design capital asia

HIPE

Healthy Initiatives through Peer Education
A Youth Empowerment & Community Health Development Program

HEALTH INITIATIVES THROUGH PEER EDUCATION IN THUA THIEN HUE PROVINCE

EVALUATION REPORT

Hue City, February 2019

ACKNOWLEDGEMENTS

The evaluation of the HIPE Program in Thua Thien Hue province was carried out by a group of independent consultants in Hue city under the consulting assignment of Design Capital Asia (DCA) and completed with the active support, participation and assistance of a great deal of concerned people. The evaluation team is obliged to the assistance of many colleagues, local partners, and key informants..

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The Evaluation team is always open to any constructive comments and suggestions to all the review aspects to improve the future similar evaluation.

Evaluation Team Leader

LIST OF ACRONYMS

ASRH	Adolescent Sexual and Reproductive Health
CBHP	Community-based Health Promotion
DCA	Design Capital Asia
DCF	Design Capital Hue Fund
DOET	Department of Education and Training
DPH	Department of Public Health
FGD	Focus Group Discussion
HIPE	Health Initiatives Through Peer Education
IDI	In-depth Interviews
IEC	Information-Education-Communication
KAP	Knowledge, Attitudes and Practices
KAB	Knowledge, Attitudes and Behaviors
NCPFP	National Committee for Population and Family Planning
P.C	People's Committee
PHE	Peer Health Educators
SBHE	School-based Health Education
STEAM	Science, Technology, Engineer, Art and Math
TOR	Terms of Reference
TOT	Training of Trainers
TTH	Thua Thien Hue
SPSS	Statistical Package for the Social Sciences
SRH	Sexual & Reproductive Health
VANGO	The Vietnamese American Non-Governmental Organization
YU	Youth Union

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EXECUTIVE SUMMARY

Within the research consultancy service agreement with DCA, the evaluation consultant carried out this evaluation from October 2018 through May 2019. The evaluation employed both qualitative and quantitative research methods to collect primary and secondary data for the baseline assessment. Methods of data collection used to collect qualitative and quantitative data include desk study, questionnaire survey, focus group discussion and in-depth interviews. For the questionnaire survey, the evaluation interviewed 95 peer health educators (PHEs), 70 students and 80 teachers and parents in the HIPE target areas of Hue city, Phu Vang and Quang Dien districts. The evaluation facilitated 17 focus group discussion sessions with the attendance of 150 people including PHEs, students, teachers and parents, and conducted 07 in-depth interviews with PHE, teachers, parents, DoET representative and HIPE project manager. The followings summarize the key evaluation findings.

Key Findings

1) The TOT provided trainings of good quality for PHEs;

-Over 77% of the PHEs were overall satisfied with all six assessment aspects of their TOT trainings such as training curriculum & materials, training methodology, performance capacity of trainers, training venue, training duration and logistic arrangements. This implied that the TOT trainings for PHEs including gender, sex education, reproductive health, leadership skills, STEAM, social entrepreneurship, communication skills, teamwork skills, presentation skills, conflict/problem solving, project and budget development, and activity/program evaluation were good in quality. This finding is in line with the assessment comments from in-depth interviews and focus group discussions with PHEs;

-Trainings on gender and SRH gained the highest rates of PHEs' satisfaction over six assessment aspects at nearly 90% on average and respectively at 88.6 % for gender, 90.9 for sex education and 89.1% for reproductive health;

-Of those skill development trainings, the TOT trainings with the high rates of PHEs satisfied with the quality across six assessment aspects include teamwork (974.7%), presentation (92.4%), communication (86.9%) and leadership (85%).

- The overall average rate of PHEs' satisfaction with each assessment aspect across all 12 the trainings are fairly high, ranged from 73.5 to 79.6 percent;

- The key aspects of a training that gained the high average rates of PHEs with satisfaction across all the trainings are training curriculum & materials (77.6%), performance capacity of trainers (79.6% and training methodology (77.7%)

2) TOT program trainings were effective as they had provided the PHEs with suitable and relevant knowledge and skills, which enabled them to effectively apply for school and community activities;

-Most of the PHEs believed that each training had provided them with the suitable and relevant knowledge and that they could use it for their personal development and in their daily activities, at 99.2 percent of overall average for gender and reproductive health trainings and 99.7 percent of overall average for safe sex training;

-The proportion of the PHEs who acknowledged the effectiveness of the knowledge provided by skill trainings account for a high rate on average, at 98.9 % for teamwork, 98.2% for communication, 97.6 % for presentation and 97.2% for leadership;

- 92.8% of the PHEs believed that they had been able to use or apply well the trained knowledge of gender, safe sex and reproductive health for the school-based activities, while the rate of the PHEs could use and apply this knowledge for community based activities represent nearly 92 percent;

- 92% of the trained PHEs reported they had been able to apply (fairly well or very well) their knowledge And skills gained from trainings such as leadership skills, STEAM, social entrepreneurship, communication skills, teamwork skills, presentation skills, conflict/problem solving, project and budget development, and activity/program evaluation for school and community activities organized under HIPE;

-83% of the PHEs attending TOT trainings confirmed that they had been able or completely able to organize and/or coordinate the implementation of school and community activities with their acquired knowledge and skills. School activities include RH education workshops, periodical sub-group meetings with other students, establishment and activities of Youth Councils, trainings on SRH for students, and meetings/workshops with parents and students. Community activities involve awareness raising campaigns on ARH, sanitation & Health Fairs and environment improvements in villages/communes.

3) The TOT program has resulted in a significant change in the PHEs' knowledge of gender concepts and ASRH through its trainings;

-The rate of PHEs perceived the level of their knowledge of gender concepts gained after training shows a remarkable increase by 36.5% on average for the highest levels of knowledge as "Able to use/apply in in daily life" (30.4%) and "Able to help others understand it" (42.9%);

-The proportion of PHEs with ASRH knowledge changed/improved to the highest levels was found to be considerably increased by 41.6% on average for "Able to use/apply in in daily life" (22.1%) and "Able to help others understand it" (61.1%);

-Based on a five-point assessment scale, in which one point is equivalent to "No knowledge" and five points is the highest level of "Able to apply it and help other understand it", the analysis of pre and post differences in average assessment score show a double increase by average score of knowledge level for each of gender concepts, with an increase by 2.3 points of knowledge level on average after training. For ASRH knowledge, there were also an increase by 2.3 points of knowledge level on average after training. The Paired-Samples T test is significant as the p-value is < 0.05, so there was a significant mean difference in the knowledge level assessment scores for gender concepts and ASRH between before and after training;

4) Lessons learned drawn for the TOT program

-The duration of each training should be considered to have plenty of time for practice of trained knowledge and skill and simulation exercise and there should be more practical training in each training course;

- For each training, trainer(s) should prepare a list of references for the PHE trainees or should guide/help the PHEs choose the relevant reference materials which help to equip them with more in-depth knowledge.

-The TOT program should have different trainings on basic and advanced levels of knowledge and skills, organized in phases of training for relevant PHE groups such as senior PHEs and junior/new PHEs.

-There should be more skill trainings for PHEs like public speaking and pedagogical or teaching skills.

5) *The school-based ASRH and gender Education Curriculum was of good quality as assessed by students*

- The school-based gender and ASRH curriculum was found to be of good quality based on the rate of students with satisfaction level. The number of students satisfied with all six assessment aspects of for all trainings in gender, sex education and reproductive health, represents an overall average rate of 68.9 percent, ranged from 67.4 to 70.5 percent.

- Three aspects gained the high overall average rate of students with satisfaction level, are training curriculum & materials (73.8 %), performance capacity of trainers (75.2%) and training methodology (74.8 %). Other aspects of a training such as training venue and logistic arrangements also had high rates of students who were satisfied with the quality, at an average of 70% and 63.3% respectively.

6) Through trainings at target schools, the ASRH and gender education curriculum provided suitable and relevant knowledge of gender, safe sex and reproductive health for students that they were able to apply for their personal development and daily life activities.

-On a cumulative average, 96.6% of surveyed students reported that all the trainings had provided suitable level of knowledge of gender, safe sex and reproductive health for them, while 97.1 percent of surveyed students believed that those trainings had provided them with the relevant knowledge they need. 92.3% of students on average confirmed that they were able to use their training knowledge and skills for their personal development (90.8%) and daily life activities (93.7%);

-On a cumulative average, 55.7 % of surveyed students believed that they had been able to apply the knowledge gained from school-based activities such as RH education workshops (75.7%), trainings on SRH for students (67%), periodical sub-group meetings with other students (53.1%) and establishment and activities of Youth Councils (54.3%);

-A cumulative average of 61.9 % of students reported to have the ability to apply the knowledge acquired from community activities such as ARH awareness raising campaign (52.9 %), sanitation & health fairs (61.4 %) and environment improvements in villages/communes (71.5%);

-On average, 58% of students believed to have the ability to apply the knowledge gained from school and community activities for implementation of their activities.

7) The ASRH and gender curriculum has substantially improved the students' knowledge of gender concepts and ASRH through the school-based trainings and extracurricular activities

-After training, the average rates of students with knowledge of gender concepts changed/improved to the highest levels have considerably increased by a cumulative rate 59.2 % for ""Able to use/apply in in daily life" (38.5 %) and "Able to help others understand it" (20.7 %), as compared to before training;
-After extracurricular activities, the average rates of students with ASRH knowledge changed/improved to the highest levels have substantially increased by a cumulative rate of 57.1% for ""Able to use/apply in in daily life" (33.8%) and for "Able to help others understand it" (23.3 %);
-Based on a five-point assessment scale, in which one point is equivalent to "No knowledge" and five points is the highest level of "Able to apply it and help other understand it", the analysis of pre and post differences in average assessment score show a remarkable increase by 1.78 points of knowledge level on average after training on gender concepts. For ASRH knowledge, there were also an increase by 1.71 points of knowledge level on average after training. The Paired-Samples T test is significant as the p-value is < 0.05, so there was a significant mean difference in students' knowledge level assessment scores for gender concepts between before and after training and for ASRH between before and after extracurricular activities.

8) HIPE programmatic activities have helped youths improve their behaviors and skills in motivation & communication
-A large proportion of the PHEs and students reported to have better behaved themselves in dealing with other people such as "know how to listen to others (average 95%) and accept/receive other people's opinions (average 92.5%) as a result of their participation in HIPE activities;
-An average of 83% of PHEs and students reported to have improved their motivational skills ["know how to motivate other people's spirit" (80.5%), "be self-motivated in life" (83.3%)] and communication skills ["actively raise concerns/questions to a problem" (84.4%), "express love and care and help other people" (83.5%) and "be less embarrassed or shy" (89.3%)] due to their participation in HIPE activities.

9) HIPE youths showed proper attitudes toward gender issues, sexual behaviors and reproductive health
-An average 97.3% of HIPE youths showed proper attitudes toward statements of gender inequity such as "*Males do not need to do the housework because it is the females' work*", "*Woman is the key one who bears the responsibility for pregnancy prevention and family planning*";
-97.9% of PHEs and students indicated disagreement with the statements of gender inequality such as "*those families that have financial difficulties/constraints should spend money for their sons' education rather than daughters, for the girls are other people's children and no need to invest in their education*".
-The majority of PHEs and students expressed disagreement with the statements on gender inequity/disparity such as "*Women have the right to love but should not express their love beforehand*" (over 93% on average), "*Males can freely have sex with their partners whenever they want*" (97.5% on average) and "*Males must not cry and express their sentiments*" (93.4% on average);
-More than 80% of PHEs and students agreed or strongly agreed with the statements on sexual behaviors such as "*Healthy sex is not to have sex with multiple partners"* (84.2% on average) and "*Safe sex is to use condoms when having sex*" (81%);
- A very large proportion of PHEs and students (99 % on average) expressed agreement and strongly agreement with the statements of reproductive health such a s "*Youths and adolescents need to know the contraceptive methods to apply when necessary*" (99.2%) and "*Youths and adolescents need to know the sexually transmitted diseases (STDs) and how to prevent them*" (98.8%); *"Only clean your genital whenever you feel itching"* (89.7%) "*Frequent/excessive masturbation is bad for health*" (88%).

10) Conclusion:
- HIPE has successfully established a competent taskforce of PHEs and peer volunteers who play a critical role in effectively organizing and implementing HIPE supported activities and projects;
-TOT program for PHEs, school-based gender & health education and community-based health promotion program, have been successfully implemented and effectively operating to improve the adolescents and youths' knowledge of gender and ASRH as well as positively change their attitudes and behaviors toward sexual and reproductive health and issues of gender inequality and inequity;

- The TOT program trainings were overall assessed to be effective because they provided the knowledge and skills that are suitable, relevant for PHEs, and applicable to their personal development and to organize and/or coordinate HIPE school and community activities. In addition, the trainings have brought about a significant change in PHEs' knowledge of gender concepts and reproductive health issues, and the improvement of their ability to adopt/apply their knowledge and skills in organizing, coordinating and implementing HIPE school and community activities;
-The Gender and ASRH education curriculum used in the school and community activities was assessed to be good in quality and effective as it provided suitable and relevant knowledge and skills for students/youths through trainings, workshops and extracurricular activities. It helped to make a substantial improvement of the students'/youths' knowledge of gender concepts and reproductive health;
-HIPE also had significant impacts on the youths such as significant self-change in improvement of behaviors, motivational and communication skills and development of proper attitudes toward the statements/issues of gender inequality, gender inequity, sexual behaviors and reproductive health.

11) Recommendations

-HIPE should be a number of PHE substitutes prepared annually to deal with the lack of PHEs involved in the HIPE activities in schools and communities. The TOT program should have a pre-PHE training which prepares other students/youths with good qualification and strong commitment to become PHEs. This will help to improve the quality, effectiveness and outcomes of the TOT program because the PHEs can acquire relevant knowledge and skills from basic to advanced levels.
-Senior and junior PHEs may have different needs for knowledge and skills, so the TOT trainings should be designed appropriately with the focus on providing more advanced skills and in-depth knowledge for senior ones, but basic knowledge and skills for junior PHEs;
-The PHEs need to equip with the teaching/pedagogical skills so that they can conduct trainings on gender and reproductive health for students more effectively;
-School teachers and PHEs who are involved in the Information-Education-Communication (IEC) activities should be provided a special training on communication skills for topics of sensitive issues of sexuality and reproductive health;
-In the peer education, the age difference between educators and students should be noted when assigning the educators to conduct IEC activities at target schools.

1. INTRODUCTION

1.1 Context of Vietnam and Thua Thien Hue province

According to the statistics from the National Committee for Population and Family Planning (NCPFP), for every one child born there is an equivalent of one abortion in Vietnam. Every year, there are 1.2 to 1.6 million babies being born and it means that many abortions were performed and roughly 20% of 1.2 to 1.6 million abortions are among adolescents as reported in the Journal of Vietnam Families. 72.5% of teenage pregnancies ended up in abortions in 2015 as compared 18%-60% in previous years from 2011-2014. Additionally, these abortion rates are alarmingly higher in disparate populations such as the ethnic communities. While there are some progresses made with regard to the declining of teenage pregnancy rate in Vietnam, teenage pregnancy rate remain to be relatively high especially among pockets of disparate communities such as the ethnic adolescent populations in the remote regions of Vietnam at 3.24% in 2010, 2.78% in 2014 and 2.66% in 2015. Five percent of total girls give birth before the age of 18 and 15% have children before the age of 20, while the number of unmarried accounts for about 30% of total births according to statistics from the NCPFP. In 2015, more than 5,600 cases of adolescent among nearly 280,000 cases were reported abortions in public facilities and more than 42,000 cases of adolescent gave births, making up of 3.5% of total births in this year.

In Thua Thien Hue province, the total cases of abortion in 2015 was 4,014 cases accounted for 22.35% cases of live births; 2014 were 3,961 cases accounted for 22% total cases of live births. The adolescent abortion was reported to be 137 cases in 2014 and this figure increased to 174 cases in 2015, making up 4.33% of total abortions in 2015. Due to lack of knowledge and isolated life from the surrounding regions, young people in rural and remote areas often get married at a very young age and often undertake abortions of their unwanted pregnancy. According to a report by the provincial Department of Health in 2015, the province had 240 cases of teenage pregnancy. In addition, the provincial public health department report also highlighted two high-risk populations of unintended pregnancy. One high-risk group identified as youths and young adults living in orphanages or children shelters and those living in resettlement areas. They are considered as high-risk populations because of previous abused, neglects, and current vulnerabilities including high-risk taking behaviors such as smoking, drinking, and deviant and sexual experimentations and exposure to other social predatory entrapments. The second group identified as high-risk include youths and young adults living in poor rural areas.

1.2 HIPE Program Overview

Starting in 2009, HIPE was well-recognized as an effective youth empowerment and community health development program that adopted proven strategies peer-to-peer education, community mobilization, engagement and partnership and capacity building to community stakeholders. It addressed the hygiene and sanitation issues in 2010 and then expanded its interventions to environmental protection a year later. In 2012, tobacco control and prevention were added to the fields of program interventions. Supporting TTH province in dealing with the problem of abortions and teenage pregnancies, HIPE introduced its adolescent sexual and reproductive health (ASRH) curriculum in 2014 and piloted the gender-based approaches to school health education in 2016. One year later, together with the ASRH education, gender education was part of the HIPE program interventions in target schools.

The Health Initiatives through Peer Education (HIPE) program, implemented in Thua Thien Hue (TTH), one of the poorest provinces in Vietnam, which provides teaching and leadership training in the fields of health education, disease prevention, disaster preparedness, and community mobilization to young people and the future peer health educators. In recognizing that capacity building to community stake holders such as teachers, school administrators, and parents are long term community asset elevating the roles of adults in working closely and support youths around sexual and reproductive health as one direct solution to poverty

reduction, HIPE increased in offering TOT training sessions on sexual and reproductive health to teachers, school administrators, and parents, starting in 2018. The overall objective of HIPE in the period 2018-2020 is to contribute to improving adolescents' and youths' living conditions through increased access to health, education and livelihoods in Thua Thien Hue province. The HIPE aims to better protect the health of adolescents, youths and peer health educators (PHEs) in target schools and communities through improved knowledge, attitudes and practices (KAP) of sexual and reproductive health (SRH) and enhanced capacity (skills, awareness of related issues) for PHEs and volunteers.

HIPE empowers young people through leadership training, life skills development, social entrepreneurial skills, community activism & mobilization, and self-esteem/self-worth identification & development in the greater context of life challenges & societal issues. HIPE trains students, youths, and community members to collectively address the high distribution of preventable diseases and to empower them with knowledge and skills. It consists of the following components:

- The training program for at-risk youths or youths from at-risk communities to become Peer Health Educators (PHEs);
- The school-based health education program uses an innovative peer-to-peer education model implemented by school-aged young people trained and acting as Peer Health Educators (PHEs) to teach other students about their health;
- The community-based health promotion program encourages PHEs to implement health and environmental health related projects and events to bring about benefits for a community at large.

As commissioned by the Vietnamese American Non-Governmental Organization (VANGO) Network, the Design Capital Asia (DCA), together with the Design Capital Hue Fund (DCF) as the HIPE implementing partner, have coordinated and facilitated the evaluation of the HIPE program in close collaboration and cooperation with its local counterparts.

2. EVALUATION OBJECTIVES

The overall objective of the HIPE program evaluation is to evaluate the effectiveness and quality of the Train-the-Trainer (TOT) Program for Peer Health Educators (PHE) in term of benefits perceived, and Knowledge, Attitudes and Behaviors (KAB) changed by the PHE, but also by their peers who are the youths benefiting from the activities the school HIPE Youth Councils. In addition, the evaluation is expected to identify opportunities for improvement of the training curricula, particularly related to the gender training delivered and its effectiveness with regards to gain a better understanding of gender (in) equality. The evaluation of HIPE program is expected to gain the following four specific aims:

1. To assess the quality, effectiveness and benefits of the TOT Program for PHE as well as opportunities for improvement, with a special focus on ASRH and gender;
2. To assess the quality of the HIPE ASRH and gender education curriculum as well as its effectiveness in addressing gender biases and promoting gender equality;
3. To gain deeper insights with regards to the attitudes and perceptions on gender equality/equity, to the changes that have occurred related to the program and the needs in terms of ASRH and gender education to youths; and
4. To gain an in-depth understanding of the perceptions on gender inequality and the need of ASRH and gender education to youths in schools.

3. EVALUATION METHODOLOGY

3.1. Evaluation Scope

The scope of the HIPE program evaluation focused on assessing the following programmatic activities with a gender emphasis:

- The Train-the-Trainer (TOT) Program for Peer Health Educators (PHEs), with a special emphasis on the training delivered on ASRH and gender;
- The School-based Health Education Program;
- The Community-based Health Promotion Program.

3.2 Methods of data collection

The evaluation team employed both qualitative and quantitative research methods including 04 key methods of data collection: desk study, questionnaire survey, focus group discussion (FGD) and in-depth interviews (IDI) to collect data for the program evaluation. In addition, non-participatory observation was also carried out to get insights in the HIPE program on-going activities.

Key informants of the evaluation are the primary and secondary target beneficiaries and those involved in implementing the HIPE program, including 1) Peer health educators; 2) Youths; 3) Community members including school teachers and parents; and 4) representatives of District Division of Education and Training and Project Manager of Design Capital Fund for Hue.

The program evaluation data collection was conducted at Duy Tan secondary school in Hue city; Phu Duong and Thuan An secondary schools in Phu Vang district; Dang Tat and Nguyen Huu Dat secondary schools (Quang An commune), Ngo The Lan secondary school (Quang Phuoc commune), Nguyen Dinh Anh secondary school (Quang Loi commune) and Nguyen Chi Thanh high school (Sia town) in Quang Dien district.

a) Desk study

The evaluation team reviewed the following program related documents: 1) HIPE project documents of each phase; 2) HIPE annual work plan; 3) HIPE annual or/and end-year reports; 4) HIPE training materials; and 5) documents and tools of HIPE Management Information System such as monitoring and evaluation (M&E) framework/matrix, M&E manual, data collection tools and databases, to collect secondary data and information used for the evaluation design, planning and reporting.

b) Questionnaire survey

The survey interviews, using a questionnaire for different groups of key informants respectively, were conducted with PHEs, sampled students, teachers and parents to collect data for the evaluation. The evaluation team has managed to interview 95 youths, who currently act as HIPE PHEs, representing nearly 19 % of the total HIPE PHEs and 86.4% of the number of PHEs involved in HIPE activities in 2017-2018; 70 students who are members of or benefited from the activities of HIPE Youth Councils; and 80 community stakeholders who are school teachers and parents involved in the activities of HIPE programs. All the former and current PHEs at the survey time were selected and interviewed while the number of student and community stakeholders samples assigned as in the TOR were randomly selected from the target schools and communities. To learn more detailed information on the demographic characteristics of PHEs, youths/students, teachers and parents who have participated in the questionnaire survey, please see the Annex 1. Three questionnaires respectively designed for PHEs, youths and teachers & parents were used to interview the sample of key informants.

c) In-depth interviews (IDIs)

The evaluation team conducted a total of 7 in-depth interviews with target informants who were directly benefited and/or involved in the implantation of HIPE program interventions, including 01 PHE, 03 teachers, 01 parent, 01 representative of district DoET and the project manager of DCF for Hue. Three interview

checklists were respectively developed for interviews with parents, teachers and project manager to make sure that the interview questions can elicit relevant in-depth information for the issues to be evaluated.

d) Focus Group Discussion (FGD)

Target participants for focus group discussions (FGDs) were divided into 08 groups: 1) Group of male PHEs; 2) Group of female PHEs; 3) Group of both male and female PHEs; 4) Group of male Youths; 5) Group of female Youths; 6) Group of both male and female Youths; 7) Group of parents; and 8) Group of school teachers. The evaluation team facilitated 15 focus group discussions (FGDs), including 05 FGDs for PHEs, 05 FGDs for Youths, 03 FGDs for parents and 02 FGDs for school teachers, which involved a total of 150 target beneficiaries (50 PHEs, 50 Youths and 50 parents and teachers). Three guidelines were respectively prepared to facilitate the FGDs with representatives of parents, teachers and PHEs.

3.3. Data Processing and Analysis

The SPSS program was used to develop databases for processing and analysis of quantitative data collected from the questionnaire survey interviews. Descriptive statistical analysis including measures of central tendency such as valid and cumulative percentage, mean, standard deviation, bivariate and multivariate comparison was employed to indicate the key findings in response to the evaluation focal issues. Qualitative data collected from FGDs and IDIs were compiled on thematic issues, coded and reviewed. The key findings of evaluation issues were crosschecked and compared between qualitative and quantitative data to make sure the consistency between qualitative and quantitative findings, and between primary and secondary data.

3.4. Quality Assurance

The following measures were taken to assure the quality and reliability of the data collected:

- Evaluation tools were critically reviewed and tested for relevance and appropriateness of the contents and design techniques prior to field administration;
- Surveyors/interviewers were trained on the evaluation tools prior to starting the field data collections
- The content and completeness of questionnaires were ascertained following each day of field data collection by enumerators and research assistant;
- Key contents/findings from each FGD and IDI were both note-taken during the course of group discussion facilitation and interviews by the research team members. Team leader and key experts were responsible for the facilitation of FGDs and conducting the in-depth interviews;
- Responses to questions in the survey questionnaire were pre-coded in a way that facilitates data entry and reduces mistakes.

3.5 Limitations

The limitations of this evaluation is that the sample sizes of youths (70 students/youths) and community stakeholders (80 teachers and parents) were pre-determined for the questionnaire survey in the TOR. These sample sizes are small as compared to the total population of students and community stakeholders involved in the HIPE activities so it is impossible to extrapolate the findings from the samples to make generic claims or statements for the entire study population of students and community stakeholders. However, the evaluation quantitative findings related to these two groups of key informants, used in combination with the qualitative information, can provide implications for the quality and effectiveness as well as outcomes of the interventions implemented under school based and community based programs In addition, the focus of this evaluation was limited on examining the quality, effectiveness and outcomes instead of assessing the efficiecy and long term impacts of the program, which requires the application of a more complex evaluation impact methods such as evaluation of “”pre and post” differences or “with versus without” differences and causal inference based on counterfactuals. Despite of the above mentioned limitations, the experiences gained from this evaluation also provide good lesson learned and useful implications for improvement of evaluation design and more comprehensive focus in other similar or related HIPE program evaluation in the future.

4. PROGRAM OVERVIEW AND IMPLEMENTATION

4.1 Selection and training of PHEs and Peer volunteers

Peer health educators (PHEs) play a critical role in planning and implementing the HIPE programmatic activities, so the recruitment and selection of PHEs is considered to be substantial for the HIPE program. To select qualified peer health educators, HIPE has developed agreed-upon selection criteria which include availability, age, sex, motivation, acceptability by target audience, previous experience, personal traits (behavior, team player, volunteer spirit, potential for leadership, etc.), and other characteristics deemed relevant for a particular program. In addition, clear expectations of both the program and prospective peer educators are prepared and agreed upon at the beginning. The interview forms and selection process, including establishment of a credible recruitment panel, were formulated for recruitment process. HIPE also established an open and continuous communication mechanism between peer health educators and the program supervisors and managers which includes regular feedback via supervision, regular peer educator/management meetings.

Since 2010, HIPE has cumulatively trained 631 youths from a total of 46 schools/shelters and selected 504 qualified students/youths as Peer Health Educators to lead health education and health promotion activities in schools. PHEs are evaluated throughout the year of operation. In 2017-2018, HIPE trained 147 students of which 110 qualified students became HIPE Peer Health Educators (PHEs). In addition, HIPE has 163 Peer volunteers who assist PHEs in facilitating and coordinating the operation of HIPE Youth Councils. HIPE has 20 core team PHEs who are senior PHEs and have been involved in HIPE activities from 4 to 8 years. PHEs and Peer volunteers hold weekly meetings with their group members and organize relevant activities to enrich and build on their knowledge and practice on acquired skills. For supervision and support of HIPE activities implemented by PHEs and Peer volunteers, HIPE formed 10 sub-groups across the program sites depending on the locations or schools that are convenient for team work and weekly meetings. Each sub-group is headed by a sub-group leader who is a senior HIPE PHE with good skills of leadership and communication. Table below shows the data on the PHEs who are currently involved in the HIPE programmatic activities.

Table 1: Update statistical data on the HIPE PHEs in 2018

No	Trained and selected PHEs	Planned	Achieved
1	Students trained	130	147
2	PHEs	110	110
3	Schools/shelter	43	46
	PHEs Characteristics	**Qty.**	**Share (%)**
1	Female	86	78
2	Male	24	22
	Total	***110***	
1	Universities/Colleges	14	13
2	High Schools	51	46
3	Secondary Schools	45	41

4.2 The Train-the Trainer Program (TOT) for PHEs

4.2.1 Program Overview

The Train-the-Trainer program was designed to train volunteer students/youths to become HIPE Peer Health Educators (PHEs). Before being qualified as Peer Health Educators to lead HIPE health education activities, selected students/youths are required to complete the Train-the Trainer program which provided them with necessary knowledge and skills, coaching and mentoring thorough the year Training programs offer building expertise knowledge and practices in local health and social priorities such as adolescent sexual and reproductive health, tobacco control and prevention, personal and environmental hygiene and protection. In 2018-2019, HIPE expanded the network of PHEs and delivered targeted capacity and skills building via specific trainings on ARH that have strengthened and improved their reproductive health knowledge and leadership skills such as communication, presentation, project management, teamwork,

conflict resolution, and engagement skills. In addition to the trainings in knowledge and skills, HIPE provided annual training sessions held during the Spring, Summer and Fall and refresher training courses led by HIPE staffs and experienced PHEs to review and/or practice more on various knowledge and skillsets. In additional to those annual training focusing on health and skillsets, HIPE also provided Entrepreneurship Development and STEAM training for selected PHEs since late 2016, that helped to meet the PHEs' needs for finding local employments and their desires to become social entrepreneurs, contributing to solving local social and environmental problems. Starting in 2018, HIPE have provided trainings on ASRH, STEAM, and Entrepreneurship Development for all PHEs. All PHEs must attend the ASRH trainings while other PHEs can opt out attending the STEAM and/or Entrepreneurship Development training.

In 2018 Spring training, HIPE provided staffs and core PHEs with the trainings on communication and engagement skills, CPR and basic First Aid, Social Emotional Dance, and entrepreneurship development with courses Strategic Start-up Planning & Business Development and revisiting the progresses of 4 different start-up ideas of organic farming, eco-park or ecotourism on Tam Giang lagoon, SEE (Skills and English for Everyone) Center, and Meals On Wheels for Offices.

4.2.2 Program Implementation

In 2017-2018, the HIPE PHEs with assistance of their Peer volunteers have being leading regular health education in adolescent sexual and reproductive health, tobacco control and prevention, environment protection, and sanitation in 20 target schools, 5 shelters, 8 universities, and many communes in 4 districts and Hue City. In addition, they also implemented a great deal of health and environmental health related projects and events benefiting HIPE target communities under the community-based health prevention and promotion programs. For adolescent sexual and reproductive health education, the HIPE HEs led one-time ASRH sessions in 25 schools in high-risk communities.

Since 2010, with the assistance and engagement of PHEs, HIPE has educated a total of 71,312 youths in ASRH, gender and child sexual abuse, human trafficking, environment protection, tobacco control & prevention, personal hygiene and sanitation, particularly with 46,906 youths in ASRH in target schools and rural communities.

As of December 2018, HIPE has organized a cumulative total of 416 mini-refresher training sessions for new coming PHEs selected from the Peer volunteers in schools and who participated in the Youth Council meetings and refresh trainings leaded by older PHEs. These training sessions were conducted by HIPE staffs and experienced PHEs.

In 2018, HIPE organized the STEAM training for 27 students who are PHEs recently graduated from University and volunteers. STEAM classes were conducted during summer training and the training contents were was carefully studied and planned to meet the local needs of farmers so it was highly anticipated and excited for participants. The acquired knowledge of Water Safety Standards and Testing Procedures helped trainees to better understand the science of safe versus contaminated water via standards established globally and nationally, contaminants in water, health effects of water contaminants, mitigations and conduct water tests on water samples from wells, ponds, creeks, river and bottles. HIPE PHEs led discussions among themselves to identify sources of pesticides contamination and map out an action plan to work with farmers in their villages to properly dispose of pesticides contaminated containers and equipment. After the training on Water Safety Standards, Test Kits, and Testing Procedures, they were able to test the sources of water for every day drinking and cooking to appropriate measures to protect the health of their families and communities.

Apart from the thematic trainings provided, HIPE also organized other capacity building/enhancement activities for the PHEs. Annually, it supports a number of PHEs to attend conferences or workshops in other cities or regions. In addition, HIPE brought lectures and speakers from outside of the province to share their expertise and advices to the youths, particularly supporting those living in rural areas to come to Hue to attend the lectures. When collaborating with other local organizations or to organize an event, HIPE also involved the youths so that they were able to build and demonstrate their skills of teamwork, leadership and community involvement.

4.3. School-based Health Education Program

4.3.1 Program Overview

HIPE worked closely with the provincial Department of Education and Training (DoET), District/Municipal Division of Department of Education and Training (D/MoET) to implement the school-based health education program at target schools. In this program, the HIPE Peer Health Educators (PHEs) were empowered and assisted to organize and delivered health workshops on puberty development, adolescent sexual and reproductive health, personal hygiene, environmental protection, and tobacco control & prevention and on social issues such as gender education and anti-human trafficking to schools in rural and remote areas regularly during the academic year. In addition, HIPE also established a Youth Council in each target school that organized regular Youth Council meetings and a forum platform where core PHEs encouraged and got other students actively involved in planning and coordinating HIPE reproductive health education and other health promotion activities. HIPE Youth Council meetings are held at different communes or schools where they will choose their leaders to gather and keep track of PHEs' performances in term of learning, competence in ARH and other health expertise lessons, and other relevant skills. Additionally, each group has program volunteers who are senior PHEs mastering in HIPE organization system and work requirement to follow PHEs and support group leader to evaluate and monitor PHEs. Below are the procedures for evaluating PHEs and volunteers and are conducted monthly and quarterly:

HIPE also managed to provide extensive trainings and participatory opportunities for those volunteer students who supported core PHE teams in organizing health workshops, evaluation activities, and planning for school/community service projects with strong commitment. The implementation of HIPE programmatic activity has received active support of school administrators and education authorities.

4.3.2 Program Implementation

As of December 2018, HIPE has organized health education sessions and health promotion activities for a total of 18,138 students/youths in sexual reproductive health, environmental protection, tobacco control & prevention and personal hygiene education and activities (16,876 in ARH, gender and child sexual abuse plus 1,262 in hygiene and environment). For Health Session classes in schools, 6,343 students were educated (4,020 in ARH, 849 in gender education, and 1,474 in child sexual abuse and human trafficking prevention). For ARH health session in schools, core PHE teams have reached out to a total of 14,553 students in ARH education and activities.

In 2018, HIPE educated 849 students on gender education and 1,474 students on child sexual abuse and human trafficking preventions at target schools (347 in child abuse prevention for children in primary schools and 1,127 students in secondary schools). In addition, HIPE in collaboration with the district DoET and target schools to organize the health festivals for 8 elementary schools in Quang Dien with the participation of nearly 3,000 students who learned about child sexual abuse prevention, totaling 4,474 students reached in child sexual abuse prevention.

HIPE supported the establishment of a Youth Council (YC) in each of target school of which the members include PHEs and Peer volunteers (students/youths). HIPE YCs are led by senior PHEs and their peers and considered as an effective forum platform where the PHEs engaged other students/youths in the capacity building activities and implementation of community service learning projects (HIPE Summer Community Service Corps, Mobile Bookcase, Mobile Movie, Green Garden, Reduce, Reuse, Recycle, Coastal Clean-Up Day and Don't Let Trash Touch the Ground Campaign). In 2018, there were 163 non-PHEs plus our 110 PHEs and 20 core team members who participate regularly in different HIPE Youth Councils to volunteer and work with PHEs in different capacities and activities.

4.4 Community-based Health Promotion Program

4.4.1 Program Overview

The community-based health prevention and promotion program that includes health education classes to youths at orphanages and underprivileged villages utilizing temples, community centers, and homes of the PHEs. The community program also includes community-based promotional activities that the PHEs and volunteers working closely with HIPE program and local young and old community members to implement

community benefited engagement activities such as the annual health fairs, Earth Day, World Water Day, and Coastal Cleanup Day to promote healthy living and protection of the environment. To further expanding community health knowledge as well as sustaining community health prevention and promotion activities, there are radio broadcast programs produced collaboratively by HIPE youths and local radio stations; health training workshops to teachers, parents, and community members; and a HIPE Community Coalition consisting of youths, parents, teachers, and community members.

Community-based activities are designed to give elevated but flexible training grounds for HIPE youths to practice acquired skills and knowledge as well as for youths all ages in community involvement and development. These are elevated training grounds because the conditions and environments are less structured or conditioned in communities than in schools. So working in the community requires our PHEs and youths must make many more independent decisions to mobilize youths, community members and resources to make things happen. They are flexible because many activities are designed to work with the very young children instilling about environmental protection through team activities and to also to spark older youths about advocacy on health, environment and social issues.

The community-based activities include three board programmatic activities around 1) Community-based health education at health fairs, in homes of PHEs, and at mobile library and cinema events, 2) Community service corps to ignite children, youths and community members to give back to their community, and 3) HIPE Media and Public Service Announcement (PSA).

4.4.2 Program Implementation

For health education in communities, HIPE has organized ARH education sessions in target communities and trainings for 2,033 youths in 2018. Thanks to the capacity building training and effective activities of HIPE Youth Councils in schools, the community based health education program activities have achieved good results in both quantity and quality. In 2017-2018, core PHEs have implemented a numerous activities of community programs which include 90 health sessions and five major activities including Community Service Corp, Tam Giang Journey, Job Fair, Health Fair, and many beach cleanup events attracting the attendance/participation of 1,262 children and youths.

Community Health Fair (CHFs) has been a project that is designed bridge HIPE youths from school-based health education into community-based health education and promotional activities. The CHFs helped youths to boost more on tangible skills (planning, coordinating, organizing, mobilizing, marketing etc.) and gain invaluable experiences in community event operations. In addition, this activity inspired the PHEs and volunteers to demonstrate their talents and creativity when working together with concerned stakeholders to achieve the set aims. Statistical data show that in the last five years from 2014 to 2018, HIPE PHEs have organized several community health fairs which involved a cumulative total of 2900 youths (1,770 youths in 2017-2018). HIPE has created a strong network of peers, parents, partners, organizations, and local businesses that have been increasingly committed in organizing and implementing more meaningful, healthy, and engaging health fairs for all.

In 2018, HIPE continued to implement the SRH Education and Condoms Distribution campaigns that distributed 5,000 condoms for students from 10 colleges/universities in Hue city. The campaign was organized in partnership with the Provincial Population Center and Hue University. HIPE core PHEs gave instruction on using condoms for 311 students from Law College and students from other 10 target colleges/universities.

Through 17 home health sessions organized for children in remote areas in 2018, HIPE educated 231 children on knowledge of hygiene, tobacco effects and environmental protection, making up a total of 494 kids to be educated in 2017-2018.

For the Mobile Library**,** HIPE has selected and provided books of various topics for readers in target areas with the participation of the PHEs, who read and write up book reviews and comments. The topics range from reproductive health, environment, life skills, science, history, English, to fun comic books. In 2017-2018, HIPE organized 59 mobile library sessions for 983 readers. At present, HIPE mobile libraries has a total of 685 books as compared to 223 books in 2016 and 485 in 2017.

Apart from providing training in community involvement and development in addition to community project and budget development for HIPE youths, HIPE also funded many community service projects through small fundraising and entrepreneurial events organized by HIPE staffs and youths that raised to sufficiently fund all activities related to community service corps. Many of the community service projects are about the protection and beautification of the environment so that are many clean up events, building play grounds from recycled materials, building community gardens, constructing community murals, and so forth and each year we choose one poor commune to initiate one or more of the above projects over a few days during the summer. There are also charitable projects donating school supplies, clothes, and shoes to poor children as well as visiting and donate house hold supplies to poor lonely elders or young cancer patients. These are ways to seed leadership, compassion and collaboration among and between youths and youth-led organizations. HIPE youths have implemented many projects such as City Greener and Ocean Cleaners, The Green Lagoon, Community Service Corp Project and the Media and Public Service Announcement (PSA) production which include videos, articles developed by HIPE youths.to educate reproductive health, sexual abuse issues and raising awareness of community members with regard to critical issues of environment pollution and sexual abuse.

5. EVALUATION FINDINGS

5.1 Quality of the TOT program for PHEs

The TOT program provided necessary knowledge and skills for HIPE PHEs through a great deal number of training courses in different topics. To make a comprehensive evaluation of the TOT program in a holistic way, the evaluation teams selected 12 key topics of training in knowledge and skills to assess the quality of the TOT program for PHEs. Trainings in 12 topics include gender, sex education, reproductive health, leadership skills, STEAM, social entrepreneurship, communication skills, teamwork skills, presentation skills, conflict/problem solving, project and budget development, and activity/program evaluation. The evaluation used the levels of PHE's satisfaction over the quality of 06 crucial facets to assess the TOT training quality across the above mentioned key training courses. The quality of a training course was assessed based on the three satisfactory levels (unsatisfied, neutral and satisfied) over six aspects including training curriculum & materials, training methodology, performance capacity of trainers, training venue, training duration and logistic arrangements. The quality findings will base on the overall average rate of satisfaction for each training aspect for all the trainings and the overall average rates of six training aspects across all the key trainings listed.

The survey findings indicate that the TOT program for PHEs has very good quality based on the rates of satisfaction level of the interviewed PHEs. As shown in Table 2 below, the number of PHEs who were satisfied with the assessment aspects of a training across all 12 types of training course account for a high proportion on average. For the gender and SRH education, the rate of PHEs' satisfaction over six aspects account for very high percentage, nearly 90% on average, respectively at 88.6 % for gender, 90.9 for sex education and 89.1% for reproductive health. This implies the good quality of the gender and SRH education for PHEs under the TOT program.

For the trainings that equipped the PHEs with necessary skills to organize and coordinate HIPE activities, the trainings in five topics such as leadership, communication teamwork, presentation and activity/program evaluation were found to have good quality based on the high rates of PHEs satisfaction. The average proportion of PHEs satisfied with all the six aspects of curriculum & materials, capacity of trainers, training methods, duration, venue and logistics represents high rates ranged from an average 76.8% to 94.7 % of total respondents, in which trainings in teamwork and presentation were satisfied by the highest rates of PHEs who attended them, at 94.7% and 92.4% on average respectively, as compared to 85% for leadership, 86.9% for communication and 76.8 % for activity/program evaluation, which has the lowest rate of PHE satisfaction among this group of training. This analysis provides implications indicating the good quality of training activities providing necessary skills for PHEs under the TOT program.

More 32% of the PHE respondents were provided with trainings in STEAM, social entrepreneurship, conflict/problem solving, and project & budget development, of which the acquired knowledge and skills might have not often used in implementing HIPE activities. Survey data analysis showed that on average

of 55.1 percent of interviewed PHEs reported to be satisfied with these training based on their satisfaction across all the six assessment aspects. Of those respondents, PHEs showing their satisfaction account for 66.7 percent for STEAM, 54 percent for social entrepreneurship and 50 percent for conflict/problem solving and project & budget development.

As indicated in Table 2, the overall average rates of PHEs' satisfaction for each training aspect across all the trainings are fairly high, ranged from 73.5 to 79.6 percent. Three key facets that substantially constitute the quality of a training course are training curriculum & materials, performance capacity of trainers, and training methodology. The data analysis shows that these three aspects gained the high overall average proportion of PHEs with satisfaction level across all the trainings, at over 77.6 % for training curriculum & materials, 79.6 % for performance capacity of trainers and 77.7 % for training methodology. Other aspects of a training such as training duration, venue and logistic arrangements also had high rates of PHEs who reported to be satisfied with 75.9 percent on average.

Table 2: PHEs' satisfaction over HIPE training courses that they have attended

	Training courses	N=	Training curriculum & materials	Performance Capacity of Trainers	Training methods	Training duration	Training venues	Logistics	Overall Average %
			Satisfied	Satisfied	Satisfied	Satisfied	Satisfied	Satisfied	Satisfied
			%	%	%	%	%	%	%
1	Gender	91	92.3	92.3	89	81.3	83.5	93.3	**88.6**
2	Sex education	89	94.4	95.6	90	87.6	85.6	92	**90.9**
3	Reproductive health	95	91.6	91.6	89.5	86.3	84.2	91.6	**89.1**
4	Leadership skills	75	88	86.7	85.1	83.8	78.7	87.8	**85.0**
5	Communication skills	85	84.7	90.6	88.2	85.9	83.5	88.2	**86.9**
6	Teamwork	94	95.7	97.9	95.7	89.4	93.5	95.7	**94.7**
7	Presentation skills	92	93.7	92.7	93.9	90.2	90.2	93.7	**92.4**
8	STEAM	26	63.9	69.4	69.4	63.9	63.9	69.4	**66.7**
9	Social entrepreneurship	29	48.3	55.2	55.2	58.6	48.3	58.6	**54.0**
10	Conflict/problem solving	22	51.3	51.3	51.3	48.7	46.2	51.3	**50.0**
11	Project and Budget Development	46	50.0	52.2	50.0	45.7	47.8	54.3	**50.0**
12	Activity/program evaluation	64	78.1	79.7	75	73.4	76.6	78.1	**76.8**
	Overall Average		**77.67**	**79.6**	**77.7**	**74.6**	**73.5**	**79.5**	**77.1**

Overall, the data analysis, based on the satisfaction figures for six training aspects across all the trainings and for all 12 key trainings across six training aspects, indicates that more than 77 % of the interviewed PHEs were satisfied with the quality of the trainings provided for them under the TOT program. This implies that the TOT program provided trainings of good quality. This finding is in line with the assessment comments from in-depth interviews and focus group discussions with PHEs.

The quality of the TOT program is also reflected in the effectiveness and outcomes that it has brought about for the PHEs in terms of improved knowledge and skills as well as positive change in perception and knowledge of gender, sexual and reproductive health issues, presented in the following sections.

5.2 Effectiveness of the TOT program for PHEs

The effectiveness of the TOT program is the efficiency of the trainings that has provided for the PHEs. The evaluation examined the effectiveness of the TOT program through trainings of gender, safe sex and reproductive health, based on the efficiency of the knowledge and the ability to use/apply it that PHEs have perceived. Table 3 below indicated the efficiency of the trained knowledge about gender, safe sex and reproductive health perceived by the interviewed PHEs. The effectiveness of each thematic training was assessed on the suitable level of knowledge, relevance of knowledge and usage of knowledge provided. There was a high average rate of PHEs who believed each training had provided them with the knowledge that is suitable and relevant for them and that they could use for their personal development and in their daily activities, at 99.2 percent of overall average for gender and reproductive health trainings and 99.7 percent of overall average for safe sex training.

100% of total PHEs on average reported that all the trainings under the TOT program had provided suitable level of knowledge of gender, safe sex and reproductive health for them and almost all the PHEs confirmed that that those trainings had provided them the relevant knowledge (99.6%). More substantially, most of the PHEs believed that they were able to apply or use for their personal development (99.6%) and for their daily life activities (98.2). The findings imply the efficiency of the knowledge that the TOT program trainings in gender and ASRH have provided for PHEs.

Table 3: The PHEs' perception on the efficiency of the knowledge provided by the TOT program trainings in gender and SRH education

No	Training courses	N=	Provided suitable level of knowledge for PHEs	Provided the relevant knowledge that PHEs' needed	Provided the knowledge that PHEs can apply/use for their personal development	Provide the knowledge that PHEs can apply/use for daily life activities	Overall Average
			%	%	%	%	%
1	Gender	93	100	98.9	100	97.8	**99.2**
2	Safe Sex	92	100	100	100	98.9	**99.7**
3	Reproductive Health	95	100	100	98.9	97.9	**99.2**
	Average %		**100**	**99.6**	**99.6**	**98.2**	

The effectiveness of the TOT program was assessed based on the suitable level of knowledge, relevant knowledge and the application of knowledge in school and community activities that 09 thematic trainings listed in Table 4 below provided for the PHEs. All the thematic training gained a high rate of the PHEs who acknowledged its effectiveness across 04 evaluation elements, with the highest average rates for trainings of necessary skills such as of teamwork, communication, presentation and leadership at 98.9 %, 98.2%, 97.6 % and 97.2% respectively.

With regard to the assessment of suitable level of the knowledge, 97.7 percent of total PHEs on average reported that all 09 trainings had provided suitable level of knowledge and skills for them. Of those PHE respondents, average 98.3 percent believed that all the trainings had provided the relevant knowledge that they needed. The number of PHE respondents reported to have been able to apply or use the trained knowledge and skills for the activities of school and community based programs account for 92.8 % and 91.9% respectively. The above results imply the effectiveness of the TOT program through the assessment results of trainings that provide necessary and relevant knowledge and skills for PHEs. The efficiency of the TOT program is also reflected on the outcomes of its trainings presented in the following section.

Table 4: PHEs' perception on the efficiency of the knowledge and skills provided by the TOT program trainings

No	Training courses	N=	Provided suitable level of knowledge and skills for PHEs	Provided the knowledge and skills that PHEs' can use for their capacity development	Provided the knowledge and skills that PHEs can apply/use to implement/coordinate HIPE activities in schools	Provide the knowledge and skills that PHEs can apply/use to implement/coordinate HIPE activities in communities	**Overall Average**
			%	**%**	**%**	**%**	**%**
1	Leadership skills	71	98.6	100	95.8	94.4	**97.2**
2	STEAM	27	96.3	100	81.5	85.2	**90.8**
3	Social entrepreneurship	22	90.9	95.5	81.8	90.9	**89.8**
4	Communication skills	81	100	100	98.8	93.8	**98.2**
5	Teamwork skills	92	100	100	100	95.7	**98.9**
6	Presentation skills	84	100	97.6	98.8	94	**97.6**
7	Conflict/problem solving	23	95.7	95.7	91.3	95.7	**94.6**
8	Project and Budget Development	27	100	96.3	88.9	85.2	**92.6**
9	Activity/program evaluation	54	98.1	100	98.1	92.6	**97.2**
	Average %		**97.7**	**98.3**	**92.8**	**91.9**	

The TOT program trainings did not only help to improve the PHEs' knowledge of gender and ASRH but also equip them with necessary skills to take part as key actors in the activities of school and community based activities. Given the trained knowledge and skills, they were able to be effectively engaged in the HIPE activities in general and particularly the school and community activities in which they played a critical role as key organizers and implementers. The evaluation results indicate that most of the PHEs were able to apply well the trained knowledge and skills in the HIPE activities and particularly that a large proportion of PHEs confirmed that they were able to organize and/or coordinate the implementation of 1) school-based education activities such as RH education workshops, establishment and activities of Youth Councils, trainings on SRH for students, periodical sub-group meetings with other students, and meetings/workshops with parents and students; and 2) community-based education activities such as awareness raising campaigns on ARH, sanitation & Health Fairs and environment improvements in villages/communes.

In the questionnaire survey, PHEs were asked to self-assess their capability to apply their trained knowledge and skills and their ability to organize and/or coordinate the implementation of school and community based education activities. Table 9 below summarizes the data analysis of the PHEs' self-assessment of their capability to apply trained knowledge and skills, and ability to organize and/or coordinate the activities in target schools and communities.

The proportion of PHEs reporting to have the ability to apply their trained knowledge and skills account for very high cumulative rates for levels of ability for all the five school based activities, such as RH education workshops (87.9%), periodical sub-group meetings with other students (96.7%), establishment and activities of Youth Councils (93.1%), trainings on SRH for students (96.7%), and meetings/workshops with

parents and students (81.7%). The cumulative average rate of PHEs who believed to be able to apply their trained knowledge represents high at 91.4%, as compared to a minimal rate of PHEs self-assessed with no ability level (8.6). Similarly, the cumulative sub-average rate of PHEs who believed to be able or completely able to organize and/or coordinate the implementation of the listed school based activities is very high at 83.8%. This implies the outcome of the TOT program trainings providing necessary knowledge and skills which enabled PHEs to apply in the school-based health education activities.

Table 5: PHEs' ability to apply trained knowledge in school and community activities

No	HIPE activities involved PHEs		1. Self-assessment of PHEs' ability to apply trained knowledge and skills				2. Self-assessment of PHEs' ability to organize and/or coordinate the activity implementation		
			No ability or limited ability to apply	Understand and is able to apply	Understand and is able to apply fairly well	Understand and apply very well	Unable to do	Able to do	Completely able to do
		N=	%	%	%	%	%	%	%
I	**School based activities**								
1	Workshops in RH education	85	11.9	31.0	39.3	17.9	18.8	64.7	16.5
2	Periodical sub-group meetings with other students	89	3.3	29.2	41.6	25.8	6.7	67.4	25.8
3	Establishment and activities of Youth Councils	82	6.1	31.7	34.1	28	14.5	65.1	19.3
4	Trainings on SRH for students	90	3.3	32.2	36.7	27.8	13.2	64.8	22.0
5	Meetings/workshops with parents and students	83	18.3	30.5	34.1	17.1	27.7	56.6	15.7
	Sub-average		**8.6**	**30.9**	**37.2**	**23.3**	**16.2**	**63.7**	**19.9**
II	**Community-based activities**								
1	Awareness raising campaigns on ARH	83	4.8	24.1	53.0	18.1	14.5	63.9	21.7
2	Sanitation and Health Fairs	86	7.0	22.1	47.7	23.3	17.4	64.0	18.6
3	Environment improvements in villages/communes	85	8.2	24.7	40.0	27.1	21.2	58.8	20.00
	Sub-average		**6.7**	**23.6**	**46.9**	**22.8**	**17.7**	**62.2**	**20.1**
	Overall average		**7.9**	**28.2**	**40.8**	**23.1**	**16.8**	**63.2**	**20.0**

As shown in Table 5, the rate of PHEs reporting to have the ability to apply their trained knowledge and skills account for high rates for all levels of ability across three community activities such as campaign on ARH awareness raising, sanitation and health fairs, and environment improvements in villages/communes. The cumulative sub-average rate of PHEs who were able to apply the acquired knowledge from three community activities make up 91.8%, as compared 6.7% of cumulative average rate of PHEs with level of no ability/limited ability. The data analysis of PHEs' ability to apply the acquired knowledge and skills in and ability to organize and/or coordinate the implementation of all the listed activities show the results of overall average rates of PHEs with different levels of ability in the last row of Table 5. The proportion of PHEs who reported to have the ability to apply their knowledge and skills account for a cumulative overall average rate of 92.1%. This implies over 92% of the trained PHEs were able to apply (fairly well or very well) their knowledge and skills for school and community activities organized under HIPE. The overall average cumulative data also indicate more than 83% of the trained PHEs were able or completely able to organize and/or coordinate the implementation of school and community activities.

5.3 Outcomes of TOT program for PHEs

The evaluation findings indicate that the TOT program trainings have brought about substantial outcomes for the PHEs in terms of improved knowledge of gender concepts and adolescent sexual and reproductive health and enhanced capability of applying the trained knowledge in HIPE general activities and trained skills to organize and/or coordinate the implementation of HIPE school and community activities. Pre and post difference evaluation method was employed to show evidence of the TOT program outcomes.

In the questionnaire survey, the PHEs were asked to self-assess their level of knowledge toward gender concepts and ASRH before and after the trainings that they attended under the TOT program. The levels of knowledge were assessed using a Likert scale of five levels from the lowest level of "No knowledge" to the highest levels such as "Able to use/apply in in daily life" and "Able to help others understand it". The average rates of the PHEs with their self-assessment for each level of knowledge that they acquired before and after training were compared to show the positive change in the PHEs' knowledge levels toward gender and ASRH.

Table 6 below shows the substantial change in PHEs' knowledge of important gender concepts, namely gender and sex, gender prejudice, gender equality, gender equity and gender roles. Assessing the outcome of the gender training is based on the average percentage estimated across all the gender concepts and the percentage increase in the number of PHEs with the highest levels of knowledge after training.

Table 6: The proportion of PHEs with improved knowledge of gender concepts before and after training

No	Gender concepts	Before training (N=95)					After training (N=95)				
		1. Do not know the concept	2. Know but do not understand it	3.Understand the concept	4.Able to use/apply it in daily life	5.Able to help others understand it	1. Do not know the concept	2. Know it but do not understand	3.Understand the concept	4.Able to use/apply it in daily life	5.Able to help others understand it
		%	%	%	%	%	%	%	%	%	%
1	Gender and Sex	31.6	55.8	9.5	3.2	0	2.1	1.1	15.8	32.6	48.4
2	Gender prejudice	30.5	49.5	17.9	2.1	0	3.2	0	13.7	34.7	48.4
3	Gender equality	25.3	52.6	14.7	7.4	0	1.1	2.1	14.7	35.8	46.3
4	Gender equity	38.3	43.6	13.8	3.2	1.1	3.2	0	28.7	31.9	36.2
5	Gender roles	39.4	45.7	13.8	1.1	0	3.2	0	26.6	34.0	36.2
	Average	**33.0**	**49.4**	**13.9**	**3.4**	**0.2**	**2.6**	**0.6**	**19.9**	**33.8**	**43.1**

The last row of Table 6 show that the number of PHEs assessing their knowledge of all five gender concepts with the lowest levels of "Do not know" and "Know but do not understand it" account for very high average rates at 33 % and 49.4 % before training, ranged from 25.3-39.4 % and 43.6-55.8 % respectively for all five gender concepts. Those PHEs perceiving their acquired knowledge at the highest levels such as "Able to use/apply in in daily life" and "Able to help others understand it" represent very minimal average rates a 3.4% and 0.2% sequentially before training. The analysis of after training data shows a remarkable increase in the average rate proportion of PHEs who reported to have knowledge across five gender concepts at the highest levels as "Able to use/apply in in daily life" and "Able to help others understand it". As compared to the figures of before training, the average rates of PHEs with knowledge changed/improved to the highest levels have considerably increased by 30.4 % for ""Able to use/apply in in daily life" and 42.9 % for "Able to help others understand it"".

The evaluation further studied the positive change in PHEs' knowledge of gender concepts, which was attributed to the TOT program trainings, based on the mean difference in the assessment score for knowledge level before and after training. In the questionnaire survey, the respondents were asked to give an assessment score on a five point scale for their knowledge level of gender concepts gained before and after the training listed. The assessment score ranges from one to five points, in which one point is equivalent to "No knowledge" and five points is the highest level of "Able to apply it and help other understand it".

Table 7: PHEs' self-assessment score of their knowledge level before and after training on gender concepts

	Gender and sex	Gender prejudice	Gender equality	Gender equity	Gender roles	Overall assessment
	Mean score	Mean score	Mean score	Mean score	Mean score	Average score
Before training	1.8	1.9	2.0	1.9	1.8	1.9
After training	4.2	4.3	4.2	4.0	4.0	4.1
Pre & Post difference	**2.4**	**2.3**	**2.2**	**2.1**	**2.2**	**2.3**

Table 7 above show the results of data analysis for the PHEs self-assessment score for their knowledge level acquired before and after training on gender concepts. The average overall assessment score across five gender concepts is 1.9 and 4.1 for before training and after training respectively. Pre and post differences in average assessment score also show the double increase by average score of knowledge level for each gender concept, ranged from 2.1 to 2.4 points. For overall assessment, pre and post difference indicates an increase by average 2.3 points of knowledge level after training as compared to the before training figure. The finding suggests that there was a remarkable improvement in PHEs' knowledge level on gender after training.

The Paired-Samples T test was run to show the statistical evidence for significant improvement of PHEs' knowledge level of gender before and after training. The hypothesis assumes there is a significant mean difference in the knowledge level assessment scores between before and after training observation. The mean differences in assessment scores between before and after training have a normal distribution. The result of the Paired-Samples T test show that the average assessment scores after training are from 2.12 to 2.4 higher than before training assessment score for all the gender concepts. The *t*-test is significant as the p-value is < 0.05 for the mean differences of all gender concepts before and after training. Therefore, it can be concluded that there was a significant mean difference in the knowledge level assessment scores between before and after training. This shows statistical evidence that PHEs have improved their knowledge of gender as a result of the TOT program trainings. For more information of the results of the Paired-Samples T test, please see the Annex 2.

The TOT program trainings were found to have made a substantial change in the PHEs' knowledge of ASRH issues based on the average proportion of PHEs with improved knowledge reported before and after training. Table 8 below shows the substantial change in PHEs' knowledge of 09 key topic of ASRH education including 1) adolescent age and adolescent development phases, 2) puberty characteristics and signs and sex difference, 3) adolescent psychology, adolescent risk-taking behaviors and advices, 4) menstruation, problems in puberty and personal hygiene, 5) male and female genital organs, 6) sexually transmitted diseases, consequences and how to prevent it, 7) adolescent pregnancy & consequences, 8) adolescent birth, abortion & consequences and 9) safe sex & contraceptive methods.

As shown in Table 8 below, the proportion of PHEs assessing their knowledge of all nine topics of ASRH education with the lowest levels of "Do not know" and "Know but do not understand it" makes up very high average rates at 18.5 % and 47.4 % before training, ranged from 12.6-28.4 % and 44.2-52.6 % respectively for all 09 topics. Those PHEs assessing their knowledge at the highest levels such as "Able to use/apply in

in daily life" (4.2%) and "Able to help others understand it" (1.2%) represent very low average rates before training. After training, the average rates of PHEs with the highest levels of knowledge had increased to 26.3% for "Able to use/apply in in daily life" and 63.1% for "Able to help others understand it".

Compared to the before training figures, the average rates of PHEs with ASRH knowledge changed/improved to the highest levels have considerably increased by 22.1 % for ""Able to use/apply in in daily life" and 61.1 % for "Able to help others understand it"".

Table 8: The proportion of PHEs with improved knowledge of adolescent sexual and reproductive health (ASRH) before and after training

No	Knowledge of Sexual and Reproductive Health	Before training (N=95)					After training (N=95)				
		1. Do not know it	2. Know but do not understand it	3.Understand it	4.Able to use/apply it in daily life	5.Able to help others understand it	1. Do not know it	2. Know it but do not understand it	3.Understand it	4.Able to use/apply it in daily life	5.Able to help others understand it
		%	%	%	%	%	%	%	%	%	%
1	Adolescent age and adolescent development phases	12.6	49.5	34.7	3.2	0	2.1	0	8.4	20	69.5
2	Puberty characteristics and signs and sex difference	12.8	46.8	34	5.3	`1.1	0	0	8.4	25.3	66.3
3	Adolescent psychology, adolescent risk-taking behaviors and advices	21.1	46.3	25.3	7.4	0	0	0	15.8	32.6	51.6
4	Menstruation, problems in puberty and personal hygiene	20	45.3	26.3	7.4	1.1	1.1	1.1	5.3	31.6	61.1
5	Male and female genital organs	28.4	44.2	24.2	3.2	0	0	0	12.6	21.1	66.3
6	Sexually transmitted diseases, consequences and how to prevent it	17.9	52.6	26.3	1.1	2.1	0.0	0.0	10.5	24.2	65.3
7	Adolescent pregnancy & consequences	14.7	45.3	31.6	5.3	3.2	0	0	11.6	22.1	66.3
8	Adolescent birth, abortion & consequences	21.1	47.4	27.4	2.1	2.1	0	1.1	10.5	27.4	61.1
9	Safe sex & contraceptive methods	17.9	49.5	28.4	3.2	1.1	0	0	7.4	32.6	60
	Average %	**18.5**	**47.4**	**28.7**	**4.2**	**1.2**	**0.4**	**0.2**	**10.1**	**26.3**	**63.1**

The results of data analysis for the PHEs self-assessment score for their knowledge level acquired before and after training on key ASRH topics as shown in Table 9 below. The average overall assessment across 09 ASRH topics is estimated at 2.2 points for before training and 4.5 for after training. Pre and post differences in average assessment scores also show a remarkable increase by nearly double average score, ranged from 2.2 to 2.5 points. For overall assessment, pre and post difference indicates a significant increase by average of 2.3 points of knowledge level after training as compared to the before training figure. This gives an implication for substantial change in PHEs' knowledge level of ASRH after training.

Table 9: PHEs' self-assessment score of their knowledge level before and after training on ASRH

	Adolescent age & adolescent development phases	Puberty characteristics & signs and sex difference	Adolescent psychology, adolescent risk-taking behaviors and advices	Menstruation, problems in puberty & personal hygiene	Male and female genital organs	Sexually transmitted diseases, consequences & how to prevent it	Adolescent pregnancy & consequences	Adolescent birth, abortion & consequences	Safe sex & contraceptive methods	Average overall assessment
	Mean score	Mean score	Mean score	Mean score	Mean score	Mean score	Mean score	Mean score	Mean score	Mean score
Before training	2.3	2.4	2.2	2.2	2.0	2.2	2.4	2.2	2.2	2.2
After training	4.6	4.6	4.4	4.5	4.5	4.6	4.6	4.5	4.5	4.5
Pre & Post difference	**2.3**	**2.2**	**2.2**	**2.3**	**2.5**	**2.4**	**2.2**	**2.3**	**2.3**	**2.3**

The Paired-Samples T test was run to further show statistical evidence for improvement of PHEs' knowledge level of ASRH before and after training. The hypothesis is that there is a significant mean difference in the knowledge level assessment scores between before and after training observation. The mean differences in assessment scores between before and after training have a normal distribution. The results of the Paired-Samples T test indicate that the average assessment scores after training are from 2.16 to 2.37 higher than before training assessment score for all the ASRH topics. The *t*-test is significant as the p-value is < 0.05 for the mean differences of all the ASRH topics before and after training. It means there was a significant mean difference in the knowledge level assessment scores between before and after training, as the null hypothesis is rejected. This shows statistical evidence that PHEs have improved their knowledge of ASRH issues as a result of the TOT program trainings. For more information of the results of the Paired-Samples T test, please see the Annex 3.

5.4 Lessons learned for the TOT program

The in-depth interviews and FGDs with the PHEs and other concerned informants resulted in a number of lessons learned that help to improve the quality and effectiveness of the TOT program trainings for PHEs as follows:

-The duration of each training should be considered to have plenty of time for practice of trained knowledge and skill and simulation exercises. This draws a lesson learned for the training methods of the TOT program that it should add more practical sections.

-Reference materials are key to providing the PHEs with extensive and deep knowledge that they need. For each training, trainer(s) should prepare a list of references for the PHE trainees or should guide/help the PHEs choose the relevant reference materials which help to equip them with more in-depth knowledge. This will help the PHEs be more self-confident when they conduct a training or able to answer the concerns/questions on gender/ASRH asked by other students/youths.

-The TOT program for PHEs should have different trainings on basic and advanced levels of knowledge and skills, organized in phases of training for relevant PHE groups such as senior PHEs and junior/new PHEs. That the junior/new and senior PHEs attend the same training may not help to meet the PHEs need for level of knowledge, as senior PHEs may need more in-depth or advanced knowledge and skills, while junior PHEs/new PHEs only need the basics.

-With regard to the skill trainings, the TOT program should have more trainings that equip them with essential skills such as public speaking and pedagogical or teaching skills.

5.5 Quality of the school-based ASRH and Gender Education Curriculum

The school-based health education program provided essential knowledge of ASRH and gender for students/youths at target schools through a great deal number of training courses in different topics In the questionnaire survey, The evaluation assessed the quality of the ASRH and gender curriculum based on the levels of students/youths' satisfaction over six key aspects, including training curriculum & materials, training methodology, performance capacity of trainers, training venue, training duration and logistic arrangements, for the provided trainings in three topics: gender, sex education and reproductive health. The quality of a training course was assessed based on the three satisfactory levels (unsatisfied, neutral and satisfied). The quality findings will base on the overall average rate of satisfaction for each training aspect for all three trainings and the overall average rates of six training aspects across all the key trainings listed.

The survey results show that the school-based ASRH and gender education trainings for students/youths have very good quality based on the rates of satisfaction level of the student respondents. As shown in Table 10 below, the number of students satisfied with all six assessment aspects of a training course represents a high overall average rate at 68.9%, ranged from 67.4% to 70.5%.

Table 10: Students/youths' satisfaction over HIPE training courses that they have attended

	Training courses	N=	Training curriculum & materials (%)	Performance Capacity of Trainers (%)	Training methodology (%)	Training duration (%)	Training venue (%)	Logistics (%)	Overall Average (%)
			Satisfied	Satisfied	Satisfied	Satisfied	Satisfied	Satisfied	Satisfied
1	Gender	70	78.6	77.1	77.1	52.9	71.4	65.7	**70.5**
2	Sex education	70	72.9	70	74.3	58.6	67.1	61.4	**67.4**
3	Reproductive health	70	70	78.6	72.9	57.1	71.4	62.9	**68.8**
	Overall average		**73.8**	**75.2**	**74.8**	**56.2**	**70.0**	**63.3**	**68.9**

The data analysis in the last row of Table 10 show the overall average rates of students' satisfaction for each assessment aspect across all three trainings is relatively high, ranged from 56.2 to 75.2 percent. Three key facets that substantially constitute the quality of a training course are training curriculum & materials, performance capacity of trainers, and training methodology. The evaluation found that these three aspects gained the high overall average proportion of students with satisfaction level, at 73.8 % for training curriculum & materials, 75.2 % for performance capacity of trainers and 74.8 % for training methodology. Other aspects of a training such as training venue and logistic arrangements also had high rates of students who were satisfied, at an average of 70% and 63.3% respectively. This implies that the school-based gender and ASRH curriculum provided for the students/youths was of good quality. This finding is in line what was found from the in-depth interviews and focus group discussions with students that the ASRH and gender curriculum for school-based activities were very good in quality.

The quality of the ASRH and gender curriculum for school-based activities is also reflected in the effectiveness and outcomes that it has brought about for the students/youths in terms of improved knowledge and skills as well as positive change in perception and knowledge of gender, sexual and reproductive health issues, presented in the following sections.

5.6 Effectiveness of the ASRH and Gender Education Curriculum

The effectiveness of the ASRH and Gender Education Curriculum is evaluated based on the efficiency of the knowledge trainings that it has provided for the PHEs. The evaluation examined the effectiveness of the education curriculum in the trainings of gender, safe sex and reproductive health, based on the efficiency of the knowledge & skills, and the ability to use/apply it for personal development and daily life activities that PHEs have perceived. Table 11 below indicated the efficiency of the trained skills and knowledge about gender, safe sex and reproductive health perceived by the interviewed PHEs. The effectiveness of each thematic training was assessed on the suitable level of knowledge, relevance of knowledge and usage of knowledge provided.

Survey data analysis indicates the high average rate of students reporting that each training had provided them with the knowledge and skills which is suitable and relevant for them and applicable for their personal development as well as in their daily activities, at 96.4 percent of overall average for gender training and over 93% for safe sex and reproductive health trainings.

On average 96.6% of surveyed students reported that all the trainings had provided suitable level of skills and knowledge of gender, safe sex and reproductive health for them, while 97.1 percent of surveyed students believed that those trainings had provided them with the relevant knowledge they need. More importantly, a large proportion of students confirmed that they were able to use their training knowledge and skills for their personal development (90.8%) and daily life activities (93.7%). The findings give implications for the effectiveness of the training curriculum in gender and ASRH.

Table 11: Youths' perception on the efficiency of the knowledge provided by school-based training curriculum in gender and ASRH

No	Training courses	N=	Provided suitable level of knowledge and skills for students/youths	Provided the knowledge and skills that students/youths needed	Provided the knowledge and skills that students/youths can apply/use for their capacity development	Provide the knowledge and skills that students/youths can apply/use for daily life activities	Average
			%	%	%	%	%
1	Gender	70	100	98.6	91.4	95.7	**96.4**
2	Safe Sex	68	94.1	98.5	88.2	92.6	**93.4**
3	Reproductive Health	69	95.7	94.2	92.8	92.8	**93.9**
	Average %		**96.6**	**97.1**	**90.8**	**93.7**	

The results of in-depth interviews and focus groups discussion with the students show that most of them well perceived the efficiency of the gender and ASRH training curriculum. They confirmed that the trainings that they attended were very effective because the trained knowledge helped them change their attitudes and behaviors toward gender, sexual and reproductive health issues. The efficiency of the school-based ASRH and gender education curriculum is also reflected through its outcome, that students/youths has significantly improved their knowledge of gender concepts and reproductive health issues as a result of the provided trainings.

The school-based ASRH and gender curriculum also enabled students to effectively participate in 1) school-based education activities such as RH education workshops, establishment and activities of Youth Councils, trainings on SRH for students, periodical sub-group meetings with other students, and meetings/workshops with parents and students; and 2) community-based education activities such as awareness raising campaigns on ARH, sanitation & Health Fairs and environment improvements in villages/communes.

In the questionnaire survey, students were asked to self-assess their capability to apply their trained knowledge and their ability to implement their activities.

As shown in Table 12, the cumulative rates of students who were able to apply their trained knowledge make up fairly high cumulative rates for three levels of ability for RH education workshops (75.7%) and trainings on SRH for students (67%). More than a half of surveyed students believed they were able to apply the knowledge provided by the periodical sub-group meetings with other students (53.1%) and establishment and activities of Youth Councils (54.3%). The cumulative sub-average data of all the five school-based activities show that the number of students who were able to apply the acquired knowledge from school activities makes up 55.7 % of total surveyed students.

Table 12: Students' ability to apply the trained knowledge in school and community activities

No	HIPE activities in schools and communities		1. Self-assessment of students/youths' ability to apply the trained knowledge				2. Self-assessment of students/youths' ability to implement their activity		
			No ability or limited ability to apply	Understand and is able to apply	Understand and is able to apply fairly well	Understand and apply very well	Unable to do	Able to do	Completely able to do
		N=	%	%	%	%	%	%	%
I	**School based activities**								
1	Workshops in RH education	70	24.3	35.7	31.4	8.6	51.4	44.3	4.3
2	Periodical sub-group meetings with other students	70	47.2	24.3	20.2	8.6	54.3	40	5.7
3	Establishment and activities of Youth Councils	70	45.7	27.1	18.6	8.6	64.3	31.4	4.3
4	Trainings on SRH for students	70	32.9	31.4	30	5.7	61.4	31.4	7.1
5	Meetings/workshops with parents and students	70	71.4	17.1	14.4	0	80	18.6	1.4
	Sub-average		**44.3**	**27.1**	**22.9**	**6.3**	**62.3**	**33.1**	**4.6**
II	**Community-based activities**								
1	Awareness raising campaign on ARH	70	47.1	28.6	18.6	5.7	67.1	30	2.9
2	Sanitation and Health Fairs	70	38.6	32.9	20	8.6	62.9	32.9	4.3
3	Environment improvements in villages/communes	70	28.5	32.9	30.0	8.6	52.9	35.7	11.4
	Sub-average		**38.1**	**31.5**	**22.9**	**7.6**	**61.0**	**32.9**	**6.2**
	Overall Average		**42.0**	**28.8**	**22.9**	**6.8**	**61.8**	**33.0**	**5.2**

As shown in the above Table, a large proportion of survey students reported that they were able to apply the knowledge they learned from community activities such as ARH awareness raising campaign (52.9 %), sanitation & health fairs (61.4 %) and environment improvements in villages/communes (71.5%). For the ARH awareness raising campaign.

The cumulative sub-average rate of students who were able to apply the knowledge acquired from three community activities account for 61.9 percent. The last row in Table 12 show the overall average rates of students reported with the ability to apply the acquired knowledge and skills and the ability to implement their activity. The rate of students who believed to have the ability to apply the knowledge gained from school and community activities account for a cumulative overall average rate of 58%. This implies a remarkable rate of students (58%) were able to apply (fairly well or very well) the knowledge gained from school and community activities supported by HIPE. The overall average cumulative data also indicate more than 38.2% of the students were able or completely able to apply the acquired knowledge in their activity within the framework of school and community activities.

5.7 Outcomes of the ASRH and Gender Education Curriculum

The ASRH and gender education curriculum has brought about crucial outcomes for the students/youths such as improved knowledge of gender concepts and adolescent sexual & reproductive health, and enhanced capability of applying the trained knowledge and ability to implement their activities. Pre and post difference evaluation method was also employed to show evidence of the outcomes of the ARSH and gender education curriculum.

In the questionnaire interviews, students were asked to self-assess their level of knowledge toward gender concepts and ASRH before and after the trainings that they attended at their schools. The levels of knowledge were assessed using a Likert scale of five levels from the lowest level of ”No knowledge” to the highest levels such as “Able to use/apply in in daily life” and “Able to help others understand it”. The average rates of the students with their self-assessment for each level of knowledge that they acquired before and after training/extracurricular activities were compared to show the positive change in the students’ knowledge levels toward gender and ASRH.

Table 13 below shows the critical change in PHEs’ knowledge of important gender concepts, namely gender and sex, gender prejudice, gender equality, gender equity and gender roles. Assessing the outcome of the gender training is based on the average percentage estimated across all the gender concepts and the percentage increase in the number of students with the highest levels of knowledge after training.

Table 13: The proportion of students with improved knowledge of gender concepts before and after training

No	Gender concepts	Before training (N=70)					After training (N=70)				
		1. Do not know the concept	2. Know but do not understand it	3.Understand the concept	4.Able to use/apply it in daily life	5.Able to help others understand it	1. Do not know the concept	2. Know it but do not understand	3.Understand the concept	4.Able to use/apply it in daily life	5.Able to help others understand it
		%	%	%	%	%	%	%	%	%	%
1	Gender and Sex	27.1	57.1	10	5.7	0	1.4	1.4	37.1	38.6	21.4
2	Gender prejudice	42.0	46.4	8.7	2.9	0	5.8	2.9	33.3	43.5	14.5
3	Gender equality	17.1	48.6	31.4	2.9	0	1.4	0	27.1	45.7	25.7
4	Gender equity	31.9	37.7	29	1.4	0	5.8	1.4	21.7	42	29
5	Gender roles	30.0	48.6	18.6	1.4	1.4	4.3	2.9	41.4	37.1	14.3
	Average %	**29.6**	**47.7**	**19.5**	**2.9**	**0.3**	**3.7**	**1.7**	**32.1**	**41.4**	**21.0**

In the last row of Table 13 above, the number of students perceiving their knowledge about all five gender concepts with the lowest levels of “Do not know” and “Know but do not understand it” account for very high

average rates at nearly 30 % and 47.7 % before training, ranged from 17.1-42% and 37.7-57.1 % respectively. Before training, those students reporting their knowledge at the highest levels such as “Able to use/apply in in daily life” and “Able to help others understand it” represent very minimal average rates a 2.9 % and 0.3% sequentially. The analysis of after training data shows a remarkable increase in the average rate proportion of students who believed to have knowledge of five gender concepts at the highest levels as “Able to use/apply in in daily life” and “Able to help others understand it”. As compared to the figures of before training, the average rates of students with knowledge changed/improved to the highest levels have considerably increased by 38.5 % for ““Able to use/apply in in daily life” and 20.7 % for “Able to help others understand it””.

The evaluation further studied the positive change in students’ knowledge of gender concepts, which was attributed to the gender training curriculum, based on the mean difference in the assessment score for knowledge level before and after training. In the questionnaire survey, the students were asked to give an assessment score on a five point scale for their knowledge level of gender concepts gained before and after the training listed. The assessment score ranges from one to five points, in which one point is equivalent to “No knowledge” and five points is the highest level of “Able to apply it and help other understand it”.

The results of data analysis for the PHEs self-assessment score for their knowledge level acquired before and after training on gender concepts are presented in Table 14 below. The average overall assessment score across five gender concepts is 1.96 before training and 3.74 for after training. Pre and post differences in average assessment score also show a remarkable increase in average assessment score of knowledge level between before and after training, ranged from 1.58 to 1.87 points. For overall assessment, pre and post difference indicates an increase by average 1.78 points of knowledge level after training as compared to the before training figure. The finding suggests that there was a remarkable improvement in students’ knowledge level on gender after training.

Table 14: Students’ self-assessment score of their knowledge level before and after training on gender concepts

	Gender and sex	Gender prejudice	Gender equality	Gender equity	Gender roles	Overall assessment
	Mean score	Mean score	Mean score	Mean score	Mean score	Average score
Before training	1.94	1.72	2.20	2.00	1.96	1.96
After training	3.77	3.58	3.94	3.87	3.54	3.74
Pre & Post difference	**1.83**	**1.86**	**1.74**	**1.87**	**1.58**	**1.78**

The Paired-Samples T test was run to show the statistical evidence for significant improvement of students’ knowledge level of gender before and after training. The hypothesis assumes that there is a significant mean difference in the knowledge level assessment scores between before and after training observation. The mean differences in assessment scores between before and after training have a normal distribution. The result of the Paired-Samples T test show that the average assessment scores after training are from 1.58 to 1.87 higher than before training assessment score for all the gender concepts. The *t*-test is significant as the p-value is < 0.05 for the mean differences of all gender concepts before and after training. Therefore, it can conclude that there was a significant mean difference in the knowledge level assessment scores between before and after training. This shows statistical evidence that students have improved their knowledge of gender as a result of the gender training curriculum. For more information of the results of the Paired-Samples T test, please see the Annex 4.

Table 15: The proportion of students with improved knowledge of adolescent sexual and reproductive health (ASRH) before and after training

No	Knowledge of Sexual and Reproductive Health	Before extracurricular activities (N=70)					After extracurricular activities (N=70)				
		1. Do not know it	2. Know but do not understand it	3.Understand it	4.Able to use/apply it in daily life	5.Able to help others understand it	1. Do not know it	2. Know it but do not understand it	3.Understand it	4.Able to use/apply it in daily life	5.Able to help others understand it
		%	%	%	%	%	%	%	%	%	%
1	Adolescent age and adolescent development phases	16.7	48.5	31.8	3.0	0.0	1.5	1.5	36.4	40.9	19.7
2	Puberty characteristics and signs and sex difference	10.6	54.5	30.3	4.5	0.0	1.5	0.0	33.3	39.4	25.8
3	Adolescent psychology, adolescent risk-taking behaviors and advices	27.7	49.2	21.5	1.5	0.0	1.6	3.1	35.9	34.4	25
4	Menstruation, problems in puberty and personal hygiene	36.4	40.9	19.7	3.0	0.0	1.5	6.1	34.8	36.4	21.2
5	Male and female genital organs	33.3	47	18.2	1.5	0.0	1.5	4.6	43.1	33.8	16.9
6	Sexually transmitted diseases, consequences and how to prevent it	15.4	60.0	20.0	4.6	0.0	0.0	0.0	32.3	41.5	26.2
7	Adolescent pregnancy & consequences	16.7	47	31.8	4.5	0.0	0.0	3.0	31.8	37.9	27.3
8	Adolescent birth, abortion & consequences	24.2	45.5	25.8	4.5	0.0	0.0	3.0	37.9	36.4	22.7
9	Safe sex & contraceptive methods	26.2	44.6	24.6	4.6	0.0	0.0	1.5	38.5	35.4	24.6
	Average %	**23.0**	**48.6**	**24.9**	**3.5**	**0.0**	**0.8**	**2.5**	**36.0**	**37.3**	**23.3**

The ASRH education curriculum has improved students s' knowledge of ASRH issues before and after extracurricular activities at schools. The evaluation examined the positive change in students' knowledge of ASRH on the basis of 09 key topics including 1) adolescent age and adolescent development phases, 2) puberty characteristics and signs and sex difference, 3) adolescent psychology, adolescent risk-taking behaviors and advices, 4) menstruation, problems in puberty and personal hygiene, 5) male and female genital organs, 6) sexually transmitted diseases, consequences and how to prevent it, 7) adolescent pregnancy & consequences, 8) adolescent birth, abortion & consequences and 9) safe sex & contraceptive methods.

Table 15 above shows that the proportion of students reporting their knowledge of all nine topics of ASRH education at the lowest levels of "Do not know" and "Know but do not understand it" before extracurricular activities makes up very high average rates at 23 % and 48.6 % , ranged from 10.6-36.4 % and 40.9-60 % respectively. There were minimal rates of students perceiving their knowledge at the highest levels such as "Able to use/apply in in daily life" (3.5%) and "Able to help others understand it" (0%) before extracurricular activities. Interestingly, the average rates of students with the highest levels of knowledge have remarkably increased to 37.3% for "Able to use/apply in in daily life" and 23.3% for "Able to help others understand it" after extracurricular activities.

Compared to the figures before extracurricular activities, the average rates of students with ASRH knowledge changed/improved to the highest levels have substantially increased by 33.8% for ""Able to use/apply in in daily life" and 23.3 % for "Able to help others understand it".

The students were asked to give assessment score for their knowledge level acquired before and after extracurricular activities on key ASRH topics and the results are summarized in Table 16 below. The average overall assessment across 09 ASRH topics is estimated at 2.09 points for before extracurricular activities and 4.5 points for after extracurricular activities. Pre and post differences in average assessment scores also indicate a considerable increase ranged from 1.55 to 1.81 points. For overall assessment, pre and post difference indicates an increase by average of 1.71 points of knowledge level after training as compared to the before training figure. This implies a significant change in students' knowledge level of ASRH after extracurricular activities.

Table 16: Students' self-assessment score of their knowledge level before and after training on ASRH

	Adolescent age & adolescent development phases	Puberty characteristics & signs and sex difference	Adolescent psychology, adolescent risk-taking behaviors and advices	Menstruation, problems in puberty & personal hygiene	Male and female genital organs	Sexually transmitted diseases, consequences & how to prevent it	Adolescent pregnancy & consequences	Adolescent birth, abortion & consequences	Safe sex & contraceptive methods	Average overall assessment
	Mean score	Mean score	Mean score	Mean score	Mean score	Mean score	Mean score	Mean score	Mean score	Mean score
Before extracurricular activities	2.21	2.29	1.98	1.89	1.88	2.14	2.24	2.11	2.08	2.09
After extracurricular activities	3.76	3.88	3.78	3.70	3.60	3.94	3.89	3.79	3.83	3.80
Pre & Post difference	**1.55**	**1.59**	**1.80**	**1.81**	**1.72**	**1.80**	**1.65**	**1.68**	**1.75**	**1.71**

The Paired-Samples T test was run to show more evidence for improvement of students' knowledge level of ASRH before and after extracurricular activities. The tested hypothesis is that there is a significant mean difference in the knowledge level assessment scores between before and after extracurricular activities. The mean differences in assessment scores between before and after extracurricular activities have a normal distribution. The results of the Paired-Samples T test indicate that the average assessment scores after extracurricular activities are from 1.54 to 1.8 higher than that of before extracurricular activities for all the ASRH topics. The *t*-test is significant as the p-value is < 0.05 for the mean differences of all the ASRH topics before and after extracurricular activities. It means the null hypothesis is rejected and can conclude that there was a significant mean difference in the knowledge level assessment scores between before and after extracurricular activities. This shows statistical evidence that students have improved their knowledge of ASRH issues as a result of the ASRH education curriculum. For more information of the results of the Paired-Samples T test, please see the Annex 5.

5.8 The self-change in life perceived by Youths supported by HIPE

To further show evidence on the outcome of HIPE programmatic activities in additional to its effectiveness and outcome in improvement of PHEs and students' knowledge and ability, the evaluation made an assessment of the HIPE PHEs' and students' self-change which is a psychological and social mechanism leading to the self-improvement of a youth. In their questionnaire interview, PHEs and students were asked to perceive their self-change toward nine behaviors and capabilities after they had participated in HIPE activities. The self-change is rated on three levels of worse, no change and better. Table below summarizes the results of data analysis for both PHEs and students.

Table 17: The self-change in life perceived by the Youths after they have participated in HIPE activities

	Behaviors/capabilities	PHEs		Students		Average
		Better		Better		
		N	%	N	%	%
1	Be less embarrassed/shy in communication	95	100	70	78.6	89.3
2	Actively raise concerns/question to a problem	95	91.6	70	77.1	84.4
3	Know how to listen to others	95	100	70	90.0	95.0
4	Express love & care and help other people around you	95	92.6	70	74.3	83.5
5	Know how to motivate other people 's spirit	95	89.5	70	71.4	80.5
6	Have a firm standpoint in protecting the right thing	95	88.4	70	70	79.2
7	Able to make a counter-argument	95	80	70	75.7	77.9
8	Be self-motivated in life	95	93.7	70	72.9	83.3
9	Accept/receive other people' opinions	95	97.9	70	87.1	92.5

The most outstanding self-change of both PHEs and students were to better behave themselves in dealing with other people such as "know how to listen to others (average 95%) and accept/receive other people's opinions (average 92.5%). As a result of their participation in HIPE activities, the majority of youths (PHEs and students) were found to improve their motivational skills such as "know how to motivate other people's spirit" (80.5%), and "be self-motivated in life" (83.3%). In addition, a large proportion of HIPE youths reported to have improved their skills and behaviors in communication including "actively raise concerns/questions to a problem"(84.4%), "express love and care and help other people" (83.5%) and "be less embarrassed or shy" (89.3).

5.9 HIPE Youths' attitudes toward gender, sexual behaviors and reproductive health

To further ascertain the effectiveness and outcomes of the HIPE activities, the evaluation looked into the HIPE PHEs and students' attitudes toward a number of statements related to gender inequity and inequality. Data analysis results are summarized in the below table for both PHEs and students.

As shown in the result Table 18, most of the PHEs and students disagreed with the statements of gender inequality such as "*Males do not need to do the housework because it is the females' work*", "*Woman is the key one who bears the responsibility for pregnancy prevention and family planning*" (97.3% on average), although there still remain a minimal rate of youths who agreed with these statements. 97.9% of PHEs and students did not accept the statement that is "*those families that have financial difficulties/constraints should spend money for their sons' education rather than daughters, for the girls are other people's children and no need to invest in their education*".

In addition, the evaluation data analysis indicates that the majority of PHEs and students had negative attitudes toward the statements on gender inequity/disparity such as "*Women have the right to love but should not express their love beforehand*" (over 93% on average), "*Males can freely have sex with their partners whenever they want*" (97.5% on average) and "*Males must not cry and express their sentiments*" (93.4% on average).

In brief, the evaluation findings indicate that PHEs and students have proper attitudes toward the statements/thoughts that express gender inequality and gender inequity.

Table 18: HIPE Youths' attitudes toward gender inequity and inequality

	Statements	PHEs				Students			
			Disagree	Agree	Strongly agree		Disagree	Agree	Strongly agree
		N	%	%	%	N	%	%	%
1	Males do not need to do the housework because it is the females' work	95	98.9	0	1.1	70	95.7	1.4	2.9
2	Woman is the key one who bears the responsibility for pregnancy prevention and family planning	95	98.9	1.1	0	70	95.7	1.4	2.9
3	Those families that have financial difficulties/constraints should spend money for their sons' education rather than daughters, for the girls are "other people's children" and no need to invest in their education	95	100	0	0	70	95.7	1.4	2.9
4	Males must not cry and express their sentiments	95	96.8	3.2	0	70	90	7.1	2.9
5	Males can freely have sex with their partners whenever they want	95	97.9	2.1	0	70	97.1	0	2.9
6	Women have the right to love but should not express their love beforehand	95	94.7	5.3	0	70	91.4	5.7	2.9

As shown in Table 19 below, the majority of PHEs and students agreed or strongly agreed with the statements of behaviors of safe sex such as "*Healthy sex is not to have sex with multiple partners"* (84.2% on average) and "*Safe sex is to use condoms when having sex*" (81%). Particularly, there was a high average rate of PHEs and students who agreed or strongly agreed to the situation that "*You want to have sex with your girlfriend but she refuse it, so you will respect her and wait until you are both ready"* (94.7% on average).

Table 19: HIPE Youths' attitudes toward sexual behaviors and reproductive health

	Statements	PHEs				Students			
			Disagree	Agree	Strongly agree		Disagree	Agree	Strongly agree
		N	%	%	%	N	%	%	%
I	**Sexual behaviors**								
1	You want to have sex with your girlfriend but she refuse it, so you will respect her and wait until you are both ready	95	6.3	45.3	48.4	70	4.3	70.0	25.7
2	Healthy sex is not to have sex with multiple partners	94	12.8	57.4	29.8	69	18.8	58.0	23.2
3	Safe sex is to use condoms when having sex	94	22.3	56.4	21.3	70	15.7	57.1	27.2
II	**Reproductive Health**								
1	Youths and adolescents need to know the contraceptive methods to apply when necessary	95	0	50.5	49.5	70	1.4	61.4	37.1
2	Youths and adolescents need to know the sexually transmitted diseases (STDs) and how to prevent them	95	1.1	45.3	53.7	70	1.4	51.4	47.1
3	Frequent/excessive masturbation is bad for health	95	9.5	61.1	29.5	69	14.4	59.4	26.1
4	Only clean your genital whenever you feel itching	94	89.4	8.5	2.1	70	90	7.1	2.9

With regard to the reproductive health, the survey data indicate that the PHEs and students who agreed and strongly agreed with the statements that "*Youths and adolescents need to know the contraceptive methods to apply when necessary*" and "*Youths and adolescents need to know the sexually transmitted diseases (STDs) and how to prevent them*", account for a very high average rates at 99.2% and 98.8% respectively. The majority of the PHEs and students (89.7%) showed negative attitudes toward the hygienic practice that is "Only clean your genital whenever you feel itching". For the statement of "*Frequent/excessive masturbation is bad for health*", over 88% of PHEs and students indicated their agreement or strong agreement, although nearly 12% of PHEs and students expressed their disagreement. That this statement is correct in all the situation is still a controversial issue so it is understandable that there were still a number of PHEs and students who disagreed with it.

6. CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The evaluation employed both quantitative and qualitative research methods to collect data and information to examine the HIPE programmatic activities, including TOT program for PHEs, school-based gender and health education program and community based health promotion program. Prior to presenting the program evaluation results, the overview of the above three programs that HIPE has been implementing in its target areas were summarized with regard to key programmatic interventions and the achievements that each program has made since its inception up to 2018. Data on the achieved results were documented in the implementation section of each program.

The evaluation results indicate that HIPE programmatic components, namely TOT program for PHEs, school-based gender & health education and community-based health promotion program, have been successfully implemented and effectively operating to improve the adolescents and youths' knowledge of gender and ASRH as well as positively change their attitudes and behaviors toward sexual and reproductive health and issues of gender inequality and inequity. Importantly, HIPE has successfully established a competent taskforce of PHEs and peer volunteers who play a critical role in organizing and implementing HIPE supported activities and projects. HIPE paid special attention to mobilizing, recruiting qualified students/youths and provided them with necessary knowledge and skills to be become PHEs. That PHEs are strengthened to be performant and empowered to take the lead in implementing school-based activities is considered as a decisive factor for the quality and effectiveness as well as the sustainability of HIPE interventions.

With regard to the TOT program, which equips the PHEs with essential knowledge and skills, the evaluation found it is very good in quality based on the high proportion of PHEs who were overall satisfied with all six aspects of the trainings they attended such as training curriculum/materials, training methodology, performance capacity of trainers, training duration, training venue, logistic arrangements. All the TOT program trainings were overall assessed to be effective because they provided the knowledge and skills that are suitable, relevant for PHEs, and applicable to their personal development and to organize and/or coordinate HIPE school and community activities.

In addition, the evaluation also ascertained the statistical evidence that the TOT program has brought about substantial outcomes for the PHEs such as significant change in their knowledge of gender concepts and reproductive health issues, and the improvement of their ability to adopt/apply their knowledge and skills in organizing, coordinating and implementing HIPE school and community activities. The evaluation was able to draw some lessons learned for the TOT program.

The Gender and ASRH education curriculum used in the school and community activities was assessed to be good in quality and effective as it provided suitable and relevant knowledge and skills for students/youths through trainings, workshops and extracurricular activities. Peer education that is the mainstay education method of the curriculum is efficient for gender and health promotion activities in target schools and communities. Like the TOT program, the gender and ARSH curriculum helped to make positive change in the students'/youths' knowledge of gender concepts and reproductive health, statistically evidenced in this report.

HIPE also had significant impacts on the youths. A great deal of PHEs and students reported to have achieved substantial self-change after participating in the HIPE activities. They have gained better capabilities and skills in communication and know how to behave themselves when dealing with other peoples. Finally, the evaluation found that the majority of HIPE youths (PHEs and students) showed proper attitudes toward the statements/issues of gender inequality, gender inequity, sexual behaviors and reproductive health.

In brief, the evaluation concludes that HIPE has been performant to achieve its objectives and expected results that provide gender and ASRH education for adolescents and youths in its target areas in Thua Thien Hue.

6.2 Recommendations

Based the comments from key informants and the findings, the evaluation has the following recommendations which help to improve the quality, effectiveness and sustainability of the HIPE programmatic activities.

-In the future, HIPE may be in shortage of the PHEs because there may be a number of the PHEs leaving HIPE for their work, study or military service annually. Therefore, there should be a number of PHE substitutes prepared annually to deal with the lack of PHEs involved in the HIPE activities in schools and communities. The TOT program should have a pre-PHE training which prepares other students/youths with good qualification and strong commitment to become PHEs. This will help to improve the quality, effectiveness and outcomes of the TOT program because the PHEs can acquire relevant knowledge and skills from basic to advanced levels. That HIPE can maintain the required number of PHEs who are qualified and have commitment will held to sustain the quality, effectiveness and outcomes of the TOT program in particular and the HIPE in general;

-Senior and junior PHEs may have different needs for knowledge and skills, so the TOT trainings should be designed appropriately with the focus on providing more advanced skills and in-depth knowledge for senior ones, but basic knowledge and skills for junior PHEs;

-The PHEs need to equip with the teaching/pedagogical skills so that they can conduct trainings on gender and reproductive health for students more effectively;

-School teachers and PHEs who are involved in the Information-Education-Communication (IEC) activities should be provided a special training on communication skills for topics of sensitive issues of sexuality and reproductive health;

-In the peer education, the age difference between educators and students should be noted when assigning the educators to conduct IEC activities at target schools;

7. ANNEXES

ANNEX 1: Demographic characteristics of key respondents in the questionnaire survey

Peer Health Educators (PHEs)

The evaluation team interviewed 95 peer health educators (PHEs), making up of 86.4 % of total PHEs who were have been currently acting as HIPE PHEs (nearly 19% of total HIPE PHEs). Female PHEs account for a large proportion at nearly 79% of total interviewed PHEs. The PHEs aged between 12 to 18 years make up over 89% of total interviewed PHEs, while PHEs above 18 years old (aged 19-24) represent nearly 11% of those interviewed. PHEs who are currently the students of high schools (in Grades 10, 11, 12) represents nearly a half of the interviewed PHEs, while students of secondary schools (mainly in Grades 7,8,9) make up nearly a quarter of total PHEs surveyed. Students from Hue colleges/universities (namely Hue University of Pharmacy and Medicine, University of Economics, University of Agriculture and Forestry, and College of Tourism) account for 15.8% of total interviewed PHEs The diversity of educational background found indicates that HIPE has established an extensive outreach of its activities through PHEs to the adolescents and youths in all the levels of educational institutions in its target areas. The majority of PHEs are from Quang Dien and Phu Vang districts, representing 67% and 21.3% of total interviewed PHEs respectively, as compared to 10.6 % of total PHEs who come from Hue city. Of those interviewed, PHEs who do not follow any religion account for a large proportion at 72.6 percent as compared to the number of PHEs following other religions. Buddhist PHEs makes up 24.2% of total interviewed PHEs while the number of PHEs who are Catholic is very minimal at only 2.1%.

Most of the PHEs' households are not poor or near poor households. The number of PHEs who belong to poor (6.3%) and near poor (5.3%) households account for 11.6% of total PHEs. The majority of interviewed PHEs (92.4%) have parents currently living in their marriage as compared to the minimal rate (3.3%) of those PHEs with single parents. PHEs with parents who are divorced and widows/widowers account for 3.3% and 1.1% of total interviewed PHEs respectively. PHEs with parents who are working and earn income account for over 80% on average, as farmers (40%), government officials/staff (6.7%), business people/traders (10.7%) and casual laborers/self-employed (17.2%). Those PHEs with parents who are housewives and retired on pension represent nearly 20% of total interviewed PHEs on average.

A large proportion of PHEs having parents who have low educational level (on average nearly 70% of PHEs' parents having not completed high school educational level). The PHEs' parents who are illiterate/never attended school or have not completed primary education level account for 8% on average. Nearly 23% of total interviewed PHEs have parents completing the educational level of college/associate (16%) and university or higher (7%).

Youths/students

70 students who are youth members of HIPE Youth Councils, core teams at HIPE target secondary and high schools were interviewed in the questionnaire survey. Female students participating in the survey account for 52.9% of total students. Surveyed students aged between 16 to 18 years (mainly in Grade 11) represent over 57% of total students and the remaining students are in the age between 12 to 15 years (in Grades 6, 7 and 8). The majority of students are from Quang Dien (54.3%) and Phu Vang (21.4%) districts, representing 75.7% of total interviewees, as compared to 21.4 % of total students who live in Hue city. 61.4% of total students do not follow any religion, while more one third of total students (37%) follow Buddhism as compared to only 1.4% of total students who are Catholic.

Most of the students' households do not belong to poor or near poor households. Students from poor households (1.4%) and near poor household (7.1%) account for 8.5% of total students. The majority of interviewed students (88.6%) have parents currently living in their marriage as compared to the minimal rate (5.7%) of those students with single parents. Students with parents who are divorced and widows/widowers account for only 1.4% and 2.9 % of total interviewed students respectively. Students with

parents who are working and earn income account for 76.6% on average, as farmers (28.5%), government officials/staff (8.7%), business people/traders (12.5%) and casual laborers/self-employed (26.2%). Those students with parents who are housewives and retired on pension represent nearly 22.7% of total interviewed students on average.

A large proportion of students having parents who have low educational level (on average nearly a half having not completed high school educational level). Students' parents who are illiterate/never attended school or have not completed primary education level account for 6.4% on average. Nearly 13.6% of total students have parents who have completed the educational level of college/associate (4.3%) and university or higher (9.2%).

Teachers and Parents

80 school teachers and parents of secondary and high school students representing community stakeholders participated in the questionnaire survey. Of those participants, parents of secondary and high school students account for over 51 percent. Female respondents make up 62.5% of total interviewees. Community stakeholders aged between 40 to 50 years account for 55% of total respondents and nearly 29% for those aged below 40 years. Respondents aged above 50 represent 16.3% of total respondents.

Most of the respondents live in Quang Dien (67.5%) and Phu Vang (16.2%) districts, representing 83.7% of total interviewees, as compared to 16.3 % living in Hue city and other places. 73.8% of total respondents do not follow any religion, while more than 22% of teachers and parents follow Buddhism. A minimal rate of respondents (3.8%) are Catholic. Of those respondents who do not belong to poor or near poor households (93.8%), parents account for 48 percent. Those respondents who are from poor and near poor households are mainly the parents of students at target schools (6.2%).

Of those respondents currently living in their marriage (87.5%), parents of students account for 53%. Teachers and parents who are divorced and widows/widowers represent a minimal rate of 6.3% of total respondents. Interviewed parent currently working and earning income account for 75.6%, as farmers (29.3%), government officials/staff (7.3%), business people/traders (14.6%) and casual laborers/self-employed (24.4%).

A large proportion of interviewed parents who have not completed high school educational level (78%). Parents who are illiterate/never attended school or have not completed primary education level account for 7.3%. 14.7% of surveyed parents have completed the educational level of college/associate (9.8%) and university or higher (4.9%).

ANNEX 2: Results of Paired Samples T Tests of mean differences in assessment score of PHEs' knowledge level of gender before and after training

Paired Samples Test									
		Paired Differences							
				95% Confidence Interval of the Difference					
	Average scores of knowledge assessment	Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
Pair 1	Gender and sex/before-after training	-2.40	0.961	0.099	-2.596	-2.204	-24.343	94	0.000
Pair 2	Gender prejudice/before-after training	-2.337	0.985	0.101	-2.538	-2.136	-23.121	94	0.000
Pair 3	Gender equality/before-after training	-2.2	0.963	0.099	-2.396	-2.004	-22.263	94	0.000
Pair 4	Gender equity/before-after training	-2.128	0.997	0.103	-2.332	-1.923	-20.688	93	0.000
Pair 5	Gender roles/before-after training	-2.234	0.999	0.103	-2.439	-2.029	-21.677	93	0.000

ANNEX 3: Results of Paired Samples T Test of the mean differences in assessment score of PHEs knowledge level of ASRH before and after training

Paired Samples Test									
		Paired Differences							
			95% Confidence Interval of the Difference						
	Average score of knowledge assessment	Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
Pair 1	Adolescent age and adolescent development phases/before-after training	-2.263	0.866	0.089	-2.439	-2.087	-25.485	94	0.00
Pair 2	Puberty characteristics and signs and sex difference/before-after training	-2.223	0.985	0.102	-2.425	-2.022	-21.876	93	0.00
Pair 3	Adolescent psychology, adolescent risk-taking behaviors and advices/before-after training	-2.168	0.93	0.095	-2.358	-1.979	-22.725	94	0.00
Pair 4	Menstruation, problems in puberty and personal hygiene/before-after training	-2.263	0.936	0.096	-2.454	-2.072	-23.557	94	0.00
Pair 5	Male and female genital organs/before-after training	-2.516	0.886	0.091	-2.696	-2.335	-27.688	94	0.00
Pair 6	Sexually transmitted diseases, consequences and how to prevent it/before-after training	-2.379	0.853	0.087	-2.553	-2.205	-27.19	94	0.00
Pair 7	Adolescent pregnancy & consequences/before-after training	-2.179	0.922	0.095	-2.367	-1.991	-23.027	94	0.00
Pair 8	Adolescent birth, abortion & consequences/before-after training	-2.316	0.914	0.094	-2.502	-2.13	-24.695	94	0.00
Pair 9	Safe sex & contraceptive methods/before-after training	-2.326	0.904	0.093	-2.511	-2.142	-25.071	94	0.00

ANNEX 4: Results of Paired Samples T Tests of mean differences in assessment score of Students' knowledge level of gender before and after training

Paired Samples Test									
		Paired Differences							
					95% Confidence Interval of the Difference				
	Average scores of knowledge assessment	Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
Pair 1	Gender and sex/before-after training	-1.829	0.947	0.113	-2.054	-1.603	-16.147	69	0.00
Pair 2	Gender prejudice/before-after training	-1.855	0.959	0.115	-2.085	-1.625	-16.067	68	0.00
Pair 3	Gender equality/before-after training	-1.743	0.879	0.105	-1.953	-1.533	-16.58	69	0.00
Pair 4	Gender equity/before-after training	-1.87	0.984	0.118	-2.106	-1.633	-15.784	68	0.00
Pair 5	Gender roles/before-after training	-1.586	1	0.12	-1.824	-1.347	-13.268	69	0.00

ANNEX 5: Results of Paired Samples T Test of the mean differences in assessment score of Students' knowledge level of ASRH before and after extracurricular activities

Paired Samples Test									
		Paired Differences							
					95% Confidence Interval of the Difference				
	Average score of knowledge assessment	Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
Pair 1	Adolescent age and adolescent development phases/before-after extracurricular activities	-1.545	0.826	0.102	-1.749	-1.342	-15.197	65	0.00
Pair 2	Puberty characteristics and signs and sex difference/before-after extracurricular activities	-1.591	0.859	0.106	-1.802	-1.38	-15.047	65	0.00
Pair 3	Adolescent psychology, adolescent risk-taking behaviors and advices/before-after extracurricular activities	-1.797	0.929	0.116	-2.029	-1.565	-15.475	63	0.00
Pair 4	Menstruation, problems in puberty and personal hygiene/before-after extracurricular activities	-1.803	0.948	0.117	-2.036	-1.57	-15.448	65	0.00
Pair 5	Male and female genital organs/before-	-1.723	0.857	0.106	-1.935	-1.511	-16.208	64	0.00

	after extracurricular activities								
Pair 6	Sexually transmitted diseases, consequences and how to prevent it/before-after extracurricular activities	-1.8	0.887	0.11	-2.02	-1.58	-16.353	64	0.00
Pair 7	Adolescent pregnancy & consequences/before-after extracurricular activities	-1.652	0.936	0.115	-1.882	-1.421	-14.33	65	0.00
Pair 8	Adolescent birth, abortion & consequences/before-after extracurricular activities	-1.682	0.979	0.121	-1.923	-1.441	-13.954	65	0.00
Pair 9	Safe sex & contraceptive methods/before-after extracurricular activities	-1.754	0.867	0.107	-1.969	-1.539	-16.317	64	0.00

ANNEX 6: TERMS OF REFERENCE (TOR)

Title: HIPE Program Evaluation by Examining Benefits, Values, and Improvements for HIPE's Youth Leadership Train-the-Trainer Program for Peer Health Educators

Evaluation commissioned by: VANGO Network

I. BACKGROUND/ INTRODUCTION

The **Vietnamese American Non-Governmental Organization (VANGO) Network** is a non-profit nongovernmental organization. Our mission is to strengthen the humanitarian and development work by delivering technical and capacity building workshops through partnerships and leading effective collaborations with the full participation of community coalitions to address health disparities, education inequalities, as well as social and economic injustices. Our website is https://va-ngo.org/.

One of our current programs is the Healthy Initiatives through Peer Education (HIPE) program which is the focus of this evaluation. The HIPE program consists of the following programmatic components and elements:

- The training program for at-risk youths or youths from at-risk communities to become Peer Health Educators (PHE).
- The school-based health education program uses an innovative peer-to-peer education model implemented by school-aged young people trained and acting as Peer Health Educators (PHE) to teach other students about their health.
- The community-based health promotion program encourages PHEs to implement health and environmental health related projects and events to bring about benefits for a community at large.

To that end, the HIPE program is conducting teaching and leadership training in the fields of health education, disease prevention, disaster preparedness, and community mobilization to young people and the future PHE.

HIPE started out focusing on hygiene/sanitation in 2010, expanded to environment protection in 2011, and added tobacco control and prevention in 2012. When alerted by high prevalence of abortions and teenage pregnancies, HIPE launched an adolescent sexual and reproductive health (ASRH) curriculum in 2014, piloted gender-based approaches to school health education in 2016 and started to roll out gender education in 2017. The program is implemented in Thua Thien Hue Province, one of the poorest provinces in Vietnam.

Since its inception in 2009, HIPE has become a well-recognized youth empowerment and community health development program utilizing proven strategies in peer-to-peer education, community mobilization, engagement and partnership, as well as capacity building to community stakeholders.

To date, HIPE has been collaborating with many partners including the Department of Education, the Public Health Department, Development Capital Fund for Hue (DCF) and Design Capital Asia (DCA) to concertedly advance HIPE's objectives and meet local mandated provincial and national health goals for the adolescent population.

By 2019, HIPE will have implemented ASRH and gender training to Peer Health Educators for 4 and 3 years respectively and rolled out both curriculum in schools and communities for 4 and 2 years respectively.

As a result, it will be a good juncture to conduct an evaluation of HIPE's programmatic activities with a gender focus, with particular attention to:

- The Train-the-Trainer Program (TOT) for Peer Health Educators (PHE), with a special emphasis on the training delivered on ASRH and gender,
- The School-based Health Education Program,
- The Community-based Health Promotion Program.

II. EVALUATION PURPOSE & OBJECTIVES

The purpose of the evaluation of the HIPE program is to evaluate the effectiveness and quality of the Train-the-Trainer (TOT) Program for Peer Health Educators (PHE) in term of benefits perceived, and KAB changed by the PHE, but also by their peers reached. The latter are represented by the youths participated in the school HIPE Youth Councils.

The evaluation shall also identify opportunities for improvement of the curricula, particularly related to the gender training delivered and its effectiveness with regards to gain a better understanding of gender (in)equality.

The main expected outcomes include:

- To be able to implement training approaches better taking into account the local and regional cultural and social context on gender issues in training the PHE during the Train-the-Trainer (TOT) Program
- To integrate gender education more effectively into the adolescent reproductive and sexual health education in schools and communities
- To document lessons learned and best practices in terms of values and benefits including on gender issues in a youth empowerment program to include into the HIPE Tool Kits for sharing with PHEs and communities
- To position the advocacy for ASRH and gender education in schools more strategically and confidently with community stakeholders, including the Department of Education & Training, Public Health and School authorities, and parents

The specific evaluation objectives are designed to evaluate the TOT, school-based, and community-based program. Our overall specific objective is to find out: what works, what has not worked, what did the program not consider or anticipate? More specifically:

- *To **assess the quality, effectiveness and benefits of the TOT Program for PHE** as well as opportunities for improvement, with a special focus on ASRH and gender.*
  To that end, for example **a quantitative survey with 100 youths who are currently or have been working as Peer Health Educators could be conducted**. Additionally, focus group discussions (FGD) could be conducted with 50 PHEs to deeply explore and solicit inputs for improvement opportunities. This is to evaluate the overall TOT including ASRH and gender training curriculum and activities in the TOT program. Young PHE shall also be interviewed **regarding their confidence as well as their ease and comfortableness to talk with their peers about issues related to sexuality:** Examples: Do PHE's feel equally comfortable talking to youth of the opposite sex? How do PHEs attitudes and skills relate to issues that can be rooted in gender norms, e.g. that girls should refrain from sex and boys should not? Are female (male) PHE comfortable to bringing up condom use?
- *To **assess the quality of the HIPE ASRH and gender education curriculum** as well as its effectiveness in addressing gender biases and promoting gender equality.*
  To that end, for instance a quantitative survey could be conducted with 50 students from HIPE Youth Councils. Additionally, focus groups could be conducted with them to deeply explore and solicit inputs for improvement opportunities. This is to evaluate the ASRH and gender curriculum and related activities in the school-based health education program. Young people reached by PHE shall also be interviewed with regard to the question how ASRH is best to be conducted in their view, e.g. do they prefer to talk with a PHE of the same sex?
- *To **gain deeper insights with regards to the attitudes and perceptions on gender equality/equity, to the changes** that have occurred related to the program and the needs in terms of ASRH and gender education to **youths**.*
  To that end, PHEs, youth members of HIPE Youth Councils, and 50 community members, especially teachers and parents, shall be interviewed.
- *To **gain an in-depth understanding of the perceptions on gender inequality and the need of ASRH and gender education to youths** in schools.*
  To that end, for example focus groups with 50 community members and potentially follow-up Key Informant Interviews with persons who have special insights to share or cannot participate in the focus group, could be conducted.

III. EVALUATION METHODOLOGY

To address the key questions both qualitative and quantitative methodologies will be required. The evaluation consultant is expected to propose his/her evaluation methodology (quantitative and qualitative data collection and data analysis, secondary data analysis, production of a draft and final evaluation report).
We anticipate that the following will be required:

- Review of program design documentation
- Review of narrative reports, budget and available financial reports
- Develop 3 sets of quantitative questionnaires to respectively administer to 100 PHEs, 50 youths from HIPE Youth Councils, and 50 community stakeholders, mainly teachers and parents
- Develop 3 sets qualitative questionnaires to respectively lead focus group discussions with 50 PHEs, 50 youths from HIPE Youth Councils, and 50 community stakeholders, mainly teachers and parents
- Develop an observation guide with regards to the observation of PHE-led activities towards peers
- Take notes of observations wherever possible
- Conduct meetings with staffs and evaluation participants
- Lead the overall quantitative and qualitative survey process

IV. EVALUATOR OR EVALUATION TEAM

The evaluator or evaluation team with a lead evaluator will have overall responsibility of designing, implementing and coordinating the entire evaluation process guided by these TOR.

The evaluator should have the following expertise, background and skills:

- Strong understanding of programs for youth development, and if possible, youth living in rural communities.
- Experience implementing or evaluating programs for at-risk youth is highly preferred.
- Strong knowledge and background of programs focusing on gender issues, with sexual and reproductive health experience is highly preferred.
- Advanced and demonstrated data collection and analytic skills both in qualitative and quantitative data.
- Excellent written and verbal communication skills, e.g. for the implementation of the evaluation with different audiences, the development of the report and the initial sharing of its results.
- Evidence of having generated quality evaluation reports
- Desirable but not mandatory to have publication experiences for academic institutions.
- Ability and willingness to work in Hue, Vietnam and to travel to the different schools and/or villages for meeting and working with HIPE Peer Health Educators and youth.
- Vietnamese and English Proficiency - to be able to summarize results in English.
- Availability for the assignments shall follow the below preliminary planning that may alter:
    - July 2018: Sign Contract, finalize SOW, and Review of program documents
    - August-September, 2018: Design of data collection tools, evaluation guidelines, and develop databases
    - October 2018: Pilot and finalize questionnaires
    - November 2018-February, 2019: Administer surveys and conduct focus groups
    - March 2019: Conduct data analysis and draft evaluation report reviewed by VANGO
    - April 2019: Present HIPE evaluation findings and recommendation to community stakeholders including Department of Education & Training, Public Health and School authorities, youths and parents
    - May 2019: Finalize HIPE evaluation report
    - June 2019: Submit HIPE evaluation report to the VANGO Network and EMpower and an abstract to the 2020 Asia Pacific Conference on Sexual Reproductive Health & Rights.

V. EVALUATION LOGISTICS

HIPE will be responsible for all the pertinent evaluation logistics including obtaining additional permit if need to, and provision of core documents. It will organize the overall evaluation process accordingly to a work plan elaborated jointly with the main evaluator.

The consultancy is expected set up a SOW with timeline accordingly to our proposed timeline. The consultancy is expected to be physical present in and lead all of the evaluation activities with 100 PHEs, 50 youths from HIPE Youth Councils, and 50 community stakeholders. The consultancy is required to also spend time initially in the 'field' to get better exposure and understanding of the HIPE program. Lastly, the consultancy is expected to have in-person meetings as frequently to timely plan and deliver but other times the consultancy can remotely perform works related to review of program documents, design of data collection tools and databases, and data analysis and report writing.

A detailed work plan will be elaborated once the final evaluation bid selected. The following steps are to be taken into account:

- Review of program documents
- Develop of a framework for evaluation activities to meet all evaluation objectives
- Design and develop data collection tools and databases
- Conduct both qualitative (focus groups, key informant interviews) and quantitative data collection
- If necessary, training of a team of field data collectors
- Data entry and analysis
- Draft of report outline
- Draft evaluation report
- Initial sharing of results during a draft report presentation meeting
- Finalizing the evaluation report, including suggestions from draft report presentation meeting

VI. PRODUCTS

The key deliverables will include:

- Final evaluation plan, to include
    - Description of methodology and analysis plan
    - Questionnaires for both qualitative and quantitative evaluation
    - Instruments and systems for the input and analysis of evaluation data
    - Design of reporting products and dissemination plan
- Draft evaluation report presented at the draft report presentation meeting
- Final evaluation presentation and report – if possible in the format for academic institutions (to be discussed), to take into account reviewers' comments and questions.
- A final abstract for submission to ASRH related conferences

The final version of the evaluation report will have no more than 25 pages excluding annexes and will have to follow an academic or scientific format that will be given once the final evaluation bid selected.

VII. EXPRESSION OF INTEREST – YOUR APPLICATION

Interested evaluators should send an application consisting of the following information:

- Latest curriculum vitae of the main consultant/ evaluator leading the evaluation
- Evaluation bid of 3-page maximum outlining the proposed approach and methodologies, as well as giving a budget estimation including number of days and daily rate, not to exceed US$6,000.
- Evidence of relevant previous experience and / or names and contact details of 2-3 reference persons having good knowledge of previous relevant work experience
- Desirable is a sample report of an evaluation conducted, and – if available – a sample of published work in academic or scientific journals.

Application procedure:

- **Application package shall be send to VANGO:** Ms. Huyen Nu Phuong-Vinh, PhuongVinh@DesignCapitalAsia.org
- **Deadline for the submission of bids is on 1 June 2018.**
- Application received after the closing date will not be considered.
- Only short listed candidates will be contacted.