End Programme Evaluation

Averting New HIV Infection among Young People in Papua and West Papua, Indonesia: Education Sector Response to HIV & AIDS

A Government of Indonesia –UNICEF Partnership

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The viewpoints presented in this report are those of the independent evaluation team and do not necessarily represent the views of the Government of Indonesia, Government agencies in Papua and West Papua Province, UNICEF Indonesia or other programme partners.

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1 Glossary

AIDS	Acquired immune deficiency syndrome
ALA	Australian Leadership Awards
APBD	*Anggaran Pendapatan dan Belanja Daerah* – Local budget
AusAID	Australian Agency for International Development
Bappeda	Planning and Budgeting Department
BOS	*Bantuan Operasional Sekolah* – School operation aid
Bupati	Regent – Head of Regency
CHAI	Clinton Health Access Initiative
Dinas Kesehatan	Health Department – sometimes referred to as Dinkes
EMIS	Education Management Information System
Generasi Muda	Young Generation
GOI	Government of Indonesia
HCPI	HIV Cooperation Programme Indonesia
HIV	Human Immunodeficiency Virus
IBBS	Integrated Biological Behavioural Surveillance
KAB	Knowledge, Attitudes, Behaviour
Kabupaten	Regency (district)
Kotah	City
KPA	*Komisi Penanggulangan AIDS* – AIDS Prevention and Control Commission
LPMP	Lembaga Penjamin Mutu Pendidikan
MDG	Millennium Development Goal
Mulok	Local content subject
Musrenbang	*Musyawarah Rencana dan Anggaran.* Community development planning and budgeting
NGO	Non-Governmental Organisation
PE	Physical Education
Pokja	Working committee on mainstreaming HIV in Education
PLHIV	People Living with HIV
PKHS	*Pendidikan Keterampilan Hidup Sehat* – Life skills education
PKPR	*Pelayanan Kesehatan Peduli Remaja*
Provincial Education Office	*Dinas Pendidikan Provinsi* – commonly referred to as Dinas
Puskesmas	*Pusat Kesehatan Masyarakat* – Community health clinic
RAPBS	*Rencana Anggaran Pendapatan Dan Belanja Sekolah*
Renstra	*Rencana Strategis* – Strategic Plan
SD	*Sekolah Dasar* – elementary level school
SMP	*Sekolah Menengah Pertama* – junior high school
SMA	*Sekolah Menengah Atas* – senior high school
SMK	*Sekolah Menengah Kejuruan* – vocational middle school
STI	Sexually Transmitted Infections
UNICEF	United Nations Children's Fund
UKS	*Usaha Kesehatan Sekolah* – School Health Unit
USAID	U.S. Agency for International Development
WRI	World Relief International
Yayasan	Foundation / NGO
YSA	*Yayasan Santo Agustinus* – Santo Agustinus Foundation

2 Executive Summary

2.1 Introduction

Papua and West Papua Provinces are the only provinces of Indonesia classified as having a generalized HIV epidemic. The latest available figures indicate an HIV prevalence rate in the general population of 2.4 per cent, with a higher figure of 3.0 per cent among young people aged 15-24 years[1]. HIV prevalence among the indigenous Papuan population, which is more heavily concentrated in isolated rural highlands and lowland areas, was higher (2.8 per cent) than among non-Papuans (1.5 per cent[2]). The prevalence was also found to be higher among men (2.9 per cent) than among women (1.9 per cent); and in the highlands the prevalence was 2.9 per cent[3]. It is projected that over 100,000 people are currently infected with HIV in the two provinces[4].

There are particular concerns in relation to young people and HIV transmission in the two provinces. In a 2011 survey conducted by UNICEF, very few in-school young people (12.6 per cent in Papua and 1.67 per cent in West Papua) and out-of-school young people (4.5 per cent in Papua and 0.0 per cent in West Papua) had comprehensive knowledge about HIV/AIDS prevention. Several other studies have identified limited knowledge of HIV & AIDS, sexual behaviours, limited access to HIV counselling, testing and services, limited life skills, HIV & AIDS related stigma, and cultural practices as factors contributing to the current HIV prevalence among young people. For example, the 2012 Multiple Indicator Cluster Survey in Papua and West Papua showed that sexual activity starts early.

2.2 The Programme

Against the above mentioned backdrop The Averting New HIV Infection among Young People in Papua and West Papua, Indonesia: Education Sector Response to HIV & AIDS programme was an innovative partnership approach between UNICEF and the Government of Indonesia, funded by the Kingdom of Netherlands. The programme was implemented between 2010 and early 2014. Expenditure on the programme for the period January 2010–April 2014 was USD$5,170,664 as at 21 April 2014.

The goal of the programme has been to contribute to averting new HIV infections among young people aged 10–24 years in Papua and West Papua Provinces of Indonesia by the end of 2013.

The programme has been implemented with a focus on primary beneficiaries of young people between ages 10–24 through:

a) formal education settings: schools (SD, SMP and SMA levels), principals, teachers, parents and school committees, provincial and district education offices, and;

1 Integrated Biological-Behavioural Surveillance (IBBS) among Key Affected Populations Survey, Government of Indonesia (2011)

2 Ibid

3 Ibid

4 Mathematic Model of HIV Epidemic in Indonesia 2008-2014, Government of Indonesia (2012)

b) informal education settings in partnership with FBOs, NGOs, the AIDS Commission, health agencies and other relevant government programmes at both provincial and district/city levels.

The programme is in accord with the UNICEF Indonesia programme goals and strategies as a whole as outlined in the Country Programme Action Plan. Critically it takes a systems strengthening approach rather than one of direct implementation, a strategic shift UNICEF have made across their Indonesia programme. The design allows for demonstration and modelling of sound, evidence-based approaches in focus districts with intent for replication and scale-up by the GoI in subsequent districts. The programme aligns with the UNICEF programme in Indonesia where a focus on reaching marginalised and at risk young people with quality education systems and health information is a strategic focus. In terms of addressing HIV, UNICEF in Indonesia have a focus on young key populations across the country and a specific focus on reaching all young people in the generalised HIV epidemic context in Tanah Papua.

2.3 Evaluation purpose, scope, methodology and limitations

This report presents the results of the final evaluation of the Programme. The evaluation, which is summative in character, aimed to offer recommendations to inform future planning to address the ongoing HIV and AIDS situation among young people through the Education Sector and Non-formal Education Sector in the two provinces. The overall evaluation has a strong summative emphasis, focusing on the relevance, effectiveness, efficiency, equity and sustainability of the programme.

The primary users of the evaluation are UNICEF Indonesia; the Government of the Kingdom of Netherlands; the Provincial Education Office; the Planning and Finance Office; the Provincial AIDS Commission in Papua and West Papua Provinces; all District Partners; the Ministry of National Education and Culture; and the National AIDS Commission. Secondary users include UNICEF's Regional Office, Headquarters and other Country Offices.

The methodology for assessing the achievement of the programme goal, purpose and objectives, with focus on the key evaluation questions entailed a number of separate but interconnected qualitative and quantitative processes and methodologies.

(i) Document review of all programme documentation and current literature (published and grey) relevant to HIV education programmes for in-school and out-of-school children/youth;

(ii) An endline HIV & AIDS Knowledge, Attitude and Behaviour (KAB) survey among in-school and out-of-school young people, and education staff in Papua and West Papua Provinces.

(iii) Key informant interviews, semi-structured group interviews, participatory methods (including stories of change) with children/young people and education staff. These interviews were conducted at two levels:

- at school/community level, focusing on change in young people and the uptake of the programme in the schools and with out-of-school young people; and with

- district and provincial level education staff and external stakeholders, focusing on changed institutional capacity within the education sector to effectively manage and implement a comprehensive educational response to HIV.

Analysis, triangulation of data and synthesis of the above into this End Programme Evaluation report were conducted with the aim of responding to 19 high-level evaluation questions focused on relevance, effectiveness, efficiency, equity and sustainability.

2.4 Evaluation Findings

2.4.1 Relevance

- The programme's objectives and strategies were relevant and aligned with public health need but not with government priorities and programmes in the programme setting. However, the government priorities and programmes were not aligned to the public health need. Hence, the programme was highly relevant in that it aimed to, and succeeded in, realigning government priorities to public health need to create an enabling policy environment for the HIV response in Papua and West Papua.

- The programme anticipated government recognition of and action on the need for an education sector response to HIV and in this sense, one of the tasks of the programme was to convince education stakeholders of the programme's relevance. In this regard it was positive that participants in the capacity assessment consistently endorsed the programme as relevant for the setting and its HIV epidemic. The programme's comprehensive capacity building response targeting provincial and district government was instrumental in achieving this and was a sensible inclusion that helped increase stakeholder recognition of the changes needed in the policy environment and in HIV programming.

- The programme utilized the education sector and clubs for out-of-school young people to deliver HIV prevention interventions. This leveraged existing systems and structures as delivery channels. However, in a setting in which disadvantage is associated with having, or not having access to formal education and functional youth groups, the programme's mechanisms for reaching young people only through schools and established clubs limited the programme's alignment with a pro-equity agenda within the target provinces.

- The programme's decision to use the education sector as a platform was relevant for achieving broad coverage but insufficient to achieve coverage of all young people. Implementing an Education Sector Strengthening approach affords working through established infrastructure, trusted by communities to impart information and knowledge to the young population. Within this framework of delivering HIV intervention through the education sector, the delivery of HIV information in the curriculum is relevant and evidence-based. In addition, the choice to use the teacher as the educator for young people through school based programming was sound in the context of Tanah Papua. Though school-based and club-based delivery of HIV education is unlikely to have reached disadvantaged populations and addressed equity issues within the intervention provinces

- The available epidemiological data shows that the epidemic of HIV among young people in both provinces continues unabated. As such, the programme objectives and strategies remain relevant at the end of the programme and into the foreseeable future.

- Linkage with health services such as condom distribution and HIV testing are important for effective HIV prevention programmes. The creation of such linkages was not adequately incorporated into the program objectives and strategies. Current evidence is that HIV & AIDS education is more effective when it is linked to supportive services for behavior change such as condom distribution, HIV testing and youth-friendly health services. In the programme's objectives and strategies and in implementation, there was very little focus on establishing linkages between mainstreaming of HIV & AIDS and life skills education into the curriculum and supportive health services. This was a significant missed opportunity to increase the effectiveness of HIV education that the programme delivered.

2.4.2 Effectiveness

- The programme was minimally effective in contributing to the needed behaviour changes among its target populations. The sample size of young people who had ever had sex was small and therefore there is considerable uncertainty about the extent to which the observed proportions within this cohort are representative of the true proportions in the population. The reported level of condom use increased among young people in school and decreased in out-of-school students. The reported number of young people with multiple sexual partners was higher than baseline in both out-of-school and in-school young people. Finally, the median age at first sex was only slightly higher among those in school and was lower in female Out Of School young people but higher in male. Based on the observed proportions in a small sample size, there is no clear trend for increased adoption of behaviors that reduce risk of HIV transmission. The qualitative data suggested evidence of some changes in behavior from students themselves. Principals and teachers asserted that students had changed their behavior though it is possible that these respondents' overstated the extent to which the HIV education resulted in behavior changes among students. On the basis of the qualitative survey the programme can be deemed to have had some effectiveness in regards to behavior change, but the quantitative results do not suggest that the change was large in the target population.

- The programme was minimally effective in increasing HIV & AIDS knowledge among young people in school. On the key program indicator of comprehensive HIV knowledge of HIV prevention the observed improvement over baseline was very small and not statistically significant. However, of the composite indicators, understanding of two key methods of HIV transmission were higher than overall comprehensive HIV knowledge at all school levels sampled.

- There was variation between districts within each school level for comprehensive HIV knowledge but results from Manokwari and Kabupaten Sorong were consistently amongst the highest across all three school levels. However, no district met the 20% end-of-programme target at SD or SMA level and only Manokwari and Kabupaten Sorong met the target at SMP level. Thus while increases in HIV knowledge among young people in school varied significantly between intervention districts, even the strongest performing districts

did not achieve high proportions of young people in school with comprehensive HIV knowledge.

- However, some of the learning and messaging highlighted by students, teachers and principals in the qualitative assessment is perhaps not the most relevant or effective in regards to developing an adequate understanding of how to prevent HIV transmission. For example, some teachers and students highlighted abstaining from sex as a key learning but did not discuss learning relating to safe sexual practices such as consistent use of condoms. Overall, on the basis of comprehensive HIV knowledge and knowledge of where to obtain condoms, it would appear that the programme was only marginally effective in increasing accurate and relevant HIV & AIDS knowledge among young people in school.

- The programme was moderately effective in increasing HIV & AIDS knowledge among the out-of-school young people it targeted. The endline survey observed increases compared to baseline in a number of indicators of HIV & AIDS knowledge. Comprehensive HIV knowledge increased from 3% to 19%, knowledge of life-skills increased from 51% to 67%, acceptable attitudes towards those infected with HIV increased from 15% to 40%. The qualitative survey does lend some credence to the claim that the programme itself was responsible for increased HIV knowledge among out-of-school young people. Whether or not this new knowledge had actually translated into positive behavior change was not clear from the quantitative survey, although qualitative data suggested that some behavior change had occurred.

- The value of HIV & AIDS and life skills education for students at SD was unclear and while there are important reasons to try to reach them, there are a number of issues that suggest that delivery of HIV & AIDS and life skills education to SD students is less effective than SMP and SMA. The endline KAB study showed that students at SD consistently had the lowest results for indicators of HIV knowledge and behavior change relative to SMP and SMA. The qualitative survey also suggested that there were issues with the nature and quality of the material taught to students at SD. In particular, it was noted that some teachers thought that teaching about HIV & AIDS and reproductive health was not appropriate for students at SD and therefore chose to focus on teaching on other health issues such as hygiene or did not deliver the curriculum. The lower performance of SD students and the apparent reluctance of SD teachers to teach students about issues relating to sexual and reproductive health raise the question of whether programming of HIV & AIDS and life skills is effective and represents good value relative to concentrating on SMP and SMA.

- The programme was effective in increasing HIV & AIDS knowledge among teachers, principals and education office staff. Among teachers and principals, the endline result for comprehensive HIV knowledge was 37% increasing from the baseline result of 11%. Acceptable attitudes towards PLWHIV increased from 24% to 58% and willingness to take a HIV test rose from 67% to 88%. Within provincial and intervention district education offices, increases were also observed in comprehensive HIV knowledge and acceptable attitudes towards PLWHIV and in willingness to take a HIV test.

- Quality and frequency of delivery of HIV & AIDS and life skills curriculum to young people in school and out-of-school was insufficient for young people to retain and use the knowledge

taught. Much of this was the result of only partially fulfilling the needs of teachers to deliver the HIV & AIDS and life-skills curriculum to students. The quantitative survey did find that 91.7% of the surveyed intervention schools had provided HIV & AIDS education to students in the school curriculum or KTSP. However, based on the capacity assessment and the qualitative survey, concerns about the quality, content and frequency of the delivery of HIV & AIDS education remain and the results of the endline KAP study among young people in school suggested that the delivery of curriculum was not effective in imparting the desired knowledge to many students such that they could retain and use that knowledge.

- The program was complex in that it aimed to strengthen systems at multiple levels; provincial, district, through to local communities and individual schools. The aim of all systems strengthening has the intent of translating into effective service delivery outcomes. The complexity in program design entailed multiple points where insufficient progress could compromise adequate delivery of HIV education to young people as the desired outcome. During program implementation challenges and barriers at such points inhibited progress and resulted in sub-optimal delivery of HIV education to young people in some locations. While the programme design and implementation contributed to effectiveness in building government ownership and responsibility for the education sector response to HIV at Provincial and district levels, and in urban areas, progress was less effective at local level in most rural locations. This indicates the systems strengthening approach lacked effectiveness in translating to effective service delivery at downstream points in the results chain, resulting in poorer outcomes at local school levels.

- The allocated duration and resources of the programme were insufficient for the development of adequate capacity within the education sector to translate into uniformly effective delivery of HIV & AIDS and life skills education to young people given the existing state of affairs at programme commencement and the contextual challenges.

- The low level of function of the Pokja who were tasked with coordination and implementation of the HIV education programme impeded programme effectiveness. Given the intended role of the Pokja in programme coordination and implementation, their low level of performance against their intended role was a major impediment to programme effectiveness.

- The programme contributed successfully to important changes in the policy environment to support a HIV response in the education sector and more broadly. At the time the project commenced, a supportive policy environment for the mainstreaming of HIV & AIDS and life skills curriculum into the education sector was not in place in Papua and West Papua provinces. UNICEF played an important role in capacity development and advocacy that lead to positive changes in the policy environment. In particular, the passage of the Governor's Decree on Mainstreaming of HIV & AIDS education in Papua Province. District level decrees were also enacted in 2 districts in Papua province. In West Papua, a specific policy on mainstreaming of HIV education was not enacted but improvements were noted in a policy supporting the provincial HIV response more broadly and in commitment to a policy on the needs of youth.

- Lack of strong, systematic program monitoring and evaluation compromised potential effectiveness by impeding prompt identification of program delivery issues and appropriate solutions. Systems for monitoring programme progress and implementation were established. However performance of school supervisors and other staff tasked with monitoring the programme was weak. As a result the availability of data on the programme and its progress was low and was not routinely disseminated and utilized to strengthen programme implementation strategies or adapt objectives.

- The programme had limited effectiveness in establishing comprehensive workplace policy and programming for HIV among education sector staff. In the end of programme evaluation, very little evidence was observed of comprehensive workplace policy and programming for HIV among education sector staff. Some participants in the capacity assessment noted that training on HIV was conducted for staff in some education offices and that HIV was discussed in meetings. However, on the whole, there was no evidence that across the board, education offices had policy and programming for linkage with testing, ongoing training or support for HIV positive staff.

2.4.3 Efficiency

- The programme objectives and strategies favored sustainability and government ownership. This will entail gains in efficiency in the long term, but at the cost of rapidity in delivering outputs at local level (schools and communities) in the short term. This is principally due to the investment in resources required to develop capacity in systems with pre-existing weaknesses for the delivery of services downstream. The programme duration was too short for the longer term efficiency gains made in building systems capacity to translate into strong outputs at local level. Embedding the delivery of HIV & AIDS and life skills education within government was a strong approach in terms of building sustainability and government engagement. However, the tradeoff is that the delivery of HIV & AIDS and life skills education then relied on building sufficient capacity of government, civil society organizations as well as a broad base of teachers in schools, some in rural and remote settings, and this takes time to deliver outputs. The significant investment of time and resources required for such capacity development meant that at the end of the programme, the activities had yet to yield significant gains in terms of improved knowledge among young people reached.

- Integrating HIV into the Education sector through a systems strengthening approach created efficiency as it allowed government to allocate its own resources to HIV programmes for young people. While overall efficiency in the actual delivery of HIV education to young people was not optimal due to capacity and systems constraints, the integration of the curriculum into the formal education sector did demonstrate efficiency in other ways. Efficiency in this regard was achieved in the inclusion of planning, funding and delivery of HIV and life skills education into existing education sector practices. Likewise using the existing cadre of teachers enabled the programme to utilise systems already in place for delivery of HIV education to young people rather than having to establish new channels. However, the sufficiency of capacity in the education sector is not yet at the point that the inclusion of HIV education in planning and budgeting is routine and adequate or that

teachers are routinely delivering high quality HIV & AIDS and life skills education in all schools. Consequently, there is still some progress to be made before greater efficiency from integration of the programme in the education sector is realized.

- The programme was successful in establishing partnerships with education offices, youth forums, NGOs, the KPA and Bappeda. For out-of-school young people, the programme's engagement of youth forums, clubs and NGOs was efficient in that utilized existing skills and networks to reach young people, while further building capacity of these organizations to deliver HIV & AIDS and life skills education. The programme was effective in leveraging partnerships with these government and civil society organisations but the efficiency gains in terms of delivery of effective HIV education to young people was mixed: stronger among out-of-school young people who were reached and less strong for young people in school.

- There were a number of issues in in-service training for teachers and support to teachers. These resulted in significant inefficiencies in delivering HIV & AIDS and life skills education to young people in schools. Training of teachers to deliver HIV education could have been better targeted and could have utilized methods that better prepared them to put the training into practice. These issues in approach resulted in inefficiencies in in-service teacher training such that despite the investment of resources in the training, teachers were not well-prepared to implement their learning from the training in the classrooms.

2.4.4 Equity

- The selection of Papua and West Papua for the programme reflects a decision to prioritize the programme in the two provinces with the greatest burden of HIV among young people. It also reflects a strategic decision to focus on two provinces that rank poorly on the human development index in health and education compared to other parts of Indonesia. The selection of districts for inclusion in the programme deliberately included a range of settings: highland and lowland, urban and rural, majority Papuan ethnicity and trans-migrant dominant population settings. These settings also represent a range of levels of disadvantage within Papua and West Papua. In choosing to work in a range of settings, the programme had the opportunity to develop programming that is adapted to the varied range of contexts and needs in Papua and West Papua. The inclusion of remote highland provinces in particular indicates a strategic decision to provide services to people with poorer access to quality education and HIV related information and services. These districts are also likely to capture the largest percentage of ethnic Papuan people who live remotely and who face particular challenges in accessing required services. While the programme included a range of settings in Papua and West Papua. It is difficult to assess the extent to which the programme, while working to increase access and coverage of HIV & AIDS and life skills education for young people, has been equitable in reaching those who are the most vulnerable for the risk of HIV transmission. This is due to the lack of reliable epidemiological data on the HIV epidemic that indicates the socio-demographic and geographic distribution of risk and vulnerability among young people for HIV in programme intervention districts.

- Implementation of HIV & AIDS and life skills education was stronger in urban areas than in rural areas. Hence, in practice inequity of access to HIV & AIDS and life skills education between urban and rural areas was not reduced by the programme. In sum, the program

appears to reflect the existing challenges and barriers that create disadvantage in rural and remote areas of Papua and West Papua and these have hampered the equitable achievement of the programme's objectives across all settings and intervention districts. The design and activities used to date do not appear to have been sufficient for overcoming the barriers in rural and remote areas to establish quality and availability of HIV & AIDS education.

- The programme did not achieve comprehensive reach of all out-of-school young people in intervention districts. While this was not a program aim and was not feasible with the allocated resources and time, the young people who were not reached are likely to experience high levels of disadvantage. Lack of coverage of HIV & AIDS and life skills education among these groups likely means the program had minimal effect on reducing their levels of socio-economic and gender disadvantage.
- As regards gender equity, for out-of-school young people, the programme provided gender-equitable access to HIV & AIDS and life skills education to the young people it reached. However, more data is needed to understand how this fits relative to the overall population of out-of-school young people. For young people in school, the programme provided gender-inclusive access to HIV & AIDS and life skills education for all young people, but missed opportunities to provide gender tailored sessions, perhaps through gender segregated classes.

2.4.5 Sustainability

- The programme worked to develop capacity within provincial and district education offices for management and implementation of HIV & AIDS and life skills education in the education sector. This approach contributes to sustainability by leveraging existing systems and structures and embedding programming of HIV & AIDS and life skills education within them. However, there were significant gaps in capacity at baseline. In the programme period, the level of ownership, commitment and capacity for provincial and district education offices were not strengthened sufficiently for government to reliably implement ongoing HIV & AIDS and life skills education without external assistance.
- Among the seven intervention districts, the level of government commitment and action to establish sustainable mainstreaming of HIV & AIDS and life skills education has been varied. While two districts in Papua have enacted a District Decree to create a supportive policy environment, remaining districts have not yet created a supportive policy environment or have had to rely on other instruments such as directives from the education office. Likewise, while districts have made budget allocations and work plans for the implementation of HIV & AIDS and life skills curriculum in schools, these have fallen short of what is required with funding focused on teacher training but not other supportive activities such as distribution and printing of materials or supervision, support and mentoring or monitoring an evaluation. The levels of district commitment and capacity at the end of the programme were not sufficient for districts to adequately drive and support the delivery of HIV & AIDS and life skills education to young people in a sustainable manner.

- Significant progress was made in developing a cadre of provincial master trainers. These master trainers have capacity to train district level staff, teachers and principals in how to deliver HIV & AIDS and life skills education to young people. This supports sustainability as it allows for continued training and support to schools both for improvements in the quality of the HIV education delivered to young people and in developing capacity of teachers and principals in schools that were not reached within the programme period. This achievement is vulnerable if this cadre and their capacity are lost and not replaced, or if challenges in the education sector lead to inadequate support for them to carry out their role.

- The programme design included an output for the inclusion of HIV education in pre-service teacher training. However, at the time of the end of programme evaluation, none of the teacher training institutions in Papua and West Papua systematically included and delivered HIV education and HIV teaching methodology in their training programmes for pre-service teachers. The closest was a number of sessions teaching pre-service teachers at the University of Cenderawasih in 2011, but these were not repeated in subsequent years. As such, new teachers graduating from these institutions will need to receive training on how to teach HIV & AIDS and life skills curriculum through other mechanisms. While alternative mechanisms such as in-service training can be made sustainable, the absence of routine inclusion of HIV training for pre-service teachers represents a substantial missed opportunity to make the programme more sustainable.

- Responsibility within government for planning, managing and delivering HIV & AIDS and life skills education to out-of-school young people was not well-defined. The programme did not establish adequate ownership and responsibility among government for reaching out-of-school young people with HIV & AIDS and life skills education. As a result programming and service delivery of HIV and life skills education to out-of-school young people has not been made sustainable within the programme period. Among civil society organisations working with out-of-school young people, strategies were developed and capacity gains were achieved for targeting, reaching and conducting effective HIV and life skills education. This provides a basis for ongoing delivery of such services to out-of-school young people.

- The programme is scale-able and replicable but highly dependent on the commitment and capacity of district and provincial government and other institutions. The level of capacity developed to date is not sufficient for effective scale-up in intervention districts or scale-up to non-intervention districts. Scale-up to other districts requires assessment of commitment and capacity and allowing adequate time and resources to develop these so that they function effectively for management and implementation of HIV & AIDS and life skills education to young people.

2.5 Conclusions

The programme's targeting of young people in general is highly relevant to the setting and the HIV situation in Papua and West Papua. The focus on these two provinces within Indonesia also reflects a focus on a population of young people that face significant challenges in access to basic services like health and education. The available epidemiological data shows that the epidemic of HIV among young people in both provinces continues unabated. Data from the end-line KAB survey undertaken during this evaluation indicates persistent gaps in knowledge, and required improvements in

attitudes and behaviours among young people in Tanah Papua to avert and halt the epidemic. Working through the education sector affords high levels of access to adolescents in a formal environment and through established infrastructure, trusted by communities to impart information and knowledge to the young population. While there are inherent capacity limitations of the education sector in Tanah Papua, it is the most appropriate choice for the purpose of reaching young people in this context.

Levels of effectiveness achieved by the programme are varied, impacted by systems levels factors in Tanah Papua – i.e. diverse and challenging geographic, political, social and cultural contexts. Weakness in the education system as a whole in Papua and West Papua also impacted effectiveness and resulted in variation of outcomes between intervention sites. The partnership approach between UNICEF and the Department of Education was critical to employing a capacity development model that placed ownership and responsibility with the government partners. This has led to the programme contributing to the creation of a supportive policy environment for responding to the needs of young people. HIV has been integrated into important provincial policies and education strategic plans and district level annual work-plans, including government budget allocations. This has translated into inclusion of HIV in education office annual work-plans for 2013 at the provincial level and in five districts. In a system of continuing decentralising governance, the importance of district level authorities in management, coordination, policy and budgeting has become increasingly apparent. The governance structures (pokjas) put in place through the programme design enabled multi-sectoral engagement at the beginning of the programme but failed to provide an ongoing system for mandated coordination and decision making in later implementation. Placing coordination and management firmly within the pre-existing structure of the education system at district level and focussing capacity development activities in strengthening district level education systems would have been optimal.

Despite the great variability in the reality of programme experience between intervention sites, in most schools where teacher(s) were trained, the HIV related content was delivered, albeit with great variation in style and quality. The majority of teachers, principals, parents and community leaders reported strong understanding of the need for the programme and support for this content being taught to the children in the community schools. Despite various challenges, the programme has achieved its primary purpose of attaining small but generally positive changes in knowledge, attitudes or behavior among young people in and out of school. Increases in knowledge on HIV and improvements in positive attitudes have also occurred among teachers and education sector staff. These increases in knowledge would have led to greater impact in health seeking behaviour if the programme had addressed gaps between education and health services through strengthening these partnership and linkages.

In terms of efficiency, the approach of focussing on local ownership and systems strengthening meant some important trade-offs were made. This approach required sufficient time in consultation and stakeholder engagement to allow for building stakeholder capacity and fostering of local ownership. In the long run, integrating HIV into the Education sector through this systems strengthening approach creates efficiency as it allows government to allocate its own resources to HIV programmes for young people. There is some evidence that this process has begun in selected districts.

The major approach adopted to address inequities was a separate arm of the programme targeting out of school young people who are often more marginalised and have less access to HIV information. The community based 'out of school interventions' were critical to reach youth not in the education system. There were delays in getting this component started which have impacted its scope and impact. The out of school programme was the major area where gender sensitivity of strategies was addressed. In this regard, it was noted that girls who are out-of-school need to be targeted specifically as they can be very hard to reach. There was very little discussion by stakeholders on gender implications of focusing on schools-based HIV education, as the programme targeted both boys and girls in school equally. A more sustainable structure is required for placement of the out of school programming coordination and delivery. By focusing efforts on some highland districts and areas of Papuan ethnic majority, UNICEF and the Government of Indonesia have attempted to reduce inequity between people with greater access to HIV related information and education, and those in more rural settings where previous access was limited. In later stages of programme implementation there was an active strategy amendment to reach schools in more rural and remote settings which was a solid act on behalf of the programme in equity for reaching people with less access to HIV related information.

Sustainability of achievements made is tenuous with the most constraining factor to sustainability being the fragility and weakness of the Education sector in Tanah Papua. In the future, the programme would be best placed within broader Education Capacity Building initiatives, rather than continue as a stand-alone programme on HIV in the Education Sector. For sustainability to occur it is imperative that pre-service teacher training is established so that new teachers are taught HIV related content from the outset, and see it as a normative part of the teaching role, rather than as an 'optional add on". Consolidation of achievements in capacity made by the programme is recommended before embarkation on scale-up to new sites. Expansion in further districts in the two provinces will require a carefully staged and managed process.

2.6 Lessons Learned

A. Decentralization of government will continue to have influence on effectiveness of education and health sector approaches in Tanah Papua, and the ongoing influence needs to be monitored and addressed in a dynamic manner.

B. Ongoing capacity development of the education sector is required for program sustainability

C. Importance of teacher training, supervision and mentoring in establishing confidence and willingness of teachers to deliver sensitive content to students should not be underestimated

D. Broader community mobilisation around HIV and AIDS will complement efforts made with children and adolescents in the education system.

E. Gender considerations in the schools-based delivery need to be enhanced.

F. The development and dissemination of textbooks and resources for the modules needs to be better managed in future programme phases. A consistent approach using standardised tools will improve programme outputs.

G. Increased focus required on addressing stigma and discrimination in order to facilitate people accessing HIV testing and counselling and care and support services, where available, for people who are HIV positive.

H. Identifying and training influential "champions" as advocates for the HIV and life skills modules in schools and with out-of-school youth is a strategy that should be used to attract widespread support and help develop a strong support base.

I. Approaches for out-of-school youth require a formalised system that is connected to existing government departments, i.e. health sector, rather than relying solely on civil society partner approaches implemented in an ad hoc manner.

J. The provincial and district education management information systems need to be improved if the district education offices are to be able to effectively and efficiently coordinate and manage the roll-out of the modules into all schools.

K. Innovative approaches are required to address loss of capacity due to staff rotation within the education sector and schools.

L. Innovative approaches are required to address the effect of teacher and student absenteeism as it affects delivery of HIV related education.

2.7 Recommendations

2.7.1 Recommendations for UNICEF

1. The approach to strengthen HIV responses through the education sector in Tanah Papua is still relevant for the foreseeable future and should be continued with further efforts focussing on integration of HIV as a routine part of the education sector in the two provinces. This should not be implemented as a stand-alone HIV focussed programme. It is recommended that future HIV related initiatives need to be integrated into the DFAT funded broader Education Sector Strengthening programming.

2. The programme should focus on consolidation and strengthening of the programme in current locations before embarking on any expansion to new schools or districts. Scale-up should be carefully phased to ensure supportive policies and sufficient capacity is in place in new locations. It is imperative that activities in new schools are introduced to focus on school principals to ensure their understanding of the importance of the programme, and their supportive role to their teachers to teach on HIV is enhanced.

3. Future efforts to reach young people with HIV programming must address equity imbalances by focussing on reaching young people in more rural and remote parts of Tanah Papua.

2.7.2 Joint Recommendation for both UNICEF and the Government of Papua and West Papua provinces in Indonesia

1. Future efforts to reach young people through the education sector in response to HIV and AIDS must form stronger linkages between the health and education sectors.

2. In a context of increasing decentralisation, continued and enhanced efforts are required at district and sub district levels of authority to support the programme. UNICEF and Government partners must tailor future efforts to focus on decentralised levels of governance within the education sector.

3. It is recommended that future programming focus on strengthening the M&E systems so that information is available and disseminated to improve monitoring or progress across the programme. Provincial and District Education Offices should review and strengthen systems for management of information and record keeping related to the programme.

4. UNICEF and Government partners should leverage the opportunity of adding HIV content to the curriculum to ensure a stronger focus beyond HIV that addresses other health and social needs of adolescents in Tanah Papua.

2.8 For the Education Department in Papua and West Papua provinces

1. Critical to sustainability of embedding of HIV in the education system is standardisation of the curriculum and formalizing HIV related content in Teacher training institutes. Future efforts need to ensure that Teacher training institutes train all new teachers, and current teachers through refresher courses, on HIV related content. The programme needs to standardise the various forms of curriculum in circulation at the end of the current phase.

2. The Education Departments need to increase the ease-of-use of the teaching materials by making the core content components more prescriptive, alleviating the need for teachers to interpret the materials and design the sessions before teaching.

3. A programme for regular teacher refreshing training on HIV and life skills topics, led by the Provincial Education Department, needs to be developed and conducted in both Papua and West Papua.

4. There must be a stronger, more systematic and regular supervision and monitoring system put in place to monitor and support the HIV and life skills programme at school level. This system should ensure that teachers feel supported and that teachers and principals recognise that the programme is valued by provincial and district level leadership within the education sector.

5. It is strongly recommended that textbooks be more easily available to teachers and students throughout the districts. Distribution mechanisms need to be strengthened to ensure stock outs are dealt with in a timely manner.

6. The Education Departments need to implement specific activities to ensure that teachers, via the principal, are encouraged to hold meetings with parents to explain the HIV and life skills modules. Greater capitalization of complementary community HIV programming other stakeholders should also be leveraged.

7. Staff rotation adversely affects capacity and requires mechanisms to ensure sustainability of efforts. The Education Department need to monitor staff rotation to ensure all replacement teachers are trained and capable in delivering HIV related content to the students.

3 Introduction

3.1 Key social, political, economic, demographic and institutional factors

Papua and West Papua are two of Indonesia's 33 provinces, located in the western half of the world's second largest island, New Guinea. These provinces are at the extreme eastern end of Indonesia and a seven hour flight from the national capital, Jakarta. They are also geographically distant from the nation's major population centres. The combined total population of the two provinces, known collectively as Tanah Papua, is estimated to be 3.63 million, with 2.8 million people residing in Papua Province, and slightly over 800,000 in West Papua province[5].

The provinces are rich in cultural, ethnic, and linguistic diversity. According to the Central Bureau of Statistics, there are 315 distinct tribal groups (*Suku Bangsa Asli Papua*), and it is generally accepted that there are at least 250 local languages. The majority of people in Tanah Papua are Christian, predominantly Protestant and Catholic, but Muslims, Hindus and Buddhists are also present.

The topography of Tanah Papua is challenging. It is dominated by many areas of high, forest clad mountains with population centres consisting of widely dispersed hamlets in rural areas. In many instances these are accessible only by air or several days walk through rugged terrain. Access in many lowland areas can be challenging, with the population thinly scattered along rivers cutting far into the hinterland or in swamplands along smaller streams. This challenging topography has contributed to limited access to, and poor infrastructure for public services like education and health, transportation and communications.

Until 2003, Papua and West Papua Provinces officially comprised a single province of Papua. In 2004 the two provinces officially divided and in 2006 the split was formalised with establishment of a separate provincial administration in West Papua Province. Administratively, Papua Province comprises of 30 autonomous districts/cities while West Papua comprises of 11 autonomous districts/cities. Further decentralisation of government is proposed with continuing splitting of districts and discussion ongoing on the potential to split Papua Province again into two smaller provinces.

Tanah Papua is rich in natural resources but lacking in human resources capacity. Poverty figures for Indonesia show Papua and West Papua Provinces have by far the largest proportion of their populations living below the poverty line, with Papua at 38 per cent and West Papua at 36 per cent compared to the national average of 14.2 per cent[6]. The two provinces enjoy a high level of special autonomy funds geared towards accelerating development and access to quality basic public services such as primary education and health. While Papua and West Papua Provinces have higher per capita spending on education than most other Indonesian provinces, challenges have meant this expenditure has not led to marked strengthening of the education sector in a uniform manner.

5 Central Bureau of Statistics (BPS), 2010.

6 On-line reference at: www.dds.pbs.go.id/eng/brs_file/eng-kemiskinan. "An overview of poverty in Indonesia on March 2009," Table 4. Number and Percentage of Population Below The Poverty Line by Province, March 2008-March 2009.

3.1.1 Education sector in Tanah Papua

The Government of Indonesia has a strong commitment to education and has undertaken a number of important measures to achieve Millennium Development Goal (MDG) 2 by 2015. In 1994 the Government expanded Compulsory basic Education up to Grade 9 for all children aged 7-15 years. While the net enrolment and retention rate has increased nationally, Papua Province has significantly lower enrolment and retention rates than the rest of the country and is at risk of not achieving MDG2 by 2015. West Papua Province tends to have much better educational outcomes for children at primary school level. Children and adolescents in both provinces face many bottlenecks to accessing quality education services with rural segments of society experiencing significant inequities. A large proportion of children in Papua are thus out of school (up to 30 per cent) while in West Papua up to 20 per cent are out of school: more than seven times higher than the national average; at least 38 per cent of classrooms in primary schools across Tanah Papua are in a bad condition; only 4 per cent of primary school teachers possess the minimum qualification compared with 18 per cent at a national level[7].

Factors contributing to lack of participation in the education sector by children in Tanah Papua include basic education sector governance, poverty, geographic isolation, linguistic differences, cultural and social norms, including gender discrimination.

Rural and remote areas are disadvantaged in terms of their access to quality education, relative to urban areas. Ethnicity, which often correlates with rural/urban divides, is also a consideration, with better access and educational outcomes observed among non-Papuans compared to Papuans.

These aforementioned aspects of the political, social, geographical and low capacity education sector in Tanah Papua contribute to profound cofactors that have impacted on the HIV and AIDS related programme under evaluation.

3.1.2 Youth demographics in Tanah Papua

In Papua and West Papua, almost 45 per cent of the population is aged 0–18. 20 per cent of the population is aged between 15 and 24 years. UNICEF have noted a number of challenges and consequences of large populations of young people in such contexts:

- Large numbers of children and adolescents are not in school
- There is a lack of quality secondary school education and of links to stable and safe employment
- Increased risk of HIV and AIDS
- Early marriage, early pregnancy and higher risks of maternal mortality
- Violence

7 BPS 2010 Census data

3.1.3 Response to the HIV epidemic in Tanah Papua

Papua and West Papua Provinces are the only provinces of Indonesia classified as having a generalized HIV epidemic. The latest available figures indicate an HIV prevalence rate in the general population of 2.4 per cent, with a higher figure of 3.0 per cent among young people aged 15-24 years[8]. HIV prevalence among the indigenous Papuan population, which is more heavily concentrated in isolated rural highlands and lowland areas, was higher (2.8 per cent) than among non-Papuans (1.5 per cent[9]). The prevalence was also found to be higher among men (2.9 per cent) than among women (1.9 per cent); and in the highlands the prevalence was 2.9 per cent[10]. It is projected that over 100,000 people are currently infected with HIV in the two provinces[11]. A more recent IBBS study has been conducted in 2012 but the data had not yet been released publically at the time of this assessment.

There are also particular concerns in relation to young people and HIV transmission. The HIV and AIDS Knowledge, Attitude and Practice Among Young People (in school and out of school), teachers and staff of the education department report commissioned by UNICEF in 2011 outlines the situation as a baseline to inform this programme under evaluation. In this survey, very few in-school youth (12.6 per cent in Papua and 1.67 per cent in West Papua) and out-of-school youth (4.5 per cent in Papua and 0.0 per cent in West Papua) had comprehensive knowledge about HIV/AIDS prevention. Several studies have identified limited knowledge of HIV & AIDS, sexual behaviours, limited access to HIV counselling, testing and services, limited life skills, HIV & AIDS related stigma, and cultural practices as factors contributing to the current HIV prevalence among young people. For example, the 2012 Multiple Indicator Cluster Survey in Papua and West Papua also showed that sexual activity starts early. Overall, the combination of population size and HIV vulnerability highlights the need for HIV prevention for young people.

3.2 Logical model of the result chain

The goal of the programme has been to contribute to averting new HIV infections among young people aged 10-24 years in Papua and West Papua Provinces of Indonesia by the end of 2013.

Two Programme objectives have been outlined for the programme:

1. The percentage of young people who have, and make use of accurate knowledge related to HIV and AIDS increases from 40 to 60 per cent.
2. The percentage of young people who practice safe behaviour related to HIV and AIDS, increases from 50 to 80 per cent. Policy and management systems are in place and operational, which sustain a comprehensive educational response to HIV and AIDS.

8 Integrated Biological-Behavioural Surveillance (IBBS) among Key Affected Populations Survey, Government of Indonesia (2011)

9 Ibid

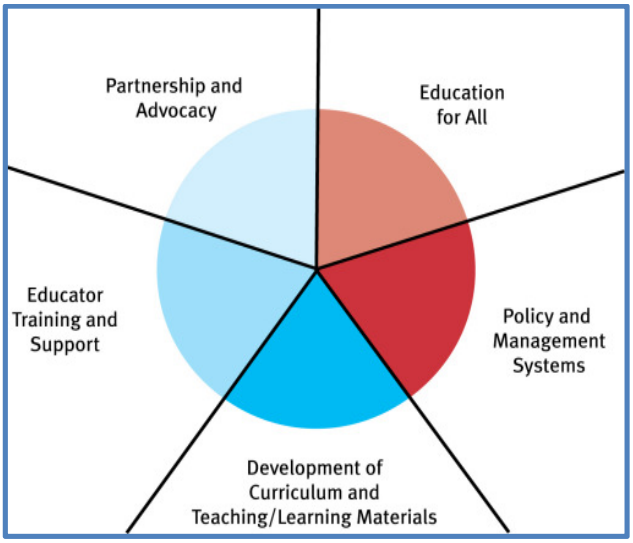
10 Ibid

11 Mathematic Model of HIV Epidemic in Indonesia 2008-2014, Government of Indonesia (2012)

To achieve the programme goal and objectives, five mutually interactive components were adopted for the programme, providing a framework to ensure comprehensive and resilient mainstreaming of HIV prevention into the education sector. These five strategies were:

- **Strategy 1**: Education for All, addressed through the Australian Aid funded *Education Assistance Programme for Papua and West Papua*.
- **Strategy 2**: Policy and management systems strengthening.
- **Strategy 3**: Development of curriculum and teaching/learning materials.
- **Strategy 4**: Educators' training and support.
- **Strategy 5**: Partnership and advocacy.

Figure 1: Five Programme Strategies



The three outcomes identified in the Results Framework were:

- **Outcome Result 1**: Empowerment of adolescents with knowledge, skills and motivation to practice basic behaviour to reduce their vulnerability to HIV & AIDS.
- **Outcome Result 2**: Regular implementation of mainstreaming of HIV & AIDS prevention for young people into both school and out-of-school settings.
- **Outcome Result 3**: Increased institutional capacity to plan, allocate resources, implement, monitor and evaluate comprehensive education sector response to HIV.

These outcome results were placed in two levels, with outcome results 2 and 3 contributing to outcome result 1 (see Figure 2).

3.3 Scale and Complexity of the programme under evaluation

The *Averting New HIV Infection among Young People in Papua and West Papua, Indonesia: Education Sector Response to HIV & AIDS* programme was complex in design and highly ambitious for the programme time frame, working across various domains of complexity, intended results and levels of engagement with broad stakeholders. The goal of the programme has been to contribute to averting new HIV infections among young people aged 10–24 years in Papua and West Papua Provinces of Indonesia by the end of 2013.

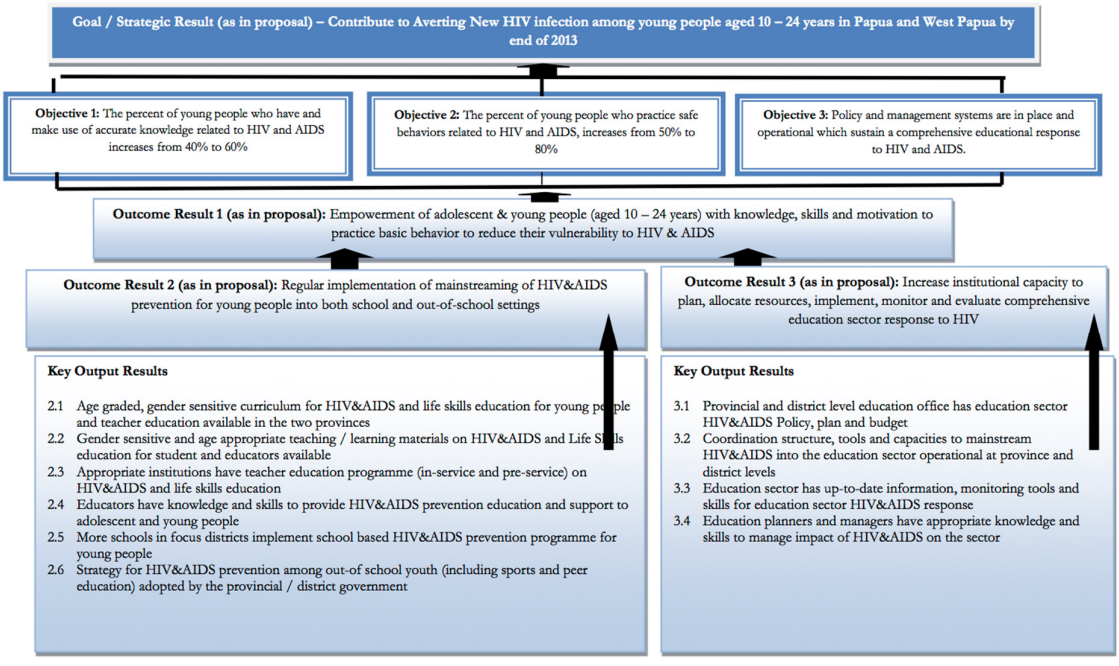
The programme has been implemented with a focus on primary beneficiaries of young people between ages 10–24 through:

a) formal education settings: schools (SD, SMP and SMA levels), principals, teachers, parents and school committees, provincial and district education offices, and;

b) informal education settings in partnership with FBOs, NGOs, the AIDS Commission, health agencies and other relevant government programmes at both provincial and district/city levels.

In alignment with the Indonesian National AIDS Strategy and National Action Plan to avert new HIV infection among young people 10–24 years and as set out in the programme proposal, three levels of results have been defined for the *Averting New HIV Infection among young people in Papua and West Papua, Indonesia* programme and the relationship between the results and different programme components are depicted in the programme results chain (Figure 2).

Figure 2: The Programme Results Chain



No population targets for beneficiaries were set by the programme in terms of the number of schools targeted to deliver the curriculum, or the number of students or out-of-school youth intended to be reached. In line with UNICEF programme strategies for Indonesia, the programme

focussed on a systems strengthening approach rather than direct implementation approach, with output and intermediate outcome indicators in the results chain being less quantifiable and more qualitative in nature.

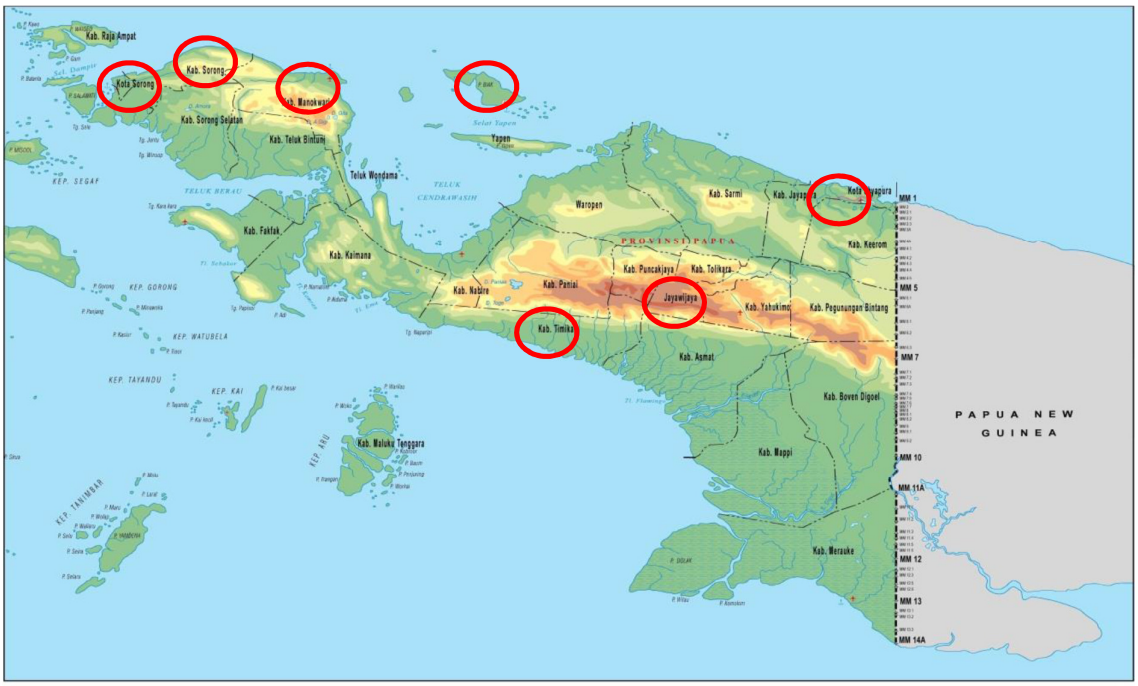
In summary:

- Output level results focus on the process, systems and structure in the education sector to support an HIV & AIDS response.
- Intermediate outcome level results focus on knowledge, attitude and beliefs on protective and risk factors for HIV among young people.
- Long-term outcome level results focus on behaviour changes that influence HIV status

The programme has been implemented in seven target districts: four in Papua (Biak Numfor, Jayapura, Jayawijaya, and Mimika); and three in West Papua (Manokwari, Kabupaten Sorong, and Kota Sorong). The initial selection of focus districts considered the following criteria:

- HIV prevalence.
- Political commitment in response to HIV by the education office and AIDS commission.
- Urban/rural representation.
- Involvement in Phase I and II of the HIV and AIDS education program.
- Potential for productive synergy with the AusAID-supported Basic Education Assistance programme (in Jayapura, Jayawijaya, Manokwari and City of Sorong).
- Geographic convergence of other programmes under The Government of Indonesia-UNICEF Cooperation programme, that include health and nutrition, water and sanitation and child protection programme.
- Presence of HIV-prevention programme supported by Global Fund for AIDS, TB and Malaria (in five districts, 2 in West Papua and 3 in Papua).

Figure 3: Focus Kabupaten and Kota in Papua and West Papua Provinces



From 2010–2014, technical assistance has been provided to address the weak institutional and curriculum framework. This has included assistance for policy and planning, curriculum development and teacher education, as well as curricular-based HIV/AIDS education in 48% of schools in the 7 focus districts.

The programme is in accord with the UNICEF Indonesia programme goals and strategies as a whole as outlined in the Country Programme Action Plan. Critically it takes a systems strengthening approach rather than one of direct implementation, a strategic shift UNICEF have made across their Indonesia programme. The design allows for demonstration and modelling of sound, evidence-based approaches in focus districts with intent for replication and scale-up by the GoI in subsequent districts. The programme aligns with the UNICEF programme in Indonesia where a focus on reaching marginalised and at risk young people with quality education systems and health information is a strategic focus. In terms of addressing HIV, UNICEF in Indonesia have a focus on young key populations across the country and a specific focus on reaching all young people in the generalised HIV epidemic context in Tanah Papua.

Expenditure on the programme for the period January 2010–April 2014 was USD$5,170,664 as at 21 April 2014.

3.4 Key stakeholders involved in the programme implementation

The programme has been managed and implemented through a Government of Indonesia-UNICEF Partnership, with funding from the Kingdom of Netherlands. Of key importance is that the approach undertaken from the design phase onwards was one of partnership between UNICEF and the Government of Indonesia where UNICEF provide technical support to the GoI partners through their offices in Jakarta, Papua and West Papua. However, the programme itself is owned, directed and implemented by the GoI. This design and implementation model allows the greatest potential for

ownership, capacity building and sustainability of outcomes of the programme beyond the time period of Stage 3 implementation.

3.5 Primary Stakeholders

3.5.1 UNICEF

UNICEF was responsible for the overall design and implementation of the Averting new HIV infections among young people in Papua and West Papua. They guided the collaborative design process for the programme, devised the programme's logical framework. Throughout the programme they provided technical input and guidance to the education sector and other programme partners and provided support and guidance for programme implementation. UNICEF disbursed funds to support mainstreaming of HIV in the education sector, making these available through the provincial and district budgeting process.

3.5.2 Kingdom of Netherlands

The Kingdom of Netherlands was the donor for the programme.

3.5.3 Departments of Education

The Provincial Department of Education in Papua and West Papua provinces were implementation partners for the programme with responsibility for planning, budgeting and operationalising the mainstreaming of HIV in education. District Departments of Education in Biak, Jayapura, Jayawijaya, Kabupaten Sorong, Kotah Sorong, Mimika and Manokwari had a similar function at their respective levels. Within the Department of Education there were a number of roles that were assigned to specific cadres.

A Pokja was formed within each Department of Education with overall responsibility for coordinating the mainstreaming of HIV in education for their jurisdiction. This included strategy development, planning, budgeting and implementation management.

Master Trainers were responsible for conducting training of facilitators and teachers in like-skills and HIV curriculum.

Supervisors were responsible for supervision and support to schools and teachers for the delivery of life-skills and HIV education. They were also responsible for data collection for monitoring of implementation of life-skills and HIV curricula in schools.

3.5.4 Staff in intervention schools

Principals and teachers are key to the delivery of the HIV curriculum in schools. Teachers at intervention schools are trained on HIV and how to teach life-skills and HIV education to their students. The role of principals includes ensuring that HIV and life-skills are included and delivered to students, as well as responsibility for school operational planning and funding to support the inclusion of life-skills and HIV education.

3.5.5 Students and out of school young people

The focus of the intervention was students in intervention schools, and out of school young people in programme implementation locations. These are the primary beneficiaries of the project for whom the project was centred around.

3.5.6 NGO Partners providing services to out of school youth

A number of civil society partners were engaged through training and capacity building efforts of the programme to provide services to out of school youth.

3.6 Secondary Stakeholders

3.6.1 Teacher training institutions

Teacher training institutions in Papua and West Papua were targeted as stakeholders in the programme. Their involvement was nominally for assistance with the development of HIV and life-skills curriculum, as well as the integration of HIV and life-skills teaching methodology into their pre-service teacher training programmes.

3.6.2 Communities: parents of young people and other community members

The communities in the selected intervention locations, surrounding the schools where the education programme was implemented were important secondary stakeholders. The project targeted students and out of school young people, but made efforts to garner broader community support through work with parents and other people in the community to increase their understanding of and support for the program.

3.7 Other Partners

3.7.1 Komisi Penanggulangan AIDS

KPAs exist at both Provincial and District levels and have responsibility for HIV prevention. They also work with the Bappeda to review and approve plans and funding for the HIV response. In addition they receive grants for their own HIV prevention activities.

3.7.2 Bappeda

The Provincial and District Bappeda are responsible for reviewing and approving plans and budgets, including funding for the Education Sector and for HIV activities in the Education Sector and other sectors.

3.7.3 NGO Partners working to address HIV in Tanah Papua

There are a range of NGO partners operating in Papua and West Papua who have been involved in the programme. This includes: HCPI which conducts media and awareness; CHAI which supports the strengthening of health services for HIV; youth organisations that work with adolescents and out-of-school young people; clubs for young people; and a range of local NGOs that are involved in HIV education and prevention.

3.7.4 Department of Health

The Department of Health is responsible for health services for HIV such as HIV counselling and testing, prevention of parent-to-child transmission of HIV and provision of treatment for HIV positive people. It is responsible for overseeing the operation of health facilities.

Implementation status

UNICEF through funding from the Kingdom of Netherlands worked in partnership with the Government of Indonesia and the Papua and West Papua Provincial Administrations to implement a comprehensive response in the Education Sector to address HIV and AIDS among young people. The entire programme commenced in 2004, conducted in 3 consecutive stages:

- Stage 1, 2004 – 2006, focusing on knowledge and awareness among caregiver (local, religion, community figures)
- Stage 2, 2007 – 2009, focusing on peer education to avert HIV/AIDS, both with in and out of school youth (SMP and SMA)
- Stage 3, 2010 – 2013 (extension stage, to end in August 2014) focusing on mainstreaming HIV in the education sector

Stage 3 of the programme is the current stage and the focus of this evaluation. Stage 3 is the Averting New HIV Infection among Young People in Papua and West Papua, Indonesia: Education Sector Response to HIV & AIDS programme. It commenced implementation on 1st January 2010 and will be completed in August 2014 as a result of the approval of an eight month extension from the original completion date of 31st December 2013.

4 Evaluation Purpose, Objectives and Scope

4.1 Purpose of the evaluation

The purpose of this end programme evaluation is to offer recommendations to develop quality, evidence-based improvement strategies to replicate the programme to non-focus districts and up-scale the programme across the two provinces. The overall evaluation has a strong summative emphasis, focusing on the relevance, effectiveness, efficiency, equity and sustainability of the programme.

4.2 Evaluation Objectives

The objectives of the end programme evaluation are to:

- Determine the range and extent of achievement of programme outputs, and how the summation of these outputs contributed to outcome results, including unexpected outcomes.
- Determine whether the programme has been implemented as planned and how implementation has affected outcome results.

- Assess changes in institutional frameworks and capacity as well as school-based and out-of-schools community-based interventions for adolescents in Papua and West Papua.
- Provide evidence to UNICEF and the provincial senior education managers about the extent to which resources allocated to the programme have been spent wisely.
- Inform decisions about replication, scale-up and extension of the programme.

4.3 Primary users of the Evaluation

The primary users of the evaluation are UNICEF Indonesia; the Government of the Kingdom of Netherlands; the Provincial Education Office; the Planning and Finance Office; the Provincial AIDS Commission in Papua and West Papua Provinces; all District Partners; the Ministry of National Education and Culture; and the National AIDS Commission. Secondary users include UNICEF's Regional Office, Headquarters and other Country Offices. The timing of the evaluation at the end Stage 3 is important as it informs future planning to address HIV and AIDS among young people through the Education Sector and Non-formal Education Sector in Tanah Papua.

4.4 Scope of the Evaluation

The evaluation was conducted over a five-month period from December 2013 to April 2014. The evaluation focussed on outputs and outcomes of the programme at the Provincial level in both Papua and West Papua Provinces, as well as in the seven focus districts (Jayapura, Jayawijaya, Mimika, Biak, Kota Sorong, Kabupaten Sorong and Manokwari). The main areas of analysis focus on the programme as pertains to five domains; relevance, effectiveness, efficiency, equity and sustainability.

The key actors engaged through the evaluation process were the primary stakeholders: UNICEF at national and sub national levels; the Government of the Kingdom of Netherlands; the Provincial Department of Education in Papua and West Papua provinces; the District Departments of Education in the seven focus districts; and the multi-sectoral stakeholders who are the Pokja members at provincial and district levels. In addition, the evaluation engaged secondary stakeholders: teacher training institutes; master trainers; supervisors; staff in intervention schools (teachers and principals); NGO partners providing services to out-of-school youth; communities; parents of young people; and other community members in intervention locations. Most of all the evaluation focussed on the primary beneficiaries of the programme: the students and out-of-school young people themselves.

Other partners engaged through the evaluation process include: Komisi Penanggulangan AIDS at provincial and district levels; the Department of Health; the provincial and district Bappeda; and other NGO partners working to address HIV in Tanah Papua including HCPI and CHAI.

4.5 Challenges and Limitations of the evaluation process

A number of challenges and limitations were experienced in conducting the evaluation.

4.5.1 Challenges

The evaluation team were able to take actions to address most of these challenges by adapting approaches throughout. A few challenges have been difficult to address and have led to lessening of the ability to draw solid conclusions on some key evaluation questions. The major challenges faced and adaptive strategies taken by the evaluation team to overcome these challenges are outlined here:

1) Access to many key stakeholders for interview was limited. Many stakeholders were unavailable at the times the interviewers were in the field for the capacity assessment or field data collection events. Issues with geography and the spread of the programme in the districts meant that if people were not available when the field evaluation teams visited, it was difficult to access them at later times. The team followed up with phone interviews where possible to interview critical informants who were not available during field visits.

2) Tribal fighting in Mimika district meant that access was restricted during the data collection phase. The evaluation team randomly sampled replacement intervention sites in the place of the inaccessible sites initially selected.

3) School closure due to holidays or activities, student absenteeism and teacher absenteeism prevented the sampling of the required number of students and staff from some schools. All sampled schools where the required sample was not met on the first or second visit were visited up to a total of between three and seven times. However, in some cases, this was still insufficient to reach the desired sample size. Some non-intervention schools were included in the sampling frame. If schools selected for sampling were revealed to be non-intervention schools, replacement schools were sampled. Replacement schools were taken from a randomly selected pool of contingency schools.

4) There was great difficulty in locating out-of-school youth and facilitators for the evaluation. The evaluation process highlighted the difficulties of running an ongoing programme for out-of-school youth. In most cases the facilitators did not have any records of home addresses and contact details for the young people in these groups. It was therefore difficult and time consuming for the evaluation team to track down the number of informants needed from these groups for interviews. The lesson learned was that, while every reasonable effort should be made to identify the target number of informants, where this is not readily possible, the team should move on and note this was a major challenge in conducting the evaluation methodology.

5) The programme has been running for a number of years and rotation of staff with institutional memory of the programme has occurred on a number of occasions. This was true of both UNICEF staff and stakeholder/GoI staff. The evaluation team followed up those that were traceable via telephone but were not able to access all potential informants.

4.5.2 Limitations

The major limitations of the evaluation methodology are outlined here:

1) No population targets for beneficiaries were set by the programme in terms of the number of schools targeted to deliver the curriculum, or the number of students or out of school youth intended to be reached. The programme would have benefitted from additional quantitative targets set for beneficiaries. If UNICEF had worked with the GoI partners in the planning stages to set quantifiable targets in terms of number of schools where the curriculum is taught, and number of students to be reached (disaggregated by sex, age, ethnicity, etc.), it would have given an additional measure by which to evaluate the programmes success in terms of effectiveness.

2) Access to detailed budgetary information was not easy to collect from the Departments in Tanah Papua. The project reports also outlined overall expenditure per quarter but not detailed breakdowns on expenditure per activity. This has led to difficulties in ascertaining cost-effectiveness and efficiency of the programme at a detailed level in terms of expenditure per specific area of programming.

3) Limited data is available on the HIV epidemic in Tanah Papua, including a delay in the release of the latest 2013 IBBS. This information would be critical to ascertain equity in terms of whether the seven focus districts were the districts most affected by the HIV epidemic in the two provinces. Future phases of activity should use the 2012 IBBS data to inform site selection if the IBBS study disaggregates the extent of the epidemic by district level.

4) There was insufficient data to generate a complete sampling frame of intervention schools and their respective student numbers. This meant that selection of intervention schools for sampling could not be done using probability proportional to size. For the performance of weighted analysis, the absence of complete data for the sampling frame meant that for some schools and districts, school size and male and female student numbers for specific grades had to be estimated using a range of different methods. Weighted analysis was performed for comprehensive HIV knowledge to compare the magnitude of difference between weighted and unweighted analysis. For reasons noted above, the reliability of the weights used is uncertain. Therefore, the unweighted analysis has been used together with discussion of how the results from the sample are likely to differ from the sample population.

5) For reasons of practicality, the quantitative survey could not be powered to detect a statistically significant change in some of the quantitative indicators in the M&E framework. In particular, the indicators reporting on young people's sexual behaviours are highly limited as only a small proportion of the sample reported that they were sexually active. The sample size was also not powered to detect significant changes from baseline to endline when making longitudinal comparisons on a single school level within a single district. 6) Some modifications of the survey instruments were made between baseline and endline. The endline surveys were significantly shorter to reduce the amount of time required for respondents to complete them. As such additional explanatory detail on some indicators was not collected at endline even though it was collected at baseline. In addition, some modifications were made to specific questions in the endline survey so that they were more explicit in targeting the data required for the indicator. For example, at baseline, it appears that knowledge of where to access condoms was based on whether the

respondent said that they thought it was easy to access condoms. In the endline, respondents were asked to identify from a short list the specific locales where they thought they could obtain condoms. Finally, the baseline survey report did not always contain sufficient detail on methods of calculation to allow the endline survey to replicate them. These limitations and their likely influence on comparability of indicators between baseline and endline are discussed in detail in the quantitative report.

7) More lead time in the initial stages of the evaluation would have allowed for greater clarification of the ambiguities existing in the district education records. The poor management information system in the provinces/districts made it difficult to confirm the intervention and non-intervention schools in the target districts for the evaluation. Even when this information was provided, sometimes it was not accurate, resulting in wasted visits to schools, some of which were in remote areas. More lead time was needed to clarify and confirm this information with district education offices. The efforts to clarify this in the short lead-time made the initial stages of the evaluation unduly stressful and wasted time and resources.

5 Evaluation Methodology

In response to the terms of reference the methodology for assessing the achievement of the programme goal, purpose and objectives, with focus on the key evaluation questions entailed a number of separate but interconnected processes and methodologies.

(i) Document review of all programme documentation and current literature (published and grey) relevant to HIV education programmes for in-school and out-of-school children/youth;

(ii) An endline HIV & AIDS Knowledge, Attitude and Behaviour (KAB) survey among in-school and out-of-school young people, and education staff in Papua and West Papua Provinces. The survey findings have been summarised in a separate report from Survey Meter (*Quantitatif Study Report*)

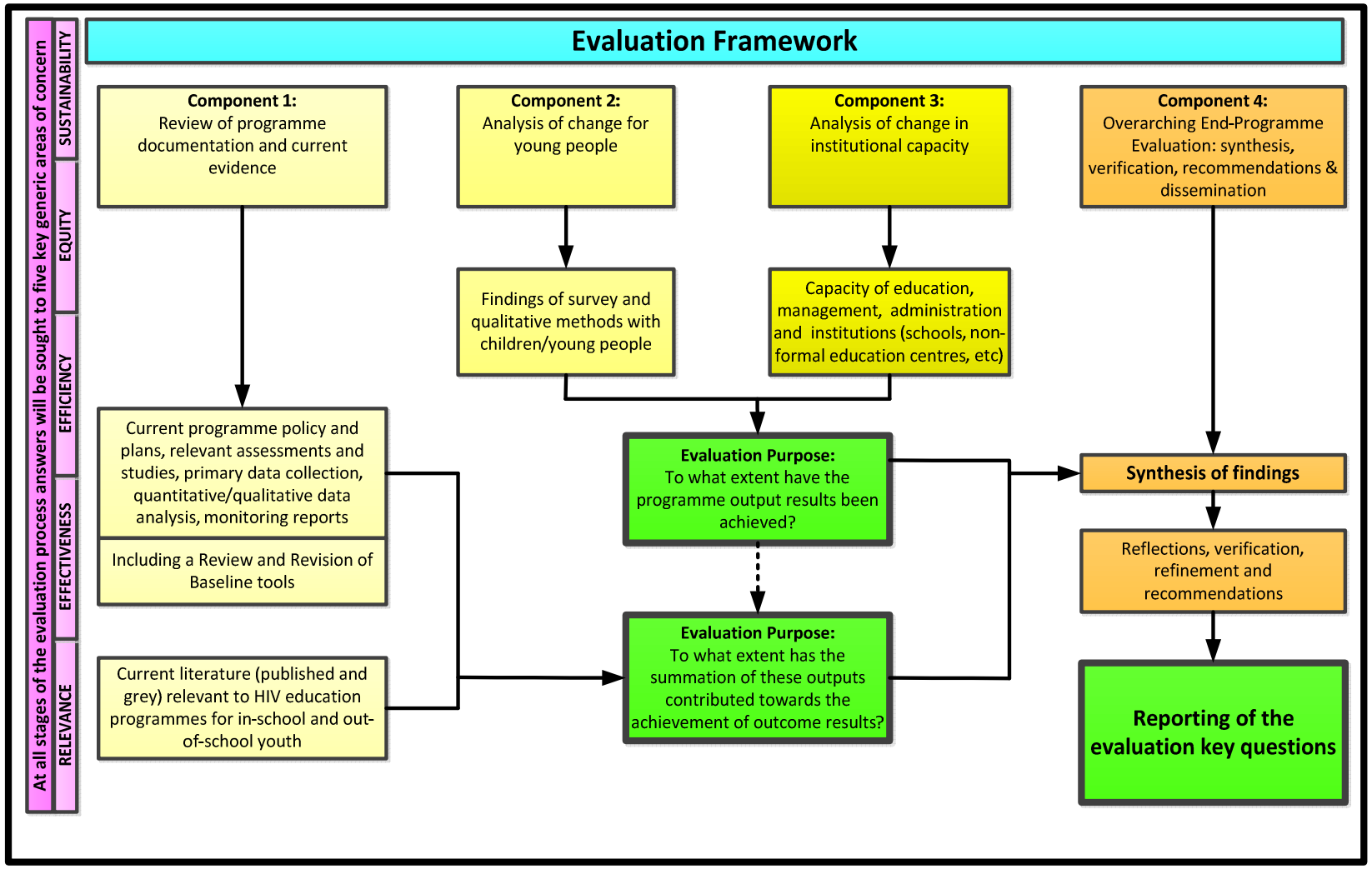
(iii) Key informant interviews, semi-structured group interviews, participatory methods (including stories of change) with children/young people and education staff. These interviews were conducted at two levels and by different teams:

- at school/community level, focusing on change in young people and the uptake of the programme in the schools and with out-of-school young people; and with

- district and provincial level education staff and external stakeholders, focusing on changed institutional capacity within the education sector to effectively manage and implement a comprehensive educational response to HIV. The detailed capacity assessment findings have been summarised in a separate report (*Capacity Assessment Report*).

Analysis, triangulation of data and synthesis of the above into this **End Programme Evaluation** report were conducted with the aim of responding to 19 high-level evaluation questions focused on relevance, effectiveness, efficiency, equity and sustainability. Figure 4 outlines how each of the components of the evaluation worked together to achieve the evaluation purpose.

Figure 4: The Evaluation Process



Reference and baseline indicators to measure change in capacity, knowledge or behaviour, came from the two baseline reports commissioned by UNICEF and conducted at the outset of the programme:

1. Final Report - Assessment of the Capacity of the Education Sector to Respond to HIV and AIDS in Papua and West Papua, Kingdom of Netherlands and UNICEF.

2. HIV & AIDS Knowledge, Attitudes and Practices of Adolescents, Teachers / Principals and Staff of the Education Office in Papua and West Papua Indonesia - Final Report, Department of Education, Papua and West Papua, Indonesia (December 2011)

Detailed descriptions of methodology, analysis, rationale for selection of methods, and their limitations for the approaches and methodologies are outlined in the annexes to this report. Full details, together with results are provided in the detailed supplementary reports. These supplementary reports also outline detail for data sources, sampling framework (rationale and mechanics of selection, numbers selected and limitations of the sample). Summary versions of the methods used for the evaluation are presented here.

5.1 Sampling and data collection methods

5.1.1 Quantitative survey of HIV knowledge, attitudes and behaviours

A quantitative survey was undertaken of HIV knowledge, attitudes and behaviours of those targeted by the programme. The survey included:

1. Students (grades 5, 6, 8, 9 and 11), teachers and principals in intervention SD, SMP and SMA schools.

2. Out-of-school young people who were members of clubs that participated in the programme.

3. Members of district and provincial education departments.

For in-school populations, a stratified three-stage sampling design was used. Intervention schools were stratified into three levels: SD, SMP and SMA in all 7 intervention districts. Then within each district an allocated number of intervention schools was selected in each strata using simple random sampling. A pre-determined number of students from the eligible grades were then selected at random from the sampled schools, again using simple random sampling. Teachers who had received training on HIV and principals were sampled from the same schools.

For out-of-school young people, all intervention centres (clubs and groups) were identified and individuals from those clubs were sampled using simple random sampling.

For education departments, staff were stratified into three levels: heads of department, heads of division and other staff. Simple-random sampling was used to select staff from each of the three strata from the 2 provincial departments and the departments in the 7 intervention districts.

All sample sizes were designed to yield at least 10% precision and 95% confidence within each stratum, with a design effect of 2.

Sampling was conducted by trained SurveyMETER data collectors using a modified, tested version of the baseline questionnaire. Questionnaires for students at SD were administered. Questionnaires for all other respondents were self-administered. Duplicate data entry was conducted, with initial data entry in the field and subsequent data entry taking place later at the SurveyMETER office in Jogjakarata. SurveyMETER cleaned the data and then analysed it using STATA in consultation with the Burnet Institute in Melbourne.

5.1.2 Qualitative Capacity Assessment

A qualitative assessment was undertaken of capacity for HIV programming for young people, with a particular focus on education sector capacity for the mainstreaming of HIV in education.

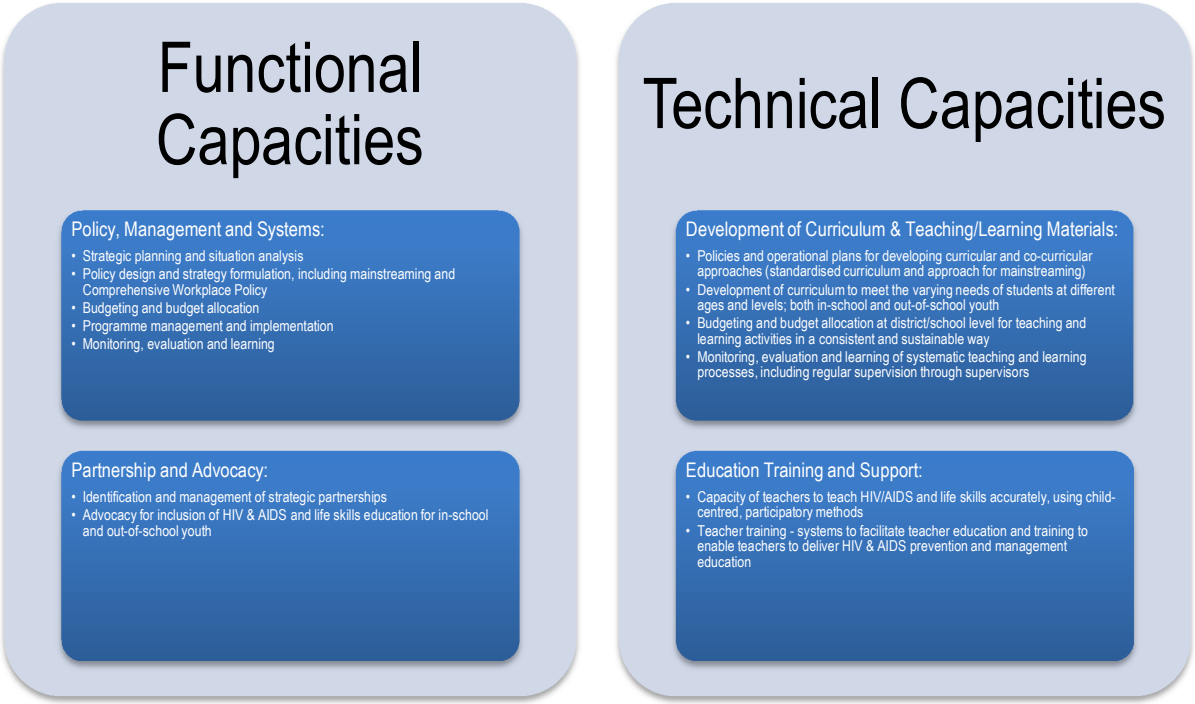
The qualitative component of the capacity assessment included the following methods:

1. Review of project-related UNICEF and government documentation.
2. Primary qualitative data collection.
    - small group activities in a one-day workshop.
    - semi-structured small group discussions.
    - semi-structured key informant interviews.
    - individual stories of change.

The review of UNICEF and government documentation was conducted and reviewed programme progress reports as well as government plans, HIV policies, HIV guidelines, budgets and HIV curriculum materials. In addition, the baseline capacity assessment and mid-term evaluation were reviewed and used to provide context for evaluating the extent and nature of changes that have occurred during the programme period. Documents were collected from UNICEF staff in Papua and West Papua and from Papua and West Papua provincial and district government stakeholders.

For primary data collection, the indicated qualitative methods were chosen to obtain descriptive detail of capacity development activities and to allow open-ended exploration of participants' perspectives on the programme and its influence on capacity. Participants in primary data collection were selected in consultation with UNICEF. Participants included: provincial and district education department staff; provincial and district KPA staff; staff from other program-related government departments; UNICEF staff; donors; implementation partner NGOs; universities; HIV education trainers; and those involved in HIV curriculum development. Workshops, KIIs and small group discussions were facilitated by a qualitative researcher engaged by SurveyMETER, assisted by an evaluator from the Burnet Institute and a SurveyMETER notetaker. Question guides were used to focus inquiry into capacity changes, activities that lead to capacity changes, influence of capacity changes on programme implementation, gaps in capacity, and barriers to capacity development. In addition questions were included that focussed on issues of programme effectiveness, relevance, efficiency, sustainability and equity. The areas of capacity that were explored are illustrated in Figure 5.

Figure 5: Areas of capacity for the Capacity Assessment



Notes from the data collection were translated into English. The data was then coded in TAMS analyser by the Burnet evaluation team in Melbourne. The programme capacity development framework was used as an *a priori* codeset for the coding. Theme-based analysis of the coded data was conducted and is presented in the Capacity Assessment report.

5.1.3 Qualitative survey of schools and communities

A qualitative survey of schools and communities was undertaken. The qualitative methods for this survey comprised focus group discussions, key informant interviews and collection of stories of change related to the delivery of the intervention activities in the schools and centres for out-of-school youth. Specifically, questions related to: the integration of mainstreaming in the schools; the teaching methodologies; the curriculum and other resources provided; and feedback about the effectiveness of the programme.

Data collection was undertaken by four trained qualitative teams, each comprising two members, one from SurveyMETER and one local data collector. Standard question guides were used for both the focus group discussions and the key informant interviews. The collection of stories of change was facilitated and written up by interviewers using a template. Schools sampled for the qualitative survey of schools and communities were drawn from the schools and youth centres that had been selected for the quantitative survey. In each district, the qualitative teams visited 6 schools comprising 3 elementary (SD) schools, 2 junior high (SMP) schools and 1 senior high (SMA/SMK) school, with an urban/rural mix appropriate for the district.

In each school, the team undertook two focus group discussions (6-8 participants) with students who had participated in the intervention activities in 2012 or 2013; a story of change from one student; key informant interviews and a story of change with 1-2 teacher(s) who had taught the HIV & AIDS

and Life Skills modules; and a key informant interview and story of change with the principal in each school. In addition, the team conducted key informant interviews and collected stories of change from 3 parents and 3 community leaders in each district.

For out-of-school youth, participants were selected to ensure that there was representation from the three districts implementing programmes (Jayawijaya; Sorong City; Manokwari), the different civil society partners and the different nature of each programme (faith-based; sports-based; village youth-based; etc). For each group the following was undertaken: a focus group discussion with 8-10 group members; collection of a story of a change from one young person; and a key informant interview and collection of a story of change from the facilitator of each group.

Table 1 summarises the type and number of informants interviewed for the evaluation.

Table 1: Number and Type of Informants

Type of Informant Group	Male	Female	Transgender	Total
SD level students (39 FGDs)	144	140		284
SMP level students (26 FGDs)	95	92		187
SMA level students (11 FGDs)	42	41		83
Out-of-school young people	8	27	8	43
Teachers				42
Out-of-school facilitators				4
Principals				41
Parents				18
Community leaders				19
			TOTAL	721

The collected data from the interviews was reduced and summarised under key themes (questions) and sub-themes, using custom-developed templates, by the SurveyMETER teams who had conducted the interviews and a qualitative specialist from Burnet. This involved a five-day workshop in the SurveyMETER offices in Jogjakarta.

For the Stories of Change a participatory selection process was undertaken to identify the most salient stories. This was conducted by a selection panel of teachers, principals and district education staff. The report on qualitative findings from schools and communities was drafted by the Burnet specialist and revised after feedback from the SurveyMETER team.

5.2 Guiding principles for the evaluation process

During the Inception phase the evaluation team agreed on the following guiding principles for the evaluation. The evaluation processes were all based on an approach that:

- Involves the participation of all people interested in the project.
- Builds the capacity of the communities and uses a “learning by doing” approach.
- Promotes a team approach.
- Will happen at a pace that keeps the communities engaged and will, if necessary, revise the approach to suit what is practical in each situation.
- Follows cultural protocols for community engagement in each section.

- Ensures a process is in place to provide feedback to all those involved in the process who have given information in interviews or discussions.
- Is Ethical.
- Is Efficient.
- Respects the views of all who join the discussions or are interviewed.
- Transparent in process at all times.
- Perspectives remain unbiased and independent.

These guiding principles were deemed important to ensure the process followed high ethical standards and built capacity of national stakeholders and evaluation team participants in utilisation of evaluation methodologies throughout. Some methodologies were new for the field enumerators, such as the stories of change methodology. The stakeholders and evaluation team were trained on using these tools and reflected that they learnt new skills and evaluation techniques by being a part of the team, thus ensuring the evaluation process itself upheld components of capacity building for people in Papua and West Papua.

5.3 Ethical Safeguards

The evaluation was conducted in compliance with:

1. The *Ethical Guidelines for UN Evaluation.*
2. The programme evaluation standards and code of behaviour as formalised in the Australasian Evaluation Society *Guidelines for the Ethical Conduct of Evaluations* (August 2010) and the *Code of Ethics* (December 2000).
3. The *Norms and Standards for Evaluation in the UN system*.

The following ethical safeguards were followed during the evaluation process:

- Permission to conduct data collection from schools was sought and obtained at the provincial and district levels, and from school principals. Disclosure of the purpose of the evaluation and the nature of the data being collected was provided to these stakeholders to inform their decision to participate or to not participate.
- Prior to participating, all individuals were informed of the purpose and nature of their evaluation and how the information they provided would be utilised. They were given the option to opt out of participating at any point. Verbal consent was obtained from all participating teachers, principals, students and out-of-school young people.
- Quantitative questionnaires were pre-tested to ensure that the material was appropriate and that the questions were not likely to upset or offend respondents.
- Training for data collectors prior to field data collection included training on appropriate conduct and requirements for ethics compliance.
- School-based sampling and sampling of out-of-school young people did not collect information that could be used to identify individual respondents.

- For the capacity assessment, reporting of findings was done without attributing comments or perspectives to any one individual.
- As a means of compensating individuals for their time in participating in the evaluation, refreshments were provided to those sampled from schools and those who participated in capacity assessment workshops.

5.4 Quality assurance systems used in data collection, storage and analysis

Data quality assurance systems were used throughout the preparatory, data collection and data entry phases of both the quantitative and the qualitative components of the evaluation. Details of the measures used are outlined in the annexes.

6 Findings

The findings are framed in response to the five domains of Relevance, Effectiveness, Efficiency and Sustainability. The 19 key questions and sub questions are answered throughout. Data sources from the various evaluation methodologies have been triangulated to contribute to and verify findings relevant to each of these programme components.

6.1 Relevance

Key Evaluation questions relevant to this domain of assessment

1) How closely is the programme aligned with the relevant government priorities and programmes in the education sector and within the HIV & AIDS response at national, provincial and district levels including the regional development plans at the provincial levels, including provincial and district strategic plans?
2) To what extent was the programme aligned with UNICEF's equity agenda in addressing the needs of the worst-off groups and reducing inequities between the best-off and the worst-off groups?
3) To what extent was the programme aligned with commitment of the Government of Indonesia to address equity with regards to geography, disease burden and capacity?

Finding 1. The programme's objectives and strategies were relevant and aligned with public health need but not with government priorities and programmes in the programme setting. However, the government priorities and programmes were not aligned to the public health need. Hence, the programme was highly relevant in that it aimed to, and succeeded in, realigning government priorities to public health need to create an enabling policy environment for the HIV response in Papua and West Papua.

Sub-finding 1.1 The programme was highly relevant to the public health needs for HIV in Papua and West Papua

The two Indonesian provinces of Papua and West Papua are unique in Indonesia, and perhaps in South East Asia in that the available epidemiology indicates a generalized epidemic is occurring. The available data also indicate that HIV prevalence is highest among young people (3.0% among young people aged 15–24 years as compared to 2.4% in the adult population as a whole .) Demographically, the number of young people is significant: the 15–24 age cohort also makes up 20 per cent of the population in the two provinces and almost 45 per cent of the population is aged 0–18. Hence the programme was highly relevant in that programming to achieve broad-coverage of HIV prevention among young people is a clear public health need for the HIV epidemic in Papua and West Papua. At the time the programme was commenced, programming to achieve broad coverage of HIV prevention interventions among young people with interventions adapted to their needs was insufficient. The programme was thus also highly relevant in that it responded to this gap in programming.

Sub-finding 1.2 The programme was highly relevant in establishing a policy environment that is aligned with public health needs for HIV

The existing policy environment in Papua and West Papua was not well-aligned with the public health needs of the HIV epidemic in the provinces. At the time the programme commenced there was no policy on the mainstreaming of HIV in education, little relevant policy on the needs of young people and some policy relating to the overall HIV response in the two provinces. The programme targeted the need for changes to the provincial and district policy environments to support the implementation of a comprehensive HIV response within the education sector. Hence the programme was highly relevant in that the shaping of an enabling policy environment is crucial for the development and implementation of effective programming for HIV. Major achievements in creating an enabling policy environment included the passage of the Governor's Decree on mainstreaming HIV in the education sector in Papua, the commitment of the provincial government of West Papua to the development of a comprehensive youth policy and district level decrees and letters directing the education sector to mainstream HIV.

"On 24th June 2013, the Government of Indonesia (national level) officially welcomed the decision by the Provincial Government of West Papua to strategically invest in generasi muda (young generation) by developing a comprehensive youth policy which is the first of its kind in Indonesia."

Finding 2. The programme was successful in building recognition of programme relevance among education sector stakeholders

The programme anticipated government recognition of and action on the need for an education sector response to HIV and in this sense, one of the tasks of the programme was to convince education stakeholders of the programme's relevance. In this regard it was positive that participants in the capacity assessment consistently endorsed the programme as relevant for the setting and its HIV epidemic. The programme's comprehensive capacity building response targeting provincial and district government was instrumental in achieving this and was a sensible inclusion that helped increase stakeholder recognition of the changes needed in the policy environment and in HIV programming.

At the school level, the qualitative survey findings suggested that students, teachers and principals also appreciated the programme as relevant to their needs.

Text box 2:
Perspectives of Relevance and Importance of the HIV and Life Skills teaching from the beneficiaries

In assessing relevance of a Programme beyond the macro level, the evaluation team also assessed relevance from the perspectives of the end-users of the interventions, the young people/students themselves. Overall, the students overwhelmingly agreed that the HIV and life skills were important (53) and needed if they were to stay healthy and prevent contracting diseases, such as HIV (40). A number of groups were more specific, adding that the lessons helped prevent/restrict promiscuity (17) and helped them to understand the potential consequences of using drugs (14). One senior high school group explained: *(These lessons) were important as we are still in the unstable period, curiosity really drives us, and once we try (drugs) we might get addicted.*

At elementary school level, one group commented: *(These lessons) were good for us for our future, and gave guidance for our relations with the opposite sex, and also helped us to look after our health.*

Principals also unanimously confirmed that the HIV and life skills programme has been accepted by students. When asked how they could be sure that this was the case, one principal commented that *it was obvious as students hadn't left during the session!*

Importantly, and providing further verification of the relevance/importance of the sessions, the majority of groups (49 of 58) who received the sessions, confirmed that they had talked about the sessions with others. The main groups of people who students talked about the sessions with were: friends and schoolmates (45); parents (34); and siblings (21). The messages they tended to focus on in these discussions related to HIV and AIDS, personal hygiene and cleanliness, drugs and alcohol, promiscuity and smoking. The response or feedback from these discussions varied, with some students reporting a positive response and requests for further information, and others reporting no response or negative comments suggesting that the student was acting like a teacher! For example, one elementary level student said: *Some people didn't like me talking about these things and said: "It's as if you know a lot about these things!"* Similarly, another reported: *My brother got angry with me, saying I was still a child and threw stones at me!*

Some parents were pleased to hear the information from their children, believing that this knowledge would enable their children to make good decisions about their health. Some friends were dismissive, claiming the information was useless. Quite amusingly, one junior high student said that one of his/her friends philosophically commented: Smoking or not, I am going to die anyway! Students, especially at junior and senior high school levels, requested more detailed information about HIV and AIDS, STIs and drugs and alcohol. Some of the individual comments from students suggested that there were a variety of questions they would like discussed, such as:
-*Where did the HIV come from?* (Rural, elementary school student)
- *(I am) wondering about condoms; (if) condoms protect 98% of users, what happens with the other 2%?* (Senior high school student)
- *Are condoms safe? We don't know if they are sterile, do we? (*Senior high school student)
- *(I am curious about) why that skinny little is already menstruating while that bigger girl isn't yet.* (Rural, elementary school student)
While some of these questions might seem amusing or trivial, it is clear that the sessions have triggered students' curiosity and left them with a thirst for deeper knowledge on some of these topics.

Finding 3. The programme utilized the education sector and clubs for out-of-school young people to deliver HIV prevention interventions. This leveraged existing systems and structures as delivery channels. However, in a setting in which disadvantage is associated with having, or not having access to formal education and functional youth groups, the programme's mechanisms for reaching young people only though schools and established clubs limited the programme's alignment with a pro-equity agenda within the target provinces.

Sub-finding 3.1 The programme's decision to use the education sector as a platform was relevant for achieving broad coverage but insufficient to achieve coverage of all young people

An analysis of the extremely complex settings in Tanah Papua indicates that the education sector is an appropriate mechanism for gaining access to a large number of young people in a context conducive to education and learning. Alternative options for reaching young people en masse in Tanah Papua include broad mass media (radio) which does not allow for two way communication and participation of young people in the learning processes, or through faith-based institutions (churches, mosques etc.) – which carry inherent risks in adult educators feeling comfortable providing accurate and non biased sexuality based education to the young people.

Working through the education sector affords high levels of access to adolescents in a formal environment and through established infrastructure, trusted by communities to impart information and knowledge to the young population.

Sub-finding 3.2 Within a framework of delivering HIV intervention through the education sector, the delivery of HIV information in the curriculum is relevant and evidence-based

A systematic review of the evidence of what works in HIV programming with young people in the developing world assessed two core factors in education setting approaches and rated the likelihood of success determined by these factors. The two core factors reviewed in consideration of likelihood of success are:

1) whether the education in schools should be curriculum-based or non curriculum-based.

2) who the educator should be (teacher, other adult or peer young person).

The programme under evaluation chose the approach of making the activity curriculum-based and selected the teacher as the educator.

Curriculum-based programmes rated consistently better than or equal to non curriculum-based programmes in the following measures: lack of potential for adverse outcomes; potential size of effect; other health and social outcomes and acceptability. Only in feasibility of deliverability did curriculum-based approaches rate poorer than non curriculum-based approaches. In consideration of the relevance of the approach undertaken, the choice to make the programme curriculum-based corresponded to the evidence base and had the greatest likelihood of success, including sustainability of the system established.

Sub-finding 3.3 The choice to use the teacher as the educator for young people through school based programming was sound in the context of Tanah Papua,

Using teachers to deliver HIV education was a sound decision, based on the need to achieve broad coverage in an ongoing manner. Using teachers as HIV educators leveraged human resources that are already in place in a context where geography, capacity, time and cost constrain the possibility of recruiting and deploying staff and there is no clear pre-existing cadre of HIV educators who could provide the necessary coverage.

In terms of expected effectiveness of using teachers as HIV educators, in selection of who should deliver the education, there are three main options:

1) Teacher-led.

2) Other adult: e.g. from the health sector or civil society group.
3) Student peer-based delivery.

Teacher-led approaches rated the best in terms of feasibility and potential size of effect, but less likely to be effective in terms of acceptability compared to other adult-led approaches. Teacher-led approaches rated the poorest in terms of 'lack of potential for adverse outcomes' and poorer than peer-led approaches in terms of 'other health or social outcomes'.

In terms of choosing the teacher as the educator, in the context of Tanah Papua this approach also seems the most feasible, systematic and sustainable. It is unlikely that a peer educator approach (trialled in previous stages of the programme) would lead to confidence and capacity of the educator, sustainability, or feasibility of actual deliver.

Sub-finding 3.4 School-based and club-based delivery of HIV education is unlikely to have reached disadvantaged populations and addressed equity issues within the intervention provinces

Participation in formal education is not universal in Papua and West Papua and the proportion of young people attending school decreases from SD to SMP to SMA. Consequently, HIV prevention in school approaches thereby do not reach those young people who do not attend school. Moreover, some stakeholders reported that urban schools typically function better than those in rural and remote areas. Consequently, coverage and quality of HIV education through schools may be less adequate in rural and remote areas.

Participants in the capacity assessment noted a range of programme interventions used to reach out-of-school young people, however, they acknowledged that some out-of-school young people are very hard to reach. The programme's channels for reaching young people, such as through sports clubs or other groups may not be sufficient to achieve coverage among the out-of-school young people who are hardest to reach. Particular groups that were of concern and that were noted as not reached through this delivery model included out-of-school young people in rural and remote areas and out-of-school young people who have given birth.

Participants in the capacity assessment suggested that those who are hardest to reach are typically the most disadvantaged. While the intersection between such disadvantage and vulnerability to HIV are not well-understood in Papua and West Papua, it should not be assumed that their need for HIV prevention interventions are less than those of the cohorts who are reached through schools and clubs. As such, the gaps in coverage of HIV education among these cohorts should be considered detrimental to a pro-equity agenda that would seek to reduce inequity between the young people who are best-off and the worst-off in Papua and West Papua.

When considering the programme to date as a means of exploring how HIV education might be delivered in Papua and West Papua, the programme as designed has had limited relevance in assessing how HIV education might be delivered to out-of-school young people who are not accessible through the delivery models the programme utilised.

Finding 4. The programme objectives and strategies remain relevant at the end of the programme and into the foreseeable future.

The available epidemiological data shows that the epidemic of HIV among young people in both provinces continues unabated. Endline data from the KAB survey indicates persistent gaps in knowledge, and required improvements in attitudes and behaviours among young people in Tanah Papua to avert and halt the epidemic. As such conducting a systems strengthening approach that builds capacity of the Education sector in Tanah Papua using curriculum embedded education methods and participatory teaching styles remains relevant as the project implementation period comes to an end. Continuing initiatives are required to consolidate and expand these efforts in the future. UNICEF should focus their HIV programming on young key affected populations across Indonesia and continue and continue targeting all young people in the generalised epidemic context of Tanah Papua.

This assessment of relevance is made based on the lack of specific epidemiological data on distribution of HIV risk and vulnerability among young people in Papua and West Papua and hence broad coverage of the target population is needed to ensure that those at risk are included. Should data on HIV risk and vulnerability among young people become available, the programme targeting, objectives and strategy may require revision to ensure that they remain optimal for the context.

Finding 5. Linkage with health services such as condom distribution and HIV testing are important for effective HIV prevention programmes. The creation of such linkages was not adequately incorporated into the program objectives and strategies.

Current evidence is that HIV & AIDS education is more effective when it is linked to supportive services for behavior change such as condom distribution, HIV testing and youth-friendly health services. In the programme's objectives and strategies and in implementation, there was very little focus on establishing linkages between mainstreaming of HIV & AIDS and life skills education into the curriculum and supportive health services. This was a significant missed opportunity to increase the effectiveness of HIV education that the programme delivered.

There was one notable exception in West Papua was the attempt to integrate a school health unit (UKS). This was inspired by services in Australia that participants from Biak observed during their study tour. They then tried to integrate health and HIV services into the school setting in using the UKS. However, the UKS is currently under review and some stakeholders thought it unlikely that it would continue to operate. There was little discussion from stakeholders within the education sector in regards to policies and strategies for strengthening linkages with other health support services for HIV.

In regards to linkage between health services and out-of-school adolescents, the Health Department in West Papua felt that comprehensive coverage of out-of-school young people could be achieved through the puskesmas outreach programme. However, this may be ambitious and no other stakeholders discussed the PKPR and the feasibility of using this as a means of reaching young people.

6.2 Effectiveness

Key Evaluation questions relevant to this domain of assessment

- To what extent did the programme meet overall needs?
- To what extent has the programme contributed to building institutional capacity of the education sector to respond to HIV & AIDS at the provincial level and in intervention districts?
- To what extent has the programme contributed to improving HIV & AIDS knowledge and attitudes among in & out-of-school adolescents, teachers / principals and staff of the education office?
- To what extent has the programme contributed to the adoption of behaviours (positive and/or negative) at an individual, school and community level?
- To what extent have the strategies under implementation contribute or facilitate the achievement of the results?
- What unintended outcomes, positive as well as negative, have resulted from the implementation of the programme in target areas?

Table 2 provides a summation of results at an outcome level against the Indicators established in the programme design and monitoring & evaluation framework. It indicates the extent to which the programme was effective in reaching its intended outcomes in terms of improving HIV and AIDS knowledge, attitudes among in-school and out-of-school adolescents, teachers, principals and staff of the education office. Findings on effectiveness are analysed immediately after Table 2.

Table 2: Results against indicators for programme objectives

Result	Baseline	Targets[12] (2013)	Endline Result
Programme Objectives			
The percentage of young people who have, and make use of accurate knowledge related to HIV and AIDS increases from 40% to 60%	40%	60%	The evaluation was not able to measure directly the percentage of young people who *have and make use of* accurate knowledge. Comprehensive knowledge of HIV prevention can be used as a proxy for having knowledge. Condom use at last sex could be used as a proxy for using knowledge but the sample size of sexually active adolescents was extremely small. Also the age range is broader than scope of the school-based ages. The 2012 IBBS will answer this indicator.
The percentage of young people who practice safe Behavior related to HIV and AIDS increases from 50 %to 80%	50%	80%	*Practice safe behaviour* was not clearly defined (proxy: correct condom use at last sex: sample size extremely small). Also age range is broader than scope of the school based ages. 7% in-school respondents (up from 5%) and 81% out of school (up from 62%). 2012 IBBS to answer this indicator.
Policy and management systems are in place, operational and sustain a comprehensive educational response to HIV and AIDS	Baseline Capacity assessment analysis	End-line Capacity Assessment analysis	To varying degrees capacity has been developed through this programme with strengthened policy and management systems in place.

12 **Rationale for Target Setting:** A 30% change in proportion of adolescent who adopt protective behaviour or reduce risky behaviour was adopted as target in this plan in alignment with the original objective of this programme as stated in the second objective. Other than comprehensive knowledge of HIV among Adolescents for which the target was set to be ambitious, other knowledge indicators were set with a 20% change in alignment with the objective of the programme.

Finding 6. The programme was minimally effective in contributing to the needed behaviour changes among its target populations.

The quantitative indicators relating to behaviour change that were explored during the end of programme evaluation were:

- proportion of sexually active young people who had used a condom at last sexual intercourse
- median age at first sex,
- proportion of sexually active young people who have had sex with two or more partners in their lifetime
- Condom use at last sexual intercourse

The sample size of young people who had ever had sex was small and therefore there is considerable uncertainty about the extent to which the observed proportions within this cohort are representative of the true proportions in the population. The reported level of condom use increased among young people in school and decreased in out-of-school students. The reported number of young people with multiple sexual partners was higher than baseline in both out-of-school and in-school young people. Finally, the median age at first sex was only slightly higher among those in school and was lower in female OOS young people but higher in male.

Based on the observed proportions in a small sample size, there is no clear trend for increased adoption of behaviors that reduce risk of HIV transmission. Consequently, a conservative interpretation of the data is that there is no evidence that the programme lead to increased adoption of HIV-protective behaviors among young people in the focus districts. This is not to say that such change may not have occurred, only that the results from the quantitative survey do not provide strong evidence of this change, in part due to the small sample size of sexually active young people.

The qualitative data suggested evidence of some changes in behavior from students themselves. Principals and teachers asserted that students had changed their behavior though it is possible that these respondents' overstated the extent to which the HIV education resulted in behavior changes among students. On the basis of the qualitative survey the programme can be deemed to have had some effectiveness in regards to behavior change, but the quantitative results do not suggest that the change was large in the target population.

Finding 7. The programme was minimally effective in increasing HIV & AIDS knowledge among young people in school.

Table 3: Indicator changes in knowledge, attitudes and behavior among young people in school from baseline to end-line

No		Baseline in 2010	Target Endline in 2013[13]	Endline Result
1	% of young people10–18yrs with comprehensive knowledge of HIV (UNAIDS indicator	In-school: 7%	In-school: 20%	In-school: 9% SD 4.3%, SMP 10.5%, SMA 17%
2	% of young people 10 – 18 years (in school & out of school) who know where to source condom[14]	In-school: 74%	In-school: 80%	In-school: 33.8% SD 17.7%, SMP 44.6%, SMA: 51.2%
3	% of young people 10–18yrs (in school & out of school) who demonstrate knowledge of life skills[15]	In–school: 15%	In–school: 45%	In-school: 72.6% SD 72.2%, SMP 69.1%, SMA 77.4%
4	% of young people 10–18yrs (in school & out of school) who demonstrate acceptable attitudes toward PLWHA	In–school: 20%	In–school: 45%	In-school: 10.4% SD 8.2%, SMP 11.7%, SMA 13.1%
5	Median age at first sex for young men and women (in school & out of school)	In-School: M – 15yrs ; F – 15yrs	In-School: M– 18yrs; F–18yrs	In-school: SMP and SMA (M: 16.5, F: 16)
6	% of young people 16–18yrs (in school & out of school) who have ever had sex	In–school: 14%	In–school: 10%	In-school: 14.2% SMP 23.3%, SMA 13%
7	% of sexually active young People 10–18yrs (in school & out of school) who have sex with two or more partners in their lifetime	In–school: 15%	In–school: 11%	In-school: 43.9% SMP 43.8% SMA 44%
8	Condom use at last sexual intercourse among sexually active young people (in school & out of school) 10–18yrs	In–school: 5%	In–school: 7%	In-school: 40.35% SMP 37.5% SMA 41.5%

13 **Rationale for Target Setting:** A 30% change in proportion of adolescent who adopt protective behaviour or reduce risky behaviour was adopted as target in this plan in alignment with the original objective of this programme as stated in the second objective. Other than comprehensive knowledge of HIV among Adolescents for which the target was set to be ambitious, other knowledge indicators were set with a 20% change in alignment with the objective of the programme.

14 The assessment of this indicator appears to have differed between baseline and endline. At baseline it would appear this was assessed based on whether young people thought it was not easy or difficult to obtain condoms. At endline, this was assessed based on whether the respondent correctly identified a suitable source from a list.

15 It is not clear how these baseline results were calculated and they are not presented in the baseline report. In the endline this was assessed based on whether the respondent indicated they would have courage to refuse if their partner asked them to have sex. The equivalent result from baseline was 74% for students in school and 67% for out-of-school young people

No		Baseline in 2010	Target Endline in 2013[13]	Endline Result
9	% of young people 10–18yrs (in school & out of school) with knowledge of STI	In–school: 37%	In–school: 44%	In-school: 49.5% SD 22.3%, SMP 64.8%, SMA 82.1%
10	% of young people 10–18yrs (in school & out of school) who worry of HIV infected. (perception of risk)	In–school: 10%	In–school: 12%	In-school: 68.6% SD 57.1%, SMP 81.6%, SMA 74.7%
11	% of young people10–18yrs (in school & out of school) who are willing to take an HIV test	In–school: 52%	In–school: 68%	In-school: 42.2% SD 42.9%, SMP 29.3%, SMA 56%

On the key program indicator of comprehensive HIV knowledge of HIV prevention the observed improvement over baseline was very small and not statistically significant. However, of the composite indicators, understanding of 2 key methods of HIV transmission were higher than overall comprehensive HIV knowledge at all school levels sampled. That HIV can be prevented by always wearing a condom was correctly identified by 31% of SD students, 59% of SMP students and 72% of SMA students. That HIV can be prevented by having sexual intercourse with only one partner was correctly identified by 38% of SD students, 54% of SMP students and 60% of SMA students.

There was variation between districts within each school level for comprehensive HIV knowledge but results from Manokwari and Kabupaten Sorong were consistently amongst the highest across all three school levels. However, no district met the 20% end-of-programme target at SD or SMA level and only Manokwari and Kabupaten Sorong met the target at SMP level. On the other hand, in Jayawijaya, no students at SD and SMP had comprehensive HIV knowledge and only 9% at SMA. Similarly, Biak Numfor showed little gain: 3.6% at SD, 2.56% at SMP and 5.7% at SMA. Thus while increases in HIV knowledge among young people in school varied significantly between intervention districts, even the strongest performing districts did not achieve high proportions of young people in school with comprehensive HIV knowledge.

Knowledge of where to obtain condoms was lower in the endline survey. The method of assessment at endline required students to nominate where they thought condoms could be obtained. This is likely to be more rigorous than the baseline question which appears to have assessed whether students felt it was easy to obtain condoms. On this basis, the end line is more likely to provide a more accurate estimate of whether students know where to obtain condoms, whereas the baseline methodology may overestimate this. Overall the level of knowledge of where to obtain condoms was below the endline target.

Acceptable attitudes towards people with HIV was lower at endline, suggesting that knowledge gained through HIV education had not lead to reductions in stigmatization of people with HIV. An additional area of knowledge – knowledge of life skills – when directly compared to the baseline survey on the question “Do you have bravery to refuse if your girl/boyfriend asks you to have sexual intercourse” was almost unchanged at endline.

Overall, on the basis of comprehensive HIV knowledge and knowledge of where to obtain condoms, it would appear that the programme was only marginally effective in increasing accurate and relevant HIV & AIDS knowledge among young people in school.

Almost uniformly, results for indicators are better among SMP students than among SD students and better again at SMA. This suggests that the program was relatively more effective amongst SMA students either due to cumulative benefit of students being exposed to the information in an ongoing manner, or due to students at higher school levels being more receptive to the information taught in HIV & AIDS and life skills education.

In the qualitative survey students did identify specific learning about HIV & AIDS that occurred as a result of the programme.

Story of change: SMA student: Kabupaten Sorong

TRUE LOVE

In the early stage of our relationship, whenever we had a date, my boyfriend always asked me to have sex. Then I told him what I had learnt about HIV & AIDS from the red book, that having sex can cause pregnancy especially during the fertile period.

That has made him think twice about having sex, he's a bit scared and said: "Let's just not do that now, OK?" Now, when we're dating we (just) tell stories and kiss on the cheek.

Reason for panel selection of story:

- *SMA students start to be attracted to the opposite sex*
- *(this story) gives better understanding about dating that it's not all about sex*
- *There are a lot of outside marriage pregnancies.*
- *Media such as internet or television seem to accommodate that behaviour (free sex)*

However, some of the learning and messaging highlighted by students, teachers and principals is perhaps not the most relevant or effective in regards to developing an adequate understanding of how to prevent HIV transmission. For example, some teachers and students highlighted abstaining from sex as a key learning but did not discuss learning relating to safe sexual practices such as consistent use of condoms. Some of the significant change stories selected by the panel highlighted learning about hygiene, which, while beneficial for student health, is unlikely to have any effect on HIV transmission.

Story of change: SD student, Kabupaten Sorong

HEALTHY LIVING

I didn't like to wear sandals when playing outside. My mother often reminded me but I didn't listen to her. She also reminded me to wash my hands before eating but I still often ate without washing my hands first.
When I got sick my mother scolded me. Then my teacher gave me lessons about personal hygiene practices: clean up, wear sandals, and wash hands with soap. Now I enjoy being clean, it keeps me free from headaches and it's healthy for everyone.

Reason for panel selection of story:

- *Common issues, we need to highlight this because there are similar cases in community. Many factors lead to disease. We need to address them.*

- *The story really raises a concern, due to low education and poverty, hygiene practices are very poor. We see the evidence everywhere.*

Finding 8. The programme was moderately effective in increasing HIV & AIDS knowledge among the out-of-school young people it targeted.

Table 4: Indicator changes in knowledge, attitudes and behavior among out-of-school young people from baseline to endline

No	Indicator	Baseline in 2010	Target Endline in 2013[16]	Endline Result
1	% of young people 10–18 yrs with comprehensive knowledge of HIV (UNAIDS indicator)	Out-of school: 3%	Out-of school: 15%	Out-of-school: 19.1%
2	% of young people 10–18 years (in school & out of school) who know where to source condom[17]	Out-of school: 74%	Out-of school: 80%	Out-of-school: 69.4%
3	% of young people 10–18 yrs (in school & out of school) who demonstrate knowledge of life skills[18]	Out-of school: 51%	Out-of school: 65%	Out-of-school: 66.9%
4	% of young people 10–18 yrs (in school & out of school) who demonstrate acceptable attitudes toward PLWHA	Out-of school: 15%	Out-of school: 30%	Out-of-school: 40.1%
5	Median age at first sex for young men and women (in school & out of school)	Out-of School M – 15 yrs; F – 17 yrs	Out-of School M – 18 yrs; F – 18 yrs	Out-of-school: 18 –males, 15- females 15 - transgender
6	% of young people 16–18 yrs (in school & out of school) who have ever had sex	Out-of school: 18%	Out-of school: 14%	Out-of-school: 24.1%
7	% of sexually active young people 10–18 yrs (in school & out of school) who have sex with two or more partners in their life time	Out-of school: 49%	Out-of school: 34%	Out-of-school: 54.9%
8	Condom use at last sexual intercourse among sexually active young people (in school & out of school) 10–18 yrs	Out-of school: 62%	Out-of school: 81%	Out-of-school: 54.9%
9	% of young people 10–18 yrs (in school & out of school) with knowledge of STI	Out-of school: 41%	Out-of school: 49%	Out-of-school: 75.8%

16 **Rationale for Target Setting:** A 30% change in proportion of adolescent who adopt protective behaviour or reduce risky behaviour was adopted as target in this plan in alignment with the original objective of this programme as stated in the second objective. Other than comprehensive knowledge of HIV among Adolescents for which the target was set to be ambitious, other knowledge indicators were set with a 20% change in alignment with the objective of the programme.

17 The assessment of this indicator appears to have differed between baseline and endline. At baseline it would appear this was assessed based on whether young people thought it was not easy or difficult to obtain condoms. At endline, this was assessed based on whether the respondent correctly identified a suitable source from a list.

18 It is not clear how these baseline results were calculated and they are not presented in the baseline report. In the endline this was assessed based on whether the respondent indicated they would have courage to refuse if their partner asked them to have sex. The equivalent result from baseline was 74% for students in school and 67% for out-of-school young people

No	Indicator	Baseline in 2010	Target Endline in 2013[16]	Endline Result
10	% of young people 10–18 yrs (in school & out of school) who worry of HIV infected. (perception of risk)	Out-of school: 18%	Out-of school: 22%	Out-of-school: Not collected
11	% of young people 10–18 yrs (in school & out of school) who are willing to take a HIV test.	Out-of school: 33%	Out-of school: 43%	Out-of-school: 68.7%

The endline survey observed increases compared to baseline in a number of indicators of HIV & AIDS knowledge. Comprehensive HIV knowledge increased from 3% to 19%, knowledge of life-skills increased from 51% to 67%, acceptable attitudes towards those infected with HIV increased from 15% to 40%.

However, the sampling methodology of the endline survey differed to the baseline which used respondent driven sampling. Therefore it is possible that some or all of the differences are due to the different populations sampled. However, it is likely that the out-of-school population at baseline represents a population that was relatively unexposed to HIV prevention interventions. The endline sample, on the other hand, represents a population that has received HIV prevention interventions and that their higher level of HIV knowledge is representative of the cohort that received these interventions. However, without a comparison group in the endline survey of non-intervention out-of-school young people, there is no basis to determine whether non-intervention out-of-school young people experienced a similar increase in HIV knowledge over the programme period from other sources. Hence it is not possible to make a claim attributing the higher endline results to the programme from the quantitative data.

On the other hand, the qualitative survey does lend some credence to the claim that the programme itself was responsible for increased HIV knowledge among out-of-school young people. The findings from the focus group discussions with out-of-school young people confirmed that the main learnings from the HIV and life skills sessions related to: HIV and AIDS (all groups); sexual and reproductive health (11); and drugs, alcohol and other social health issues (7). It was clear from the feedback that the sessions had been particularly important for the transgender group as, for the first time, there had been an opportunity and 'safe space' to discuss issues relating to their sexuality, including stigma and discrimination. There was unanimous agreement across the groups that the sessions had been important and had given them new knowledge about topics that they considered vital for their wellbeing. For example, two of the groups commented:

> *Now we know the risks and dangers of HIV and not using condoms – this has helped us to be more cautious.*

Whether or not this new knowledge had actually translated into positive behavior change was not clear from the quantitative survey, although qualitative data suggested that some behavior change had occurred.

Story of change from Out-of-school youth facilitator: Jayawijaya

CHANGES BEFORE AND AFTER THE PROGRAMME

Previously, many youths often got drunk, smoked marijuana, conducted free sex and unsafe sex (not wearing condoms) which caused many cases of out-of-marriage pregnancy. But, after the program, many of them have reduced their drinking behaviour and drink only in certain places, or use condoms to prevent them from HIV infection.

Reason for selection of story: it is confirmation from facilitator that change happened to out-of-school youth after the program was delivered.

Story of change: Out of school youth: Kota Sorong

SELF CORRECTION

I am working as a taxi-motor rider (*ojek*). I used to engage in free sex. I loved drinking. I was selfish, bad tempered, insensitive and disrespectful to other people. But since I joined a program from YSA about HIV & AIDS, called "Hidupku dan Gayaku"(My Life & My Style), I think I've changed a lot. I loved it when they showed us a movie '*Cinta dari Wamena*' (Love from Wamena); it's about a person who was very helpful to others and cared about himself/herself. It changed me! I began to leave free sex and refused when my friends asked me to join them drinking. I think I have changed a lot.

***Reason for selection of story: story gives details, describes the background and what caused the changes*.**

The wider effect of these sessions, although impossible to gauge, should not be underestimated. All six groups interviewed reported that they had talked about the sessions and the topics with others – with friends (5); school and work mates (4); and parents and siblings (4). In these discussions they passed on the key messages they had learnt, particularly relating to: HIV and AIDS; use of condoms; the importance of HIV tests and knowing that these tests are confidential; promiscuity; stigma and discrimination; and reproduction and early pregnancy. Although they described a mixed response from their discussions, some positive and some negative, the important outcome is that these discussions were happening in a wider context of the group and generating discussion in the community.

The sample of out-of-school young people was drawn only from clubs that were involved in the programme and therefore it could reasonably be expected that HIV knowledge among these out-of-school young people would be higher than it is among others who were not involved in the programme.

Finding 9. The value of HIV & AIDS and life skills education for students at SD was unclear and while there are important reasons to try to reach them, there are a number of issues that suggest that delivery of HIV & AIDS and life skills education to SD students is less effective than SMP and SMA.

The endline KAB study showed that students at SD consistently had the lowest results for indicators of HIV knowledge and behavior change relative to SMP and SMA. The qualitative survey also suggested that there were issues with the nature and quality of the material taught to students at SD. In particular, it was noted that some teachers thought that teaching about HIV & AIDS and reproductive health was not appropriate for students at SD and therefore chose to focus on teaching

on other health issues such as hygiene or did not deliver the curriculum. The content choice for SD could partly explain the lower results for SD students in the endline KAB study.

Story of change: SD student, Jayawijaya

KEEP CLEAN

When I was in 4 grade, I didn't care if my friends littered but after I learnt about HIV/AIDS and life skills and became head of class in grade 5 I always warned my friends not to litter. I also reminded them to wash their hands before having meals; we wash hands with water and soap from the teacher's office. The teacher told us to wash our hands and not to litter as littering may cause floods.

Reason for panel selection of story: The story is good enough for an SD student. The content is relevant with the lesson, not too long, compact and sounds appropriate from an elementary school student.

The lower performance of SD students and the apparent reluctance of SD teachers to teach students about issues relating to sexual and reproductive health raise the question of whether programming of HIV & AIDS and life skills is effective and represents good value relative to concentrating on SMP and SMA. This is difficult to assess using the methods from the endline survey as there was no non-intervention comparison group. It is possible that the stronger results at SMP and SMA are the result of cumulative exposure to HIV & AIDS education beginning at SD, or that the performance of SD students in the endline survey is higher than would be observed from SD students at non-intervention schools. Overall, however, the issues noted suggest that the value and effectiveness of HIV & AIDS and life skills education for SD students – and the accompanying training for their teachers – could have been further optimized.

Finding 10. The programme was effective in increasing HIV & AIDS knowledge among teachers, principals and education office staff.

Table 5: Indicator changes in knowledge, attitudes and behaviour among Principals and Teachers from baseline to endline

No	Indicator	Baseline in 2010	Target Endline in 2013[19]	Endline Result
1	% of teachers with comprehensive knowledge of HIV transmission (UNAIDS indicator)	11%	13%	36.7%
2	% of teachers who worry of HIV infected. (perception of risk)	19%	25%	25.6%
3	% of teachers who demonstrate knowledge of participatory methodology and life skills	9%	11%	57.7%
4	% of teachers who demonstrate acceptable attitudes toward PLWHA	24%	31%	57.7%
5	% of teachers who are willing to take HIV test	67%	87%	87.6%
6	% of teachers in selected districts / schools aware of sectoral policy and guideline on HIV & AIDS	Policy: 21% Guideline: 15%	Policy: 25% Guideline: 18%	Policy: 40.9% (rcvd – 17/2%) Guideline: 45.1% (rcvd –
7	% teachers who have ever used HIV & AIDS curriculum	5%	7%	21.9%
8	% of school with anti-HIV & AIDS clubs in each district	8%	50%	21.4%
9	% of school that provide HIV & AIDS education to student in the school curriculum /KTSP	0% in focus districts	80% in focus districts	91.7%

Among teachers and principals, the endline result for comprehensive HIV knowledge was 37% increasing from the baseline result of 11%. Acceptable attitudes towards PLWHIV increased from 24% to 58% and willingness to take a HIV test rose from 67% to 88%. However, it should be noted that the sampled teachers in the endline were those who had received HIV training and that they would therefore be expected to have higher levels of HIV knowledge than other teachers and principals, even those within the same school, who had not received such training. As such the results should not be taken as representative of levels of HIV knowledge among all teachers at intervention schools.

19 **Rationale for Target Setting:** A 30% change in proportion of adolescent who adopt protective behaviour or reduce risky behaviour was adopted as target in this plan in alignment with the original objective of this programme as stated in the second objective. Other than comprehensive knowledge of HIV among Adolescents for which the target was set to be ambitious, other knowledge indicators were set with a 20% change in alignment with the objective of the programme.

Table 6: Indicator changes in knowledge, attitude, behaviour and programme implementation among Education Office staff from baseline to endline

No	Indicator	Baseline in 2010	Target Endline in 2013[20]	Endline Result
1	Provincial and district education office that implement sectoral HIV & AIDS Policy and / or Plan/21	0	9	66.67%
2	% of sectoral budget allocated to HIV & AIDS/22	None	None	1%
3	% of staff of the department of education with comprehensive knowledge of HIV transmission (UNAIDS/ indicator)	24%	29%	Head of Ed Office: 62.5% Head of Div: 41.5% Other staff: 36.3%
4	% of AIDS expenditure by source of budget (government, NGO, etc)/24			14.28% of the AIDS budget has been expended
5	% of AIDS expenditure by type of activities (i.e teacher training, training of young people, work place programme)			14.28% of the AIDS budget has been expended
6	% of staff of the department of education who demonstrate acceptable attitudes toward PLWHA	30%	39%	Head of Ed Office: 87.5% Head of Div: 56.1% Other staff: 53.9%
7	% of staff of the department of education (male and female) who ARE WILLING TO TAKE HIV TEST	66%	86%	Head of Ed Office: 100% Head of Div: 70.7% Other staff: 68.1%

Within provincial and intervention district education offices, increases were also observed in comprehensive HIV knowledge and acceptable attitudes towards PLWHIV and in willingness to take a HIV test. Education office staff sampled in the endline survey were stratified into three levels: Heads of education offices, Heads of division and other staff. The results were uniformly highest among Heads of Education Offices, then next highest amongst heads of division and lowest among other staff. Nonetheless the observed proportions even among other staff were higher than at baseline.

20 **Rationale for Target Setting:** A 30% change in proportion of adolescent who adopt protective behaviour or reduce risky behaviour was adopted as target in this plan in alignment with the original objective of this programme as stated in the second objective. Other than comprehensive knowledge of HIV among Adolescents for which the target was set to be ambitious, other knowledge indicators were set with a 20% change in alignment with the objective of the programme.

Finding 11. Quality and frequency of delivery of HIV & AIDS and life skills curriculum to young people in school and out-of-school was insufficient for young people to retain and use the knowledge taught. Much of this was the result of only partially fulfilling the needs of teachers to deliver the HIV & AIDS and life-skills curriculum to students.

Participants in the capacity assessment highlighted a range of issues in preparing teachers to deliver HIV curriculum:

- Some received training on HIV content but not how to deliver it to students
- Some found the initial versions of the curriculum materials hard to work with
- Some found it hard to plan and deliver their own lessons on HIV & AIDS and life skills, in particular when using novel methods for greater student engagement
- Some found the suggested methods unsuitable for their class sizes and the facilities and resources available to them
- Availability of materials was not universal so some teachers lacked sufficient resources
- There was confusion about which of the different iterations of the curriculum materials were the right ones to use
- Some teachers were asked to teach HIV in addition to their existing workload and faced time constraints in doing so
- Some teachers trained did not have a background that prepared them to take on teaching of HIV & AIDS and life skills curriculum
- Some schools were never reached with training for their teachers
- Supervision, support and guidance for teachers was lacking, making it difficult for them to work through challenges they encountered in delivering the curriculum.
- Some felt personally uncomfortable with the material they were expected to teach and either opted not to teach it or modified the content.
- Student absenteeism.

The quantitative survey did find that 91.7% of the surveyed intervention schools had provided HIV & AIDS education to students in the school curriculum or KTSP. However, based on the capacity assessment and the qualitative survey, concerns about the quality, content and frequency of the delivery of HIV & AIDS education remain and the results of the endline KAP study among young people in school suggested that the delivery of curriculum was not effective in imparting the desired knowledge to many students such that they could retain and use that knowledge.

Table 7: Changes in indicators relating to delivery of HIV&AIDS and life skills curriculum to young people in school and out of school

Indicator	Baseline in 2010	Endline Result	Comments
2.1 Age graded, gender sensitive curriculum for HIV & AIDS and life skills education for young people and teacher education available in the two provinces			
Provincial education office with approved guidelines for teaching HIV & AIDS education in schools	1	2	
Provincial and district education offices with approved / adopted curriculum for HIV & AIDS education	0	9	
# of school has HIVAIDS education plan	0	80% of intervention schools in focus districts	
2.2 Gender sensitive and age appropriate teaching / learning materials on HIV & AIDS and Life Skills education for student and educators available			
Availability of copies of teaching guide and student work book for primary, junior secondary and Senior secondary education (Y/N)	No	Yes in 80% of intervention schools in focus districts	
Availability of copies of IEC materials	No	Yes in 80% of intervention schools in focus districts	
2.3 Appropriate institutions have teacher education programme (in-service and pre-service) on HIV & AIDS and life skills education			
# of institutions with in-service teacher education programme on HIV & AIDS and life skills (relevant at provincial level)	0	At least 2	LPMP and New Teacher trg colleges
# of institution that have mainstreamed HIV & AIDS and Life skills education into their pre-service teacher education programme	0	At least 1	UNCEN, UNPA,
# by gender of teacher educators trained as master trainers for HIV & AIDS and life skills education	0	84	
2.4 Educators have knowledge and skills to provide HIV & AIDS prevention education and support to adolescent and young people			
% of male and female teachers trained on HIV & AIDS and life skills	0	1,500	
2.5 More schools in focus districts implement school based HIV & AIDS prevention programme for young people			
% of school with copies of the approved / relevant curriculum in each district	0%	80% of intervention schools in focus districts	

Indicator	Baseline in 2010	Endline Result	Comments
# of schools (rural and urban) that teach HIV & AIDS education in the last academic year in each district	0%	80% of intervention schools in focus districts	That used approved curriculum
% of schools (rural and urban) and NFE centers that have HIV & AIDS lessons on their time table	0%	80% of intervention schools in focus districts	
% of schools including NFE centers (rural and urban) that have peer education activities		80% of intervention schools in focus districts	
2.6 Strategy for HIV & AIDS prevention among out-of school youth (including sports and peer education) adopted by the provincial / district government			
# of youth clubs that have HIV & AIDS lessons on their time table	N/A	N/A	
# of youth clubs that have peer education activities	N/A	N/A	
Estimated # by gender of out-of school youth (15 – 24 years) reached through peer education activities at district level	N/A	N/A	
# by gender of HIV & AIDS Peer Educators trained	N/A	N/A	
# of out-of school youth clubs reached by peer education activities including sports in each district	N/A	N/A	

Finding 12. The program was complex in that it aimed to strengthen systems at multiple levels; provincial, district, through to local communities and individual schools. The aim of all systems strengthening has the intent of translating into effective service delivery outcomes. The complexity in program design entailed multiple points where insufficient progress could compromise adequate delivery of HIV education to young people as the desired outcome. During program implementation challenges and barriers at such points inhibited progress and resulted in sub-optimal delivery of HIV education to young people in some locations.

The program results chain was predicated on a partnership model with government. This resulted in a complex results chain that required sufficient effectiveness at multiple points to enable effective delivery of HIV education to young people. This included capacity development of education sector staff for program management, policy development, partnership management, planning, monitoring and evaluation. It also included establishing a cascade model of HIV education training from provincial level to district level to school level (headmasters and teachers). Likewise development and availability of HIV curriculum materials was a prerequisite for delivery of HIV & AIDS and life skills education to students. The fulfilment of all of these prerequisites was challenging in the context of Papua and West Papua where existing capacity was weak, turnover of staff frequent, logistics challenging, and policy support for the programme was not yet in place. The capacity

assessment highlighted issues in many of these areas of the results chain, all of which compromised the delivery of HIV & AIDS and life skills education to students. Over the life of the programme, revisions were made to the activities and design to remedy some of the barriers that were encountered. Despite this, within the allocated programme timeframe achievements upstream in the results chain were insufficient to enable routine, high-quality delivery of HIV & AIDS and life skills education to young people.

Sub-finding 12.1 Progress was more effective upstream in the results chain, in urban locations, and at provincial level, and less effective at local level in most rural locations. This indicates the systems strengthening approach lacked effectiveness in translating to effective service delivery at downstream points in the results chain, resulting in poorer outcomes at local school levels.

Greater progress was achieved in areas of the results chain where activities were initiated early in the programme, such as policy development and curriculum development. Program effectiveness in urban districts also appears to have been stronger, likely due to the relative ease of access that allowed more focused and intensive inputs and support. More time and resources were required to bring the other districts up to the same standard of achievement. For similar reasons to the urban districts, achievements at the provincial level were also stronger.

Sub-finding 12.2 The programme design and implementation contributed to effectiveness in building government ownership and responsibility for the education sector response to HIV.

The programme design and implementation were highly focused on establishing the programme within government and increasing education sector capacity to plan, manage and implement the programme. This design was effective in building government ownership and responsibility for the programme at provincial levels and in most of the target districts.

Sub-finding 12.3 The allocated duration and resources of the programme were insufficient for the development of adequate capacity within the education sector to translate into uniformly effective delivery of HIV & AIDS and life skills education to young people given the existing state of affairs at programme commencement and the contextual challenges.

There were a number of contextual challenges that were readily identifiable prior to programme initiation: the low level of extant capacity among key implementation partners, existing issues with systems in education sector, issues with planning and allocation of recurrent government funding sources, lack of supportive policy environments at project initiation, challenges of geography, logistics and access, cultural barriers. These barriers impeded the achievement of sufficient capacity development within the time and with the resources allocated for the project. As a result, at the end of the programme, the education sector had not succeeded in achieving the targeted increases in student knowledge of HIV through HIV & AIDS and life skills education. These targets were ambitious given the reliance on sufficient progress throughout the programme results chain.

Finding 13. The programme did increase education sector capacity but not to the point that the programme could be sustained by government without further external support.

Table 8: Indicator changes relating to education sector capacity for programme implementation from baseline to endline

Indicator	Baseline in 2010	Endline Result	Comments
3.1 Provincial and district level education office has education sector HIV & AIDS Policy, plan and budget			
# of education office with Education Sector HIV & AIDS policy	0	9	
# of education office with budgeted plan of Action for HIV & AIDS response	0	9	
# of education department that have HIV & AIDS work place programme	0	9	
# of education departments that have support groups for HIV positive staff	0	9	
3.2 Coordination structure, tools and capacities to mainstream HIV & AIDS into the education sector operational at province and district levels			
# of education office with coordination structure for HIV & AIDS	0	9	
Proportion of actual meeting to planned meeting of the coordination team	0	100%	
% of members of the committee that are female	0	30%	
% of members of the HIV & AIDS coordination team with knowledge and skills to manage the impact of HIV & AIDS on the education sectors	0	100%	
3.3 Education sector has up-to-date information, monitoring tools and skills for education sector HIV & AIDS response			
Number and type of studies, research etc on HIV & AIDS among young people, educators and the education sector available for planning	0	6	
# of education office that have integrated HIV & AIDS into school inspection tool	0	7	Focus districts
# of education department that have integrated HIV & AIDS into EMIS	0	2	Provincial education offices

Indicator	Baseline in 2010	Endline Result	Comments
% of school inspectors trained on reporting on HIV & AIDS indicators in schools	0	500	
3.4 Education planners and managers have appropriate knowledge and skills to manage impact of HIV & AIDS on the sector			
% of education planners trained on managing the impact of HIV & AIDS on the education sector	0	250	
% of education staff at province and district level aware of sectoral policy and guidelines on HIV & AIDS at province, district and school levels	0%	80%	There is no policy at the inception of the programme

The programme design included a component dedicated to developing education sector capacity. The programme of capacity development targeted a broad range of education sector stakeholders including provincial education office staff, district education office staff, principals and teachers. The capacity development was also broad in the range of capacities it focused on: the range of capacities is illustrated in Figure 5. Training for education sector staff to increase the relevant capacities was conducted for provincial and district education office staff, other education stakeholders, and with teachers and principals in schools. In the end of programme capacity assessment, there were reports of increases in almost all of these capacities but the coverage and extent of the capacity increases were highly varied. Overall, many capacity assessment participants from the education sector felt that they needed further support to increase their capacity to the point that they could manage the mainstreaming of HIV in education. UNICEF staff too noted that the levels of capacity, while improved were still not sufficient for independent and sustainable government management of the programme of HIV mainstreaming in the education sector for further progress in existing districts or for scale up to other schools and districts.

Sub-finding 13.1 The low level of function of the Pokja who were tasked with coordination and implementation of the HIV education programme impeded programme effectiveness

One of the key issues was the functionality of the Education Sector Pokja for mainstreaming HIV in education. These were reported to have not functioned well for a range of reasons:

- Staff turnover.
- Composition.
- Lack of clear roles and responsibilities.
- Lack of functional relationships and coordination between provincial and district Pokja.

Given the intended role of the Pokja in programme coordination and implementation, their low level of performance against their intended role was a major impediment to programme effectiveness.

Finding 14. The programme contributed successfully to important changes in the policy environment to support a HIV response in the education sector and more broadly.

At the time the project commenced, a supportive policy environment for the mainstreaming of HIV & AIDS and life skills curriculum into the education sector was not in place in Papua and West Papua provinces. UNICEF played an important role in capacity development and advocacy that lead to positive changes in the policy environment. In particular, the passage of the Governor's Decree on Mainstreaming of HIV & AIDS education in Papua Province. District level decrees were also enacted in 2 districts in Papua province. In West Papua, a specific policy on mainstreaming of HIV education was not enacted but improvements were noted in a policy supporting the provincial HIV response more broadly and in commitment to a policy on the needs of youth. In the absence of policies, progress was still noted in the form of other instruments to support the mainstreaming of HIV education, such as education office directives and letters directing schools to include HIV & AIDS and life skills in their curriculum.

Lack of strong, systematic program monitoring and evaluation compromised potential effectiveness by impeding prompt identification of program delivery issues and appropriate solutions

Participants in the capacity assessment noted that the systems for monitoring and evaluating the project were ineffective in a number of areas. Systems for monitoring programme progress and implementation were established. However performance of school supervisors and other staff tasked with monitoring the programme was weak. As a result the availability of data on the programme and its progress was low and was not routinely disseminated and utilized to strengthen programme implementation strategies or adapt objectives. Participants in the end of programme capacity assessment noted that the monitoring and evaluation for the programme was non-existent or insufficient and that the data that were collected sometimes were not sufficiently focused on assessing the quality of implementation. The lack of systematic monitoring and evaluation of the programme constrained the possibilities of revising and adapting the programme objectives and strategies to adapt to challenges and barriers.

Finding 15. The programme had limited effectiveness in establishing comprehensive workplace policy and programming for HIV among education sector staff.

In the end of programme evaluation, very little evidence was observed of comprehensive workplace policy and programming for HIV among education sector staff. Some participants in the capacity assessment noted that training on HIV was conducted for staff in some education offices and that HIV was discussed in meetings. However, on the whole, there was no evidence that across the board, education offices had policy and programming for linkage with testing, ongoing training or support for HIV positive staff.

6.3 Efficiency

Key Evaluation questions relevant to this domain of assessment

- Have available resources been used efficiently to deliver high-quality outputs in a timely manner, and towards the achievement of the programme results? Was there another alternative that may have represented a better investment?
- Was the overall programme cost effective? How cost effective has each component of the programme been? [i.e. (i) development for HIV mainstreaming, (ii) school based HIV prevention education and (iii) reaching out of school youth with HIV prevention through sports and youth forum]
- To what extents did the programme leverage partnerships and resources towards achievement of results? [Government outside of education like AIDS Commission, Other Donors / Development partners]

Finding 16. The programme objectives and strategies favored sustainability and government ownership. This will entail gains in efficiency in the long term, but at the cost of rapidity in delivering outputs at local level (schools and communities) in the short term. This is principally due to the investment in resources required to develop capacity in systems with pre-existing weaknesses for the delivery of services downstream. The programme duration was too short for the longer term efficiency gains made in building systems capacity to translate into strong outputs at local level.

The programme objectives and strategies explicitly aimed to partner with provincial and district governments so that the implementation of HIV & AIDS and life skills education was owned and delivered by government. Embedding the delivery of HIV & AIDS and life skills education within government was a strong approach in terms of building sustainability and government engagement. However, the tradeoff is that the delivery of HIV & AIDS and life skills education then relied on building sufficient capacity of government, civil society organizations as well as a broad base of teachers in schools, some in rural and remote settings. This capacity development required significant investment of time and resources and at the end of the programme had yet to yield significant gains in terms of improved knowledge among young people reached. The efficiency loss of embedding HIV education delivery into existing systems instead of using a more vertical approach immediately reaching young people is more than offset by the gains it yields in building ownership, capacity and sustainability in Papua and West Papua.

Sub-finding 16.1 Integrating HIV into the Education sector through a systems strengthening approach created efficiency as it allowed government to allocate its own resources to HIV programmes for young people.

While overall efficiency in the actual delivery of HIV education to young people was not optimal due to capacity and systems constraints, the integration of the curriculum into the formal education sector did demonstrate efficiency in other ways. Efficiency in this regard was achieved in the inclusion of planning, funding and delivery of HIV and life skills education into existing education sector practices. Likewise using the existing cadre of teachers enabled the programme to utilise systems already in place for delivery of HIV education to young people rather than having to

establish new channels. However, the sufficiency of capacity in the education sector is not yet at the point that the inclusion of HIV education in planning and budgeting is routine and adequate or that teachers are routinely delivering high quality HIV & AIDS and life skills education in all schools. Consequently, there is still some progress to be made before greater efficiency from integration of the programme in the education sector is realized.

Finding 17. The programme was effective in leveraging partnerships with government and civil society organisations but the efficiency gains in terms of delivery of effective HIV education to young people was mixed: stronger among out-of-school young people who were reached and less strong for young people in school.

The programme was successful in establishing partnerships with education offices, youth forums, NGOs, the KPA and Bappeda. For out-of-school young people, the programme's engagement of youth forums, clubs and NGOs was efficient in that utilized existing skills and networks to reach young people, while further building capacity of these organizations to deliver HIV & AIDS and life skills education. However, there are out-of-school young people in the intervention districts who were not reached and may not be reachable using existing organizations and networks. Effective and efficient methods for reaching all out-of-school young people were not the aim of the programme and were not developed during the programme period.

Partnerships were formed with education offices, Bappeda and KPA and roles were defined for these organisations in relation to the implementation of HIV & AIDS and life skills mainstreaming in the education sector. However, the need to build capacity and strengthen systems within these partners limited the extent of immediate efficiency gains for effective delivery of HIV education to young people.

Finding 18. There were a number of issues in in-service training for teachers and support to teachers. These resulted in significant inefficiencies in delivering HIV & AIDS and life skills education to young people in schools.

Training of teachers to deliver HIV education should have been better targeted and should have utilized methods that better prepared them to put the training into practice. The end of programme capacity assessment drew out discussion on a range of different teacher training approaches. Capacity assessment participants highlighted that focusing training on teachers who met certain prerequisites would have been more efficient than trying to train all teachers and training teachers who are less well equipped to deliver HIV & AIDS and life skills education. The pre-requisites they noted focused on the teacher's existing area of teaching with biology, sports and religion teachers being nominated as the most appropriate ones to deliver HIV & AIDS and life skills education to students. Such targeting was not universally applied throughout the programme. Similarly, some participants in the capacity assessment noted that methods used to train teachers on how to deliver HIV education focused on HIV content, rather than teaching methodology, or did not give teachers adequate support to practice using the teaching methodologies. This resulted in inefficiencies in in-service teacher training such that despite the investment of resources in the training, teachers were not well-prepared to implement their learning from the training.

For support of teachers, the initial programme design separated the supervisory functions of routine school supervision from HIV & AIDS and life skills education monitoring. While this was revised and the functions were integrated in 2012, their separation earlier in the programme resulted in

duplication of activities and efforts. Supervisory visits and training for supervisors were conducted as part of the programme, but supervisors were often not well-prepared to provide supportive feedback and mentoring to strengthen teachers' delivery of HIV & AIDS and life skills education. Building supervisor capacity to provide routine, quality support to teachers for delivery of HIV & AIDS and life skills education would have increased efficiency by yielding greater gains from supervisory visits and supervisor training.

6.4 Equity

Key Evaluation questions relevant to this domain of assessment

- To what extent has the programme reached those most vulnerable? [young people in difficult to access areas, indigenous Papuan communities and out-of-school young people]
- Has the initiative embedded a gender approach that encourages equitable access to HIV prevention knowledge and life skills for both boys and girls?
- Has the initiative embedded a geographic approach that target communities with the highest burden of disease?

Finding 19. Implementation of HIV & AIDS and life skills education was stronger in urban areas than in rural areas. Hence, in practice inequity of access to HIV & AIDS and life skills education between urban and rural areas was not reduced by the programme.

The selection of Papua and West Papua for the programme reflects a decision to prioritize the programme in the two provinces with the greatest burden of HIV among young people. It also reflects a strategic decision to focus on two provinces that rank poorly on the human development index in health and education compared to other parts of Indonesia. The selection of districts for inclusion in the programme deliberately included a range of settings: highland and lowland, urban and rural, majority Papuan ethnicity and trans-migrant dominant population settings. These settings also represent a range of levels of disadvantage within Papua and West Papua. In choosing to work in a range of settings, the programme had the opportunity to develop programming that is adapted to the varied range of contexts and needs in Papua and West Papua.

The inclusion of remote highland provinces in particular indicates a strategic decision to provide services to people with poorer access to quality education and HIV related information and services. These districts are also likely to capture the largest percentage of ethnic Papuan people who live remotely and who face particular challenges in accessing required services.

In practice, however, implementation appears to have been stronger and more effective in urban areas, with students in Manokwari and Jayapura outperforming students from most other intervention districts in the endline KAP survey. Based on these results, the programme has been relatively less successful in reaching young people in rural/remote areas and highland areas. In sum, the program appears to reflect the existing challenges and barriers that create disadvantage in rural and remote areas of Papua and West Papua and these have hampered the equitable achievement of the programme's objectives across all settings and intervention districts. The design and activities used to date do not appear to have been sufficient for overcoming the barriers in rural and remote areas to establish quality and availability of HIV & AIDS education.

In later stages of programme implementation there was an active strategy amendment to reach schools in more rural and remote settings which although faced challenges in accessibility, was a solid act on behalf of the programme in equity for reaching people with less access to HIV related information. The inclusion of the rural, remote and highland areas in the programme and the subsequent effort to find appropriate methods to implement the programme in these areas provides a platform for future programme implementation to similarly disadvantaged populations.

Sub-finding 19.1. The effect of the differences in programme quality and coverage between different settings in relation to vulnerability to HIV is unclear due to the limited availability of adequate epidemiological data.

While the programme included a range of settings in Papua and West Papua. It is difficult to assess the extent to which the programme, while working to increase access and coverage of HIV & AIDS and life skills education for young people, has been equitable in reaching those who are the most vulnerable for the risk of HIV transmission. This is due to the lack of reliable epidemiological data on the HIV epidemic that indicates the socio-demographic and geographic distribution of risk and vulnerability among young people for HIV in programme intervention districts.

Finding 20. The programme did not achieve comprehensive reach of all out-of-school young people in intervention districts. While this was not a program aim and was not feasible with the allocated resources and time, the young people who were not reached are likely to experience high levels of disadvantage. Lack of coverage of HIV & AIDS and life skills education among these groups likely means the program had minimal effect on reducing their levels of socio-economic and gender disadvantage.

The inclusion of out-of-school programming ensured that some young people who are not accessing education were also captured with HIV & AIDS and life skills education and behavior change motivations that they require. However, participants in the capacity assessment who work with out-of-school youth noted that some of the segments of the out-of-school young people population are very difficult to reach. In the absence of data on HIV vulnerability and risk among young people who are out of school it is difficult to judge their need for HIV education. Nonetheless, without reaching some of the more difficult to reach out of school young people, the programme can be considered limited in the extent to which it was able to reduce inequity in the need for HIV education among out-of-school young people. Moreover, the implementation model for out-of-school young people with its focus on sporting clubs and youth forums may have reinforced the exclusion of young people who are already isolated and not well-connected.

Sub-finding 20.1. For out-of-school young people, the programme provided gender-equitable access to HIV & AIDS and life skills education to the young people it reached. However, more data is needed to understand how this fits relative to the overall population of out-of-school young people.

The programme reached out-of-school young people who were male, female and transgender, providing a balance among the groups that were reached. Some of the civil society organisations working with out-of-school young people indicated a specific focus on reaching and meeting the needs of female young people who are out of school. The major area where gender sensitivity of strategies was discussed was in relation to out-of-school youth. In this regard, it was noted that girls who are out of school need to be targeted specifically as they can be very hard to reach. Differences between the out-of-school young people who were reached and those who were not are an area that requires further exploration to identify whether the targeting, models and systems used for delivering HIV & AIDS and life skills education were sufficient to meet the needs of the most vulnerable groups of out-of-school young people in the programme's intervention districts.

Finding 21. For young people in school, the programme provided gender-inclusive access to HIV & AIDS and life skills education.

In terms of gender equity, the programme targeted males and females equally through the school strategies. No strong issues came up in the evaluation in terms of a lack of gender accessibility to the programme. The textbooks were developed with consideration given to gender sensitivity and girls often reflected greater levels of knowledge and safe behaviour in the end line survey indicators than boys. However, some participants in the capacity assessment noted that schools sometimes delivered life-skills and HIV education to mixed classes of boys and girls and that separating boys and girls for some of the material in the curriculum was likely to lead to better student discussion.

In review of the end-line KAB data it is important to note that on most markers of knowledge and behavior, girls reflected more favorable results than boys (e.g. comprehensive knowledge of HIV, perceptions of people living with HIV, demonstration of life skills, condom use at last sex, etc.). One exception of note is that girls in school were still less likely than boys to know where to access condoms than boys (27% versus 40%).

There was very little discussion by stakeholders on gender implications of focusing on schools-based HIV education, as the programme targeted both boys and girls in school equally. If there are significant gender differences in access to schooling, out-of-school programming would be needed to ensure that the programme adopts an equitable gender approach overall for young people in Papua and West Papua.

Sub-finding 21.1. Selection of teachers for participation in training for HIV & AIDS education was not sufficiently attentive to considerations of gender.

Some participants in the capacity assessment noted that there did not seem to be equitable access for teachers receiving training on HIV education. Concerns were noted that male teachers were often given the chance to attend this training over female teachers. In terms of gender equity among teachers this was less than desirable. In terms of delivery of HIV & AIDS and life skills education to students ensuring that both male and female teachers were trained in each school would have supported a more gender-balanced approach and allowed for teaching and discussion of some sensitive topics in gender-specific classes. On the other hand, there was no discussion indicating that female students missed out on learning or that the quality of their learning was impaired when HIV & AIDS and life skills were taught by male teachers. Nonetheless, a considered and concerted effort to ensure gender balance in the training of teachers would be more supportive of gender equity.

6.5 Sustainability

- What are the enabling and constraining factors that influence the replication and ownership of the programme at provincial and district levels?
- How can the programme be scaled-up to ensure coverage in focus districts?
- How can the programme be replicated in non-focus districts?
- Are the changes self-sustaining or is continued intervention required?

Finding 22. Systems strengthening through the government is conducive to sustainability but the allocated programme period, resources and activities have not been sufficient for systems to be strengthened to the point required for sustainable HIV & AIDS and life skills education by provincial and district government.

The programme worked to develop capacity within provincial and district education offices for management and implementation of HIV & AIDS and life skills education in the education sector. This approach contributes to sustainability by leveraging existing systems and structures and embedding programming of HIV & AIDS and life skills education within them. However, there were significant gaps in capacity at baseline. In the programme period, the level of ownership, commitment and capacity for provincial and district education offices were not strengthened sufficiently for government to reliably implement ongoing HIV & AIDS and life skills education without external assistance.

Sub-finding 22.1. Continued external intervention is required to sustain and improve HIV & AIDS and life skills education delivery to young people.

UNICEF played an important and active role in developing provincial capacity, in advocating for changes to the policy environment and in planning and progressing activities needed for HIV & AIDS and life skills education to be delivered to young people. While provincial and district education offices played an important role in implementation, impetus from UNICEF was critical. In the absence of this impetus and UNICEF support for capacity development and programme guidance, it is unlikely that gains made will be sustained and that further progress will be achieved either in quality, coverage or scale of HIV & AIDS and life skills education.

Sub-finding 22.2. The cadre of master trainers is a sustainable element of the programme outcomes but requires that this cadre is retained and receive ongoing support and resourcing

Significant progress was made in developing a cadre of provincial master trainers. These master trainers have capacity to train district level staff, teachers and principals in how to deliver HIV & AIDS and life skills education to young people. This supports sustainability as it allows for continued training and support to schools both for improvements in the quality of the HIV education delivered to young people and in developing capacity of teachers and principals in schools that were not reached within the programme period. This achievement is vulnerable if this cadre and their capacity are lost and not replaced, or if challenges in the education sector lead to inadequate support for them to carry out their role.

Sub-finding 22.3. Sustainability of HIV education was hampered by the failure to achieve the inclusion of HIV teaching methodologies into pre-service teacher training programmes

The programme design included an output for the inclusion of HIV education in pre-service teacher training. However, at the time of the end of programme evaluation, none of the teacher training institutions in Papua and West Papua systematically included and delivered HIV education and HIV teaching methodology in their training programmes for pre-service teachers. The closest was a number of sessions teaching pre-service teachers at the University of Cenderawasih in 2011, but these were not repeated in subsequent years. As such, new teachers graduating from these institutions will need to receive training on how to teach HIV & AIDS and life skills curriculum through other mechanisms. While alternative mechanisms such as in-service training can be made sustainable, the absence of routine inclusion of HIV training for pre-service teachers represents a substantial missed opportunity to make the programme more sustainable.

Sub-finding 22.4. Further building of commitment and capacity at district levels is needed for mainstreaming of HIV education in the education sector to be sustained.

Among the seven intervention districts, the level of government commitment and action to establish sustainable mainstreaming of HIV & AIDS and life skills education has been varied. While two districts in Papua have enacted a District Decree to create a supportive policy environment, remaining districts have not yet created a supportive policy environment or have had to rely on other instruments such as directives from the education office. Likewise, while districts have made budget allocations and work plans for the implementation of HIV & AIDS and life skills curriculum in schools, these have fallen short of what is required with funding focused on teacher training but not other supportive activities such as distribution and printing of materials or supervision, support and mentoring or monitoring an evaluation. The levels of district commitment and capacity at the end of the programme were not sufficient for districts to adequately drive and support the delivery of HIV & AIDS and life skills education to young people in a sustainable manner.

Finding 23. Responsibility within government for planning, managing and delivering HIV & AIDS and life skills education to out-of-school young people was not well-defined. The programme did not establish adequate ownership and responsibility among government for reaching out-of-school young people with HIV & AIDS and life skills education. As a result programming and service delivery of HIV and life skills education to out-of-school young people has not been made sustainable within the programme period.

The out-of-school programme is an important component for reaching vulnerable adolescents and young people with HIV information who are not participating in the formal education sector. While education offices were prepared to take ownership of delivering HIV & AIDS and life skills education to students in school, there was less willingness to assume responsibility for reaching young people who are out of school. At the end of the programme, there was still a lack of clarity about where in government such responsibility should rest with a range of suggestions for the organization that should be responsible: department of youth and sport, informal education division of the education office, the KPA and puskesmas out reach services were all suggested. As it is, the current approach of working through grants to civil society partners is not sustainable in the long run unless recurrent funding can be made available to the civil society partners through government.

Sub-finding 24.1. Among civil society organisations working with out-of-school young people, strategies were developed and capacity gains were achieved for targeting, reaching and conducting effective HIV and life skills education. This provides a basis for ongoing delivery of such services to out-of-school young people.

Capacity for targeting, reaching and conducting effective HIV and life skills education for young people who are out-of-school was a key part of the programme. The design of the model and strategy for reaching young people took some time to refine. However, in regards to implementation of approaches to reaching young people and educating them on life-skills, capacity was noted in a range of relevant stakeholders.

Finding 24. The programme is scale-able and replicable but highly dependent on the commitment and capacity of district and provincial government and other institutions. The level of capacity developed to date is not sufficient for effective scale-up in intervention districts or scale-up to non-intervention districts.

The programme's model for delivering HIV & AIDS and life skills education is scale-able as it utilizes the existing education system's network of schools to reach young people with HIV & AIDs and life skills education. Moreover, it is predicated on building government capacity to manage and implement the necessary activities for HIV & AIDS and life skills curriculum to be delivered to young people. However, the programme relies on close partnerships with district governments and schools and weak commitment and capacity in a district will hinder increasing scale and coverage of the programme there. Moreover, for the existing intervention districts, additional work to develop government capacity, management and policy are needed to consolidate the gains made to date and to improve the quality and regularity with which HIV & AIDS and life skills education are delivered to young people and to expand coverage to non-intervention schools within the district. At present, the level of capacity within government requires further development to support effective scale-up of coverage within existing intervention districts and to non-focus districts.

Scale-up to other districts requires assessment of commitment and capacity and allowing adequate time and resources to develop these so that they function effectively for management and implementation of HIV & AIDS and life skills education to young people.

7 Conclusions

The programme's targeting of young people in general is highly relevant to the setting and the HIV situation in Papua and West Papua. The focus on these two provinces within Indonesia also reflects a focus on a population of young people that face significant challenges in access to basic services like health and education. The available epidemiological data shows that the epidemic of HIV among young people in both provinces continues unabated. Data from the end-line KAB survey undertaken during this evaluation indicates persistent gaps in knowledge, and required improvements in attitudes and behaviours among young people in Tanah Papua to avert and halt the epidemic. Working through the education sector affords high levels of access to adolescents in a formal environment and through established infrastructure, trusted by communities to impart information and knowledge to the young population. While there are inherent capacity limitations of the education sector in Tanah Papua, it is the most appropriate choice for the purpose of reaching young people in this context.

Conducting a systems strengthening approach that builds capacity of the Education sector in Tanah Papua using curriculum embedded education methods and participatory teaching styles remains relevant as the project implementation period comes to an end. Continuing initiatives are required to first consolidate and then carefully expand these efforts in the future. The programme needs to explore options of other non-teacher adult educators, particularly from the local health sector as an option to be considered in the future. Linkages between the education sector and the health sector was a major gap and oversight in the design of this programme, resulting in young people being informed about HIV and related risk, but not linked to services and resources that could facilitate genuine health seeking behaviour.

Levels of effectiveness achieved by the programme are varied, confounded by systems levels factors in Tanah Papua – i.e. diverse and challenging geographic, political, social and cultural contexts. Weakness in the education system as a whole in Papua and West Papua also impacted effectiveness and resulted in variation of outcomes between intervention sites. The partnership approach between UNICEF and the Department of Education was critical to employing a capacity development model that placed ownership and responsibility with the government partners. This has led to the programme contributing to the creation of a supportive policy environment for responding to the needs of young people. HIV has been integrated into important provincial policies and education strategic plans and district level annual work-plans, including government budget allocations. This has translated into inclusion of HIV in education office annual work-plans for 2013 at the provincial level and in five districts. In a system of continuing decentralising governance, the importance of district level authorities in management, coordination, policy and budgeting has become increasingly apparent. The governance structures (pokjas) put in place through the programme design enabled multi-sectoral engagement at the beginning of the programme but failed to provide an ongoing system for mandated coordination and decision making in later implementation. Placing coordination and management firmly within the pre-existing structure of the education system at district level and focussing capacity development activities in strengthening district level education systems would have been optimal.

Teaching methodologies used were varied across different settings, and more varied in West Papua than in Papua province. The non-standardised system for distribution of teacher manuals contributed to this variation in methodology as a result of different versions of teacher support tools being delivered to schools. The sessions were also taught in varied grades at school without consistency of approach and only sometimes integrated into curriculum. In other instances they were taught outside of school hours, as stand-alone sessions, or mixed in with other classes. All these factors contributed to the confidence, willingness and ability of teachers to deliver the curriculum through a participatory training approach as intended.

Despite the great variability in the reality of programme experience between intervention sites, in most schools where teacher(s) were trained, the HIV related content was delivered, albeit with great variation in style and quality. The majority of teachers, principals, parents and community leaders reported strong understanding of the need for the programme and support for this content being taught to the children in the community schools. The little resistance to HIV and sexual education content being taught to children came from some parents, and would possibly have been curtailed if the programme had successfully employed the use of the 'parent guide' in the project design as a tool for advocating the rationale of the intervention to parents.

A major gap in the programme was the lack of teacher supervision, and delivery of re-fresher training. Often trained teachers felt unsupported by principals and/or lacked ongoing support to deliver sessions and improve their skills beyond being the recipient of the initial training sessions. Increased monitoring and supervisor based on strengthening teacher skills in both content and teaching methodology would foster more willingness and confidence to teach the content to their classes. Principals would also benefit from direct support in addressing ways to integrate the sessions into the school programme in a formalised manner.

Despite all the challenges, the programme has achieved its primary purpose of attaining small but generally positive changes in knowledge, attitudes or behavior among young people in and out of school. Increases in knowledge on HIV and improvements in positive attitudes have also occurred among teachers and education sector staff. These increases in knowledge would have led to greater influence in health seeking behaviour if the programme had addressed gaps between education and health services through strengthening these partnership and linkages.

The program could have enhanced effectiveness by improving Monitoring and Evaluation systems which remain fractured and weak. This has resulted in a lack of functional knowledge management system to inform programme improvements throughout the duration of the intervention.

In terms of efficiency, the approach of focussing on local ownership and systems strengthening meant some important trade-offs were made. This approach required sufficient time in consultation and stakeholder engagement to allow for building stakeholder capacity and fostering of local ownership. In the long run, integrating HIV into the Education sector through this systems strengthening approach creates efficiency as it allows government to allocate its own resources to HIV programmes for young people. There is some evidence that this process has begun in selected districts.

However, the issue of whether the budgeting is systemic and sustainable is less clear. The formulation and submission of plans also does not entail that they will be approved. Implementation of the plans and budgets is also dependent on a range of factors, including capacity among various

programme stakeholders. Further trade-offs were made in ensuring curriculum development was consultative and built local capacity, but resulted in delays to manual development. There is variability is usefulness and acceptability of the teaching materials developed.

Out of school interventions were critical to reach youth not in the education system and address equity issues in increasing access to HIV information for young people not in the education system. There were delays in getting this component started which have limited its scope and effectiveness. The out of school programme was the major area where gender sensitivity of strategies was addressed. In this regard, it was noted that girls who are out-of-school need to be targeted specifically as they can be very hard to reach. There was very little discussion by stakeholders on gender implications of focusing on schools-based HIV education, as the programme targeted both boys and girls in school equally. A more sustainable structure is required for placement of the out of school programming coordination and delivery

By focusing efforts on some highland districts and areas of Papuan ethnic majority, UNICEF and the Government of Indonesia have attempted to reduce inequity between people with greater access to HIV related information and education, and those in more rural settings where previous access was limited. In later stages of programme implementation there was an active strategy amendment to reach schools in more rural and remote settings which was a solid act on behalf of the programme in equity for reaching people with less access to HIV related information.

Sustainability of achievements made is tenuous with the most constraining factor to sustainability being the fragility and weakness of the Education sector in Tanah Papua. For sustainability to occur it is imperative that pre-service teacher training is established so that new teachers are taught HIV related content from the outset, and see it as a normative part of the teaching role, rather than as an 'optional add on". Likewise teacher re-training is required to ensure people continue to accurately and effectively deliver the information and activities to young people/students. The issue of staff turn-over needs to be addressed with mechanisms in place to train replacement teachers as "trained" teachers leave their posts. It is clear from the programme that this changeover/transfer of teachers has been a problem for schools, leaving some schools without any teachers for the programme. To resolve this, and if the programme is to be scaled-up to more schools, there needs to be a new commitment to training by the provincial and district education offices.

7.1 Lessons Learned

Decentralization of government will continue to have influence on effectiveness of education and health sector approaches in Tanah Papua, and the ongoing influence needs to be monitored and addressed in a dynamic manner.

Decentralized government in Papua and West Papua, as established by Law No. 32 has granted a significant degree of autonomy to districts and municipalities. Participants in the capacity assessment identified a number of resulting challenges for the program. Low levels of coordination between the provincial government and district government is a challenge for ensuring consistent implementation of the program.

Another area where decentralization has involved challenges is at the level of policy and regulations. While the passage of the Governor's Decree in Papua was an important achievement, decentralization has meant that implementation of the decree must also be preceded by the establishment of similar regulations within each district. As a result, at the end of 2013, a number of

districts had yet to pass a suitable decree and hence the regulatory support for the program activities was lacking.

From a capacity development perspective, decentralization entails the need to cover a broad range of parties responsible for implementation. In addition to conducting capacity development with stakeholders at the provincial level, similar activities are also needed to target those at sub-provincial level with authority and influence on HIV and education programming.

Finally, decentralization of authority has been a challenge in terms of consistency of programming and activities. For example, in regards to the approach for including HIV in school curriculum, different approaches were adopted between the two provinces, and between some districts in the same province. Some opted for HIV to run as a standalone subject while others included it in the local content curriculum (Mulok). Such variation may help adapt the program to the individual needs of districts. However, it does add complexity to the design and implementation of the program as a range of approaches then need to be supported.

Ongoing capacity development of the education sector is required for program sustainability

Gains have been observed in the education sector in a number of different areas of capacity and at a range of different levels within the sector. Notably there is a broad strengthening of understanding of HIV and the need for an appropriate response in Papua and West Papua. However the level of capacity needed to design and implement a sustainable response does not yet appear to have been achieved. Real concerns exist about whether the education sector and other stakeholders possess adequate capacity for long-term management and implementation of HIV programming without impetus and technical guidance from UNICEF. Hence, while there have been some significant achievements in program implementation, the question remains about whether these gains will be maintained if UNICEF support for future activities is retracted. The need for stronger capacity for budgeting, planning, implementation and monitoring in the education sector is a need not just in relation to HIV mainstreaming. Such capacity development is also required in regards to education service delivery as a whole. This is apparent from the inclusion of this broader capacity development in the Basic Education Program and from discussion with participants in the capacity assessment.

Importance of teacher training, supervision and mentoring in establishing confidence and willingness of teachers to deliver sensitive content to students

Training should be viewed as more than simply a way of raising capacity; it is a vital tool in engaging people's enthusiasm and involvement. The thirst for training and intellectual stimulation from those involved in programme activities (principals, teachers, parents, community members) is insatiable. In Papua and West Papua teachers and principals were, on the whole, keen to teach the HIV and Life Skills modules and have them as part of the school curriculum but they wanted more support to do this and to do it well. Effective and confident teaching of the modules depends on teachers feeling adequately prepared, and thus training and importantly refresher training needs to be ongoing on an annual basis. Strengthening of other modes of support, such as workplace coaching and supervisory visits would help teachers to implement their training.

Broader community mobilisation around HIV and AIDS will complement efforts made with children and adolescents in the education system.

A critical mass of awareness is needed in a community before noticeable attitudinal and behavioural change starts to happen. This is especially true when this change is related to traditional beliefs and values that have been in place for long periods of time. The preparedness of communities to accept that the HIV and life skills modules need to be taught in the schools, indicates that this level of awareness has been reached, creating a platform from which more rapid change should now emanate. HIV awareness sessions with parents and community members would strengthen the enabling environment for HIV prevention, so that when young people discuss/raise such discussions in the home/community environment there is support and understanding. The eventual sustainability of programme activities is dependent on this change and increased awareness in the wider community.

Gender considerations in the schools-based delivery need to be enhanced. Consideration should be given to separate classes for boys and girls for some topics in the HIV and life skills curriculum

Some teachers and students in schools were uncomfortable with the sensitive content in some of the life skills and HIV modules. This was particularly the case for modules focused on sexual issues, with some teachers/students describing these sessions as 'vulgar'. Where teachers lack confidence with these sessions it may be more appropriate and easier for teachers if the students were divided into male and female groups. This could be decided at individual school level by the particular teacher(s) in consultation with the school principal.

The development and dissemination of textbooks and resources for the modules needs to be better managed in future programme phases. A consistent approach using standardised tools will improve programme outputs.

The evaluation showed that there is no consistency in the materials used across schools. The 2011 textbook, while looking glossy and professional, provides ideas for teaching methodologies but does not provide teachers with sufficient background information to teach the modules. The 2013 revised text, although only photocopied and therefore less attractive, is obviously an improvement in terms of content. The text guides the teachers on the key points that need to be covered in each lesson and gives ideas for group activities to support the teaching. However, there are some concerns about the illustrations that have been used, with some teachers viewing them as not suitable. Also, teachers raised the need for the texts to use more 'local language'; this could be available in a supplementary text for teachers. Therefore, it seems that there is still some work that could be done on improving the textbook and the guiding manual for teachers.

More important, however, is the need for the texts and resources that are available to be more consistently disseminated to all participating schools. This will certainly be an essential element to 'get right' if the programme is going to be extended to more/all schools, in more/all districts of the two provinces.

Increased focus required on addressing stigma and discrimination in order to facilitate people accessing HIV testing and counselling and care and support services, where available, for people who are HIV positive.

Stigma and discrimination are often rooted in lack of information, lack of or limited understanding and experience, or fear of the unknown. Discriminatory behaviours are usually irrational and based on stereotypes. The evaluation interviews, maybe inadvertently, suggested that there had not been a lot of emphasis on issues of stigma and discrimination facing those infected with HIV. In some of

the interviews with children there were issues raised relating to stigma and discrimination that pointed to ill-formed views based on limited information. In future trainings with teachers and in textbooks, stigma and discrimination could be discussed in more detail so that teachers are more skilled in facilitating discussions on this important topic.

Identifying and training influential "champions" as advocates for the HIV and life skills modules in schools and with out-of-school youth is a strategy that should be used to attract widespread support and help develop a strong support base.

This has already happened to a certain extent through the principals of the schools. Further exposure to these approaches and more training could further enhance the role that principals and other identified 'champions' could take in influencing attitudes in communities and strengthening the uptake and acceptance of change within the communities.

Approaches for out-of-school youth require a formalised system that is connected to existing government departments, i.e. health sector, rather than relying solely on civil society partner approaches implemented in an ad hoc manner.

The evaluation showed that programmes for out-of-school youth, while being critically important, are very difficult to effectively coordinate and implement. Out-of-school youths are more difficult to organise and tend to have life styles that are more chaotic and unpredictable. While there has been some success in reaching some out-of-school youth, it is clear that new strategies will need to be developed and trialled if this component of the programme is to be effectively scaled-up. As reaching out-of-school youth may be more resource intensive, enhanced understanding of their patterns of risk and vulnerability to HIV would support effective planning and budgeting to reach them.

The provincial and district education management information systems need to be improved if the district education offices are to be able to effectively and efficiently coordinate and manage the roll-out of the modules into all schools.

The current EMIS is not adequate and not regularly updated, making it difficult to get a clear picture of what is happening in each school in relation to the programme. This will be an urgent, priority need if the programme is to be scaled-up in all districts in the two provinces.

Innovative approaches are required to address loss of capacity due to staff rotation within the education sector and schools.

A recurring theme throughout the capacity assessment was the effect of staff rotation or staff turnover. Rotation of staff within the education sector, within the Pokja, at schools and within agencies responsible for planning and budgeting was reported to be a common, ongoing problem. Many stakeholders noted loss of capacity that occurred with frequent staff turnover. Some felt that this turnover results in wasted investment in training and capacity development. Some also noted the need to run the same training multiple times in order to bring replacement staff up to speed. As an overall systems issue it is likely that staff rotation has an effect on education more broadly than just in relation to HIV education. Staff noted the difficulty of trying to find solutions to alleviate the problem as it is difficult to retain staff in some settings and not feasible to place strong constraints on workforce mobility.

Innovative approaches are required to address the effect of teacher and student absenteeism as it affects delivery of HIV related education.

While some of the issues causing absenteeism by teachers and/or students were not directly targeted by the program, they nonetheless affected the successful implementation of the program. In particular, issues of teacher and student absenteeism were seen as inhibiting the ability of the program to achieve effective coverage.

7.2 Recommendations

7.2.1 Recommendation for UNICEF

1. The approach to strengthen HIV responses through the education sector in Tanah Papua is still relevant for the foreseeable future and should be continued with further efforts focussing on integration of HIV as a routine part of the education sector in the two provinces. This should not be implemented as a stand-alone HIV focussed programme. It is recommended that future HIV related initiatives need to be integrated into the DFAT funded broader Education Sector Strengthening programming.

While significant gains have been made in the programme, they are tenuous and likely to remain so until:

(1) the teachers are more skilled in and confident with integrating the HIV and life skills modules into their classes and;

(2) schools, through the directives of the district education offices, have a clear plan for mainstreaming HIV and life skills into the curriculum.

Any gap in implementation of the programme at this stage could affect heavily in terms of programme slippage. The evaluation interviews highlighted the concern within schools (principals, teachers and students) that the programme might not be continued. It is recommended that the programme be extended, using an approach more embedded in broader education sector strengthening initiatives, aiming at quality improvement and consolidation of achievements to date.

Future forms of delivery for capacity strengthening of the HIV and AIDS into the education sector should not necessarily be stand-alone programmes. Instead, integrating HIV-related curriculum delivery into broader programmes that aim to build the capacity of the Education sector in Tanah Papua. Future efforts need to continue working towards HIV education becoming an integral part of education sector activity at all levels including such activities as planning, budgeting, curriculum development, teacher supervision, school timetabling, classroom teaching. While some capacity to carry out these activities has been developed within the education sector, the establishment of greater commitment and supportive policies and systems for the inclusion of such activities is vital to ensure that they are retained over time. Opportunities should be explored for HIV to be included in broader education sector strengthening initiatives. Further work should be done to ensure understanding and acceptance of education sector HIV programming with Bappeda and KPA.

2. The programme should focus on consolidation and strengthening of the programme in current locations before embarking on any expansion to new schools or districts. Scale-up should be carefully phased to ensure supportive policies and sufficient capacity is in place in new locations. It is imperative that activities in new schools are introduced to focus on school principals to ensure their understanding of the importance of the programme, and their supportive role to their teachers to teach on HIV is enhanced.

While significant gains have been made, rapid scale-up and expansion to new districts and schools at this point might be premature. Consolidation and strengthening of the programme in current

locations of programming would be advisable. Phased expansion efforts could focus on how to expand coverage to more rural and remote parts of existing target districts. Then phase in new districts in a structured and planned manner. Before expansion to training teachers in new districts, it is essential that a) the district has supportive policy and plans in place and b) the programme works with principals to accept such directives and ensure they are willing for HIV to be taught in their schools. One issue in the programme was that although teachers were trained some did not feel supported or encouraged by principals to teach on HIV. Greater effort in programming is needed with principals to ensure their understanding of the programme and support for the teaching of this in their schools is enhanced. This will afford teacher a sense of support, encouragement and confidence to use the skills they have been taught in their classrooms.

There need to be concentrated efforts to consolidate gains in current districts, with special emphasis on Jayawijaya, before a gradual and carefully managed expansion to further districts can occur. The uptake of the programme in each district seemed to be linked to the commitment and endeavours of the education office in each district. While some districts seemed to have made good headway in introducing the programme into schools, other districts seemed to lag behind and will need additional support to bring about change. In Jayawijaya, for example, where the geography makes access more difficult and many communities live in remote areas, concentrated efforts are going to be needed to strengthen the programme uptake more widely across the district.

3. Future efforts to reach young people with HIV programming must address equity imbalances by focussing on reaching young people in more rural and remote parts of Tanah Papua

The program endeavoured to increase knowledge and influence behaviour among young people as pertains to HIV, by using the education system as a platform for delivery of information, awareness and motivation for behaviour modification. In this phase of the programme, this was more successful in urban centres than in remote and rural settings. Although substantial challenges lie in accessing remote schools, future programme efforts must apply equity decisions in selection of target schools, addressing inequalities in access to HIV related programming that exist between the urban and rural settings. This must be balanced and weighed against new HIV epidemiological data as it becomes available.

7.2.2 Joint Recommendation for both UNICEF and the Government of Papua and West Papua provinces in Indonesia

4. Future efforts to reach young people through the education sector in response to HIV and AIDS must form stronger linkages between the health and education sectors.

The program endeavoured to increase knowledge and influence behaviour among young people as pertains to HIV, by using the Education system as a platform for delivery of information, awareness and motivation for behaviour modification. Evidence from global HIV programmes and understandings of behaviour change theories have highlighted that a) knowledge does not necessarily lead to behaviour change and b) people require access to resources (condoms, HIV testing services, counselling, etc.) to support behaviour change processes.

One weakness in the programme approach was the lack of linkages with the health system. Although the health system in Tanah Papua has inherent weakness, especially in rural areas, a closer partnership between health and education where student teaching brought in representatives from

local health services would have allowed students to hear about HIV from the perspective of health service providers, and understand what services are available to them or their families - affording strengthening of potential health seeking behaviours. The model employed allowed for teachers (for those who received proper capacity training and material access) to increase knowledge among students, but likely missing the link of connecting this knowledge to access to services and consequent behaviour modification. A closer partnership with, and involvement of the health sector is recommended for future strategies working with the Education sector.

5. In a context of increasing decentralisation, continued and enhanced efforts are required at district and sub district levels of authority to support the programme. UNICEF and Government partners must tailor future efforts to focus on decentralised levels of governance within the education sector.

In the context of decentralised government with significant authority resting with districts and schools in determining their curriculum, plans and budgets. Continued inclusion of activities to build commitment and capacity at sub-provincial level should be maintained.

6. It is recommended that future programming focus on strengthening the M&E systems so that information is available and disseminated to improve monitoring or progress across the programme. Provincial and District Education Offices should review and strengthen systems for management of information and record keeping related to the programme.

Although the GOI/UNICEF funded programme supported training and resources to strengthen the management information systems in the provincial and district education offices, the findings showed that these systems, in general, are still quite weak in terms of record keeping. District education systems, on the whole, did not have a clear picture of what was happening in schools in relation to the programme, if there were trained teachers in the schools and where there were gaps, and records for distribution of texts and other resources. Consolidating the programme in current intervention schools and expanding it to other schools in the districts will very much be led by the district education offices and so depends on them having an accurate picture of the situation in each school and across the districts. It is recommended that future programming focus on strengthening the M&E systems so that information is available and disseminated to improve monitoring or progress across the programme. Data collection systems need to be focussed on only collecting data that can and will be used, and that the system is contextually appropriate (concerns with the EMIS were that it was reliant on IT infrastructure and human capacity to use the system were lacking).

7. UNICEF and Government partners should leverage the opportunity of adding HIV content to the curriculum to ensure a stronger focus beyond HIV that addresses other health and social needs of adolescents in Tanah Papua.

The program had a strong focus on HIV related content, yet some of the unintended outcomes as told by young people themselves indicated they gained the most in terms of understanding of topics like personal hygiene. Teachers who felt uncomfortable focussing on the sometimes “embarrassing or sensitive” content around HIV could expand to cover broader health topics with more confidence. It is recommended that future curriculum include other important and linked topics like adolescent rights, protective factor strengthening, and other health topics. These topics would complement HIV resilience development in young people and increases teachers confidence and willingness by

allowing them to 'package' the HIV content with other less sensitive or perceived 'embarrassing content".

7.3 For the Education Department in Papua and West Papua provinces

8. Critical to sustainability of embedding of HIV in the education system is standardisation of the curriculum and formalizing HIV related content in Teacher training institutes. Future efforts need to ensure that Teacher training institutes train all new teachers, and current teachers through refresher courses, on HIV related content. The programme needs to standardise the various forms of curriculum in circulation at the end of the current phase.

Two critical shortcomings of the programme to date have been a) standardisation of the curriculum (different versions of the manuals developed were distributed to different schools) and b) formalising Teacher training in the pre-service teacher training institutes. While this was a planned strategy for the programme, ensuring all teacher training covers content and teaching methods around HIV, the programme was not able to achieve the establishment of HIV related content in formal systems teacher training. Future activities should focus on standardisation of curriculum and ensuring all new teachers are taught the delivery on the content through their formal training qualification processes. The AIDS Commission could assist by ensuring their strategic plan includes teacher training embedment of HIV related curriculum for teachers.

9. The Education Departments need to increase the ease-of-use of the teaching materials by making the core content components more prescriptive, alleviating the need for teachers to interpret the materials and design the sessions before teaching.

One issue highlighted in the evaluation is that some of the tools required the teacher to interpret the meaning of the activity plans and decide how to teach the material before proceeding. This barrier in understanding how to teach the session restricted some teachers in feeling confident to do so and stopped some following through with the session delivery. It is recommended that the core content part of the curriculum be highly structured and prescriptive so that teachers are very clear on what to teach and how, allowing little room for misunderstanding or lack of clarity/confidence in the materials and teaching methods.

While standardization of the curriculum is recommended, allowance may still be necessary for localisation of materials is possible to ensure they are culturally sensitive. This flexibility allowing for some heterogeneity and adaptability of the curriculum in some local areas will increase the resources needed to support the programme to some extent.

10. A programme for regular teacher refreshing training on HIV and life skills topics, led by the Provincial Education Department, needs to be developed and conducted in both Papua and West Papua.

As already indicated in the report, teachers suggested ongoing support through more training, including short refresher trainings, to help them increasingly integrate the HIV and life skills modules into their teaching. Ongoing training, supervision and support are required if teachers are to maintain their new understanding of the topics and the new teaching methodologies. Teachers also need more teaching aids or more suggestions for developing aids from local resources. Regular meetings with colleagues to review progress and to share and exchange ideas are essential to keep teacher morale and enthusiasm high, by helping them to feel connected to something bigger than

just the work in their school. Capacity to conduct refresher training could be embedded at the district level, where senior teachers who are confident and experienced in teaching the content provide the support and to others. The role of the provincial level would be to ensure this capacity is retained at district level. Having the teacher trainer and mentoring support at district level will reduce costs in bringing in support from a Provincial central point.

11. There must be a stronger, more systematic and regular supervision and monitoring system put in place to monitor and support the HIV and life skills programme at school level. This system should ensure that teachers feel supported and that teachers and principals recognise that the programme is valued by provincial and district level leadership within the education sector.

Teachers would welcome and appreciate overview and support for teaching the HIV and life skills modules. Most teachers interviewed reported no or limited monitoring and/or support from the district education office supervisors/inspectors. Training has been provided to these supervisors/inspectors and so it should be possible for them to build the much needed support and monitoring into their regular and structured visits to the schools. The focus needs to move from a focus on 'ticking boxes' and filling in numbers on a supervision tool, to a focus on providing mentoring, feedback and working with teachers and principals to solve problems that they are encountering.

12. It is strongly recommended that textbooks be more easily available to teachers and students throughout the districts. Distribution mechanisms need to be strengthened to ensure stock outs are dealt with in a timely manner.

Teachers and students both prioritised having more textbooks and resources available for teaching and learning of the HIV and life skills modules. Even if the funding is not available to support glossy textbooks, students and teachers would be satisfied with simple resources that are culturally and geographically relevant. District education offices will need to consider how they can adequately support schools with texts and resources if the programmed is to be scaled up and expanded across all districts in the provinces.

13. The Education Departments need to implement specific activities to ensure that teachers, via the principal, are encouraged to hold meetings with parents to explain the HIV and life skills modules. Greater capitalization of complementary community HIV programming other stakeholders should also be leveraged.

The evaluation findings showed that the support of both the principal and the parents are crucial to the acceptance of the teaching of these modules within the school. Rather than learn about these modules/topics through a piecemeal process, it would be far more effective for teachers to hold a meeting with parents to explain the content, the rationale for teaching these topics and to demonstrate some of the new teaching methods. Teachers may need support to organise the content of these meetings from the principal and from the district education office monitoring and evaluation inspectors.

Other partners in the HIV response working at community levels need to be leveraged in partnership to complement the programme. NGOs such as the HCPI partners, and KPA activities that play a role in community engagement should be brought in to closer support school based HIV programming efforts – raising awareness with parents and other community members on the importance of these approaches with young people.

14. Staff rotation adversely affects capacity and requires mechanisms to ensure sustainability of efforts. The Education Department need to monitor staff rotation to ensure all replacement teachers are trained and capable in delivering HIV related content to the students.

In the context of staff rotation, replacement of lost capacity is an important issue to address. Mechanisms and capacity for ongoing training, mentoring and support to new staff are essential for the sustainability of the program. There is a need to identify whether a cadre such as Master Trainers for HIV teaching capacity can be recruited and retained and can be utilised for recurrent capacity building activities among teachers. The programme needs to explore whether there is a similar cadre or mechanism that can be developed for other capacity levels such as planning and budgeting, strategy development or curriculum development as people rotate out of positions.

8 Annexes

8.1 Annex 1: Revised ToR for Evaluation (agreed with UNICEF during Inception Phase).

End Programme Evaluation of the Averting New HIV Infection among Young People in Papua and West Papua, Indonesia: Education Sector Response to HIV & AIDS

(Government of Indonesia – UNICEF Partnership with funding from the Government of the Netherlands)

Summary

Title	End Programme Evaluation of the Averting New HIV Infection among Young People In Papua and West Papua, Indonesia: Education Sector Response to HIV&AIDS
Purpose	The purpose of the end programme evaluation is to offer recommendations to develop quality, evidence-based improvement strategies to replicate the programme to non-focus districts and upscale the programme across the two provinces. The evaluation will assess the relevance, effectiveness, efficiency, equity and sustainability of the programme. The primary users of the evaluation findings are: Department of Education in Papua and West Papua Province, the Provincial AIDS Commission in Papua and West Papua, District Partners, the Ministry of National Education and Culture, the National AIDS Commission and UNICEF Indonesia. Secondary users include UNICEF Regional, Headquarter and other Country Offices.
Location	The programme is implemented in seven districts; four in Papua (Biak Numfor, Jayapura, Jayawijaya, and Mimika) and three in Papua Barat (Manokwari, Kabupaten Sorong, and Kota Sorong)
Estimated duration	3 months
Start date	September (end)

Background

Profile of Papua and West Papua Provinces of Indonesia

Papua and West Papua are two of Indonesia's 33 provinces, located in the western half of the world's second largest island, New Guinea. These provinces are at the extreme eastern end of Indonesia. According to the Central Bureau of Statistics (BPS), the Human Development Index (HDI) of Papua was 64.53 and the one of West Papua 68.58 –among the lowest of all provinces in Indonesia (33rd and 30th respectively out of a total of 33).21 According to the 2010 census, the combined total population of the two provinces was estimated to be 3,612,85422 of which about 50 per cent are indigenous Papuan in West Papua Province and 75% are indigenous Papua in Papua Province. In 2008, 37 per cent23 of the population in Papua was estimated to live below the poverty line compared to 6 per cent24 nationally. Young people aged 10 – 24 years constitute about 30 per cent of the total population. The provinces are rich in cultural, ethnic, and linguistic diversity. According to the Central Bureau of Statistics, there are 315 distinct tribal groups (Suku Bangsa Asli Papua), and it is generally accepted that there are at least 250 separate languages. The majority of people in Tanah Papua are Christians, predominantly Protestants and Catholics, but Muslims, Hindus and Buddhists are also present.

The topography of Papua and West Papua Provinces (known together as Tanah Papua) is challenging. It is dominated in many areas by high, forest-clad mountains with population centres consisting almost exclusively of widely dispersed hamlets. These are accessible in some cases only by air or several days' walk. Access in many lowland areas can be equally challenging, with the population thinly scattered along rivers cutting far into the hinterland or in swamplands along the smaller streams. This challenge occasioned by topography has contributed to the limited access to public services like education and health services, as well as public transportation and communications[25].

Figure 6: Map of Tanah Papua, Indonesia

Until 2003, Papua and West Papua Provinces comprised one Province of Papua. In 2006 this was split and a separate administration was installed

[21] BPS 2009.

[22] BPS 2010. Hasil Sensus Penduduk 2010. Government of Indonesia: Jakarta.

[23] Morin,J. 2011. Population brief and 7 key Messages of the World Population Day in the Papuan context. UNFPA: Jayapura.

[24] BAPPENAS MDG report.

[25]This point is emphasized, among other places, in UNICEF. Gender and Poverty Analysis in Papua: Final Report, November 2007.

in West Papua Province. Administratively, Papua Province comprises 30 autonomous districts/cities while West Papua Province comprises 11 autonomous districts/cities.

Tanah Papua is rich in natural resources that include crude oil, natural gas, copper, timber, gold and nickel but lacking in human resources capacity. Poverty figures from 2009 show Papua and West Papua Provinces have by far the largest proportion of their populations living below the poverty line, with Papua at 38 per cent and West Papua at 36 per cent compared to the national average of 14.2 per cent[26].

AIDS Epidemic in Tanah Papua, Indonesia

Papua and West Papua Provinces of Indonesia are the only provinces classified as having a generalized AIDS epidemic in Indonesia with a general population HIV prevalence rate of 2.4 per cent[27]. It is projected that over 100,000 people are currently infected with HIV in the two provinces[28]. HIV prevalence among the indigenous Papuan population, which is more heavily concentrated in isolated rural highlands and lowland areas, was higher (2.8 per cent) than among non-Papuans (1.5 per cent[29]). The prevalence was also found to be higher among men (2.9 per cent[30]) than among women (1.9 per cent[31]); and in the highlands the prevalence was 2.9 per cent[32]. A high (3.0 per cent) and increasing HIV prevalence rate is reported among young people aged 15 – 24 years in Papua and West Papua, a phenomenon that needs to be addressed urgently to curb the epidemic[33].

Data from the upcoming 2012 IBBS in Tanah Papua will provide an update on the status of this low-level general population sub-epidemic, but will most likely indicate that the Tanah Papua sub-epidemic continues to grow with predictions of prevalence among young people aged 15-24 years to be higher than 5 per cent.

Against this backdrop UNICEF in partnership with the Government of Indonesia and with funding from the Government of the Netherlands launched in 2004 a programme, currently in its third phase, aimed at averting new HIV infections among young people aged 10 - 24 years in Papua and West Papua Provinces of Indonesia by the end of 2013.

From January 2010 to June 2012, coordinated technical, financial and supply assistance were provided to partners to address the weak institutional and curriculum frameworks through policy and planning, curricular development, teacher education and pilot of curricular-based HIV&AIDS education in 48 per cent of schools in the 7 focus districts. As foreseen in the M&E plan of this programme as well as in agreement with the Donors, a mid-point evaluation was conducted in second half of 2012.

[26] On-line reference at: www.dds.pbs.go.id/eng/brs_file/eng-kemiskinan. "An overview of poverty in Indonesia on March 2009," Table 4. Number and Percentage of Population Below The Poverty Line by Province, March 2008-March 2009.

[27] Integrated Biological-Behavioral Surveillance (IBBS) among Key Affected Populations (KAPs) Survey, Government of Indonesia (2011)

[28] Mathematic Model of HIV Epidemic in Indonesia 2008-2014, Government of Indonesia (2012)

[29] Ibid.

[30] Ibid.

[31] Ibid.

[32] Ibid.

[33] Ibid.

Determinants of the AIDS Epidemic among young people in Tanah Papua

Several studies have identified limited knowledge of HIV&AIDS, sexual behaviours, limited access to HIV counselling, testing and services, limited life skills, HIV&AIDS related stigma, and cultural practices as factors contributing to the current HIV prevalence among young people.

Knowledge of HIV&AIDS: According to the report of the 2011 HIV&AIDS Knowledge, Attitude and Practice (KAP) Survey (Papua and West Papua KAP, 2011)[34] HIV&AIDS awareness was high amongst respondents but comprehensive knowledge[35] of HIV is very low. Specifically, very few in-school youth (12.6 per cent in Papua and 1.67 per cent in West Papua) and out-of school youth (4.5 per cent in Papua and 0.0 per cent in West Papua) had comprehensive knowledge. It is therefore not surprising that only 2.78 per cent of teachers in Papua and 5.03 per cent of teachers in West Papua demonstrated comprehensive knowledge of HIV. The situation among education staff was slightly better but not optimal as only 28 per cent of staff of the education sector in Papua and 12 per cent in West Papua possess the required level of knowledge. Misconception about HIV transmission also persists amongst the respondents.

Sexual behaviour of young people: The Papua and West Papua KAP (2011) also identified several sexual behaviours that continue to put young people at risk of HIV in Tanah Papua. Amongst in-school youth in Papua, 18 per cent compared to 10 per cent reported having multiple sexual relations whereas only about 10 per cent of them perceived themselves at risk of HIV. The situation among out-of school youth is worse with 51 per cent of out-of school youth in Papua and 44 per cent of their peers in West Papua having reported having multiple sexual relationships and only 18 per cent perceived themselves at risk of HIV. The situation is further worsened by the incidence of sexual violence reported among young people.

Condom usage among young people: While awareness of the importance of condoms in sexual prevention of HIV is high – 74 per cent - amongst young people (in-school and out-of school), access still remains a challenge as the majority of the sexually active young people (80 per cent) neither know the cost of buying condoms nor are they able to ascertain usage during sexual intercourse.

HIV&AIDS counselling and testing (HCT): Access to health services including HCT remains a challenge in Tanah Papua as services are provided mainly in government health facilities and to a very limited extent by no-governmental organizations (NGOs) and at non-traditional sites. The availability of health services is thus a major challenge for young people. The situation is worse with only about half of the young people (in-school and out-of school) interviewed in the 2011 Papua and West Papua KAP being aware of HIV testing.

Limited life skills: The findings of the 2011 KAP study has brought to the fore concerns on life skills amongst young people, especially those who are in school. The study reported that only 7 per cent and 5 per cent of in-school youth in Papua and West Papua demonstrated the skill to refuse sexual

[34] Department of Education of Papua and West Papua, Indonesia. 2011. HIV&AIDS Knowledge, Attitude and Practice Among Young People (in-school & out-of school), teachers and staff of the education department. UNICEF: Papua.

[35] Comprehensive Knowledge of HIV as defined by UNIADS is a composite indicator which measure awareness and knowledge required to take preventive action on HIV infection. See full report for the measure.

pressure from their peers. Amongst their out-of school peers, 60 per cent and 43 per cent in Papua and West Papua respectively demonstrated the skill.

HIV&AIDS related stigma: There is a general perception in Tanah Papua that HIV is linked to immorality and this continues to fuel stigma. It is worrisome that few in-school youth (25 per cent in Papua and 16 per cent in West Papua) and out-of school youth (32 per cent in Papua and 24 per cent in West Papua) accept a person living with HIV (PLHIV). The situation amongst teachers (31 per cent in Papua and 16 per cent in West Papua) and staff of the education department (38 per cent in Papua and 22 per cent in West Papua) is not different.

Cultural practices: In Tanah Papua, *Adat Fiesta* is a traditional cultural event where young people gather and consume alcohol. This is often in excess and often accompanied by sexual intercourse with new partners, which therefore has implications for HIV infection. In the 2007 study, the young people being interviewed reported having sexual intercourse with at least one partner during the fiesta.

Response to the AIDS Epidemic in Papua and West Papua

The response to HIV&AIDS in Tanah Papua is an evolving initiative supported by a host of development partners. Main features of this response include: a) the passing of a **Provincial Regulation on HIV&AIDS Prevention and Care** in 2010 by the provincial parliament in Papua Province; b) the establishment of provincial and district level AIDS Commissions to coordinate the AIDS response; c) the inclusion of HIV/AIDS into the draft provincial mid-term development plan (2012 – 2016); and d) the establishment of a *'Working Group on Tanah Papua'* by the National AIDS Commission at the national level, to harmonize and facilitate national support to the local AIDS response in Papua and West Papua. These developments clearly demonstrate the strong commitment of political, legal, and regulatory bodies in Indonesia to AIDS response in Tanah Papua.

In the education sector, the current support provided by UNICEF with funding from the Dutch Government has initiated sectoral HIV&AIDS response targeting both young people and staff of the education sector - thus taking the current education sector response beyond HIV&AIDS peer education supported in the past, to mainstream HIV&AIDS into the education sector.

In addition to the response of government, several development partners and civil society organisations including faith-based organisations (FBOs) are active in the AIDS response in Tanah Papua. These include: HIV Cooperation Programme Indonesia (HCPI) and Clinton Health Access Initiative (CHAI) supported by the Australian Agency for International Development (AusAID), Family Health International, and several local faith-based foundations (*yayasans)*.

The University of Cenderawasih (UNCEN) has also established an office responsible for HIV&AIDS research and programmes to harmonise the activities of the university on HIV&AIDS.

Capacity of the Education Sector to Respond to HIV&AIDS

An assessment of the capacity of the education sector to respond to HIV&AIDS in Papua and West Papua[36] identified a number of functional and technical capacity gaps limiting the effectiveness of the education sector's response to HIV&AIDS.

[36] *UNICEF 2010: Final Report - Assessment of the Capacity of the Education Sector to Respond to HIV&AIDS in Papua and West Papua, Indonesia*

According to the report, the functional capacity gaps in the area of Policies, Plans and Management of HIV&AIDS Prevention in the education sector range from ***moderate to low*** (Papua) to ***high to low*** (West Papua). In general, a response to HIV&AIDS has not been fully articulated and integrated within the general strategic educational planning. Rather, existing systems have been at best partially adjusted to respond to the perceived threat.

The current capacity gaps are:

- The limited reflection of HIV&AIDS issues in the Provincial Mid-Term Development Plan (2007 – 2011) with focus solely on the supply of antiretroviral (ARV) drugs;
- While HIV&AIDS is included in the Education Sector Strategic Plan in Papua Province, the Education Sector Strategic Plan in West Papua does not contain issues on HIV&AIDS;
- Local budget allocations for HIV mainstreaming in the education sector are very low and not systematically linked to the budget process;
- HIV&AIDS indicators are not integrated into current monitoring and evaluation mechanisms in the education sector; and.
- Compared to Papua Province, there is an overall low human resources capacity for the HIV&AIDS programme in the department of education in West Papua due to the continuing splitting of districts.

The technical capacity gaps in the area of curricula and non-curricula approaches to HIV&AIDS prevention education for students and young people both within and outside the formal educational system are ***low to moderate*** in both Papua and West Papua. The current capacity gaps are:

- Both provinces have adopted the policy on prevention of drug abuse, HIV and reproductive health education from the Ministry of National Education but without any implementation strategy;
- Some schools are implementing HIV&AIDS education, but the content is neither standardized nor comprehensive;
- Life skills and HIV education is not integrated into the curriculum of non-formal education; and
- Coverage of HIV&AIDS peer education activity is low due to the lack of specific budgetary allocation from the education office at province and district level for peer education activities.

In terms of capacities of the educational sectors in both Papua and West Papua to provide education and training related to the prevention of HIV&AIDS to teachers, technical capacity gaps have been identified as ***moderate*** for both provinces. The current capacity gaps are:

- There is a lack of policy or strategy to train teachers and tutors on HIV&AIDS education;
- Learning and teaching materials on HIV&AIDS education (based on standard curriculum) for teacher education is lacking;
- A database to track trained teachers on HIV&AIDS prevention is not available in the department of education in Papua Province;
- The role of school supervisors in HIV&AIDS prevention education is not well defined and they lack appropriate tools to monitor HIV&AIDS education in schools;
- There are no budgetary allocations in the provincial and district education offices for the training

of teachers/educators on HIV&AIDS;

- There are concerns that teachers in West Papua are of the view that HIV&AIDS education brings about an additional burden on teaching; and
- There are no monitoring and evaluation tools in place related to educators' training on HIV&AIDS education.

In the area of examinations, care and other purposes for adolescents, the technical capacity gaps of the education sector have been identified as **high**. The specific capacity gaps are:

- There is lack of policy to support HIV counselling and testing services for students even though the services are available in many primary health care centres;
- There are no partnerships or collaboration agreements between the education and health offices to provide health services for students;
- The counselling and school health programme is not implemented at school level even though there is a manual from the Ministry of National Education on this;
- There is no policy in the education department to care for children made vulnerable and/or affected by HIV&AIDS;
- There is limited information from research and surveys on health in schools;
- Access to health services for young people is limited since there is no youth-friendly health service centre in West Papua; and
- Teachers who are trained to provide guidance as counsellors are inadequately involved in the HIV prevention

In the area of support services for testing, care and other support services for teachers and educators, the technical capacity gaps of the education sector in Papua and West Papua have been identified as ***high*****.** The specific capacity gaps are**:**

- There is no policy on support for voluntary counselling and testing (VCT) services for teachers and education staff in either province;
- Awareness of the impact of HIV&AIDS on the education sector is still low among education managers and planners;
- There are no partnerships or collaboration agreements between education and health offices regarding health services for teachers and education staff that are infected with HIV;
- There is no policy in the education department to support HIV positive teachers and their families; and
- Due to high HIV&AIDS related stigma and discrimination, HIV-positive teachers are discouraged to disclose their status or seek care.

Programme Goal, Objectives and Strategies

The programme goal, objectives and strategies as outlined in the funding proposal are presented below.

Programme Goal

To contribute to averting new HIV infections among young people aged 10 - 24 years in Papua and West Papua Provinces of Indonesia by the end of 2013.

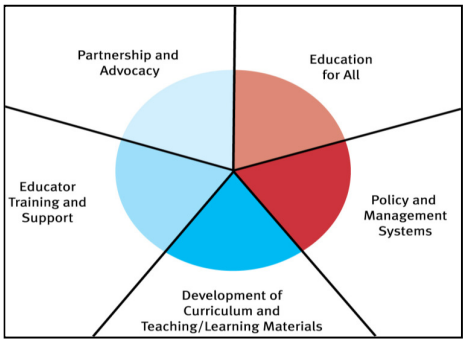
Programme Objectives

- The percentage of young people who have and make use of accurate knowledge related to HIV&AIDS increases from 40 to 60 per cent.[37]
- The percentage of young people who practice safe behaviour related to HIV&AIDS, increases from 50 to 80 per cent. Policy and management systems are in place and operational, which sustain a comprehensive educational response to HIV&AIDS.

Programme Strategies

Five mutually interactive components that provide an effective framework for ensuring comprehensive and resilient mainstreaming of HIV prevention into the education sector have been adopted for this programme (see figure 2).

Figure 2: Programme Strategies



The strategies include:

Strategy 1: Education for All addressed through the AusAID-funded Education Assistance Programme for Papua and West Papua
Strategy 2: Policy and Management Systems strengthening
Strategy 3: Development of Curriculum and Teaching/Learning materials
Strategy 4: Educators' Training and Support
Strategy 5: Partnership and Advocacy

While the funding of the programme is mainly directed at strategies 2 to 5, convergence achieved with the AusAID funded Education Assistance Programme in Papua and West Papua provides additional results under strategy one.

The key expected results of the Averting New HIV Infection among Young People in Papua and West Papua, Indonesia: Education Sector Response to HIV&AIDS Programme include:

- Age-appropriate, gender-sensitive curriculum for HIV&AIDS and life skills education for young people and teacher education available in the two provinces;
- Appropriate institutions have teacher education programmes (in-service and pre-service) on HIV&AIDS and life skills education;
- Educators have knowledge and skills to provide HIV&AIDS prevention education and support to adolescent and young people;
- More schools in focus districts implement school-based HIV&AIDS prevention programmes for young people;
- Strategy for HIV&AIDS prevention among out-of school youth (including sports and peer

education) adopted by the provincial / district government Provincial and district level education office has education sector HIV&AIDS Policy, plan and budget;

- Coordination structure, tools and capacities to mainstream HIV&AIDS into the education sector operational at province and district levels;
- Education sector has up-to-date information, monitoring tools and skills for education sector HIV&AIDS response; and
- Education planners and managers have appropriate knowledge and skills to manage impact of HIV&AIDS on the sector.

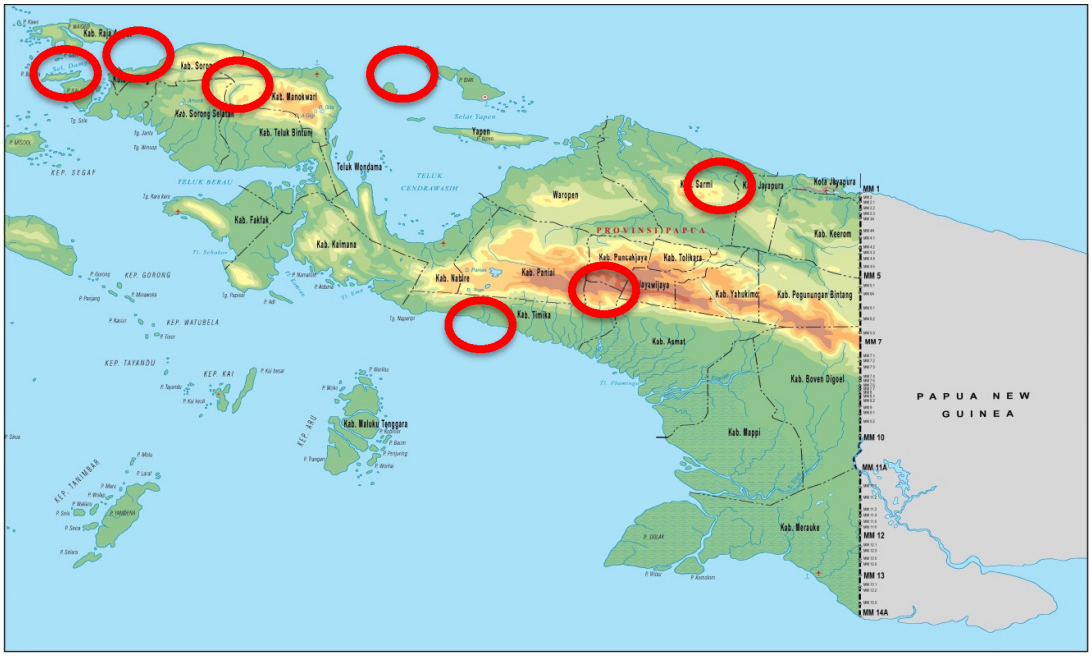
Programme Scope and Implementation

The programme commenced in 2010 and is expected to be completed end 2013. Implementation partnerships include: young people between the ages of 10-24 in formal (primary, junior and higher secondary education), informal and non-formal settings; school principals, teachers, parents and school committees; provincial and district education departments; FBOs; NGOs; AIDS Commissions; health agencies, and other relevant government programmes at both the provincial and Kabupaten (district)/Kota (city) level.

The programme is implemented in seven Kabupaten; four in Papua (Biak Numfor, Jayapura, Jayawijaya, and Mimika) and three in Papua Barat (Manokwari, Kabupaten Sorong, and Kota Sorong). The initial selection focus Kabupaten considered the following criteria:

- HIV prevalence
- Political commitment in response to HIV by education departments and AIDS Commissions
- Urban and rural representation
- Experience in Phase I and II of the HIV and AIDS education programme
- Potential for productive synergy with the AusAID-supported education programme. Four of the seven Kabupaten will also host the AusAID-supported education programme. These are: (1) Kabupaten Jayapura and Jayawijaya in Papua, and (2) Kabupaten Manokwari and Kota Sorong in Papua Barat
- Geographic convergence of other programmes under the Government of Indonesia-UNICEF Cooperation Programme. These include health and nutrition, water and sanitation, and child protection programmes
- Presence of HIV-prevention activities supported by the Global Fund for AIDS, TB and Malaria, in five districts; 2 of 3 in Papua Barat, and 3 of 4 in Papua

Figure 3: Focus Kabupaten and Kota in Papua and West Papua Provinces



Results Framework

The results framework for the 'Averting New HIV Infection in young people in Papua and West Papua (an education sector response) are as defined in the programme proposal (Appendix 1).

In alignment with the Indonesian National AIDS Strategy and National Action Plan to avert new HIV infection among young people 10 – 24 years and as set out in the programme proposal, three levels of results have been defined for the 'Averting New HIV Infection among young people in Papua and West Papua and the relationship between the results and different programme components are depicted in the result chain below.

- Output level results focusing on the process, systems and structure in the education sector to support HIV&AIDS response
- Intermediate outcome level results focused on knowledge, attitude and beliefs on protective and risk factors for HIV among young people
- Lon-term outcome level results that focus on behaviour change that influence HIV status

In view of the hierarchy of results, the outcome results are placed in two levels, thus outcome results 2&3 are contributing to outcome result 1 (Appendix 2). All the outcome results thus contribute to the achievement of the programme objectives and goal (Appendix 3)

Programme Update

Over the period of 2010 and June 2012, technical assistance have been provided to implementing partners to address the weak institutional and curriculum framework through policy and planning, curricular development, teacher education and pilot of curricular-based HIV&AIDS education in 48% of schools in the 7 focused districts. Detail programme updates are available in the 6 programme progress reports and the Mid-Term Assessment and indicative results against M&E matrix attached (appendix 4).

Purpose of the End Programme Evaluation

The purpose of the end programme evaluation is to offer recommendations to develop quality, evidence-based improvement strategies to replicate the programme to non-focus districts and upscale the programme across the two provinces. The evaluation will assess the relevance, effectiveness, efficiency, equity and sustainability of the programme. The primary users of the evaluation findings are: Department of Education in Papua and West Papua Province, the Provincial AIDS Commission in Papua and West Papua, District Partners, the Ministry of National Education and Culture, the National AIDS Commission and UNICEF Indonesia. Secondary users include UNICEF Regional, Headquarter and other Country Offices.

Specifically the end programme evaluation is intended to explore change in the achievement of output results (as per the result framework) for this programme and the extent to which the summation of these outputs contributed towards the achievement of outcome results. This includes changes in institutional frameworks and capacity as well as school-based and out-of-schools community-based interventions for adolescents in Papua and West Papua.

Scope of the Evaluation

The evaluation will focus on sample districts identified from among the 7 intervention districts taking into account the spread of the districts across the two provinces as well as the topographic classification of Papua and West Papua into Highland, Difficult to Access lowlands and Easy to Access Lowlands (BPS, 2006). The evaluation will ensure an equitable approach and cover the most vulnerable (young people in difficult to access areas, indigenous Papuan communities and out-of-school young people), communities with the highest burden of disease as well as gender concerns. The evaluation will cover the period 2010 – 2013.

Evaluation Key Questions

Relevance

- How closely is the programme aligned with the relevant government priorities and programmes in the education sector and within the HIV&AIDS response at national, provincial and district levels including the regional development plans at the provincial levels, including provincial and district strategic plans?
- To what extent was the programme aligned with UNICEF's equity agenda in addressing the needs of the worst-off groups and reducing inequities between the best-off and the worst-off groups?

- To what extent was the programme aligned with commitment of the Government of Indonesia to address equity with regards to geography, disease burden and capacity?

Effectiveness

- To what extent did the programme meet overall needs?
- To what extent has the programme contributed to building institutional capacity of the education sector to respond to HIV&AIDS at the provincial level and in intervention districts?

- To what extent has the programme contributed to improving HIV&AIDS knowledge and attitudes among in & out-of-school adolescents, teachers / principals and staff of the education office?
- To what extent has the programme contributed to the adoption of behaviours (positive and/or negative) at an individual, school and community level?
- To what extent the strategies under implementation contribute or facilitate the achievement of the results?
- What unintended outcomes, positive as well as negative, have resulted from the implementation of the programme in target areas?

Efficiency

- Have available resources been used efficiently to deliver high-quality outputs in a timely manner, and towards the achievement of the programme results? Was there another alternative that may have represented a better investment?
- Was the overall programme cost effective? How cost effective has each component of the programme been? [i.e. (i) development for HIV mainstreaming, (ii) school based HIV prevention education and (iii) reaching out of school youth with HIV prevention through sports and youth forum]
- To what extents did the programme leverage partnerships and resources towards achievement of results? [Government outside of education like AIDS Commission, Other Donors / Development partners]

Equity

- To what extent has the programme reached those most vulnerable? [young people in difficult to access areas, indigenous Papuan communities and out-of-school young people]
- Has the initiative embedded a gender approach that encourages equitable access to HIV prevention knowledge and life skills for both boys and girls?
- Has the initiative embedded a geographic approach that target communities with the highest burden of disease?

Sustainability

- What are the enabling and constraining factors that influence the replication and ownership of the programme at provincial and district levels?
- How can the programme be scaled-up to ensure coverage in focus districts?
- How can the programme be replicated in non-focus districts?
- Are the changes self-sustaining or is continued intervention required?

Methodology of the Evaluation

The End Programme Evaluation will require a mixed methods approach, including desk review of programme policy and plans, relevant assessments and studies (published and grey literature), primary data collection and quantitative/qualitative data analysis.

Besides some of the aforementioned reference materials, data made available from other systematic tools, e.g school monitoring checklist, developed for the Basic Education programme will also be used to analyse additional and more detailed schools level data in order to better understand the extent to which schools in focus districts implement school-based HIV&AIDS prevention programme for young people.

In consultation with the Government the UNICEF team and based on the desk review, the institutional consultant(s) will develop a proposal, including the methodology and tools for carrying out the evaluation. The following phases are anticipated:

Phase 1 – desk review of key programme documents, leading to the delivery of an inception report detailing the methodology and work-plan of the overall evaluation, including the primary data assessment frameworks.

Phase 2 – primary data collection, analysis and draft report preparation for (i) End-Line HIV&AIDS Knowledge, Attitude and Behaviour (KAPB) among in-school and out-of-school young people, teachers and staff of the Education Office in Papua and West Papua Provinces[38] (ii) End-line Capacity Assessment of the Education Sector to Respond to HIV&AIDS[39] (iii) Overarching End-Programme Assessment[40]. The KAPB will have quantitative and qualitative components. Behaviour analysis will focus only on young people while for teachers and staff of education offices a knowledge analysis will be undertaken per programme focus and design.

Phase 3 – presentation of draft findings and lessons-learned with key stakeholders in Provincial workshops and in the UNICEF Indonesian Country Office and subsequent finalisation of the End Programme Evaluation Report.

Management Arrangements

The evaluation will be managed by an independent evaluation manager whose role will be to oversee the timely implementation of the evaluation work plan and provide overall guidance in the management of the evaluation process and will be the main contact point for the consultant(s). He/she should finalize the ToR, recruit the evaluation consultant(s), and arrange meetings with all key stakeholders for sharing draft ToR, inception report, draft and final reports. The evaluation manager will also be responsible for approving the inception report and the final report as well as for finalizing the evaluation management response.

A reference group composed of key stakeholders, including representation and participation from Provincial Education and AIDS Commission in Papua and West Papua Provinces and District partners, the Ministry of Education and the AIDS Commission at National and UNICEF will be formed to foster a participatory and consultative approach for the exercise. The reference group is an advisory body to the evaluation manager and consultants. The key functions of the reference group will be to review and provide input to the key documents of the evaluation (e.g. ToR, inception report, draft

[38] Using and providing minor revisions to the methodology used for the Base-Line HIV&AIDS Knowledge, Attitude and Behaviour among in-school and out-of-school young people, teachers and staff in Papua and West Papua Provinces

[39] Using and providing minor revisions to the methodology used for the Base-Line Capacity Assessment of the Education Sector to Respond to HIV&AIDS

[40] Developing and defining the End-Programme Assessment

report); to convene and encourage the participation of other stakeholders in the evaluation; and to disseminate the evaluation findings.

However, in order to safeguard the independence of the evaluation, the evaluation manager and consultants will exercise final judgment on how to address comments from the reference group. This will be done in a transparent manner, with an explanation behind their rationale to be shared openly with members of the reference group.

Ethical Considerations

Consultation with children during the evaluation process will be underpinned by ethical principles enshrined in UNICEF's Evaluation Technical Note "Children Participating in Research, Monitoring And Evaluation", April 2002 and UNICEF's Strategic Guidance Note, 2013 which sets out the minimum standards for ethical research with children (see http://childethics.com/ethical guidance). The evaluation process will also ensure an equitable approach (all stakeholders and genders are consulted). The consultant(s) are also expected to adhere to the Norms and Standards for Evaluation in the UN system (attached as annex 1) and to UNICEF's evaluation reporting standards.

Deliverables

1. Inception report including implementation plan, objectives, methodology, time frame of the study, including detailed sampling frameworks, data collection instruments (EN and Indonesian), and tabulation data plans

2. Draft evaluation report in English containing information and analysis and recommendations

3. Power point Presentation to be shared during a meeting between UNICEF and government counterparts in English and Bahasa Indonesia

4. Final evaluation report: The format / outline of the report will be based on UNICEF's reporting standard

5. Raw data files and all tabulation (in agreed format)

Qualifications & Experience required:

1. The evaluation institution should have technical experts with advanced university degree in the social sciences with extensive field experience in education, HIV&AIDS / public health and Social Policy / System Reviews.

2. Minimum 10 years' experience in evaluation of social development programmes for lead consultant is a must.

3. Availability of faculty member from Indonesia or access to network of technical experts in Indonesia is an advantage

4. Excellent oral communication as well as reporting writing skills in English required.

5. Ability to interact and negotiate with senior staff from partners as well as UNICEF is a must.

6. Skills in quantitative survey design, analysis and synthesis, and ability to handle complex issues is required

7. Good understanding of UNICEF Programmes is essential.

8. Ability to work with people from a broad range of cultures

9. Sound knowledge of the Indonesian institutional system, and experience in working on decentralization, and Education and HIV&AIDS issues is preferable.

Travel and Other Contractual Terms

The consultancy will be based in Jayapura with travel required to Papua and West Papua Provinces. Applicable DSA (Daily Subsistence Allowance) will be paid as part of the financial proposal of the consultant.

Payment of fees will be done in phases: 30% upon submission of inception report; 30% upon submission of draft report and presentations; and 40% upon submission of the final report.

Evaluation questions and corresponding methods of data collation

EVALUATION QUESTION	METHODS THAT WERE USED TO COLLATE DATA SUB QUESTIONS and AREAS OF ENQUIRY	SOURCES OF DATA: KEY INFORMANTS/ RESPONDENTS
Relevance		
EQ1. How closely is the programme aligned with the relevant government priorities and programmes in the education sector and within the HIV & AIDS response at national, provincial and district levels including the regional development plans at the provincial levels, including provincial and district strategic plans?	- Document review (C1). Check alignment across Plans - KIIs (C4) - Benchmark a/g selected provinces in Indonesia and baseline study - Check if plans have been translated into budgeted action – may be difficult. <u>Sub questions</u> 1. To what extent are the HIV in education programme goals, objectives and strategies aligned with: - international goals and commitments - national goals and commitments 2. To what extent the programme fits into current national and subnational HIV /AIDS strategies and policies? 3. To what extent the programme is aligned with provincial and district level plans? 4. Considering the overall context of HIV in Papua/West Papua/your district, how relevant is the program to the HIV response?	-Evaluation Ref Gp -Planning Agency – district and provincial levels. Will provide budgeted plans -Education officers -Provincial AIDS Commission
EQ2. To what extent was the programme aligned with UNICEF's equity agenda in addressing the needs of the worst-off groups and reducing inequities between the best-off and the worst-off groups?	- document review (C1)– monitoring reports and grey literature - KIIs (C4) (perceptions of design & implementation) - review assumptions underpinning theory of change. Were they based on evidence? Were they appropriate? - review of changes to design during implementation and why. Analysis of risk mitigation strategy <u>Sub questions</u> 1. What were the criteria in identifying programme districts and schools?	UNICEF staff – Agung; Severine; Tajudeen; Emma; Margaret; Laura Provincial Education Office – James Modouw (former Head) Provincial & district Pokjas

	2. To what extent did such criteria identify and cover worst-off districts, schools and young people?	
EQ3. To what extent was the programme aligned with commitment of the Government of Indonesia to address equity with regards to geography, disease burden and capacity?	Document review (C1) - KIIs (perceptions of design & implementation) (C4) <u>Sub Questions</u> How appropriate is the UNICEF HIV in education program for the people it is targeting? Teachers, department of education staff, students, out-of-school youths?	 UNICEF staff – Agung; Severine; Tajudeen; Emma; Margaret; Laura Provincial Education Office – James Modouw (former Head) Provincial & district Pokjas
Effectiveness		
EQ4. To what extent did the programme meet overall needs?	- Document review (C1) – UNICEF project design documents, progress reports and Mid Term Review Report -KIIs (C4) <u>KAPB</u> - Quant survey in KAPB (C2) - Qual methods in KAPB(C2): -Group interviews with young people in and out of school (C2) -KIIs with teachers & principals (C2) -Change stories (C2) <u>Capacity assessment</u> - KIIs and FGDs with teachers & principals and Education department staff at province and district levels (C3) Change stories (C3) <u>Sub Questions:</u> Where there strategies/activities relevant to the needs to the most in need groups?	 UNICEF staff – Agung; Severine; Tajudeen; Emma; Margaret; Laura Provincial Education Office – James Modouw (former Head) Provincial & district Pokjas <u>KAPB</u> Students, in school, out of school youth, teachers and principals Students, in school, out of school youth, teachers and principals <u>Capacity assessment:</u> -Inspectors -Pokjas -education department officials
EQ5. To what extent has the programme contributed to building institutional capacity of	- Document review (C1) – UNICEF project design documents, progress reports and Mid Term Review Report	

the education sector to respond to HIV & AIDS at the provincial level and in intervention districts?	<u>Capacity assessment (Component 3)</u> - KIIs and FGDs with teachers & principals and Education department staff at province and district levels (C3) Change stories (C3) <u>Sub Questions</u> To what extent has the programme influenced/informed relevant institutional policies and processes at the provincial and district levels?	Govt at provincial and district Education department officials Small sample of parents, village leaders Teachers Students
EQ6. To what extent has the programme contributed to improving HIV & AIDS knowledge and attitudes among in & out-of-school adolescents, teachers / principals and staff of the education office?	<u>KAPB</u> - Quant survey in KAPB (C2) - Qual methods in KAPB: -Group interviews with young people in and out of school (C2) -KIIs with teachers & principals (C2) -Change stories (C2)	<u>KAPB</u> Students, in school, out of school youth, teachers and principals Students, in school, out of school youth, teachers and principals
EQ7. To what extent has the programme contributed to the adoption of behaviours (positive and/or negative) at an individual, school and community level?	<u>KAPB</u> - Quant survey in KAPB (C2) - Qual methods in KAPB(C2): -Group interviews with young people in and out of school (C2) -KIIs with teachers & principals (C2) -Change stories (C2) <u>Capacity assessment</u> - KIIs and FGDs with teachers & principals and Education department staff at province and district levels (C3) Change stories (C3)	<u>KAPB</u> Students, in school, out of school youth, teachers and principals Students, in school, out of school youth, teachers and principals
EQ8. To what extent have the strategies under implementation	- Document review (C1) – UNICEF project design documents, progress reports and Mid Term Review Report	

contributed or facilitated the achievement of the results?	-KIIs (C4) <u>KAPB</u> - Quant survey in KAPB (C2) - Qual methods in KAPB(C2): -Group interviews with young people in and out of school (C2) -KIIs with teachers & principals (C2) -Change stories (C2) <u>Capacity assessment</u> - KIIs and FGDs with teachers & principals and Education department staff at province and district levels (C3) Change stories (C3)	UNICEF staff – Agung; Severine; Tajudeen; Emma; Margaret; Laura Provincial Education Office – James Modouw (former Head) Provincial & district Pokjas <u>KAPB</u> Students, in school, out of school youth, teachers and principals Students, in school, out of school youth, teachers and principals <u>Capacity assessment:</u> -Inspectors -Pokjas -education department officials
EQ9. What unintended outcomes, positive as well as negative, have resulted from the implementation of the programme in target areas?	- Document review (C1) – UNICEF project design documents, progress reports and Mid Term Review Report -KIIs (C4) <u>KAPB</u> - Quant survey in KAPB (C2) - Qual methods in KAPB(C2): -Group interviews with young people in and out of school (C2) -KIIs with teachers & principals (C2) -Change stories (C2)	UNICEF staff – Agung; Severine; Tajudeen; Emma; Margaret; Laura Provincial Education Office – James Modouw (former Head) Provincial & district Pokjas <u>KAPB</u> Students, in school, out of school youth, teachers and principals Students, in school, out of school youth, teachers and principals

	Capacity assessment - KIIs and FGDs with teachers & principals and Education department staff at province and district levels (C3) Change stories (C3)	Capacity assessment: -Inspectors -Pokjas -education department officials
Efficiency		
EQ10. Have available resources been used efficiently to deliver high-quality outputs in a timely manner, and towards the achievement of the programme results? Was there another alternative that may have represented a better investment?	- Document review (C1) – UNICEF project design documents, progress reports and Mid Term Review Report -KIIs (C4) Sub Questions 1. To what extent did UNICEF provide the required technical assistance for producing output? 2. If so, was adequate time made available? 3. Do main outcomes obtained justify the investments made? 4. How could the program be more efficient? What parts of the program could be achieved using less resources? How could this be done?	UNICEF staff – Agung; Severine; Tajudeen; Emma; Margaret; Laura Provincial Education Office staff – including James Modouw (former Head) Provincial & district Pokjas
EQ11. Was the overall programme cost effective? How cost effective has each component of the programme been? [i.e. (i) development for HIV mainstreaming, (ii) school based HIV prevention education and (iii) reaching out of school youth with HIV prevention through sports and youth forum]	- Document review (C1) – UNICEF project design documents, progress reports and Mid Term Review Report and budgetary documentation where available -KIIs (C4) Sub Questions 1. To what extent are actual costs of each programme component comparable with similar interventions implemented in the district/province?	UNICEF staff – Agung; Severine; Tajudeen; Emma; Margaret; Laura Provincial Education Office staff – including James Modouw (former Head) Provincial & district Pokjas

EQ12. To what extent did the programme leverage partnerships and resources towards achievement of results? [Government outside of education like AIDS Commission, Other Donors / Development partners]	- Document review (C1) – UNICEF project design documents, progress reports and Mid Term Review Report and budgetary documentation where available -KIIs (C4) <u>Sub Questions</u> 1. To what extent did UNICEF operate coherently with other key actors? 2. What coordination mechanisms were put in place for programme planning and review? 3. What was the added value of UNICEF among multiple actors?	Evaluation Reference Group personnel UNICEF staff – Agung; Severine; Tajudeen; Emma; Margaret; Laura Provincial Education Office staff – including James Modouw (former Head) Provincial & district Pokjas
Equity		
EQ13. To what extent has the programme reached those most vulnerable? [young people in difficult to access areas, indigenous Papuan communities and out-of-school young people]	Same as EQ3 Quant survey <u>Sub Questions</u> 1. What proportion of programme beneficiaries are from the worst-off areas? 2. How well does the program reach the people who most need it? Are there people who need the program but are not being reached? Are there any people or groups for whom the program is less effective?	
EQ14. Has the initiative embedded a gender approach that encourages equitable access to HIV prevention knowledge and life skills for both boys and girls?	- Document review (C1) – UNICEF project design documents, progress reports and Mid Term Review Report and budgetary documentation where available -KIIs (C4)	Evaluation Reference Group personnel UNICEF staff – Agung; Severine; Tajudeen; Emma; Margaret; Laura

	Sub Questions 1. Have boys and girls had the same opportunities to participate in school-based HIV prevention education and in the out of school HIV prevention through sports and youth forums? 2. Have male and female teachers and education officers had the same opportunities to participate in capacity building programmes conducted in schools and education offices?	Provincial Education Office staff – including James Modouw (former Head) Provincial & district Pokjas
EQ15. Has the initiative embedded a geographic approach that targets communities with the highest burden of disease?	- Document review (C1) – UNICEF project design documents, progress reports and Mid Term Review Report and Government reports in the epidemic in the two provinces including the latest available IBBS studies. -KIIs (C4) Sub Questions 1. What were the criteria in identifying programme districts and schools? 2. To what extent did such criteria identify worst-off districts, schools and young people? 3. Was the criteria effective in targeting the highest burden of disease communities?	Evaluation Reference Group personnel UNICEF staff – Agung; Severine; Tajudeen; Emma; Margaret; Laura Provincial Education Office staff – including James Modouw (former Head) Provincial & district Pokjas
Sustainability		
EQ16. What are the enabling and constraining factors that influence the replication and ownership of the programme at provincial and district levels?	- Document review (C1). Check alignment across Plans - KIIs (C4) - Benchmark a/g selected provinces in Indonesia and baseline study - Capacity assessment (C3) Sub Questions 1. What was the process for replicating the UNICEF-supported program to other schools in your district? What resources (staff, materials, etc.) were required? How was the replication funded?	-Evaluation Ref Gp -Planning Agency – district and provincial levels. -Educn officers -Prov AIDS Commission

	2. How effective do you think the replication of the program has been? What things have made it more effective? What things have made it less effectifve? 3. What capacity development was required for the replication? What were the capacity development needs for different roles? 4. What capacity development activities were conducted? How effective were these? 5. What partnerships were needed in order to replicate the UNICEF program? How were these partnerships established? How well are they working now? Why? 6. How sustainable are the replication programs? What determines how sustainable they are? What could be done to make them more sustainable? 7. What changes would you make to the planning, budgeting and implementation of replication programs to make them more effective?	
EQ17. How can the programme be scaled-up to ensure coverage in focus districts?	Review of programme documentation – risk mitigation framework KIIs (C4) <u>Sub Questions</u> What aspects of the Programme, if any, are ready to be scaled-up? What area/aspects would need adjustment to ensure that the programme is scalable?	Local parliament members (Executive) Local education officials & principals – check sense of ownership & sense of ability to replicate -Planning Agency – district and provincial levels.
EQ18. How can the programme be replicated in non-focus districts?	Budget analysis – economically feasible to scale up? Analysis of political commitment – policies in place? Analysis of technical approaches – which feasible for scaling-up? Eg pre-service training, in service trg. New teaching resources and materials? <u>Sub Questions</u> 1. To what extent has the programme contributed to policy commitment at sub-national level to scale up the programme? 2. Have district/provincial education departments allocated funds to the programme? 3. Have the conditions for replication in non-focus districts been met?	Local parliament members (Executive) Local educn officials and school principals Implementing partners for out of school components

EQ19. Are the changes self-sustaining or is continued intervention required?	Budget analysis – economically feasible to scale up? Analysis of political commitment – policies in place? Analysis of technical approaches – which feasible for scaling-up? Eg pre-service training, in service trg. New teaching resources and materials?	Provincial level planning agency, education, parliament,

Key:

EQ = Evaluation Question

C1 = Component 1 (Desk literature Review)

C2 = Component 2 (KAPB study)

C3 = Component 3 (Capacity Assessment)

C4 = Component 4 (Overarching evaluation methodology)

KII = Key Informant Interviews

FGD = Focus Group Discussions

8.2 Annex 2. Detailed Methodology of the KAP Qualitative study

METHODOLOGY

Sampling

Young People in School

In 2012-2013 period, program has given intervention to 621 schools across 7 districts, where 58% of them were elementary schools, 24% were junior high schools and 9% were senior high schools (Table IX). There were not available numbers of students for intervention in those schools, therefore sampling was conducted in two steps: Step 1, schools were stratified by district and level (elementary, junior high and senior high), Step2, select students randomly from selected schools in Step 1. There were 12 schools from each districts selected from this process, so in total the survey visited 84 schools. Number of schools by level in each districts varied based on number of schools in particular level. Students for interview were also selected by random during Step 2 process. In elementary schools, there were 14 students selected, in junior high school 20 students, and 24 students in se senior high school level. In total, there were 672 students targeted in elementary school level, 400 students in junior high school and 384 in senior high school (Table X). By gender, there were 50% male students and 50% female students. Number of students selected in junior high school was greater than number of students selected in elementary school, and number of students selected in senior high school was greater than number of students selected in junior high school. This is because number of schools for junior and senior high school are lesser than number of elementary schools. This method will improve precision and confidence of result from junior and senior high school

Table IX: Distribution of intervention schools and sample in 7 districts.

	Number of intervention school				Number of sample			
	Elementary school	Junior high	Senior high	Total	Elementary school	Junior high	Senior high	Total
1.Jayapura	51	21	13	85	7	3	2	12
2.Mimika	37	17	10	64	7	3	2	12
3.Jayawijaya	65	22	12	99	8	3	1	12
4.Biak	55	16	13	84	8	2	2	12
5.Manokwari	74	27	28	129	6	3	3	12
6.Kota Sorong	40	23	21	84	6	3	3	12
7.Kabupaten Sorong	37	20	19	76	6	3	3	12
Total	**359**	**146**	**116**	**621**	**48**	**20**	**16**	**84**
Percentage	**57,81**	**23,51**	**18,68**	**100,00**	**57,14**	**23,81**	**19,05**	**100,00**

Table X: Distribution of samples elementary schoo, junior high school, senior high school in 7 districts

	Female			Male			Male + Female			Total
	Elementary school	Junior high	Senior high	Elementary school	Junior high	Senior high	Elementary school	Junior high	Senior high	
1.Jayapura	49	30	24	49	30	24	98	60	48	206
2.Mimika	49	30	24	49	30	24	98	60	48	206
3.Jayawijaya	56	30	12	56	30	12	112	60	24	196
4.Biak	56	20	24	56	20	24	112	40	48	200
5.Manokwari	42	30	36	42	30	36	84	60	72	216
6.Kabupaten Sorong	42	30	36	42	30	36	84	60	72	216
7.Kota Sorong	42	30	36	42	30	36	84	60	72	216
Total	**336**	**200**	**192**	**336**	**200**	**192**	**672**	**400**	**384**	**1456**
Percentage							**46,15**	**27,47**	**26,37**	**100**

Young People Out of School

In 2010-2013 period, there were 13 groups of young people out of school with total member 328 received intervention. Those groups were distributed across three districts: Jayawijaya, 6 groups, City of Sorong, 4 groups and Manokwari, 3 groups. One third of these group came from religion group, 23% from *Karang Taruna (village youth group)* and 23% from street children, sport group and transgender. By sex, two third of group members were female (Table XI). In each group, 50% of group members were targeted for interview, then we selected them by random.

Table XI: Group distribution of out-of-school young people who received interventions by district, members of group and sampled members.

Kabupaten	Group type	Number of group	Member of the group				Number of sample			
			Male	Female	Trans-genders	Total	Male	Female	Trans-genders	Total
Jayawijaya	Faith-based group	4	12	90	0	102	6	45	0	51
	Village youth group	1	8	52	0	60	4	26	0	30
	Street children group	1	0	31	0	31	0	15	0	15
Manokwari	Faith-based	1	10	8	0	18	5	4	0	9
	Village youth group	1	11	4	0	15	6	2	0	8
	Transgender	1	0	0	21	21	0	0	11	11
Kota Sorong	Faith-based group	2	14	11	0	25	7	6	0	13
	Village youth group	1	14	11	0	25	7	5	0	12
	Sport group	1	25	6	0	31	12	3	0	15
Total		**13**	**94**	**213**	**21**	**328**	**47**	**106**	**11**	**164**
Percentage			**28,7**	**65,2**	**6,7**	**100,0**	**28,7**	**65,2**	**6,7**	**100,0**

Teacher and Principal

Teachers that we targeted for interview were 2 teachers from each school that teach life skill education, HIV/AIDS or ever got training. If there were more than two teachers of them, we selected two of them by random. For principal, we targeted all principals of target schools. So in total there were 168 teachers and 84 principals to interview. Distribution of target teacher by level of school in each district is similar to distribution of school level by district, which dominated by elementary school teachers (Table XII).

Table XII: Distribution of teachers and principals by district and level of school.

	Teacher target				Principal target			
	Elementary school	Junior high	Senior high	Total	Elementary school	Junior high	Senior high	Total
1. Jayapura	14	6	4	24	7	3	2	12
2. Mimika	14	6	4	24	7	3	2	12
3. Jayawijaya	16	6	2	24	8	3	1	12
4. Biak	16	4	4	24	8	2	2	12
5. Manokwari	12	6	6	24	6	3	3	12
6. Kota Sorong	12	6	6	24	6	3	3	12
7. Kabupaten Sorong	12	6	6	24	6	3	3	12
Total	**96**	**40**	**32**	**168**	**48**	**20**	**16**	**84**
Percentage	**57,81**	**23,51**	**18,68**	**100,00**	**57,14**	**23,81**	**19,05**	**100,00**

Staff of District/Provincial Education Office (Dinas)

In total there were 618 staffs of district and provincial Education Office. For sampling purpose, they were grouped into three level: head of office, head of section and secretary and other staff. The distribution was 91% were staffs, 7% were head of section and 2% were head of office. We set the number of samples from this sample category to obtain 95% level of confidence and 10% precision that we estimated from Education Office of Jayapura District. For each district/province office, we set to interview 10 head of office, 40 head of section and 75 staffs. Total sample for each level then distributed to all district/provincial offices proportionally with number of staffs in each particular district/province (Table XIII).

Table XIII: Distribution of staff and sample of District/Provincial Education Office, Papua and West Papua Province

No	Education Office (Dinas)	Total staffs				Target samples			
		Head of office	Headof division	Other Staffs	Total	Head of office	Headof division	Other Staffs	Total
1	Dinas pendidikan Kab.Jayapura	1	4	72	77	1	3	10	14
2	Dinas Pendidikan Dasar & Kebudayaan Mimika	1	3	20	24	1	3	3	7
3	Dinas Pendidikan Menengah Mimika	1	3	11	15	1	3	1	5
4	Dinas Pendidikan Kab.Jayawijaya	1	5	72	78	1	4	10	15
5	Dinas Pendidikan Kab.Biak Numfor	1	5	54	60	1	4	7	12
6	Dinas Pendidikan dan Olahraga Manokwari	1	6	40	47	1	5	5	11
7	Dinas Pendidikan Kota Sorong	1	4	48	53	1	3	6	10
8	Dinas Pendidikan Kab. Sorong	1	6	76	83	1	5	10	16
9	Dinas pendidikan Provinsi Papua Barat	1	5	46	52	1	4	6	11
10	Dinas Pendidikan Propinsi Papua[41]	1	6	122	129	1	5	16	22
	Total	**10**	**47**	**561**	**618**	**10**	**40**	**75**	**125**
	Percentage	**1,6**	**7,6**	**90,8**	**100,0**	**8,0**	**32,0**	**60,0**	**100,0**

[41] We only got number of staff in Papua Province at the end of data collection process. Previously target was set up without involving the Education Office therefore targets for each district seemed high, as well as its realization

Completion Rate

Young People in School

Overall, we managed to conduct interview in 48 elementary schools, 20 junior high schools and 16 senior high schools in Papua and West Papua Province. We had to substitute 2 schools (Table XIV) in Mimika District, where we substituted SD Integral Al Amin with SD 5 Mirna and SD Kristen Sing Star with SD Kadun Jaya.

SD Integral Al Amin was substituted because the school objected with the questions. Previously Qualitative team has visited this school to conduct FGD (with students) and indepth interview to its teacher and principal, however Quantitative team failed to get agreement with this school so it had to be substituted with SD 5 Mirna.

SD Kristen Shing Star was substituted because claimed that they never got training/materials/information about the program from Education Office of Mimika District nor by UNICEF, therefore they objected with the questions. They said they haven't delivered such subject their students either.

Table XIV: Dsitribution of targeted schools and substitution by districts

	Target schools				Substituted schools			
	Elementary school	Junior high	Senior high	Total	Elementary school	Junior high	Senior high	Total
1. Jayapura	7	3	2	12	0	0	0	0
2. Mimika	7	3	2	12	2	0	0	2
3. Jayawijaya	8	3	1	12	0	0	0	0
4. Biak	8	2	2	12	0	0	0	0
5. Manokwari	6	3	3	12	0	0	0	0
6. Kota Sorong	6	3	3	12	0	0	0	0
7. Kabupaten Sorong	6	3	3	12	0	0	0	0
Total	**48**	**20**	**16**	**84**	**2**	**0**	**0**	**2**

For elementary school, proportion of male students interviewed was higher than female students. From targets, 97.9% of male students were able to interview while for female students it was only 92.6% (Table XV). One reason was because in some schools there were fewer female students than male students. There are 8 schools with fewer female students, five of them are in Jayawijaya

District (Table XVI). Not all male students target were met because we found there were lesser male students than targeted and high rate of absenteeism among male students (Table XVI).

All target were met in Sorong City, Mimika and Biak, while we had lesser target both male and female students in Sorong District and Manokwari. In Jayawijaya and Jayapura, we had lesser female targets that we compensated by increasing number of male targets from the same school. Overall, there were 32 elementary students that we could not interview or 8% of target. Fewer numbers of elementary schools and high rate of student absenteeism may lead to this issue. High rate of absenteeism may be because the school is too distance from student's house (more than 30 minutes). We had actually anticipated this since the pilot test, therefore we had increased the target by 17%. For example, previously we targeted to interview 12 students (6 male, 6 female) per school then after the pilot test, we increased the target to 14 students (7 male, 7 female) per school. Therefore we compared with previous target, the completion rate is still beyond the targeted number.

For junior high school, almost all targets were met. We had 100% completion rate in 5 districts out of 7 districts. In Jayawijaya, we could not complete interview female students by 7% in which we had to compensate that with male students from the same school. While in Mimika, we missed 7% of male students that we also compensate with female students. Those two cases happened in School 220 and 333 respectively and were due to student absenteeism (Table XVII). The completion for male students is 0.5% higher than target while for female students are 0.5% lower than target, so overall the completion rate for junior high school is 100%.

Achievement for senior high school is the best, as we accomplished all target in 6 districts out of 7 districts. Only in Manokwari that there were fewer female students interviewed than targeted. We also compensated with male students. This happened in school 560, where there were 13 male students and only 12 female students. One female student was absent because she's going to her hometown. To get to her hometown it needs 2 days travel (
Table XVIII). Similar to junior high school, completion for male students is 0.5% higher than target while it's lower 0.5% lower than target for female students so overall the completion rate is 100%.

Table XV: Target and interviewed students by sex

Table 8. Target and interviewed students by sex

	Target students						% interviewed					
	SD		SMP		SMU		SD		SMP		SMU	
	L	P	L	P	L	P	L	P	L	P	L	P
Jayapura	49	49	30	30	24	24	102,0	89,8	100,0	100,0	100,0	100,0
Mimika	49	49	30	30	24	24	100,0	100,0	96,7	103,3	100,0	100,0
Jayawijaya	56	56	30	30	12	12	101,8	75,0	106,7	93,3	100,0	100,0
Biak	56	56	20	20	24	24	100,0	100,0	100,0	100,0	100,0	100,0
Manokwari	42	42	30	30	36	36	90,5	88,1	100,0	100,0	102,8	97,2
Kota sorong	42	42	30	30	36	36	100,0	100,0	100,0	100,0	100,0	100,0
Kab Sorong	42	42	30	30	36	36	88,1	97,6	100,0	100,0	100,0	100,0
Total	**336**	**336**	**200**	**200**	**192**	**192**	**329**	**311**	**201**	**199**	**193**	**191**
Percentage							**97.9**	**92.6**	**100.5**	**99.5**	**100.5**	**99.5**

Table XVI: List of elementary schools with unmet target and explanation

District	School ID	Level	Sex		Explanation
			M	F	
Jayapura	105	Elementary School	8	2	There were only 10 students
Jayawijaya	325	Elementary School	6	6	There were only 12 students
Jayawijaya	326	Elementary School	10	4	There were only 4 female students, compensated with additional 3 male students
Jayawijaya	328	Elementary School	3	4	Male students = 15, female students = 7, in first visit, only 3 male and 4 female students can be interviewed. The rest of students were absent. Visited again 12 times but no teaching process was found.
Jayawijaya	329	Elementary School	7	6	Male students = 8 students, female students 6 students. 1 students was absent because sick
Jayawijaya	330	Elementary School	10	1	Total population of student from two classes = 15 males students and 4 female students. Only one female student was interviewed in first visit. The other three were absent. There was no teaching activity when team visited second time. Target 14 respondents compensated by adding male students to 10 students
Manokwari	554	Elementary School	3	2	Total [population from class 5 and 6 was 9 students, 7 male and 2 females. Interviewed 3 male and 2 female. 4 students not interviewed because they were absent. They helped parent to harvest which may take 1 week time in the farm

Kabupaten Sorong	773	Elementary School	3	5	Students = 9 (male=3, female = 6). Only 8 interviewed. 1 female student was absent for 3 days. (in mourn)
Kabupaten Sorong	776	Elementary School	6	8	Total population for class 5 and 6 = 17 (male=7, female = 10). Interviewed 6 male, one male was absent, compensated with one female addition. So total 8 female were interviewed

Table XVII: List of junior high schools with unmet target and explanation

District	School ID	Level	Sex		Explanation
			M	F	
Mimika	220	Junior High School	9	11	Female students 11, male students 9 , 2 males were absent
Jayawijaya	333	Junior High School	12	8	2 females were absent, compensated with 2 males students

Table XVIII: List of senior high schools with unmet target and explanation

District	School ID	Level	Sex		Explanation
			M	F	
Manokwari	560	Senior High School	13	11	Male students =13, one student was absent, his house was in remote area, 2 days walk. Female students 12, one student was absent, returning to her home town on the island, took 2 days travel

Young People Out of School

From seven faith-based organization (FBO) that we targeted, we completed target in six of those groups. In one group in Manokwari, we couldn't complete for male target because they refused, that we had to compensate by adding number of respondents from Jayawijaya district. There were two groups in Jayawijaya that we couldn't complete, they were village youth group and street children group. Again we had to compensate them by adding respondents from out of school in Jayawijaya (FBO) and sport group in Sorong. Overall this effort was able to increase completion rate by 98.8% (Table XIX). It is difficult to meet 100% completion as these groups were not permanent and their members didn't hold regular meetings (except for FBO) therefore their contact with facilitator/NGO was also minimum. We had tried many efforts to keep contact with them but still it was very difficult. Another issue with completion for this category was as in Jayawijaya, most targets came from village youth group but many of them lived outside Jayawijaya and we can't reach them as targeted, their percentage is quite high, 18% that cost us total completion rate for young people out of school.

Table XIX: Out-of-school target and interviewed

District	ID group	Type group	Target				% Interviewed			
			M	F	Trans-gender	Total	M	F	Trans-gender	Total
Jayawijaya	3130	Religious-based		15		15		100%		100%
	3140	Religious-based		4		4		100%		100%
	3150	Religious-based	6	15		21	100%	100%		100%
	3160	Religious-based		11		11		127.3%		127.3 %
	3170	Village youth	4	26		30	0.0%	84.6%		73.3%
	3180	Anak Jalanan		15		15		86.7%		86.7%
Manokwari	5130	Transgender			11	11			100%	100%
	5140	Karang taruna	6	2		8	133.3%	0.0%		100%
	5150	Religious-based	5	4		9	20%	175%		88.9%
Kota Sorong	6130	Religious-based	3	4		7	100%	100%		100%
	6140	Village youth	7	5		12	85.7%	120%		100%
	6150	Religious-based	4	2		6	100%	100%		100%
	6160	Sport group	12	3		15	116.7%	233.3%		140.0 %
Total			**47**	**106**	**11**	**164**	**42**	**109**	**11**	**162**
Percentage							**89.4%**	**102.8 %**	**100%**	**98.8%**

Table XX: List of out-of-school groups with unmet target and explanation

District	ID	Level	Sex		Explanation
			M	F	
Jaya Wijaya	3160	Out Of School	0	14	No male population, female = 23, target = 11, when visited team found population was 28 people, target changed to 14
Jaya Wijaya	317	Out Of School	0	22	Previously male population was 8 people, three names were identical, they were female but listed as male. Population changed to: People and female changed to 55 people. Male target not met because they didn't come and houses were too far. Only 22 female target interviewed, didn't come and houses too far
Jaya Wijaya	318	Out Of School	0	13	No male population, early female population 15 but only 13 came and interviewed
Manokwari	514	Out Of School	8	0	Population = 4 female, 2 were in Menado and 2 went to hometown, unable to contact

Manokwari	515	Out Of School	1	7	Male population = 10, only 1 interviewed, others refused, it gave no benefit from them. Samples substituted with female but only 7 females accepted interview
Kota Sorong	614	Out Of School	6	6	Target male 7, male population = 14, unable to substitute because moved out town, work in other town or unknown. Female population 12, unable to interview more than 6 of them (delivered baby, went to Manokwari, uncontacted)
Kota Sorong	616	Out Of School	14	7	male population = 30 and female = 8, target male = 12, female = 3, interviewed 14 males, unable to interview more because they moved out, inactive anymore. Used 4 substitutes from females to compensate other people

Teacher and Principal

We targeted to interview 168 teachers that was 2 teachers from each schools. Survey managed to interview 131 teachers or 77.9% from target across Papua and West Papua Province (Table XXI). The target was not met because: (1) only one teacher ever received training and taught the subject; (2) many schools haven't delivered the intervention/teaching; (3) some schools even haven't received any training on life skill education (Table XXII).

In schools where they didn't have teachers ever received training, we interviewed teacher who 'might' or is planned to receive training on life skill education and will teach it to students. Another issue was when the school only had one teacher who ever received training/taught the subject, team had tried to interview other teacher but the school didn't permit that.

For principal, almost 100% target were interview, only one principal (senior high school, code 111) in Jayapura who had to be replaced with the vice principal because the principal was always drunk and impossible to be interviewed.

Table XXI: Target and interviewed teachers and principals by district

No		Teacher		Principal	
		Target	% Interviewed	Target	% Interviewed
1	Jayapura	24	75.0	12	100,0
2	Mimika	24	87.5	12	100,0
3	Jayawijaya	24	58.3	12	100,0
4	Biak	24	75.0	12	100,0
5	Manokwari	24	70.8	12	100,0

6	Kota sorong	24	87.5	12	100,0
7	Kab. Sorong	24	91.6	12	100,0
	Total	**168**	**77.9**	**84**	**100,0**

Table XXII: List of schools with unmet teacher target and explanation

District	ID	Level	Number of teacher	Explanation
Jayapura	107	Elementary School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Jayapura	109	Junior High School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Jayapura	110	Junior High School	1	Only interviewed 1 teacher because other teacher (nurul farida) was sick from Malaria
Jayapura	112	Senior High School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Mimika	213	Elementary School	1	Only one teacher interviewed because only that teacher got training and taught to students
Mimika	215	Elementary School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Mimika	221	Junior High School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Jayawijaya	325	Elementary School	1	Only interviewed one teacher who had plan to follow training, no teacher ever received training.
Jayawijaya	327	Elementary School	1	Only interviewed one teacher who had plan to follow training, no teacher ever received training.
Jayawijaya	328	Elementary School	1	Only interviewed one teacher who had plan to follow training, no teacher ever received training.
Jayawijaya	329	Elementary School	1	Only interviewed one teacher who had plan to follow training, no teacher ever received training.
Jayawijaya	330	Elementary School	1	Only interviewed one teacher who had plan to follow training, no teacher ever received training.
Jayawijaya	331	Elementary School	1	Only one teacher interviewed because only that teacher got training and taught to students
Jayawijaya	332	Elementary School	1	Only interviewed one senior teacher, no teacher ever got training

District	ID	Level	Number of teacher	Explanation
Jayawijaya	334	Junior High School	1	Only interviewed one senior teacher, no teacher ever got training
Jayawijaya	335	Junior High School	1	Only interviewed one senior teacher, no teacher ever got training
Jayawijaya	336	Senior High School	1	Only one teacher interviewed, who taught to students, teachers who got training have moved
Biak	439	Elementary School	1	Only one teacher interviewed because only that teacher got training and taught to students
Biak	440	Elementary School	1	Only one teacher interviewed because only that teacher got training and taught to students
Biak	441	Elementary School	1	Only one teacher interviewed because only that teacher got training and taught to students
Biak	446	Junior High School	1	Only one teacher interviewed because only that teacher got training and taught to students
Biak	448	Senior High School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Manokwari	549	Elementary School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Manokwari	551	Elementary School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Manokwari	553	Elementary School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Manokwari	554	Elementary School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Manokwari	557	Junior High School	1	Only one teacher interviewed because only that teacher got training and taught to students
Manokwari	559	Senior High School	1	Only one teacher interviewed because only that teacher got training and taught to students
Manokwari	560	Senior High School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Kota Sorong	661	Elementary School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Kota Sorong	662	Elementary School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Kota Sorong	663	Elementary School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview

Kab. Sorong	773	Elementary School	1	Only 1 teacher interviewed because only 1 teacher got training and taught to students, other teacher refused interview
Kab. Sorong	781	Junior High School	1	Teacher who got training had moved, only one teacher taught it but never had training before

District and Provincial Education Office (Dinas) Staff

Target for head of office, head of section and secretary was not met 100%, because they often went out of town and very difficult to meet. Team had tried to visit them several times but hardly met them until the targeted time. Team even left questionnaire in their office, hoping they were willing to fill it themselves but they responded nothing. However, the completion for staff was beyond target

Table XXIII: Target and interviewed district/provincial education office staff, Papua and West Papua

No	Education Office (DInas)	Target sampel				% Interviewed			
		Head of office	Head of Division	Other Staff	Total	Head of office	Head of division	Other Staff	Total
1	Dinas pendidikan Kab.Jayapura	1	3	10	14	100,0	133.3	120.0	121,4
2	Dinas Pendidikan Dasar & Kebudayaan Mimika	1	3	3	7	100,0	100.0	100.0	100,0
3	Dinas Pendidikan Menengah Mimika	1	3	1	5	100,0	100,0	200.0	120,0
4	Dinas Pendidikan Kab.Jayawijaya	1	4	10	15	100,0	100.0	120.0	113,3
5	Dinas Pendidikan Kab.Biak Numfor	1	4	7	12	0,0	75.0	142.9	108,3
6	Dinas Pendidikan dan Olahraga Manokwari	1	5	5	11	100,0	120.0	140.0	127,3
7	Dinas Pendidikan Kota Sorong	1	3	6	10	100,0	133.3	133.3	130,0
8	Dinas Pendidikan Kab. Sorong	1	5	10	16	100,0	120.0	130.0	125,0
9	Dinas pendidikan Provinsi Papua Barat	1	4	6	11	0,0	100,0	133.3	109,1
10	Dinas Pendidikan Propinsi Papua	1	5	16	22	100,0	80.0	100,0	86,4
	Total	**10**	**40**	**75**	**125**	**8**	**41**	**91**	**140**
	Percentage					**80**	**102.5**	**121.3**	**112.0** [42]

[42] We only got number of staff in Papua Province at the end of data collection process. Previously target was set up without involving the Education Office therefore targets for each district seemed high, as well as its realization

Manangement Study

This study began with discussion/meeting in Jayapura 6-11 December 2013 between UNICEF, Burnet Institute and SurveyMETER about methodology of the study, detail activity timeline, responsibilities and instruments for the survey. The second phase, pilot test was conducted from 15 to19 January 2014, in Jayapura. During the pilot test, team conducted interview in two elementary schools and one secondary school that received program intervention but not sampled by this study. Pilot test was follow by questionaire revision and training. The contents of questionare and respondent presented in Table XXIV.

Training for interviewers and supervisors were conducted from 20 to 25 January 2014 in Jayapura. The training aimed to induce information, consepts to interviewers about the instruments, samples and respondents. More importantly, the training is necessary to build uniform understanding (standard) among those interviewers on each variable in the instrument. Training was conducted through in class lectures, interview demonstration, discussion, round robin interview and one day field practice. Interviewers were reviewed based on their performance during the training.

Data collection activity started in 27 January 2014 and completed in 8 March 2014, interviewers were divided into teams operating by districts. The study run by 4 teams of one supervisor/editor and 2 Interviewers. Those team worked in 7 districts as follows: team A work at Sorong City and Sorong District, team B work at Manokwari and Biak, team C work at Jayawijaya and Jayapura, team D work at Mimika and Jayapura. The data entry have been done in the field. The data cleanning proses started 10 days before the field work finished at SurveyMETER offce in Yogjakarta. The data cleanning cover checking completeness of the data and consistency check between variables to get high quality data/information.

Table XXIV: Type of questionnaires and contents

No	Type of questionnaire	Section	Note
1	In school-elementary school	- Demographic profile - Family profile - Knowledge about HIV-AIDS and its factor - Perception about HIV and experience in interacting with people living with HIV - Role of school in providing information about HIV - Role of family in providing information about HIV AIDS - Role of forum (out of school) in providing information about HIV AIDS - Knowledge on life skills - Life style - Access to obtain condom - Concern over HIV transmission - Knowledge on STIs - Test for HIV-AIDS - HIV information service at schools	Instruments are directly questioned to sampled students. Students are sampled based on population in grade 5 and 6 and selected randomly by sex
2	In school-junior/senior high school	- Demographic profile - Family profile - Knowledge about HIV-AIDS and its factor - Knowledge about AIDS symptoms - Perception about HIV and experience in interacting with people living with HIV - Role of school in providing information about HIV - Role of family in providing information about HIV AIDS - Role of forum (out of school) in providing information about HIV AIDS - Knowledge on life skills - Life style - Concern over HIV transmission - Knowledge on STIs - Test for HIV-AIDS - HIV information service at schools	Instruments are self administrative by the student. Students are sampled based on population in grade 8 and 9 and selected randomly by sex
3	Out of school	- Demographic profile - Education profile - Family profile - Current activities - Knowledge about HIV-AIDS and its factor - Knowledge about prevention and transmission of HIV-AIDS - Perception about HIV and experience in interacting with people living with HIV - Role of young people in club in providing information about HIV AIDS - Role of other forums in providing information about HIV AIDS - Knowledge on life skills - Life style - Access to obtain condom - Concern over HIV transmission - Knowledge on STIs - Test for HIV-AIDS - Verification check list	Instruments are directly questioned to sampled respondents. Respondents are sampled based on group out of school. Verification check list asked to management.

No	Type of questionnaire	Section	Note
4	Teacher/principal	- Demographic profile - Teaching experience - Knowledge about HIV-AIDS and its factor - Knowledge about prevention and transmission of HIV-AIDS - Perception about HIV and experience in interacting with people living with HIV - Role of school in providing information about HIV - Training on HIV-AIDS and life skill for teacher and principal - Concern over HIV transmission and its prevention - HIV-AIDS counseling service at schools - Verification check list	Instruments are self administrative by sampled teachers and principals. Sampled teachers are those who have received training on life skill and/or deliver the lesson to students
5	Staff of Education Office	- Demographic profile - Knowledge about HIV-AIDS and its factor - Knowledge about prevention and transmission of HIV-AIDS - Knowledge on AIDS symptoms - Perception about HIV and experience in interacting with people living with HIV - Training on HIV-AIDS and life skill for staff - Concern over HIV transmission and its prevention - Verification check list	Instruments are self administrative by sampled staffs. Staffs are sampled based on staff population in three categories: head of dinas, head of section and staff

Data Analysis

Data analysis is conducted by performing frequency (descriptive statistics) and cross tabulation between respondent's basic characteristics such as sex, age, tribe(Papuan, non Papuan), districts and position as independent variables and program's important indicators such as comprehensive knowledge and willingness to take HIV test as dependent variables. Confident interval of 95% is shown in each tabulations with the dependent variables. Association between independent and dependent variables is tested using Chi Square and p value. p=0.05 is considered as significant. The analysis on each of the strata for Department of Education staff used finite population correction(fpc). The fpc has been applied to narrow the confidence intervals by adjusting for the fact that the (small) number of observations is drawn from a small sampling frame.

Weighted and unweighted analysis of in-school student data. During the design of the survey of in-school students, a significant issue was the lack of a complete sampling frame of intervention schools and the number of enrolled students at each school. Consequently, for the selection of schools, it was not possible to use probability proportional to size. In effect, schools with smaller student populations had an equal chance of being selected relative to schools with larger student populations. As such, there was a risk that small schools were overrepresented in the sample and that the results from their students would be given equal weight relative to students from larger

schools who, theoretically represent more students. This was a significant limitation in the sampling methodology.

Weighted analysis can be used to adjust for this, however, the calculation of weights likewise requires data on the size of schools and the number of male and female students they have in the eligible grades for the survey. Between the various districts there was highly varied availability of the necessary data. Some districts had complete data on grade 5,6,8,9 and 11 student numbers by sex for all intervention schools. Other districts lacked data on specific grades, lacked data on all or some schools, or lacked student numbers disaggregated by sex. In order to complete the sampling frame and calculate weightings, estimation methods were used. These included:

- Estimating school population sizes by comparing their size with schools that have a known population
- Using the known sampling frame proportions of males and females to split total student numbers into sex disaggregated totals
- Estimating grade sizes as a proportion of overall school size
- Estimating grade sizes by comparing them to known grade sizes.

Weights were then calculated to estimate how many members of the sample population were represented by each individual in the sample.

A. Number of students of a sex sampled from a particular school

B. Total number of students of the same sex in the same grades (5&6 or 8&9 or 11) at the sampled school

C. Number of students of the same sex in the same grades in all other sampled schools in the same district

D. Number of students of the same sex in the same grades in all intervention schools in the same district

The following formula was then used to calculate a weight for each sampled student:

((B/C)*D)/A

The calculated weights were added to the data set for in-school students and were used to perfrom weighted analysis of comprehensive knowledge of HIV in each school-level stratum. The weighted

results were compared with the unweighted results. The following table (Table XXV) presents a summary of this indicator when using weighted and unweighted analysis:

Table XXV: In-school comprehensive HIV knowledge – weighted and uneweighted analysis results

	Weighted %			Unweighted %		
School level	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**
SD	4.78 (2.83–7.94)	6.25 (3.25–11.69)	3.2 (1.29–7.72)	4.33 (2.87–6.24)	4.95 (2.85–7.91)	3.67 (1.84–6.46)
SMP	9.82 (6.43–14.72)\	9.58 (4.95–17.74)	10.07 (5.68–17.24)	10.41 (7.57–13.85)	8.12 (4.71–12.85)	12.69 (8.38–18.16)
SMA	16.39 (11.07–23.59)	17.44 (10.12–28.39)	14.57 (8.47 – 23.91)	17.07 (13.19–21.54)	17.28 (11.80–24.00)	16.86 (11.59–23.31)

Based on the analysis of the weighted and unweighted data, results from the unweighted analysis have been used throughout this report. This is because:

1. The magnitude of the difference between weighted and unweighted is small

2. The weights are based on estimates and hence their accuracy is not known.

The small magnitude of the observed difference does not offset the additional uncertainty that results from using estimated weight data.

The direction of change that will result from using weighted versus unweighted analysis is, in general, difficult to predict. This is because it will depend on differences for the calculated indicator between sexes, differences between districts, differences between smaller and larger schools and, at times, an interaction of one or more of these differences.

8.3 Annex 3: Detailed Methodology of the Qualitative assessment with young people in and out of schools and with community members

At school/community level, the qualitative methods comprised focus group discussions, key informant interviews and collection of stories of change related to the delivery of the intervention activities in the schools and centres for out-of-school youth. Specifically, questions related to: the integration of mainstreaming in the schools; the teaching methodologies; the curriculum and other resources provided; and feedback about the effectiveness of the programme.

The field work was undertaken by four qualitative teams, each comprising two members, one from Survey Meter and one local data collector. Prior to commencing the field work the teams received 3 days of training in Jayapura, conducted by Burnet and Survey Meter, and focusing on the methods needed to collect the qualitative data: facilitation of group interviews; key informant interviewing; note taking; and ethical considerations. Standard question guides were used for both the focus group discussions and the key informant interviews.

The qualitative team were also trained on the stories of change methodology. The collection of these stories was facilitated and written up by the interviewer, using the template provided at the training.

To maximise efficiencies and minimise disruption, the qualitative and quantitative data collection teams visited the schools/youth centres at the same time. The quantitative teams visited 12 schools in each of the 7 districts (84 in total). The qualitative teams visited half these schools (6), comprising 3 elementary (SD) schools, 2 junior high (SMP) schools and 1 senior high (SMA/SMK) school in each district, with an urban/rural mix appropriate for the district. One challenging factor was that it was not always clear from the district education records which schools were in fact intervention schools. This resulted in wasted visits to some schools where the intervention had not been implemented.

In each school, the team aimed to undertake the following: two focus group discussions (6-8 participants) with students who had participated in the intervention activities in 2012 or 2013; a story of change from one student; key informant interviews and a story of change with 1-2 teacher(s) who had taught the HIV & Life Skills modules; and a key informant interview and story of change with the principal in each school. In addition, the team aimed to conduct key informant interviews and collect stories of change from 3 parents and 3 community leaders in each district.

For out-of-school youth, participants were selected to ensure that there was representation from the three districts implementing programmes (Jayawijaya; Sorong City; Manokwari), the different civil society partners and the different nature of each programme (faith-based; sports-based; village youth-based; etc). For each group the following was undertaken: a focus group discussion with 8-10 group members; collection of a story of a change from one young person; and a key informant interview and collection of a story of change from the facilitator of each group.

Table XXVI below summarises the type and number of informants interviewed for the evaluation.

Table XXVI: Number and type of informants

Type of Informant Group	Male	Female	Transgender	Total
SD level students (39 FGDs)	144	140		284
SMP level students (26 FGDs)	95	92		187
SMA level students (11 FGDs)	42	41		83
Out-of-school young people	8	27	8	43
Teachers				42
Out-of-school facilitators				4
Principals				41
Parents				18
Community leaders				19
			TOTAL	721

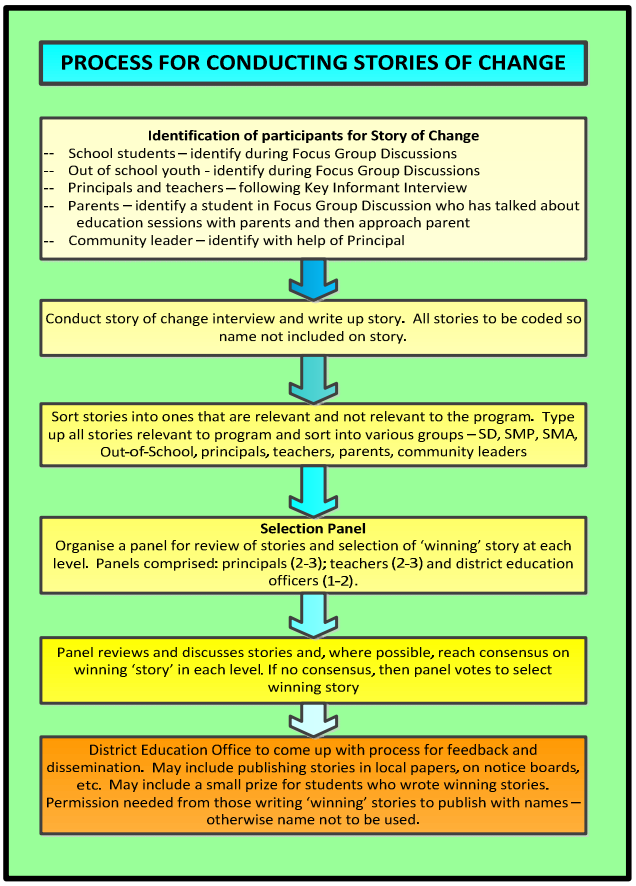
** A more detailed breakdown of informants according to district can be accessed in Annex 1

The collected data from the interviews was reduced and summarised under key themes (questions) and sub-themes, using custom-developed templates, by the Survey Meter teams who had conducted the interviews and a qualitative specialist from Burnet. This involved a five day workshop in the Survey Meter offices in Jogjakarta.

For the Stories of Change a separate process for selection was developed. This is described in the diagram below (

Figure VII):

Figure VII: Stories of change process



The story of change methodology was new to both the field qualitative teams and to the participants. Given this, some stories are not as focused or as 'developed' as they could have been. More probing/questioning by the interviewers may have led to more complete stories. However, the selection process, in particular, was important in engaging teachers, principals and district education staff in the methodology. The panels selecting the stories apparently engaged in extensive discussion and debate, not only about the stories themselves but also, and very importantly, about the value attributed to particular domains of change. This process enabled those involved to understand the 'power' of this methodology as an evaluative tool.

The report was drafted by the Burnet specialist and revised after feedback from the Survey Meter team. This report was then available to inform the final evaluation report.

Details of Schools and Qualitative Interviews undertaken

Coding List for Schools – Qualitative

District: Jayapura

School Name	School Code	Level of School	Urban/ Rural	FGDs - students	SC – student	KI teachers	SC - teachers	KI - Principal	SC - Principal	KI - Parent	SC- Parent	KI- Comm Leader	SC – Comm Leader
Inpres Doyo Baru	3	SD	Urban	Gd 5 x8 4m/4f Gd 6 x8 4m/4f	1 Gd 5	KI x 1	Yes	Yes	Yes	KI x 1	Yes	KI x 1	Yes
YPK Tablanusu	5	SD	Rural	Gd 5x6 4m/2f Gd 6x8 4m/2f	1Gd 6	KI x 1	Yes	Yes	Yes	X	X	X	X
Besum	7	SD	Rural	Gd 5x8 4m/4f Gd 6x8 4m/4f	2(Gd 5 & Gd 6)	KI x 1	Yes	Yes	Yes	KI x 1	Yes	KI x 1	Yes
Negari2 Sentani	8	SMP	Urban	Gd 8 x8 4m/4f Gd 9x8 4m/4f	2(Gd 8 & Gd 9)	KI x 1	Yes	KI x 1	Yes	X	X	X	X
N1 Kemtuk Gresi	10	SMP	Rural	Gd 8 x8 4m/4f Gd 9 x 8 4m/4f	2(Gd 8 & Gd 9)	KI x1	Yes	KI x 1	Yes	KI x 1	Yes	KI x 1	Yes
N1 Sentani	11	SMA	Urban	Gd 12 x8 4m/4f	1(Gd 12)	KI x 1	Yes	KI x 1	Yes	X	X	X	X

District: Biak

School Name	School Code	Level of School	Urban/ Rural	FGDs - students	SC – student	KI teachers	SC - teachers	KI - Principal	SC - Principal	KI - Parent	SC- Parent	KI- Comm Leader	SC – Comm Leader
Inpres Komboi	44	SD	Rural	Gd5x7 3m/4f Gd6x8 4m/4f	X	KI x 1	X	Yes	X	X	X	X	X
YPPK 1	39	SD	Urban	Gd5x8 4m/4f Gd6x8 4m/4f	2(Gd 5 & Gd6)	KI x 1	X	KI x 1 Senior teacher	X	KI x 1	Yes	X	X
Wonabraida	42	SD	Rural	Gd5x 4 2m/2f Gd6x 4 2m/2f	X	X (Refused)	X	KI x 1	X	X	X	X	X
Negeri 4 Biak	46	SMP	Urban	Gd8x8 4m/4f Gd9x8 4m/4f	2(Gd8& Gd9)	KI x 1	Yes	Yes	Yes	KI x 1	X	KI x 1	X
Negeri 3 Biak	45	SMP	Urban	Gd8x8 4m/4f Gd9x8 4m/4f	2(Gd8 & Gd9)	KI x 1	Yes	Yes	X	KI x 1	X	KI x 1	X
Negeri 2 Biak	48	SMA	Urban	Gd11x8 4m/4f Gd12x7 4m/3f	2(Gd11 & Gd 12)	KI x !	Yes	Yes	X	X	X	X	X

District: Mimika

School Name	School Code	Level of School	Urban/ Rural	FGDs - students	SC – student	KI teachers	SC - teachers	KI - Principal	SC - Principal	KI - Parent	SC- Parent	KI- Comm Leader	SC – Comm Leader
Inpres Timika 5	19	SD	Urban	Gd6 x 8 4m/4f Gd5 x 8 4m/4f	1(Gd5)	KI x 1	Yes	Yes	Yes	KI x 1	Yes	KI x 1	Yes
Inpres Timika 6	14	SD	Rural	Gd 6 x 8 4m/4f Gd5 x 8 4m/4f	1(Gd 5)	KI x 1	Yes	Yes	Yes	X	X	X	X
Integral Al-Amin	18	SD	Rural	Gd 4 x 6m	X	KI x 1	X	Yes	X	X	X	X	X
Negeri 5	22	SMP	Urban	Gd 9x 8 4m/4f	1(Gd9)	KI x 1	Yes	KI x 1 Senior teacher	Yes	KI x 1	Yes	KI x 1	Yes
Yosua	20	SMP	Rural	Gd 9x 8 4m/4f	1(Gd9)	KI x 1	Yes	Yes	Yes	KI x 1	Yes	KI x 1	Yes
Tunas Bangsa	24	SMK	Urban	Gd 10 x 7 4m/3f Gd 11 x 7 4m/3f	1(Gd11)	KI x 1	Yes	Yes	X	X	X	X	X

*Integral Al-Amin has 4 classes of Grade 4 (A/B/C/D) and only A class (all boys) did sessions as teacher of this class had training

District: Jayawijaya

School Name	School Code	Level of School	Urban / Rural	FGDs - students	SC – student	KI teachers	SC - teachers	KI - Principal	SC - Principal	KI - Parent	SC- Parent	KI- Comm Leader	SC – Comm Leader
YPPK Mulima	26	SD	Rural	Gd5 x 6 (2f/4m) Gd 6 x 6 (2f/4m)	X	KI x1	X	KI x1	X	X	X	X	X
Inpres Mulele	27	SD	Urban	Gd6 x 6 (3m/3f)	1(Gd 6)	KI x1	Yes	Yes	Yes	KI x 1	Yes	KI x 1	Yes
Inpres Yumosimo	31	SD	Rural	Gd5 x 6 (2m/4f) Gd 6 x 7 (4m/3f)	X	KI x 1	X	KI x 1	X	X	X	X	X
Kristen Baliem Terpadu	33	SMP	Rural	Gd8 x7 4m/3f Gd9 x 8 4m/4f	X	KI x1	Yes	KI x1	X	X	X	X	X
Negeri Tagime	35	SMP	Rural	Gd8 x8 4m/4f Gd9 x 8 4m/4f	1(Gd 9)	KI x1	Yes	KI x 1	Yes	X	X	X	X
Negeri 1 Wamena	36	SMA	Urban	Gd 11 x 7-3m/4f Gd 12 x 8-4m/4f	1(Gd 11)	KI x 1	Yes	KI x1	Yes	KI x 1	Yes	KI x 1	X

**In Inpres Yumosimo in Gd 5 there are only 2 girls at level and only 3 at Gd 6 level.

District: Manokwari

School Name	School Code	Level of School	Urban/ Rural	FGDs - students	SC – student	KI/FGD teachers	SC - teachers	KI - Principal	SC - Principal	KI - Parent	SC- Parent	KI- Comm Leader	SC – Comm Leader
YPK 13 Elim Kwawi	50	SD	Rural	Gd5 x 7 3m/4f Gd6 x 7 3m/4f	2(Gd 5 & Gd6)	KI x 1	Yes	Yes	Yes	X	X	X	X
Inpres 25 Prafi	51	SD	Rural	Gd5 x 8 4m/4f Gd6 x 7 3m/4f	2(Gd 5 & Gd 6)	KI – 1	Yes	Yes	Yes	KI x 1	Yes	KI x 1	Yes
Inpres 27 Prafi	54	SD	Rural	Gd 5 x 8 4m/4f Gd6 x 8 4m/4f	2(Gd 5& Gd 6)	KI – 1	Yes	Yes	Yes	X	X	X	X
Negeri 5	56	SMP	Rural	Gd8 x 8 4m/4f Gd9 x 8 4m/4f	2(Gd 8 & Gd 9)	KI -1	Yes	X	X	X	X	X	X
YPK Ransiki	57	SMP	Urban	Gd8 x8 4m/4f Gd9 x 8 4m/4f	2(Gd 8 & Gd 9)	KI x 1	X	Yes	Yes	X	X	KI x 1	Yes
Oi Kumene	59	SMA	Rural	Gd 12x8 4m/4f	1(Gd12)	KI x 1	Yes	Yes	Yes	X	X	KI x 1	Yes
N5 Sanggeng		SD											

District: Kabupaten Sorong

School Name	School Code	Level of School	Urban/ Rural	FGDs - students	SC – student	KI teachers	SC - teachers	KI - Principal	SC - Principal	KI - Parent	SC- Parent	KI- Comm Leader	SC – Comm Leader
Inpres 122 Wasi	75	SD	Rural	Gd 5 x 8 4m/4f Gd 6 x 8 4b/4g	2(Gd 5 & Gd 6)	KI x1	Yes	Yes	Yes	X	X	X	X
YPK Klawana	76	SD	Rural	Gd 5 x 7 5m/2f Gd 6 x6 2m/4f	2(Gd 5 & Gd 6)	KI X 1	Yes	Yes	Yes	KI x1	Yes	KI x 1	Yes
Inpres 77 Majener	78	SD	Rural	Gd 6x8 4m/4f	1(Gd 6)	KI x1	Yes	Yes	Yes	X	X	X	X
Guppi Salawati	79	SMP	Rural	Gd7x8 4m/4f Gd8 x8 4m/4f	2(Gd 7 & Gd 8)	KI x 1	Yes	Yes	Yes	KI x 1	Yes	KI x 1	Yes
N8 Sorong	80	SMP	Urban	Gd8x8 4m/4f Gd9x8 4m/4f	2(Gd8 & Gd 9)	KI x 1	Yes	Yes	Yes	KI x1	Yes	KI x 1	Yes
Modelink	83	SMK	Rural	Gd 11x8 4m/4f Gd12 x 7 3m/4f	2(Gd 11 & Gd 12)	KI x1	Yes	Yes	Yes	X	X	X	X

District: Kota Sorong

School Name	School Code	Level of School	Urban/ Rural	FGDs - students	SC – student	KI teachers	SC - teachers	KI - Principal	SC - Principal	KI - Parent	SC- Parent	KI- Comm Leader	SC – Comm Leader
Inpres 50	65	SD	Urban	Gd5x 8 4m/4f Gd 6 x 6 2m/4f	1(Gd 6)	KI x 2	2	Yes	Yes	KI x1	Yes	KI x 1	Yes
YPK Elim	62	SD	Urban	Gd 5 x 8 4m/4f Gd 6 x8 4m/4f	1(Gd 6)	KI x 1	Yes	Yes	Yes	X	X	X	X
Negeri 6 km 18	64	SD	Urban	Gd5x8 4m/4f Gd6x8 4m/4f	2(Gd 5 & Gd 6)	KI x 1	Yes	Yes	Yes	KI x1	Yes	KI x 1	Yes
SMP Neg 2	67	SMP	Urban	Gd 8 x 6 3m/3f Gd 9 x 7 4m/3f	2(Gd 8 & Gd 9)	KI x 1	Yes	Yes	Yes	X	X	X	X
Yapis Dum	68	SMP	Island Urban	Gd 8 x 8 4m/4f Gd 9x7 4m/3f	1 (Gd 9)	KI X 1	Yes	Yes	Yes	KI x 1	Yes	KI x 1	Yes
SMA 3	70	SMA	Urban	FGD Gd 12X 8 4m/4f	1(Gd 12)	KI x 1	Yes	KI x1 (rep of curric section)	Yes	X	X	X	X

OUT OF SCHOOL

JAYAWIJAYA		SORONG CITY		MANOKWARI	
Kelompok Sinakma Faith-based group	**Kelompok Kodim Unemployed group**	**Kelompok Adat Doom Barat Village-based group**	**MU Fans club Sports-based club**	**GBI Rock Faith-based group**	**Black Angels Transgender group**
FGD:x 8 girls Facilitator x 1(f)x24 years	FGD x 8 girls Facilitator x N/A	FGD x 6 2b/4g Facilitator x1(f)x 21 years	FGD x 7 4b/3g Facilitator x 1(f)x24 years	FGD x 6 4f/2m Facilitator x 1m x 18 years	FGD x 8 Facilitator – N/A
HIV and AIDS information is delivered by facilitator one a week. Material is taught during the craft sessions.	Material of HIV and AIDS taught by facilitator for this group in mid-2013 academic year. But this education is not completed as facilitator went to Denpasar to continue his study. Have tried to contact facilitator in Bali but not successful as he keeps changing number.	Info from coordinator = some names are no longer in the area and some others are unknown as they used nick names. Out of school members are not entirely drop outs; someare school youths -still attending school. FGD conducted late from scheduled time as team had to look for the members one by one and managed to gather 6 of them. 1 absentee was out of Doom, the other one was ill	This group consists of not only boys, but also girls. Some members come and go as they wish, and only few of them participated in life skills education. Some of them have gone and unable to be contacted. About 30 attend meetings – fans of the MU football club FGD only participated by 7 members		About 16 in group but 13 attend regularly. All of Papuan descent. Group formed through discussions at beauty salon managed by 1 of the members. Salon became a meeting place. Now meet in salon or other places. Runs more or less as a support group. Some involved in sex work on the street. Group very interested in activities. Group faces a lot of discrimination in the community – people make fun of them.

Summary Data: Teachers trained/Text books used and how modules taught

Summary data re Textbooks/Teacher Training/ How Taught (in which subjects)

SCHOOL	CODE	TEXT BOOK USED	YEAR TAUGHT	HOW TAUGHT	TEACHERS TRAINED??
Jayapura					
Inpres Doyo Baru	3 SD	Unicef 2004- red book	Students said not been taught - principal & teacher said had	Taught to Gd 5/6 in 2013? Taught to 5th grade students, integrated with Physical Exercise and Health Education Subject	4 teachers followed training in 2010,2011 to 2013
YPK Tablanusu	5 SD	Unicef 2013/revised(Life Skill & HIV Education Book)	Taught to 6th grade students (year 2013/2014)	UNICEF taught it in 2011 to 5th grade students but then stopped due to objections from some youths. The lesson was resumed in 2013/2014 as local content subject	2 teachers were trained in 2011,2012 and 2013
Besum	7 SD	Unicef 2013/revised(Life Skill & HIV Education Book)	Taught in 5th grade since 2011	Taught in 5th grade as local content, Life Skill & HIV Education	2011, 2012 dan 2013 1 teacher trained since 2011, 2012 and 2013
Negari2 Sentani	8 SMP	UNICEF 2004 -red	Diajarkan pada siswa kelas 8 dan 9 semenjak tahun pelajaran 2006	Integrated – Gd 8/9 Taught as local content since 2006 but now integrated with Physical Exercise and Health Education Subject	6 teachers trained since 2006
N1 Kemtuk Gresi	10 SMP	Unicef 2011(Life Skill & HIV Education Book)	Taught to grade 7 to 9 since 2011	Taught as local enrichment subject for students in grade 7, 8, and 9 - all grades received these modules.	2of 3 teachers received trg at district level from education office & UNICEF. Teacher who did not receive trg (Gd7), used a guidance book provided by school.
N1 Sentani	11 SMA	Particular text books not available. Used own syllabus	Only taught in 11th grade in 2012/2013 school year	Taught as local content (HIV/AIDS education) in 2012/2013, but in 2013/2014 no longer taught	One teacher ever followed training but he/she has moved, no one taught this subject any more In 2002, 2008 and 2011 a teacher became facilitator for SD and SMP but no longer taught the subject in the particular school
Biak					
YPPK 1	39 SD	Unicef 2004-red	Taught in 5th grade since 2012	Integrated with Physical Exercise and Health Education Subject	Pernah ada guru yang mengikuti training semenjak tahun 2011, 2012 dan 2013 hanya saja salah seorang guru tersebut pindah ke sekolah lain
Wonabraidi	42 SD	No particular guidance or modules	Never had lesson about HIV/AIDS or other implementation		
Inpres Komboi	44 SD	No particular guidance or modules	Never had lesson about HIV/AIDS or other implementation		One teacher ever received training but the teacher then

SCHOOL	CODE	TEXT BOOK USED	YEAR TAUGHT	HOW TAUGHT	TEACHERS TRAINED??
					moved out to other school
Negeri 4 Biak	46 SMP	Unicef 2004-red	Taught in 8th grade since 2010/2011 up to present	Taught in grade 8 since 2010/2011 as local content. For grade 9 integrated with Religion Subject	3 teachers ever received training but only 1 teacher continued teaching the subject
Negeri 3 Biak	45 SMP	Unicef 2004-red book and revised edition 2011 (*Pedoman Pelatihan dan Buku Pegangan Guru SMP*)	Taught in grade 8 since 2012/2013 up to present	Taught as local content	3 teachers ever received training in 2012 and 2013
Negeri 2 Biak	48 SMA	Unicef 2004-red book	Taught in grade 11 since 2011/2012	Taught as local content under "HIV education subject"	2 teachers ever received training in 2011, 2012 and 2013
Mimika					
Inpres Timika 6	14 SD	Students use student's working sheet – not familiar with book shown by moderator.	Taught to grade 5 and 6 in year 2013/2014, just for 2 meetings	Integrated with other subject. Taught as independent/local content subject in following school year	Teacher ever received training in 2013
Integral Al-Amin	18 SD	No textbooks or modules for teaching available.	Only taught in class 4A only in mid semester 1 year 2013/204. Not available for class 4B,4C,4D, 5 and 6	Received intervention but modules not delivered to Gd5/6. Gd4 only received info about clean and healthy lifestyle. Gd6 not receiving as schedule full. Gd5 will receive next academic year – 2014/15. Integrated with Physical Education & Health Subject	A teacher followed training twice in 2013
Inpres Timika 5	15 SD	Unicef 2013/revised (Life Skill education & HIV)	Taught in semester 1 year 2013/2014 for grade 5 and 6	Education program not yet integrated with local enrichment class. Pemberian materi ini dengan sesi tersendiri yakni setiap hari sabtu digabung kelas 5 dan 6 untuk menerima materi ini	Ada guru yang mengikuti training pada tahun 2013 sebagai fasilitator juga mengajarkan disekolah ini
Yosua	20 SMP	Teacher's guidance book different to moderator's.	Taught to students grade 9 on Fridays for 2 hours since semester 1 year 2013/2014	Only Gd 9 had intervention, not Gd 8. Taught as local content	Teachers who taught the subject didn't receive training but there were 2 teachers in the school who had been trained before but didn't teach it to students
Negeri 5	22 SMP	Text book used by students is different from moderator's text book.	Taught since 2010, only grade 9	Modules only given to Grade 9. Lesson given in independent session but not as local content yet	2 teachers trained in 2010,2011 and 2012
Tunas Bangsa	24 SMK	Used UNICEF flipchart 2004-red book, Youth Peer Education-Education Office, Life skill education (from Plan) 2007	Taught in grade 10 and 11	School received intervention & modules– given to Gds 10/11. School principal-thought support had come from KPA.	Ever trained in 2012 and other training related to HIV/AIDS
Jayawijaya					
YPPK Mulima	26 SD	Principal said materials were	Never had lesson about HIV/AIDS or other implementation	Modules integrated with PE class.	2 teachers trained in 2009/2009 and 2010

SCHOOL	CODE	TEXT BOOK USED	YEAR TAUGHT	HOW TAUGHT	TEACHERS TRAINED??
		provided only for teachers.			
Inpres Mulele	27 SD	Buku teks Unicef 2011/no worksheet for students	Only in academic year 2012/13 – & only Gd 5 (now Gd 6). Principal new in 2013. HIV & life skills modules not taught 2013/14 - schedule is full.	HIV sessions taught during local enrichment class but only in academic year 2012/13 and only students in Gd 5 who are now sitting in Gd 6 received the modules.	1 teacher received trg.
Inpres Yumosimo	31 SD	No textbooks or modules for teaching available.	Never had lesson about HIV/AIDS or other implementation		Never had training for teacher nor principal
Kristen Baliem Terpadu	33 SMP	No textbooks or modules for teaching available.	Never had lesson about HIV/AIDS or other implementation	Teacher who received trg said materials never given to students.	2 Teacher trained in 2008/2009
Negeri Tagime	35 SMP	No textbooks or modules for teaching available.	Never had lesson about HIV/AIDS or other implementation	Related materials given only by the school principal during PE and skill classes. The material is no longer given today. No particular class to deliver HIV/AIDS and lifeskills education in this school. (World Relief ever gave socialization about HIV/AIDS for 3 months in 2013/every week) using module Choosing Life, only representatives of school followed this training	Principal + 2 teachers trained in 2008 but both teachers been transferred to schools in another district. District Memberamo Tengah)
Negeri 1 Wamena	36 SMA	Unicef 2011(Life Skill Education and HIV/AIDS lesson)	Students received modules in 2012/13./Saat siswa di kelas 11	Intervention on HIV & life skills for students Level2 as local enrichment subject.	1 teacher received training in 2012 from UNICEF
Manokwari					
YPK 13 Elim Kwawi	50 SD	Unicef 2013/revised(Life Skill Education and HIV)	Taught in grade 5 and 6 since 2012/2013	Integrated with natural science subject and Physical Exercise education	1 teacher ever trained in 2012 and 2013
Inpres 25 Prafi	51 SD	Unicef 2004-red	Teacher said still giving info but students said nothing taught since Semester 1.	Taught in Gd5/6. Only taught in year 2012/2013 for 1 semester. The teacher was reassigned to teach for grade 4 therefore no longer taught in grade 5. The lesseon should not be taught in grade 4 yet. Integrated with natural science subject	2 teachers trained in 2012
Inpres 27 Prafi	54 SD	Unicef 2004-red	Only taught semester 1 in 2013 School principal claimed materials had been given to Grades 4, 5 & 6.	Taught during unoccupied class (teacher absent) but classes no longer taught as no teacher willing to give up classes. Not supported by school principal. Students not familiar with modules.	1 teacher trained in 2012
Negeri 5	56 SMP	Unicef 2011, including worksheet for students	Taught in grade 8 and 9 as local content	Taught in Gd8&9 during enrichment class .	2 teachers trained in 2012
YPK Ransiki	57 SMP	Unicef 2011, including worksheet for students	Taught in grade 8 and 9 since 2012	Integrated with other subject:natural science/biology	1 teacher trained in 2012 and 2013 G

SCHOOL	CODE	TEXT BOOK USED	YEAR TAUGHT	HOW TAUGHT	TEACHERS TRAINED??
Oi Kumene	59 SMA	Unicef 2011, including worksheet for students	Taught in grade 12 since 2012 as local content	Sessions taught in Gd 12 during local enrichment class and routinely taught by teacher. School principal supports.	2 teachers trained in 2011 and 2012
Kota Sorong					
Inpres 50	65 SD	School received 10 books of student worksheet in 2012.	One teacher said only taught materials in same year as training – 2012. One still teaching	PKHS modules attained in 2012 from educn office thru trg. Modules integrated with several subjects like Bahasa Indonesia, natural science and PE. P.E. teacher attended 2nd training but not clear whether he is still teaching or not. Teacher 2 participated in 2nd training and still teaching.	2 teachers (PE + 1) trained in 2012
Negeri 6km 18	64 SD	Books used are no longer available at school, only several pieces of student worksheets are left.	Taught in grade 5 and 6 in one classroom every Friday, since 2012 as local content	Limited hours for PKHS educn for Gds 5 & 6, so merge both classes into one for program.	2 teachers trained in 2012
YPK Elim	62 SD	Teachers have both guidance books & student worksheets, but students do not have worksheets.	Taught in grade 5 and 6, integrated with Physical Exercises Subject since 2011	PKHS modules taught by P.E. teacher - integrated with PE subject in Gds 5/6.	1 teacher ever followed training in 2011/2012
SMP Negeri 2	67 SMP	Teachers don't have guidance books. Only have LKS student worksheet provided by Dinas. Don't have LKS from the program	Taught in grade 8 and 9 as local content subject since 2013/2014	PKHS = independent subject taught in Gds 8/9. 4 teachers involved – 2 x Gd8 and other 2 x Gd 9. Previously taught in grade 7,8,9 but due to change in curriculum 2013, no longer taught grade 7	9 teachers took training , last training in 2012
Yapis Dum	68 SMP	Teachers used text book from UNICEF, the red book including student worksheet	Taught in grade 8 and 9 since 2008/2009	As local content	3 teachers ever trained since 2008 to 2012. Up to present only 2 teachers give teaching, one teacher had moved out
SMA Negeri 3	70 SMA	Teacher used red cover book. No copies left in library.	Taught only in 2011 academic year to students in Gd 1 who are now sitting Gd 3	PKHS educn taught Teacher used red cover book as guidance. Asked about book – none left in library.	3 teachers were trained in 2011
Kabupaten Sorong					
Inpres 122 Wasi	75 SD	Use the revised edition book and 5 student worksheets from education office. [But the books are kept safely because the teachers do not use them.]	Taught in grade 5 and 6 since 2013	PKHS education given to students in grade 5 and 6 as local content subject	4 teachers took training in 2012
YPK Klawana	76 SD	Unicef 2013/revised, student's worksheet not available, teacher copied sheets himself/herself for learning session	Taught in grade 5 and 6 in one classroom. Taught during vacant hours when teachers were absent. Taught by grade 3 and 4 teachers	PKHS education is taught for students in grade 5 and 6. Need to check. But not as dedicated subject. Only thought during vacant hours when grade 5 and 6 teachers were absent.	2 teachers followed training in 2013

SCHOOL	CODE	TEXT BOOK USED	YEAR TAUGHT	HOW TAUGHT	TEACHERS TRAINED??
Inpres 77 Majener	78 SD	Used new version of books with student worksheet. Have 5 copies that they always use during group work.	Taught in grade 6 as local content : Healthy Life Skill Education	PKHS educn given to grade 6.	2 teachers received training.
N8 Sorong	80 SMP	No clear information about book used but some mentioned the life skill education book, red covered book, and new materials. No student work sheet available for this school.	Taught in all classes (7,8,9) as local content Life Skill Education and HIV	PKHS education is taught in grade 7, 8, and 9 during local enrichment class. But PKHS education that the student know is the LSE.	2 teachers received training and teaching LSE.
Guppi Salawati	79 SMP	Unicef 2004-red book for parent and student, but not for teacher. No working sheet for students	Life Skill Education only taught in grade 7	Life Skill Education only taught in grade 7 as local content	4 teachers received training in 2012
Modelink	83 SMK	Modules not available. Search from internet for information	Taught to grade 11 and 12 in one class. Not as a subject, lesson delivered on Fridays, during Free to Think Day	PKHS education is known as LSE. Not taught during local education class, but on free class on Friday instead.	Only school principal received training. Teacher in charge did not receive training.

8.4 Annex 4: Detailed Methodology of the Capacity Assessment of changes in the Education Sector

The end programme capacity assessment utilised a mixed-methods approach. It combined a quantitative survey of Department of Education staff in Papua and West Papua with qualitative data collection with a range of stakeholders and partners at provincial and district levels within these two provinces. The results of the quantitative survey are reported in a separate *Quantitative Report.*

Assessment design process

The capacity assessment methodology was developed in consultation with UNICEF. UNICEF provided input on which aspects of its programme needed to be evaluated and gave guidance on desirable avenues of enquiry for the capacity assessment. This input was provided by staff from UNICEF offices in Indonesia who were involved in the design and implementation of the programme.

Qualitative Component

Data collection activities and methods

The qualitative component of the capacity assessment included the following methods:

- Review of project-related literature and documentation
- Primary qualitative data collection using:
    - small group activities in a one-day workshop
    - semi-structured small group discussions
    - semi-structured key informant interviews
    - individual stories of change

Review of programme-related literature and documentation

A review of UNICEF and government documentation was conducted. This included programme progress reports as well as government plans, HIV policies, HIV guidelines, budgets and HIV curriculum materials.

The *Assessment of the Capacity of the Education Sector to Respond to HIV and AIDS in Papua and West Papua* undertaken at baseline, and the Mid-Term Assessment Study of the programme were two of the key documents included in this review. In the first year of the education response to HIV programme a capacity assessment of the education sector was conducted. The baseline *Assessment of the Capacity of the Education Sector to Respond to HIV and AIDS in Papua and West Papua* was undertaken over a 3 month period by two consultants. The assessment was comprehensive and included areas/services that were outside the parameters of influence for this education programme. However, the report has been a useful guide for the programme in relation to strengthening capacity within the sector and provides baseline information with which to compare current capacity.

From November–December 2012 a Mid-Term Assessment Study of the programme was undertaken. The Mid-Term Assessment was combined with the end-line Papua Basic Education Programme Assessment due to the considerable convergence of both programmes in the education sector. This assessment focused on six of the seven target districts (Sorong City was excluded). It did not focus on aspects of knowledge, attitudes and practices, but on the progress towards institutionalisation of the HIV policy and changes in the classroom.

These two key documents were reviewed and used to provide context and comparison for evaluating the extent and nature of capacity changes that have occurred during the programme period. The review was also used to get a sense of the programme activities and achievements and for triangulating with the findings from primary data collection for the capacity assessment. Documents were collected from UNICEF staff in Papua and West Papua and from Papua and West Papua provincial and district government stakeholders.

Primary qualitative data collection

For primary qualitative data collection, the indicated qualitative methods were chosen to obtain descriptive detail of capacity development activities that were conducted and to allow open-ended exploration of participants' perspectives on the programme and its influence on capacity.

One-day workshops

The **one-day workshop** activities involved small group discussion and brainstorming. One workshop was held in Papua and one in West Papua. Participants in each workshop were divided into four thematic groups:

1. Policy, planning and management
2. Curriculum Development
3. Educator Training and Support
4. Partnerships

Groups were then given guidance on a number of focussed discussion activities on aspects of the UNICEF HIV in education programme.

Positive and negative experiences – Each participant noted two positive and two negative experiences relating to the programme. These were written on post-it notes and then displayed on a programme timeline.

Programme roles and capacity – In their thematic groups, participants discussed and documented:

- Their roles in relation to the programme.
- The capacities required to fulfil these roles.
- Changes in these capacities over the programme period.
- The effectiveness of programme activities that aimed to increase their capacity.

Programme success and its determinants – In thematic groups, participants discussed and documented the programs achievements and the factors contributing to these achievements. They also discussed the areas in which the programme was less successful and the factors that inhibited success. Finally they outlined and shared strategies for overcoming the factors that inhibited success.

Programme sustainability and scale-up – In thematic groups, participants discussed and documented the activities and components of the programme in relation to more successful future implementation and scale-up of the programme. They identified activities and elements that:

- They would retain from the current programme.
- They would discard from the programme.
- They would adapt for a future programme.
- They would add to a future programme.

Notes were taken of participant discussion, with a separate note-taker documenting discussion in each of the thematic groups. The participants' documentation of their discussion on flipcharts was also collected.

Stories of change – The final activity for the workshop was an individual written Story of Change. The story of change methodology is adapted from the Most Significant Change Story technique. Each participant was given a form and given instructions on how to complete it. The form required participants to:

1. Document their role in relation to the programme.
2. List changes that they have observed during the programme.
3. Note the things that contributed to the changes they observed.
4. Select the most important of these changes and provide a detailed narrative of what changed, how it changed and why it changed.
5. Explain the reason that they chose that particular change as being the most important.

The completed Story of Change forms were collected at the end of the workshop.

Change stories, combined with other evaluative methods, are highly relevant to evaluation and very useful for understanding what has happened, what has changed, and why. Stories and narratives are a natural way for people to describe what has happened. They provide evidence, case studies and examples for reports and advocacy. The process of analysis and reflection they involve can reveal many important changes and lessons learned for organisations.

Semi-structured small group discussions and Key informant interviews

Semi-structured small group discussions and **semi-structured key informant interviews** (KIIS) were conducted with a range of stakeholders. While key informant interviews were preferred, time and logistical constraints required that some participants were sampled in small group discussions. Small

groups were formed by selecting participants with similar roles in the programme, such as curriculum development, master training, HIV facilitation, monitoring and evaluation and budgeting.

The semi-structured small group discussions and KIIs were conducted by a qualitative facilitator/interviewer from SurveyMETER, assisted by a research officer from the Burnet Institute. These were conducted in Bahasa Indonesia unless the participants specified a preference for English.

The facilitator/interviewer used a set of question guides for the small group discussions and KIIs. The guides included questions about the programme relating to:

- capacity requirements for the programme
- changes in required capacities
- programme achievements, barriers and enablers
- programme relevance, equity, efficiency and sustainability.

In addition, the guides included targeted questions exploring key issues in relation to participant-specific programme roles. This semi-structured approach using question guides was chosen to ensure that key programme issues were explored while allowing flexibility for deeper enquiry in key areas and to explore additional avenues of enquiry.

A native speaker of Bahasa Indonesia took notes for all small group discussions and KIIs. For the purposes of backup and data-checking all small group discussions and KIIs were audio-recorded.

Participant selection

Informants for primary data collection were purposively sampled to include representation of a range of key stakeholders in programme design, management and implementation. Sampling also deliberately included representatives at provincial and district levels with representation from both provinces and all seven programme districts. The participants sampled included:

- Provincial and District Education Sector Staff in various positions/portfolios: master trainers; facilitators; curriculum development specialists; school supervisors; Pokja, heads of department, monitoring and evaluation staff.
- Staff from Cenderawasih University.
- Provincial and District level government staff from other sectors, principally KPA, Bappeda & Health.
- Civil society partners of the programme.
- Representatives from donors and other projects linked to the programme.
- Past and present staff from UNICEF in Indonesia, Papua and West Papua who have been involved with the programme.

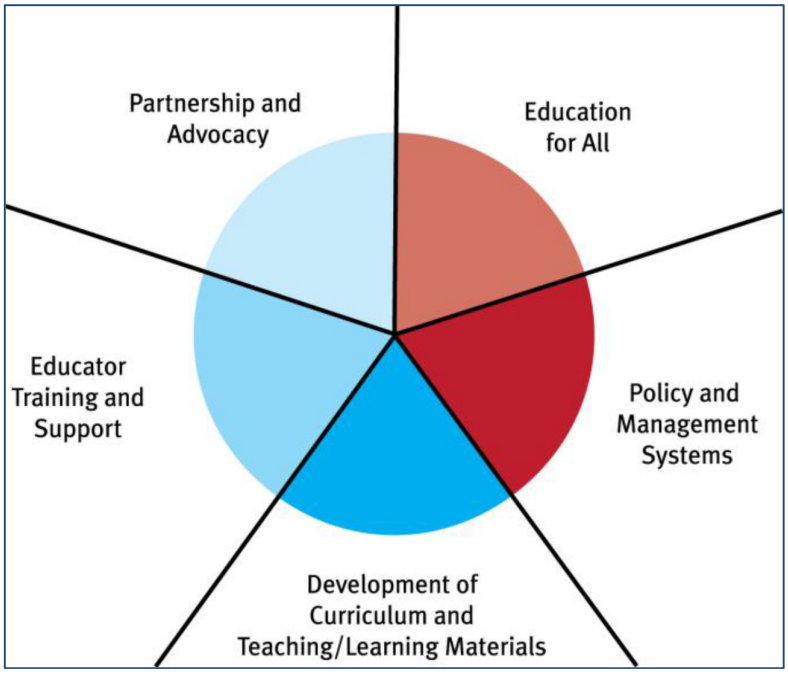
A complete list of participants and the data collection activities they were engaged in is attached at Appendix 0

Not all types of stakeholders could be sampled from each district. However, the range of participants overall provides coverage of all programme districts and key partner organisations, including government departments.

Analysis: Capacity framework

The baseline capacity assessment used the programme's five component strategies as a framework for identifying and classifying the types of capacities that needed strengthening (Figure VIII).

Figure VIII: Programme strategies



The 'education for all' component was not a focus for the UNICEF HIV in education programme. Instead, it was a broader process of education system improvement. Consequently, the end programme capacity assessment will evaluate capacity change in the other four components of mainstreaming HIV into the education sector. Improvement of capacity in these four components was an integral part of the programme.

In the baseline study, capacities relating to these four components were divided into functional and technical capacities. Retaining these categories of functional and technical, the end of programme evaluation assessed changed capacity using the framework indicated in Figure IX

Figure IX: End of Programme Capacity Assessment Framework

Functional Capacities: Policy and Management Systems strengthening

Policy, Management and Systems:

- Strategic planning and situation analysis
- Policy design and strategy formulation, including mainstreaming and Comprehensive Workplace Policy
- Budgeting and budget allocation
- Programme management and implementation
- Monitoring, evaluation and learning

Partnership and Advocacy:

- Identification and management of strategic partnerships
- Advocacy for inclusion of HIV & AIDS and life skills education for in-school and out-of-school youth

Technical Capacities

Development of Curriculum & Teaching/Learning Materials:

- policies and operational plans for developing curricular and co-curricular approaches (standardised curriculum and approach for mainstreaming)
- development of curriculum to meet the varying needs of students at different ages and levels; both in-school and out-of-school youth
- budgeting and budget allocation at district/school level for teaching and learning activities in a consistent and sustainable way
- monitoring, evaluation and learning of systematic teaching and learning processes, including regular supervision through supervisors

Education Training and Support:

- capacity of teachers to teach HIV/AIDS and life skills accurately, using child-centred, participatory methods
- Pre-service teacher training - systems to facilitate teacher education and training to enable teachers to deliver HIV & AIDS prevention and management education (pre and in service training; ability to use appropriate materials and teaching aids)

Participants involved in Qualitative Component of Capacity Assessment

Papua

Planning	
Pak Jeffrey	Social Department - Papua Provincial Bapeda
UNICEF	
Pak Agung	HIV Officer - Papua
Laura Milette	HIV Officer - West Papua
Sri	Education programs
Grace	Youth programs
University of Cenderawasih	
Pak Jon Rahail	Head of Centre for study of HIV and AIDS study
Provincial Master Trainers and Curriculum Development	
Zucy Maria Helen	Elementary school teacher - provincial master trainer
Heri	Provincial master trainer
Suko Wardani	Headmaster and provincial master trainer
Veronika	
District facilitators and monitoring and evaluation	
Tatik Handayani	Facilitator - Biak
Sitompu	Monitoring and evaluation - Mimika
Puji	Monitoring and evaluation - Jayapura
Palan	Facilitator - Mimika
Programme Replication (KPA)	
Reynold	KPA - Mimika
Ibu Kun	Provincial KPA
Syeni	District education office - Biak
Provincial and District Pokja	
Pak Edwin	Provincial Pokja
Pak Evert Hindon	District Bapeda - Mimika
Pak Herald Berhitu	Dinas Pedidikan (Head of PJOK) - Kab. Jayapura
Pak Yonas	Dinas Pedidikan (head of PJOK) - Mimika
Pak Sugino	Provincial Pokja - Department of education, youth and sport
Pak Bambang	District Pokja - Jayawijaya
Out-of-school youth	
Irene Heidy	World Relief
Partner organisations	
Ibu Illy	HCPI
Dinas Pedidikan	
Pak James	Former Head of Department of Education

West Papua

Dinas Kesehatan - West Papua	
Dr Victor	Head of health services
Dr Feni	PMTCT and youth friendly health centres
Dr Arno	Department of communicable disease control
Out-of-school youth - West Papua	
Diego	Youth Forum Activitist
Hary (Agus Suhrayadi)	YSA
Master trainers and curriculum development	
Elvi Rapilus	Kab Manokwari – Teacher and HIV facilitator
Regina Papare	Kot Sorong – Coord HIV facilitators
Sunaryadi	Kab Sorong – HIV facilitator

Frilda Sukur	Department of Education – HIV curriculum development
District and provincial Pokja	
Astrid Siwalette	Kab Manokwari – Department of education youth sports
Pak Edison Ompe	Provincial Education Office
Ibu Nora	Kot Sorong Department of Education
Pak Limbert	Kab sorong – head of Department of Education
District KPA support for programme	
Acun Usman	KPA Kab Sorong
Supervision and M&E	
Bambang	Kot Sorong – Supervisor Coordinator
Provincial Education - West Papua	
Sudjhanti Kamat	Department of Education - Secretary
West Papua Provincial KPA	
Yogi Marianto	West Papua Provincial KPA

Regional and National Level

UNICEF	
Emma Brathwaite	HIV/AIDS Specialist – UNICEF Papua
UNICEF	
Dr Tajudeen	Former HIV/AIDS Specialist – UNICEF Papua
UNICEF	
Severine Leonardi	Youth and HIV and AIDS Specialist – UNICEF Indonesia
Kingdom of Netherlands	
Dr Arnold van der Zanden	Former donor liaison for the programme

Analysis

Primary data from the capacity assessment was reviewed and translated into English. The end programme capacity assessment framework was used as the basis for an *a priori* set of themes for thematic analysis of capacity relating to the UNICEF HIV in education programme. Where data could not be accommodated within this framework, additional themes were generated.

Qualitative data was coded and analysed using TAMS Analyzer by experienced qualitative researchers from the Burnet Institute in Melbourne. Preliminary analysis was shared with the SurveyMETER capacity assessment team for feedback, discussion and review. As part of this process, gaps in the data were identified and points requiring clarification and verification were documented.

The coded data was analysed to produce a thematic analysis of programme capacity development.

Verification

Follow-up interviews were arranged to clarify and verify data; and to fill in gaps in the data. These were conducted by the Evaluation Team Leader by phone and in person.

The analysis from the capacity assessment was then shared with key stakeholders in meetings to verify the findings. Feedback from these meetings was then incorporated into the findings to produce a final set of findings.

Limitations

There were some limitations to the methodology used for the end programme capacity assessment. Firstly, for evaluating progress against key capacity indicators it relied on participant's perspectives and programme reporting. In many cases, actual planning and budgeting documents were not made available to review for confirmation of achievement against indicators. Secondly, whereas the baseline capacity assessment included a quantitative rating of capacity, for reasons of time and resources, this was omitted from the end programme capacity assessment. Therefore, it was not possible to make quantitative comparisons between end of programme capacity and baseline capacity.

8.5 Annex 5: Data Quality Assurance Systems

Data quality assurance systems were built in from the early preparatory phase of the data collection. The design and structure of the questionnaires were checked for the quality and relevance of the data it collected. The questionnaires were internally validated by SurveyMETER and then further validated through pilot and pre-test processes in the field. The pilot and pre-test tested the flow of the questions and their comprehensibility to respondents.

The survey used computer field editing and hard copy questionnaires were entered into a computer database in the field using a pre-designed program in CSPRO. The program included validation and checks to mitigate the risk of errors and omissions during data entry. Details of the specific validation and checks are outlined in Figure 10. CSPRO is a well-established piece of software that is commonly used for household survey data entry due to its advantages in the control of the quality and accuracy of data entry. In addition, a data checking and control process was implemented to identify and follow-up on questionnaires that had missing or problematic data.

Figure 10: CSPRO checks, tests and validation for data entry

For data entry, SurveyMETER used CSPro to design a data entry form. The data entry form was designed to match the questionnaire design. Quality assurance mechanisms were applied in the data entry form:

Consistency checks or *Lookup* can be conducted directly during data entry or after all data entry is completed. During data entry, error messages will appear whenever inconsistency is found in the fields so that editor can edit errors directly. Consistency checks also apply to skip patterns: error messages will appear if data entry skips are inconsistent with the skip pattern in the questionnaires.

SurveyMETER has also applied an application to check and minimise missing data. Missing data usually appears if the interviewer doesn't ask some questions to the respondent or there are mistakes in skip pattern during interview. Using this application, the editor can easily identifies variables with missing data, record the mistake then coordinate with interviewer to update the data.

Recapitulation: this application is very important during data entry where consistency checks are generated to check consistency between variables, range and skip patterns, missing checks and data completeness. The editor will then conduct a final check based on recapitulation output.

The survey also recruited experienced enumerators and interviewers from SurveyMETER's pool of field staff. All have been involved in previous surveys conducted by SurveyMETER and have relevant qualifications and many years' experience participating in similar surveys with good knowledge of the survey areas and ability to speak the local language. They were trained to ensure that they had aa clear understanding of the design and content of the questionnaires as well as how to administer these instruments in a manner that minimises the risk of unintended biases into the response patterns.

The team employed a sophisticated backup system to avoid data lost during data entry in the field.

Double entry of data was conducted for data from hard copy questionnaires. This allows for comparison of two copies of the same data set. It increases the ability to capture data entry errors by identifying discordant data between the two copies of the data set.

To improve data transfer to the center, a password protected web-based data transfer was used. The web-transfer checks the data during upload and notifies the user if a problem in the data is

found. The web-transfer also has a file management system to improve data checking and allows more prompt collation and review of the data to allow feedback to data collection teams.

Finally, supervisors were recruited and made responsible for maintaining high quality of data through spot checking the completed questionnaire, verification of interview to the respondent and observing interviews. Supervisors were in constant communication with the data manager at the central office in regards to the monitoring and checking of the data quality sent to the central office.

Qualitative survey

In order to check the quality and the completeness of data collected, interview conversations were recorded. The assistant team leader or the team leader used the recording to check if interviews were actually conducted. The recorded data was also used to verify statements of respondents that were quoted by the researcher in their report

Quality control and assurance at the central office.

The data manager monitored and checked all data received from the field for completeness of the information. The data file was also checked against the completed physical questionnaires as soon as they were received from the field to ensure that all enumeration areas had completed data collection and to ensure there were no missing questionnaires or data. During data cleaning, the team used partial and complete double entry by independent data specialists and compared the o copies of the data set. Discrepancies between the two copies were checked against the hard copy source and corrected. For qualitative data, the team conducted spot checks of recording with the transcript sent by the qualitative researchers.