-up. Confirm schedule of activities, review all data collection procedures, and prepare for initial phases of data collection.



<b>Date</b>	<b>Person</b>	<b>Funding</b>	<b>Purpose</b>
			Confirm budgetary commitments. Establish protocol for: staff hiring, staff training.
April '08 – 4 weeks. Benin	Dr. Omorodion	HP4RY	Complete planning for community ethnographies. Initiate planning for selection, training and mobilization of NYSC. Confirm SMOE requirements and role in FLHE. Meet with State Director of NYSC to confirm participation.

## APPENDIX 5: SCHEDULE OF RESEARCH, KNOWLEDGE TRANSLATION & MOBILIZATION COMPONENTS

DATE	ACTIVITY
2-4/08	Ethics Clearance: UofW, UNIBEN, UWO, York
2-4/08	Rapid Assessment: Data collection from State & NGO offices to establish sample pool
4/08	<ul style="list-style-type: none"> <li>➤ Preliminary selection of 30 communities</li> <li>➤ Review draft data collection instruments</li> <li>➤ Review procedures for data collection</li> <li>➤ Evaluator visits</li> </ul>
5-6/08	<ul style="list-style-type: none"> <li>➤ Visit communities &amp; schools to verify information</li> <li>➤ Finalize selection of 30 communities</li> </ul>
7/7-26/08	Project Administrator attends SLDF
7-8/08	<ul style="list-style-type: none"> <li>➤ All staff learn equipment and software</li> <li>➤ Complete questionnaires in SNAP</li> <li>➤ Test scanning – staff complete 10-20 dummy questionnaires and scan</li> <li>➤ Set up office</li> <li>➤ Trial run of ID and ?aire admin procedures in office</li> </ul>
8/08	<ul style="list-style-type: none"> <li>➤ Recruit 9-10 research assistants for baseline data collection</li> <li>➤ Locate and confirm participation of pilot school in consultation with F. Okoro</li> </ul>
9/15-16/08	Prof EM-T in Benin: train/review all data collection procedures with staff
9/17-18/08	Pilot data collection procedures in 1 school: <ul style="list-style-type: none"> <li>➤ Issuing photo IDS</li> <li>➤ Questionnaire completion</li> <li>➤ FGDs &amp; IDIs</li> </ul>
9/19/08	Data capture
9/22-26/08	Analysis of pilot data and revision of instruments
9/29-30/08	Print all instruments
10/1-3/08	Train research assistants and prepare for field
10/6-11/28/08	<ul style="list-style-type: none"> <li>➤ Baseline data collection in 30 schools</li> <li>➤ Scout out potential RAs in 10 FLHECy locations for ethnographic work</li> </ul>
10-11/08	Data capture
11-12/08	Transcription of FGDs and IDIs
12/08-3/09	Data analysis
1/09	Train RAs for ethnographic work
1-3/09	Brief ethnographies
3-4/09	RAs work with F. Omorodion & K. Eghafona to prepare ethnographic summaries
5-6/09	Translation of results to <ul style="list-style-type: none"> <li>➤ Additions to FLHE to reflect local context</li> <li>➤ Community mobilization model</li> <li>➤ Prepare training model for NYSC, plan for recruitment</li> </ul>
7/08	<ul style="list-style-type: none"> <li>➤ Select and train 20 NYSC (2/FLHECy community)</li> <li>➤ 2 day refresher for Master Trainers</li> <li>➤ 1 staff member attends SLDF</li> </ul>
8/09	<ul style="list-style-type: none"> <li>➤ Train principals, teachers, guidance counselors and inspectors in FLHE &amp; Monitoring</li> <li>➤ Evaluator visits</li> <li>➤ F. Okoro &amp; N. Dlamini observe training for insights into enhancement of FLHE pre-service training at UNIBEN</li> </ul>
9/09	<ul style="list-style-type: none"> <li>➤ FLHE begins in schools</li> <li>➤ Community mobilization begins</li> </ul>
9-11/09	➤ Pilot enhanced pre-service FLHE training at UNIBEN

DATE	ACTIVITY
	➤ Prepare papers & presentations for 1 <sup>st</sup> research seminar
11/09	First Research Seminar in Benin
2010	Team attends and presents at African Regional Sexual Health and Rights Conference – Ethiopia
1/10	<ul style="list-style-type: none"> <li>➤ Prepare instruments for year 1 data collection</li> <li>➤ CIEs monitor FLHE in schools</li> <li>➤ Recruit and train RAs for data collection</li> </ul>
1-4/10	F. Okoro & N. Dlamini finalize enhanced pre-service FLHE curriculum for submission for approval to UNIBEN
2-3/10	Phase 2 data collection in 30 schools
3/10	<ul style="list-style-type: none"> <li>➤ Recruit &amp; train 10 NYSC – group 2</li> <li>➤ Midterm debriefing for 20 NYSC – group 1</li> </ul>
2-4/10	Data capture and transcription
4-6/10	<ul style="list-style-type: none"> <li>➤ Data analysis</li> <li>➤ Monitor community mobilization</li> </ul>
6/10	➤ Exit debriefing 20 NYSC-group 1
7/10	1 staff member attends SLDF
7-8/10	Preparation of presentations, reports, papers for publication
8/10	<ul style="list-style-type: none"> <li>➤ Recruit and train 10 NYSC – group 3</li> <li>➤ Midterm debriefing 10 NYSC – group 2</li> <li>➤ Evaluator visits (?)</li> </ul>
9-10/10	<ul style="list-style-type: none"> <li>➤ Report back to schools &amp; communities on results of year 1 evaluation</li> <li>➤ Prepare papers &amp; presentations for 2<sup>nd</sup> research seminar</li> </ul>
11/10	➤ Second Research Seminar
2011	Team attends and makes presentations on project at Global Health Conference, Ottawa
1/11	<ul style="list-style-type: none"> <li>➤ Recruit and train RAs for data collection</li> <li>➤ Exit debriefing 10 NYSC – group 2</li> <li>➤ Midterm debriefing 1- NYSC – group 3</li> </ul>
2-3/11	Phase 3 data collection in 30 schools
3-4/11	Data capture and transcription
4-6/11	Data analysis
7/11	<ul style="list-style-type: none"> <li>➤ Exit debriefing 10 NYSC –group 3</li> <li>➤ 1 Staff member attends SLDF</li> </ul>
7-8/11	Train principals, teachers, guidance counselors, inspectors in 10 control schools
7-9/11	Preparation of presentations, reports, etc.
9/11	FLHE begins in control schools
10/11	<ul style="list-style-type: none"> <li>➤ Final reports to Stakeholders: communities, schools, NYSC Director, etc.</li> <li>➤ Evaluator visits</li> </ul>
11/11	Team attends Global Health Conference – Ottawa
2012	Summit in association with ARSHR Conference

## **APPENDIX 6:**

## **PRE-SERVICE TEACHER TRAINING**

The Faculty of Education at University of Benin trains teachers for secondary school level (ie. Junior and Senior Secondary School levels: JSS and SSS). A student who enters the Faculty straight from senior secondary level, ie with a National Certificate of Education, undertakes a four year course. Students who enter from a College of Education, miss the first year and take three years to convert their college teacher training into a Bachelor's Degree in Education.

Students attend Colleges of Education to train as teachers in primary schools, ie. to deliver the Universal Basic Education curriculum, which runs in years 1-6. Junior Secondary School is years 7, 8 and 9 and Senior Secondary School, years 10, 11 and 12. . During the April visit the evaluator learned from AHI that the FLHE curriculum had been accepted for use in pre-service teacher training in Colleges of Education. This information conflicts with the belief that the FLHE curriculum is designed for JSS level and Colleges of Education only train teachers for Primary Schools. The contact for this information is Mrs Ayodele Gbemilieke on a.gbemileke@actionhealthinc.org.

Of relevance to the HIV Prevention For Rural Youth (HP4RY) programme are those aspects of the teacher training programme that relate to teaching methodology, guidance and counseling and family life and sexual and reproductive health courses.

### *Teaching Methodology:*

Students take a general Teaching Methods course in year 1 (121) and a subject specific Teaching Methods course in year 2 (221). It is unclear how much practical content these courses include and they appear to be factual and theory-based.

In years 3 and 4 students carry out two 6-week long teaching practice sessions in local schools (300 and 400).. These teaching practice (TP) sessions are supervised by one of the teachers in the school, most often the Vice Principal. During the 6 weeks two different Faculty members observe and grade a taught class and the average of the two grades form the TP grade. In addition the TP general supervisor may visit the school. Teachers who supervise TP do not receive any training for this role and are expected to draw on their own teaching experience. Sometimes TP students are selected to cover subjects where schools have a shortage. When TP students are allocated to subjects where there is already an experienced teacher, the relationship between the two is dependent on personalities and this influences how much actual teaching the student experiences.

There are two schools on the University campus, one primary and one secondary. These provide education to the children of staff members and are not demonstration schools as such. The University also has an Institute of Education, which provides some access to teaching labs, although the emphasis is on the training of primary school teachers. The University also has an HIV unit, which offers voluntary counseling and testing. The presence of this unit is associated with the teaching of Medical Science at the university.

### *Guidance and Counseling:*

Teacher trainees take one, 3 credit course on Guidance and Counseling. At school level, Guidance and Counseling teachers are selected by the Principal and are not normally given additional in-service training, nor do they generally provide guidance sessions during timetabled school time. Their roles are likely to take on a disciplinary tone. Some schools, Federal

Government Colleges, which are also called unity or model schools, employ qualified Guidance and Counseling teachers, who are trained at Master's level.

Trained counselors are employed in the Guidance and Counseling Unit of campus and are available to all students.

*Family Life Education:*

Family Life Education material is covered in course HED211 offered by the Department of Health, Environmental Education and Human Kinetics. The Family Life Education course is a core course for those trainee teachers taking Health Education and a compulsory elective for trainees in Social Studies and Integrated Science.

The course covers:

The Family

What is Family Life and Sex Education

Reproduction: the Menstrual Cycle and Development and Growth of Adolescent

Reproduction: Preconceptional Cover and Pregnancy

Reproduction: Pregnancy and its Complications

Reproduction: Childbirth and Post Partum

Reproduction: Congenital Abnormalities and Genetic Counseling

Family Planning

Family Planning: Field Work

The Role of School Teachers and Parents in Family Life and Sex Education

The tone of the course notes is factual and the content is descriptive rather than discursive. It is not evident that opportunities are provided for in-depth discussions of the contemporary issues relating to the risk of HIV infection. For example, the condom is included as a method of contraception and is noted to reduce the risk of sexually transmitted infections but without specific mention of HIV nor any discussion of the debates that surround condom use at this time.

The lecturer has additional teaching resources to support the teaching of HIV (eg. Achalu, E. (1993) AIDS and other Sexually Transmitted Diseases) and reports that material on STDs and HIV are included in the course from additional lecture notes. The evaluator was not able to establish how this material is usually delivered.

The evaluator was able to provide the lecturer with a copy of the FLHE curriculum and samples of the newly published Teacher's Handbook and Student's Textbook that support the teaching of FLHE.

*School Year:*

The academic school year begins in the second week of September. Schools teach during October and November and close for holidays in December. Schools open in the second week of January and teach during February, March and the first three weeks of April. The JSSI exams begin in mid May and schools open for the full enrolment towards the end of May. School teach during June, July and the first half of August.

## **APPENDIX 7: EXISTING MATERIALS FOR THE TEACHING OF FLHE**

### *1) National Curriculum on Family Life and HIV Education, 2003*

“The National Family Life and HIV Education Curriculum” was developed by the NERDC in collaboration with the Universal Basic Education, Federal Ministry of Education, and Action Health Incorporated.

*Organised into five themes:* Human Development; Personal Skills; HIV Infection; Relationships; Society and Culture

**Personal Skills** include goal setting, decision making, assertiveness, negotiation, asking for help. Examples of where sexual behaviour is included:

Discussion topic: Why it is difficult to communicate about sexuality.

Advantage of negotiation skills: promotes abstinence, prevents HIV/AIDS

Reasons for asking for help: uncle abusing girl, who thinks she might be pregnant

**HIV Infection** cover STIs, includes debate on reasons for and against sexually activity when young, includes activity using coloured pebbles to demonstrate protective features of condoms, covers rape, incest and sexual harassment and sexual culture/taboo.

Does provide entry points for discussion of contemporary issues related to risk of HIV infection.

### *2) Scheme of Work on Integrated Science and Social Studies, MoE 2005/06 – 2007/08*

Integrated Science includes entry points for:

Human Development 1 and 2: puberty, adolescence, personal hygiene and menstruation

Human Reproduction 1 and 2: ovulation, fertilization and conception, pregnancy

HIV/AIDS 1 and 2: definitions and differences, risk behaviour, counseling and testing, care and support, prevention and myths and facts

Human Growth and Development 1 and 2: healthy growth, puberty and emotional development (including stigmatization)

Reproductive Health 1 and 2: HIV transmission and prevention, breast feeding (myths and advantages)

Social Studies includes entry points for:

Abstinence 1 and 2: meaning, facts and myths, reasons for abstaining, skills and behaviour, benefits of abstinence

Assertiveness 1 and 2: meaning, difference between assertiveness, aggressiveness and passiveness, skills, possible negative outcomes of assertiveness

Negotiation 1 and 2: meaning, situations, skills, factors influencing negotiation, techniques, advantages

Abuses to which children could be subjected: definitions and prevention techniques

Laws that protect young people: national and international laws

Values: meaning and importance, sources, values clarification

Human emotion: meaning and types, qualities of love, behaviours that enhance loving relationships

### *3) Pre-Service FLE Courses*

A factual and descriptive course covering:

The Family

What is Family Life and Sex Education

Reproduction: the Menstrual Cycle and Development and Growth of Adolescent  
Reproduction: Preconceptional Cover and Pregnancy  
Reproduction: Pregnancy and its Complications  
Reproduction: Childbirth and Post Partum  
Reproduction: Congenital Abnormalities and Genetic Counseling  
Family Planning  
Family Planning: Field Work  
The Role of School Teachers and Parents in Family Life and Sex Education

As of April 2008, this had not been revised to reflect the new FLHE curriculum.

4) *Trainers' Resource Manual: Comprehensive Sexuality Education, Action Health Incorporated(2003).*

A comprehensive training manual that covers wide range of issues relating to sexuality and sexual education in the contemporary context of the HIV epidemic.

5) *Teachers' Handbook*

6) *Students' Textbook*

<b>APPENDIX 8: GUIDELINES FOR BUDGET FOR IN-COUNTRY EVALUATOR VISITS</b>		
<b>Item</b>	<b>Exchange rate:</b> <i>Hotel 100 Naira to 1\$, street 117. Range 115 – 118.5.</i>	<b>2008</b>
Airfare Nairobi/Benin City ( <i>actual coach class travel costs for which airline or travel agent invoice &amp; boarding passes must be presented will be paid to the maximum of</i> )	<b>885 US\$ Nairobi - Lagos</b>  <i>Lagos – Benin</i> Arik website (bookable 24 hours ahead of time) – 25,500 Naira = <b>250\$</b> for return trip. <i>Pay at international airport. Go upstairs and look for Arik.</i> Abuja might be a bit more expensive.	<b>1135</b>
Ground transportation to & from airports and while in Benin City (driver & car to be arranged by project office in Benin City)  <i>- hotel, food and car per day = 310\$ per day.</i>	<b>LAGOS</b> Car: Lagos Airport to Solitude 20 <sup>th</sup> ( <b>25\$</b> ). - get green car. Car: Solitude to Lagos Airport 21 <sup>st</sup> ( <b>25\$</b> )  Between domestic and international sites, costs 1,500 Naira ( <b>15\$</b> )  <b>BENIN</b> Car: Benin Airport to Royal Marble Hotel ( <b>20\$ x 2</b> ) Car & driver for the day – 15,000 Naira student up to 25,000 commercial. ( <b>150-250\$</b> )  <b>ABUJA</b> Taxis: (green car) airport to hotel ( <b>25\$ x 2</b> )	<b>\$1,140</b>
Per diem while in Nigeria including hotel, food, incidentals up to @\$264/day	<b>LAGOS</b> ( <i>can change money at airport, turn left for currency exchange</i> ) Solitude = 8,750 Naira ( <b>100\$</b> ) Food: <b>60\$</b> per day  <b>BENIN</b> Royal Marble = 11,500 Naira (single room) or 13,800 (bigger single room), 17,250 (business room incl. meeting area), 28,750 for 2 (executive business room). <b>115 – 150\$</b> per day - 20% discount for HP4RY and SWIN Food: <b>60\$</b> per day  <b>ABUJA</b> Sheraton = credit card accepted ( <b>200-300\$</b> )	<b>\$2,112</b>
<b>Total</b>		<b>\$4,387</b>