

# LESSONS LEARNED TOOLKIT

**Building Community Engagement in  
Vaccine and Broader New Prevention  
Technology Efforts in Canada and Africa**

March 2012



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## Acronyms

ASO	AIDS Service Organization
CBO	Community Based Organization
CHVI	Canadian HIV Vaccines Initiative
FSW	Female Sex Workers
ICAD	Interagency Coalition on AIDS and Development
ICASA	International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa
IDU	Injection Drug User
IAVI	International AIDS Vaccine Initiative
IPM	International Partnership for Microbicides
JAAIDS	Journalists Against AIDS
MSM	Men Who Have Sex With Men
NGO	Non-Governmental Organization
NHVMAS	New HIV Vaccine and Microbicide Advocacy Society
NPT	New Prevention Technology
nPEP	Non-occupational Post-Exposure Prophylaxis
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
SAT	Southern African AIDS Trust
STI	Sexually Transmitted Infections

## Background

With support from the Canadian HIV Vaccines Initiative (CHVI), from 2009-2011 ICAD worked in partnership with the Southern African AIDS Trust (SAT) and the New HIV Vaccine and Microbicide Advocacy Society (NHVMAS) to develop a toolkit (FAQs, brief backgrounder, fact sheets) and training package (powerpoint slides, speaker notes, handouts) on HIV vaccines and prevention research, and to deliver training workshops to community representatives and media/journalists in

Canada, Nigeria and Southern Africa<sup>1</sup>. CHVI also provided support for ICAD to develop and deliver an additional set of workshops to a Canadian audience.

In total, 19 workshops have been delivered in the various regions (10 workshops in Canada, 4 in Southern Africa and 5 in Nigeria), and two workshops have been delivered at international conferences (XVIII International AIDS Conference in Vienna in July 2010, and the 16<sup>th</sup> International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa [ICASA] in Addis Ababa in December 2011). Through this project, over 350 individuals in Canada and Africa benefited from education on vaccines and other new HIV prevention technologies.

The expected outcome of the workshops was to ensure that communities are meaningfully engaged in HIV vaccines efforts (and broader New Prevention Technology (NPT) efforts) in Canada, Nigeria and Southern Africa, and that media/journalists and CBO/NGO representatives are better equipped to communicate about and to report accurately on HIV vaccine (and broader NPT) research and development efforts, including trial results.

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<sup>1</sup> Beyond the Scoop training materials can be accessed at the following link:  
[http://www.icad-cisd.com/index.php?option=com\\_content&view=article&id=446&Itemid=282&lang=en](http://www.icad-cisd.com/index.php?option=com_content&view=article&id=446&Itemid=282&lang=en)

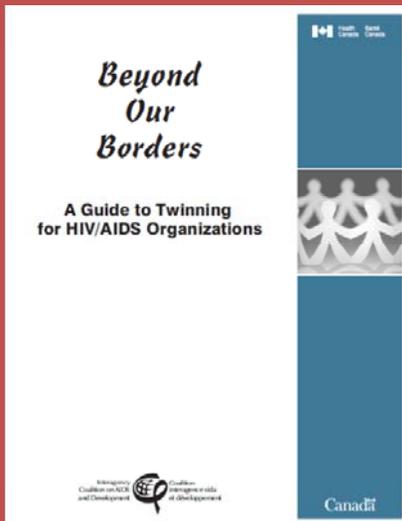
## ICAD's Long History of Twinning

**Twinning** is defined as a formal, substantive collaboration between two organizations.

For over 12 years, ICAD has implemented a twinning program which promotes the development of HIV/AIDS partnerships between Canadian and overseas organizations. Our involvement began with the publication of *Beyond Our Borders* in 1999, a step-by-step guide which introduces community-based HIV/AIDS organizations to the twinning model.

A study carried out by ICAD in June 2003, *The Benefits of International Twinning Projects for HIV/AIDS Programming in Canada and for Canadian Organization*, reports the lessons learned by 20 ASOs who participated in twinning projects with organizations working in HIV/AIDS in developing countries.

From 2002 until 2008, ICAD and the Canadian Society for International Health (CSIH) jointly implemented two phases of a twinning program which encouraged cost-effective, innovative, inter-sectoral knowledge-based approaches to HIV/AIDS. The two phases were funded by the Canadian International Development Agency and involved 40 separate twinning partnerships between Canadian and overseas organizations. Several twinning resources were developed during the program including a Sample Partnership Agreement and a Twinning Evaluation Framework.



All of these resources are available on the [ICAD website](#)—the guide to twinning, the lessons learned document, the evaluation framework and the sample partnership agreement.

Our NPT Communications project provides an interesting new example of a twinning project. This document on lessons learned outlines some of our key observations about the partnership. As we describe, the success of our partnership was in large part due to transparency, regular communication, agreement on the main project elements, clear division of responsibilities, promotion of south-south partnerships and recognition of specific expertise from each partner. ICAD, SAT and NHVMAS found a good balance between working together on a common framework, while allowing for adaptations that reflect national contexts.

## Purpose

The purpose of this toolkit is to assist Canadian organizations working with international partners to effectively engage in their work. An evaluation report of the NPT communications project has already been prepared; this toolkit focuses primarily on the partnership model rather than the content of the workshops. This toolkit was developed with input from all partners, collected primarily at a debrief meeting of representatives from ICAD staff, SAT, NHVMAS, and the Canadian consultants.

This toolkit will be made publicly available and disseminated among ICAD's membership and the networks of the partner organizations, as well as other interested stakeholders.

## Project Partners

The principal partners in this project include the Interagency Coalition on AIDS and Development (ICAD) in Canada, the New HIV Vaccine and Microbicide Advocacy Society (NHVMAS) in Nigeria, and the Southern African AIDS Trust (SAT) in South Africa. Below is a description of the three organizations and their involvement in activities related to new prevention technologies.

**The Interagency Coalition on AIDS and Development** is a network of approximately 100 Canadian international development non-governmental organizations (NGOs), AIDS service organizations (ASOs) and individuals who are concerned about global HIV/AIDS issues. ICAD's mission is to provide leadership in the response of Canadian international development organizations and Canadian HIV organizations in reducing the impact of the global HIV and AIDS epidemic. ICAD does this through improving public policy, providing information and analysis, and sharing lessons learned. ICAD helps Canadians contribute to international HIV/AIDS work and to ensure that lessons learned from the global response to AIDS are utilized by Canadian organizations to improve prevention, care, treatment and support work in Canada.

ICAD has established itself as an organization with extensive expertise in new prevention technologies. ICAD has developed a series of bilingual resources on NPTs and other prevention-related topics, including fact sheets, training courses and reports. ICAD has been an active national partner in offering ongoing training and facilitating national dialogue amongst relevant stakeholders to build greater scientific literacy and policy and program preparedness. For the past four years, ICAD has worked in partnership with one or more of these partners – including the Canadian AIDS Society, Canadian Public Health Association and CATIE – to offer three ancillary events on NPTs held in conjunction with the annual Canadian Conference on HIV/AIDS Research, with the most recent event entitled “Emerging New HIV Prevention Technologies: Community and Public Health Preparedness in Canada”. ICAD also collaborated with all three national partners to deliver a five-part webinar series on new prevention technologies, and to host a national meeting to discuss the regulatory, policy, programming and research implications of NPTs for Canada. Finally, ICAD maintains partnerships with the International AIDS Vaccine Initiative (IAVI, ongoing) and the International Partnership for Microbicides (IPM, ended in 2011).

**The New HIV Vaccine and Microbicide Advocacy Society's** (NHVMAS) mission is to halt the spread of HIV and AIDS in Nigeria by increasing the range of HIV prevention tools through ensuring the availability of safe, effective, acceptable and affordable new HIV prevention technologies and tools for all Nigerians as soon as they are discovered and or developed. To achieve its mission, NHVMAS works through four Operational Strategies:

- a) Public Communication and Enlightenment: workshops and seminars, media communication and publications, exhibitions, public speaking engagements to support a people-friendly policy environment for NPT research in Nigeria;
- b) Policy Advocacy: building political commitment for NPT research in Nigeria through research and analyses, policy development, monitoring and implementation, to ensure the creation and sustenance of a people-friendly policy environment;
- c) Capacity building: facilitation of training opportunities for Nigerian institutions and advocates, participation at international conferences and meetings, research assistance, sponsorship of scientific conferences and publication of scientific papers.
- d) International collaboration: building broad international support for the NPT development process in Nigeria and ensuring that national interests are protected in NPT development worldwide.

**Southern African AIDS Trust (SAT)** is a regional NGO supporting community responses to HIV and AIDS through in-depth partnerships with community groups in Southern Africa. SAT supports between 125-130 CBOs annually. In line with its mandate of advocating effective responses to HIV and AIDS, SAT plays a catalytic role in mobilising communities to mainstream issues such as domestic violence, child sexual abuse, gender and human rights into HIV and AIDS. Since 2004, SAT has added its voice to the growing demand for female initiated and controlled prevention methods and has conducted several activities at the national and regional levels, in a bid to raise awareness in communities for the need for microbicides. More recently SAT has scaled up its support to communities to contextualize evidence-based prevention including male circumcision.

## **Lessons Learned About International Partnership**

### **Partner Roles**

Below is a description of the roles that each organization – ICAD, NHVMAS, SAT – played in the project. The roles and responsibilities of each of the partners within the project were outlined through a detailed partnership agreement that was collectively developed and approved by all three organizations (See **Appendix A** for a copy of the partnership agreement). The partnership agreement set out the terms and conditions concerning the transfer of funds to the southern partners, the management of the southern partner’s contribution and the implementation of the project.

ICAD was responsible for the overall management, coordination and implementation of the project. In addition, ICAD coordinated the work of the consultants conducting the environmental scan, workshop materials development, and project evaluation. ICAD, NHVMAS and SAT were each responsible for the adaptation of the resources compiled through the environmental scan, and collaborated in developing a toolkit and training package that is relevant and appropriate to the Canadian (ICAD), Nigerian (NHVMAS) and Southern African (SAT) contexts. Each partner was responsible for pilot testing the toolkit and training package; for the translation/adaptation, lay-out and printing of materials; and, for the delivery of three post-pilot workshops for community representatives and media/journalists (either combined or separate, as determined by the regional context) in their respective regions.

## Collaboration

ICAD, NHVMAS and SAT worked closely on this project, and took advantage of opportunities to learn from each other in several ways. First, they each contributed to the identification of existing resources that could serve as potential training models during the environmental scan phase of the project. Second, they collaborated on the development of an agreed-upon common framework to serve as the basis for the region-specific toolkits and training packages. Third, they all reviewed the draft toolkit and training package, and jointly problem-solved through the resource development phase of the project. Fourth, they developed and implemented a joint dissemination and promotion strategy to increase the reach of their toolkits and training packages. Fifth, the three partners directly collaborated in delivering the workshop at two international fora (AIDS 2010 and ICASA 2011).

## Benefits of Partnership

ICAD, NHVMAS and SAT were already involved in community engagement and capacity-building efforts related to HIV vaccines and other new prevention technologies in their respective regions. This project enhanced their individual organizational capacity to do so, as well as promoted new cross-regional collaboration in global NPT awareness and capacity building efforts. A key factor in the success of this project was that all three organizations had proven track records in working with other organizations, came with NPT knowledge, and experience with capacity building.

The project didn't just select partners based on "having to" work with a particular constituency, but chose partners with genuine expertise and relevant experience in the NPT field.

The southern partners (NHVMAS and SAT) noted that they were eager for formal and informal feedback throughout the partnership process in order to improve activities. This feedback from the other project partners could then be shared with their board of directors and with funders. All three partners also noted that it would have been beneficial to have the opportunity to observe each other deliver the workshops, in order to learn about different presentation styles and ways of explaining the workshop content.

## Conception of the Partnership

In 2009, ICAD brainstormed the idea of developing an NPT training curriculum and training project, and then sought out African partners. ICAD had already worked with SAT through the CIDA International Youth Internship Program, and NHVMAS was a new partner (referred by one of the consultants). All three organizations were involved in formulating the project, including proposal design.

## North-South Partnership Dynamics

NHVMAS and SAT noted appreciation that as the fiscal conduit and Northern partner, ICAD did not wield power over the southern partners, as is often the case. The southern partners felt that power was shared.

NHVMAS and SAT advised that all partners need to be clear at the outset about the rationale for workload division. Initially, SAT and NHVMAS may have had a sense that ICAD didn't have trust in their capacity to develop the curriculum materials, instead assigning the work to the two Canadian consultants. However, this concern was dispelled when each organization was tasked with adapting the common framework for its own region.

Another key success factor was that the partners were open to recognizing the expertise of each partner/individual and sharing tasks accordingly. At the ICASA workshop, for example, it was meaningful that SAT and NHVMAS took on the bulk of the workshop delivery, especially given that that it was an African conference.

### Unexpected Benefits

NHVMAS and SAT also appreciated that the project facilitated south-south partnerships, rather than just focusing on strengthening the relationship with ICAD. This south-south partnership was especially beneficial to NHVMAS which up to this point had mostly focused on in-country initiatives. The southern partners saw the project as potentially leading to more international collaborations within Africa.

The project also helped each of the partners to facilitate relationships with other partners that were not directly involved in the project. ICAD, for example, developed new partnerships with the local ASOs and universities which co-hosted the workshops across Canada.

A key success factor was regular teleconferences to maintain lines of communication. The partners all expressed an interest in and commitment to continuing to share information and to help build a working relationship beyond the life of the project. The three partners have demonstrated commitment to their collaboration by identifying and pursuing opportunities to deliver training activities beyond the scope of the original project (e.g., AIDS 2010, Microbicides 2012, AIDS 2012).

## **Lessons Learned About Curriculum Development**

### Conception of the Project Focus

The focus on NPT communications arose as a result of observations of inaccurate and irresponsible media coverage of trial results (e.g., Carraguard and Savvy) and consequent backlash from community against prevention trials. The three partners agreed that there existed a serious need to build understanding of NPT research amongst community advocates, community-based communications experts, and media (journalists and editors).

### Environmental Scan

The first step in the curriculum development was to conduct an environmental scan in order to gather resources that could serve as potential models and be adapted for the curriculum. Each of the three partner organizations drew from their wide national and regional networks to identify resources that could be built upon for this project's curriculum. The consultants gathered together communication resources (training materials, fact sheets) already produced in Canada, Africa and by groups such as AVAC, IAVI, and GCM relating to HIV vaccines and other NPTs (microbicides, PrEP, male circumcision, etc) which were targeted to community representatives and to media and journalists. These existing resources provided a valuable starting point for the curriculum development, and helped to identify gaps in training that would address the project focus.

### Curriculum Development Process

Once funding from the CHVI was confirmed, the three partners met in-person in Ottawa over three days in February 2010 to reach consensus on the overarching objectives and to develop the

framework for the training modules. [The agenda of the February 2010 meeting is included in **Appendix B.**]

The objectives of the in-person formulation meeting in February 2010 were:

1. To ensure that all project partners were clear on project objectives, activities, timelines and roles
2. To develop a common framework for training kits that could be adapted to region- specific contexts
3. To develop an evaluation framework and evaluation tools, as part of the common toolkit

*Curriculum development occurred through a highly iterative and participatory process. Each successive draft of the curriculum was shared through Google Docs, and then partners discussed recommended revisions via teleconference based on their experience of delivering the workshops.*

The key outcomes of this meeting were a skeleton outline of the modules (including content and length), review of existing resources including those from partners, and development of the evaluation framework and tools.

The partners reviewed several drafts of the modules through an iterative process. The two Canadian consultants developed initial drafts of the modules based on the skeleton outline produced at the in-person meeting and distributed them to the partners using the Google Documents online office suite. The partners then reviewed the modules and met via teleconference to discuss revisions and enhancements. This process was repeated three times as the workshops were delivered in each region, and until the modules were acceptable to all partners.

### Pilot Testing of Curriculum

NHVMAS conducted a “step-down” (train the trainer) session with their facilitators in Nigeria in June 2010 to review all of the presentation materials.

The three partners jointly delivered an abbreviated version of the curriculum at the XVIII International AIDS Conference in Vienna (July 2010). The workshop, called “Beyond the Scoop: Skills Building for Journalists and CBOs/NGOs in Interpreting and Communicating Trial Results for New HIV Prevention Technologies (NPTs),” was three hours in duration, delivered to approximately 10 participants. The partners were disappointed in the attendance at the AIDS 2010 workshop as the pre-registration was much higher in numbers. The partners debriefed after the conference via teleconference and documented some valuable lessons learned about the length of the workshop and ordering of the content. The partners noted that because there was so much competition with other workshops and sessions at the conference, it would have been better to offer a shorter session (e.g., 90 minutes).

After the consultants made some revisions to the workshop content, each of the partners delivered a pilot workshop to test the curriculum in their respective countries/regions. Pilot workshops were delivered in Nigeria (Sept 2010), South Africa (Oct 2010), and Ottawa (Oct 2010). After delivering the pilot workshops, the partners debriefed by teleconference to reflect on the content and flow of the workshop resources, and consultants made further revisions accordingly.

### Regular Updates to Curriculum Content

Ensuring that the workshop content stayed up to date proved a formidable challenge. The HIV prevention research field saw an unprecedented number of historic trial results emerge precisely during the course of the project. Indeed from 2009-2011, several large efficacy trials demonstrated

proof-of-concept or established efficacy for vaccines, pre-exposure prophylaxis, microbicides, and treatment-as-prevention. The consultants updated the workshop materials as new NPT trial results were released. For example, updates to the workshop content were immediately required after the AIDS 2010 conference in Vienna, where CAPRISA microbicide trial results were announced. An important part of the curriculum development process was the regular teleconference check-ins with partners about how the workshops were functioning, and immediate revisions to the workshop modules to reflect their experiences and suggestions on how to improve the materials.

It was a challenge to continually update the original workshop materials as new NPT information emerged, along with the country-specific revisions that each partner made. One of the key success factors is that the project partners are well-versed and connected with the NPT research field and thus comfortable making such revisions. The most recent versions of the workshop materials are accessible on the [ICAD website](#).

In addition, the relevance of the workshops could not have been more evident as the HIV prevention field changed forever during the time period of the project. On numerous occasions, the project partners were delivering workshop within days of new ground-breaking data emerging from clinical trials.

### **Standardization and Customization of the Workshop Model**

From the early formulation phases of the project, the partners agreed that the training modules would have a common framework but that this basic framework would be customized by each organization to fit their local context. Each region has unique local contexts with respect to NPTs, so the curriculum needed to be adjusted accordingly. Also, each workshop was customized based on the amount of time available for the modules, and the number of participants. The modules could be compressed to “bare minimum” components if only half a day was available (versus three full days to deliver the entire curriculum) or discussions could be modified to small group exercises if there were too many participants for plenary discussions. Providing workshops to media reporters and editors was challenging and the partners had to be creative in adapting to participants’ availability and schedules. NHVMAS found, for example, that media participants were coming in and out of the workshops, and so decided to provide the training as a residential off-site workshops to make it easier for participants to spend time in the workshop.

*A highly beneficial feature of the project was the process of having the partners meet to develop a skeleton framework to outline the basic content that would be delivered across all three regions, while ensuring that each partner had the flexibility to change/adapt as needed for their local contexts.*

One of the key success factors in this project was the flexibility of the training curriculum. Rather than a rigid training protocol that each partner had to abide by, the partners were free to adapt the curriculum’s modules as needed and as they deemed appropriate. For example, if one of the workshops only had adequate time to deliver 7 out of 8 modules, it wasn’t deemed a failure.

Some examples of modifications and customizations that were made to fit the local context include:

- ICAD: adjusted the HIV epidemiology statistics of prevalence/incidence to be specific to populations most relevant for the Canadian context (i.e., injection drug users, Aboriginal people, people from endemic countries, and men who have sex with men, etc.). The Canadian version of the materials also occasionally referred to the Merck and AIDSVAX trials since there were research sites in Montreal, Toronto and Vancouver. In Canada, emphasis on certain

components of the workshop changed to reflect the lesser relevance of male circumcision but placed more emphasis on PrEP.

- NHVMAS: provided HIV epidemiology statistics specific to Nigeria, and used local media reports as illustrative examples of good/bad media coverage (e.g., examples of media coverage of Savvy trial results). In Nigeria, male circumcision as a biomedical HIV prevention strategy is less of an issue since most men are circumcised. NHVMAS also found it was important to adapt the tools for specific populations (e.g. MSM, FSW, IDU).
- SAT: provided the workshops in four different countries (Tanzania, Malawi, Zimbabwe, Zambia), and so worked in consultation with partners in each country in order to provide country-specific HIV statistics (from National AIDS councils) and country-specific information regarding male circumcision and other prevention technologies.

### Lessons Learned Regarding Curriculum Content/Format

The partners noted several examples of unanticipated content areas that needed to be covered during the workshops, types of discussions that emerged outside of the core workshop content, and lessons learned about helpful methods for knowledge exchange. Project partners noted several “surprises” regarding challenges and facilitators in delivering the workshop content:

- There is *significant variation in knowledge levels* in different regions, between countries and even within a country. In Nigeria, for example, the knowledge levels varied widely, sometimes requiring the workshop facilitators to divert from the planned sessions and cover very basic HIV prevention information instead. NHVMAS noted that in the Nigerian workshops, a surprising number of participants needed information on things that might be considered “old” news or as well-understood existing tools, such as female condoms, dental dams, and PEP.
- Workshop participants don’t always know the *terminology* (e.g. placebo): familiarity with basic research concepts can vary by region, so it is very important to explain basic terms and not make assumptions about the baseline knowledge of participants.
- Importance of *putting a face/tangible props to the stories* told in the workshop: it was helpful in some of the workshops to be able to pass around the female condom, and show the applicator and gel product used in the CAPRISA trial.
- *Informal two-way learning* took place in the workshops: SAT noted that an unanticipated knowledge exchange happened since at least 1/3 of the participants were media representatives. The facilitators and other participants learned about the pressures faced by the media in terms of deadlines, what happens when an informant says “no comment”, and the reality of the whole publishing process.
- The partners found it very useful to *have media examples from within each region* where the workshops were offered, as well as having media coverage from elsewhere.
- It is important to use *icebreakers/other activities* to break up the information and generate engaged learning.
- One of the main challenges of delivering the curriculum modules was covering the information to adequate depth within one day or even half a day, when the full curriculum is best covered over three days. The partners noted that it is important not to trivialize some sections which require extensive discussion and trigger special interest (i.e. ethics) in the interests of time.

- *Need to adapt the stats portion* for the knowledge level/interest of the audience. Also, the facilitators need to have very strong knowledge of statistics to deliver this portion. It is helpful to use real life examples to illustrate the statistics concepts; otherwise some participants may not see the relevance for ASO workers/health reporters. Some participants requested more time for the statistics section of the module, and some even requested a specific workshop focused just on this topic. One lesson learned is to perhaps make the statistics portion even more engaging, such as by incorporating animation or illustrative games.
- The Canadian partner noted that it can be a tough sell to get NPTs on the agenda of the HIV sector in Canada. This project may have been better framed in terms of the full spectrum of HIV prevention interventions and technologies, linking “future” NPTs with currently available prevention and reproductive technologies. One idea that emerged is to compare the full range of available and potential prevention technologies with the full range of contraceptive options, perhaps through displaying the contraceptive methods as props.

One of the success stories of this workshop is how well the statistics section achieved knowledge improvement, despite participants finding it the most challenging. Most participants reported much better understanding of statistics and some participants even requested more information of this kind.

### **Lessons Learned Regarding Participants**

The partners noted that it would be beneficial to bring in policymakers and politicians to the workshops, not just media and ASOs/CBOs, as they are the people who decide whether trials go ahead or not, and whether/how new HIV prevention tools might be added to existing interventions. It would also be beneficial to engage traditional leaders as well.

A key lesson learned was that media participation was enhanced by highlighting good/bad examples of media coverage from their colleagues (especially in Zambia).

### **Lessons Learned Regarding Facilitation**

The workshop facilitators noted that they also gained a lot of learning from delivering the workshops, both in terms of NPT knowledge and regarding the best way to deliver the information. It was beneficial to have the same facilitators deliver the workshops repeatedly as it meant that they could steadily improve their delivery while also ensure consistency in messaging. Having at least two co-facilitators was useful, given the length of the workshops and the specialized content of the curriculum.

### **Lessons Learned Regarding Follow-up**

The partners found that one training workshop was not necessarily enough to change people’s understanding. While the training builds knowledge and skills around NPT communications, capacity building will only be sustained if participants receive help to concretely integrate the information into their everyday work. Ideally, participants should be provided with multiple training workshops and/or follow-up activities to reinforce the learning. Deeper learning would be facilitated through follow-up training (e.g., by offering beginner, intermediate and advanced levels of workshops) or webinars, keeping in touch with participants by email, linking participants to existing listservs, and offering ongoing technical assistance with NPT communications.

NHVMAS found it was very important for the CBO participants to develop workplans after the workshop to concretely plan how they would improve their communication skills and use what they learned about NPTs. NHVMAS also took the opportunity to institute a media award to provide incentives for improved reporting, creating a Red Ribbon award in conjunction with Journalists Against AIDS (JAAIDS).

### Lessons Learned Regarding Information Materials

The workshop was empowering, especially for those participants who did not have the information or comfort level beforehand to discuss HIV prevention methods. One person in Nigeria, for example, who worked for a religious organization, wasn't comfortable talking about female condoms but could do so after the workshop. These people collected extra material from NHVMAS to keep in their library and to distribute to partners and clients. The project also provided the opportunity for NHVMAS to develop and field test communication posters with key messages around NPT trials. Finally, the partners noted that the timing of the CD production with the workshop materials and background information resources was not ideal. It would have been more beneficial to be able to give the CDs to the participants immediately after the workshops rather than some weeks or months afterwards.

## **Lessons Learned About Curriculum Evaluation**

### Standardization of Evaluation Process

One key lesson learned was that the entire evaluation process needed to be standardized. While the partners were delivering the same basic curriculum and administering the same evaluation data collection tools, the compilation and analysis of those evaluation data were not standardized. The timing of evaluation form completion by participants also was not standardized across all workshops. This made compilation and comparison of results across project sites very difficult.

Evaluation data should either be collated and analyzed using a standardized spreadsheet (e.g., Excel template used by all partners), or all evaluation data analysis should be conducted by one individual who is responsible for evaluation. Also, the original evaluation forms should be stored together so that the original data can be referred to.

### Follow-Up Evaluation

The main evaluation methods were pre- and post-workshop knowledge tests and a post-workshop evaluation form. It would also be beneficial to follow up with media representatives.

Both NHVMAS and SAT incorporated follow-up evaluation methods to enhance the standardized evaluation data. SAT, for example, was already linked to most of the workshop participants so were able follow up in order to gauge long-term knowledge transfer. They have noted that some of the journalists who participated in the workshop have gone on to focus on scientific or health reporting with more in-depth knowledge.

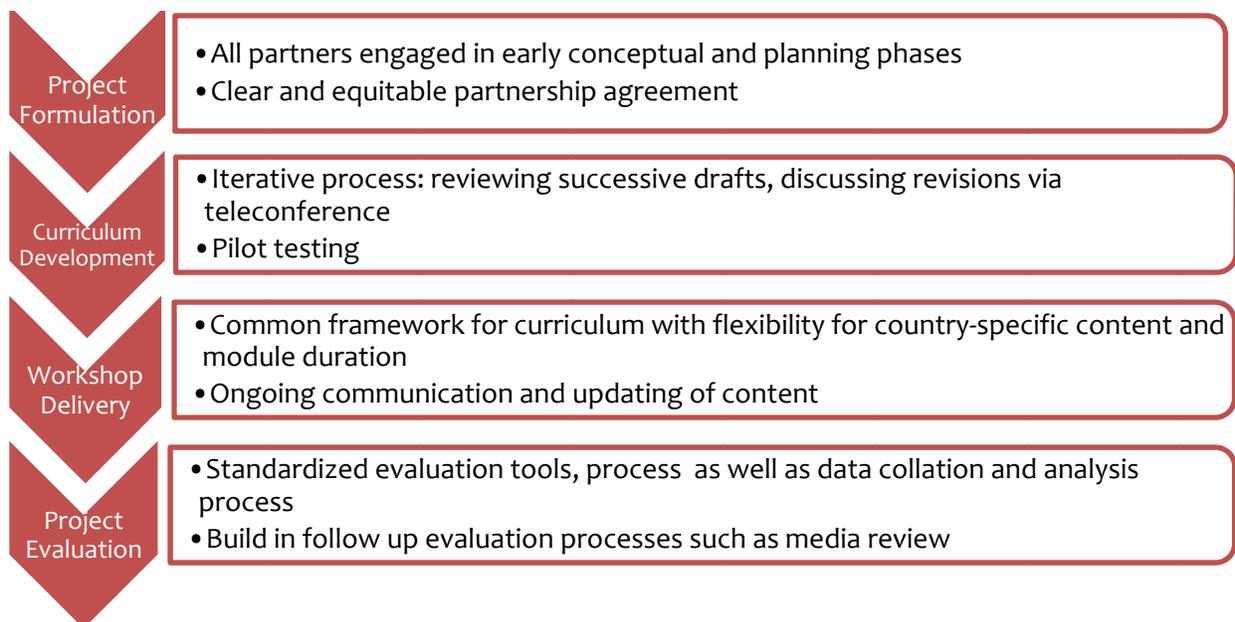
NHVMAS conducted follow-up interviews three, six and eight months after the workshops, then held final face-to-face interviews with participants and their supervisors. NHVMAS found that the workshops had long-term impact not only on participants but also on their supervisors. Some reported, for example, that NPT-related activities were added to their organisational workplans, and some of the participants also later conducted step-down trainings in their own communities.

NHVMAS also conducted media reviews of reports on NPTs by targeting a few media sites and then monitoring coverage for any improvements in reporting over time. NHVMAS has also asked participants for feedback on communication activities they may have done around NPTs.

From ICAD's perspective, there have been few media reports in Canada relating to NPTs and ICAD was not able to attract media representatives to attend the workshops in the first place. One component of evaluation data that could have been incorporated in the Canadian context was communications by ASOs (e.g., newsletters, websites, etc.). ICAD could go back to participants and review these types of communication methods, poll ICAD members via the ICAD digest to inquire about any NPT-related activities, or follow up to see if workshop participants have recirculated information from the workshop.

## Summary

The figure below summarizes key lessons we have learned about success factors at various points along the project life course.



## Next Steps

NHVMAS will work with an organization called RESPECT to develop a training tool to build research literacy. NHVMAS has already begun pilot testing the tool (flip-chart with key points and pictures to engage the community in discussion) which will include content from the NPT communications project.

SAT is developing and delivering a new program on women's health, which will include the goal to advocate for more NPT research, plus incorporate communication around the gender elements of NPTs.

Collectively, all three partners aim to deliver more training workshops. Ideally, the trainings would go beyond the existing curriculum and offer a graduated series of beginner, intermediate and advanced trainings. Also, future training could broaden the focus from communicating about theoretical

results to communicating about existing prevention tools, their implementation and the related ethical questions.

The three partners also agreed that the lessons learned and outcomes of the workshops should be shared with researchers, especially the questions that were raised by workshop participants.

All three partners will seek funding for continued delivery of this training. A special challenge will be to convince funders and organizations to continue the project even when there are “negative” trial results (e.g., VOICE trial).

## **Appendix A – Partnership Agreement**

### **PARTNERSHIP AGREEMENT**

BETWEEN: The *Canadian Partner* (hereinafter referred to as "CP") located in [INSERT COUNTRY HERE]

AND: The *Southern Partner* (hereinafter referred to as "SP"), located in [INSERT COUNTRY HERE]

WHEREAS the [INSERT FUNDER HERE] wishes to make a contribution to CP for the purpose of funding [INSERT PROJECT DESCRIPTION HERE] and whereas CP has requested SP to administer the Regional Component of the project.

WHEREAS the purpose of this Agreement between CP and SP is to set out the terms and conditions concerning the transfer of funds to SP, the management of SP's contribution and the implementation of this component of the project.

This Agreement together with Annexes "A", "B", and "C" which form an integral part hereof, constitutes the entire Agreement between CP and SP with respect to the Regional Component (hereinafter referred to as "the Component").

NOW THEREFORE, CP and SP agree as follows:

#### **ARTICLE I**

##### **RESPONSIBILITY FOR THE COMPONENT**

1. SP shall be responsible and accountable for the overall management and implementation of the Component as in Annex "A".
2. SP shall be responsible for entering into such written agreements with other parties as are necessary to ensure the implementation of the Component.

#### **ARTICLE II**

##### **CONTRIBUTION**

1. For the purpose of the referred Component, CP shall contribute funds in an amount not to exceed \$X Canadian Dollars (the "Contribution"). CP's contribution will be made in the following manner:
  - a) The Component budget as approved by CP and SP is included as Annex "A" to this Agreement.

- b) CP agrees to make advances in accordance with the schedule found in Annex "B", and subject to submission of satisfactory narrative and financial reports, by the established deadlines, and subject to funds approved by [INSERT FUNDER NAME].
- c) CP shall make bank transfers in Canadian dollars to SP.
- d) Upon submission of the final report, SP shall return to CP any funds contributed by CP under this Agreement which are not disbursed or accounted for.

2. In addition, SP is required to make, track, and report on any in-kind contributions. It is anticipated that these in-kind contributions will be made through un-compensated salary time expended on the project, although other forms of in-kind are also acceptable. In-kind contributions will be tracked and reported quarterly semi-annually

### **ARTICLE III**

#### **PURPOSE AND USE OF THE CONTRIBUTION**

SP shall receive and utilize the Contribution exclusively to meet the costs of the Component referred to in Article I and as outlined in Annex "A".

### **ARTICLE IV**

#### **MONITORING, AUDIT AND EVALUATION**

1. CP reserves the right to audit or evaluate SP and the Component as deemed necessary by CP. SP shall:

- a) maintain separate records and ledger accounts in respect of the Contribution funds received and disbursed by SP. SP will retain these records for a period of five (5) years from the expiry date of this Agreement;
- b) cause such accounts and records of SP to be accessible to CP, if required, during the course of the Component and for five (5) years following its completion.

2. SP shall accommodate the visit of any authorized representative(s) of CP to SP 's office(s) and partner office(s) to evaluate the progress of the Component. The timing and terms of reference for such visits will normally be subject to mutual agreement.

## **ARTICLE V**

### **REPORTS**

1. SP shall provide CP with semi-annual activity and financial reports that outline all activities and expenses undertaken within the Component and projected activities and expenses for the following quarter in the form of a financial forecast. SP shall also provide CP with information for their reports to [INSERT NAME OF FUNDER] as required and requested, as well as final narrative and financial statements and other reporting documentation, in accordance with the timetable and formats as set out in Annexes "B" and "C".
2. SP shall provide CP with a final financial and narrative report no later than 30 days following the termination of the Component referred to in Article I.
3. In the event that SP has not provided CP with such financial and narrative reports and statements in accordance with the approved timetable, CP reserves the right to withhold payments as well as to reconsider future funding Agreements, as deemed appropriate by CP.

## **ARTICLE VI**

### **PUBLIC ACKNOWLEDGEMENT OF CP and [INSERT NAME OF FUNDER]'s CONTRIBUTION**

SP will undertake to publicly acknowledge CP and [INSERT NAME OF FUNDER]'s in any materials SP produces as a result of this project or referencing this project. Such acknowledgements can be made in SP's publications, speeches, press releases, etc. and should specify that the views expressed are those of SP and that they do not necessarily reflect the views of CP and [INSERT NAME OF FUNDER]. SP will be accountable for ensuring the appropriateness and accuracy of the public acknowledgement message.

## **ARTICLE VII**

### **LIMITATION OF LIABILITY**

SP shall:

- a) be liable to CP for all loss, costs, damages and expenses whatsoever which CP may suffer, sustain, pay or incur; and, shall further
- b) indemnify CP against all actions, proceedings, claims, demands, loss, costs, damages and expenses whatsoever which may be brought against or suffered by CP or which it may sustain, pay or incur;

as a result of or in connection with the performance, purported performance or non-performance of this Agreement, or of the Services hereunder SP but excluding any such actions, proceedings, claims, demands, loss, costs, damages and expenses to the extent that

they are sustained, paid or incurred by reason of or are otherwise attributable to the negligence or wilful acts or omissions of CP, its servants, agents, employees.

## **RELATIONSHIP WITH CP**

In carrying out the Component, SP and its personnel are not empowered to commit CP either expressly or by implication to any course of action outside of this project and may not bind or create liability. SP and its personnel are not agents of CP and may not represent themselves to any party as an agent of CP.

## **ARTICLE VIII**

### **AMENDMENT**

1. This Agreement may be modified by letter at CP's sole discretion in order to reflect adjustments in the Government of Canada's annual budget and to reflect as appropriate, situations such as [INSERT NAME OF FUNDER] and CP's performance assessments, institutional evaluations, financial risk assessments and other exercises.

2. Over the course of the Agreement, SP may determine that changes are required to the Component. Major modifications in Component orientation, objectives, expected results, resources, time-frame and duration, budget and anticipated fund-raising results must be presented **in writing** to CP for approval **before** they are implemented. Major modifications to the Component which are approved by CP will be subject to a letter amending the Agreement.

3. This Agreement may also be modified by letter by CP and SP to take other aspects into account. CP and SP shall give full and sympathetic consideration to any such proposal to amend.

## **ARTICLE IX**

### **TERMINATION**

Notwithstanding anything contained in this Agreement, CP may at any time, without notice, in writing, terminate this Agreement in whole or in part in which event SP shall have no claim against CP by reason of such termination. However, this does not apply to payments of actual expenses or commitments under this Agreement to the date of such termination, less any sums previously paid on account thereof.

## **ARTICLE X**

### **DURATION OF AGREEMENT**

This Agreement shall come into force and effect upon the date of the last signature and shall expire on [DATE].

## **ARTICLE XI**

### **COMMUNICATION**

1. Any notice to be given to either party with respect to this Agreement shall be deemed effectively given if delivered or sent by letter addressed to the party at the address mentioned below and any notice shall be deemed to have been given within three (3) days of expedition by registered mail, or by fax, when transmitted. The address of either party may be changed by notice in the manner set out in this provision.

2. Any notice to CP shall be addressed to:  
[INSERT CONTACT INFORMATION HERE]

3. Any notice to SP shall be addressed to:  
[INSERT CONTACT INFORMATION HERE]

## **ARTICLE XII**

### **ANTI-CORRUPTION CLAUSE**

1. No offer, gift or payment, consideration or benefit of any kind, which constitutes an illegal or corrupt practice, has or will be made to anyone, either directly or indirectly, as an inducement or reward for the award or execution of this contract / contribution agreement. Any such practice will be grounds for terminating this partnership agreement or taking any other corrective action as required.

## **ARTICLE XIII**

### **GENERAL PROVISIONS**

#### **1. Entire Agreement:**

This Agreement represents the entire understanding and agreement concerning the Services and any and all previous agreements and representations, written or oral, express or implied, between the parties hereto or on their behalf relating to the services and the subject matter hereof, are hereby terminated and cancelled and each of the parties hereto hereby releases and forever discharges the other from all manner of actions, causes of actions, claims and demands whatsoever under or in respect of any such prior agreements or representations.

#### **2. Assignment and Sub-Contract:**

Any sub-contracting or assignment of this Agreement, by operation of law or otherwise, without the prior written consent of CP shall be void. Such consent by CP shall not release SP of any of its obligations under this Agreement.



## **Annex A: Objectives, Workplan and Approved Budget**

### **Objectives**

The objectives of this project are to develop a toolkit (FAQs/brief backgrounder/fact sheets) and training package on HIV vaccines and prevention research and, to deliver training workshops to community representatives and media/journalists in Canada, Nigeria and Southern Africa.

The activities the partners will undertake to meet these objectives are: an environmental scan of existing resources for community representatives and media/journalists produced in Canada and Africa on HIV vaccines and on other new prevention technologies (NPTs) (microbicides, PrEP, male circumcision, etc); the development, dissemination and promotion of toolkits and training packages for Canadian, Nigerian and Southern African community representatives and media/journalists; the delivery of workshops in Canada, Nigeria and Southern Africa. One pilot workshop and three revised workshops for community representatives and media/journalists (either combined or separate, to be determined by the regional context) will be delivered in each region.

### **Workplan**

In collaboration with CP staff and other project consultants and partners, SP's duties under this project are as follows:

#### **Year 1 (January 4, 2010 through March 31, 2010)**

1. Participate in Partners' meeting (February 1,2 and 3).
2. Contribute to the development of the basic common framework for toolkits and training packages.
3. Provide inputs on existing materials and identify gaps as per the common Framework

#### **Year 2 (April 1, 2010 through March 31, 2011)**

4. Review factsheets, backgrounds and other resources for inclusion the training packages. (Quarter 1)
5. Adapt toolkits and training package for country-specific community representatives and media/journalists. (Q2)
6. Provide input on the toolkits developed for each country's community representatives and media. (Q2)
7. Participate in dissemination of environmental scan and toolkit as needed. (Q 2, 3, 4)

8. Deliver a pilot training session using materials produced. (Q2, 3)
9. Finalize toolkit and training package. (Q3)
10. Deliver 3 trainings for community representatives and media/journalist across SP's country. (Q4)

**Year 3 (April 1, 2011 through September 30, 2011)/Ongoing**

11. Promote training materials through SP's networks.
12. Participate in ongoing project evaluation.

**Budget**

To carry out the Regional component of the project, SP will receive the following amounts (in Canadian Dollars):

<b>Item</b>	<b>January 31 to March 31, 2010</b>	<b>April 2010 to March 31, 2011</b>	<b>April 1, 2011 to Sept 30, 2011</b>
Project contractual employees	\$X	\$X	\$X
Workshop costs (accommodation, transportation, meals, venue rental)	\$X	\$X	\$X
Project printing	\$X	\$X	\$X
Communication	\$X	\$X	\$X
Project translation	\$X	\$X	\$X
<b>Total (CAD)</b>	<b>\$X</b>	<b>\$X</b>	<b>\$X</b>

In addition, CP will reimburse travel, accommodation and per diem (according to treasury board guidelines) related to travel to Ottawa, Canada for Partners' Meeting.

## Annex B: Reporting and Payment Schedule

Reports Required	Date report to be received by CP	Payments on Approval of Reports (in CAD \$)
Upon signed copy of the agreement	January 31, 2010	X
Upon receipt of financial and narrative reports and invoices	a) April 30, 2010 b) October 31, 2010 c) April 30, 2011	X X X
Upon receipt of final financial and narrative report	September 30, 2011	X

## Annex C: Format for Midterm and Final Narrative and Financial Reports

**NB:** The period covered by each report must be clearly indicated.

### Financial reports

Format to be used for financial reports will be forwarded electronically and will reflect Annex "A" of the Agreement. **A template will be forwarded shortly.**

- Reports should identify cumulative expenses and in-kind contributions for the Component, using the budget items approved by CP
- Reports should include notes to the budget to clarify budgetary items where necessary.
- Reports should include proof that Component funds were disbursed (where applicable, for example: copy of cancelled cheque, receipt from consultant, bank record for electronic transfers, etc.)
- Reports should include, as much as possible, additional financial and/or in-kind contributions made by other organizations/individuals to the Component. Additional columns may be added to the original budget (Annex "A") for this purpose. In-kind contributions refer to personnel time and resources contributed to the Component for which the person/organization is not reimbursed by Component.

### Activity Reports

Your semi-annual activity reports must include a short description of each Component activity undertaken within the previous quarter, the reason for the activity, and its expected results. The report should also indicate activities planned for the following quarter. **A template will be forwarded shortly.**

Additional updates on activities may be requested by CP through email between semi-annual reports.

**Final Narrative Report**

A template will be forwarded shortly.

**Appendix D: In-kind Contribution Tracking Form**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

A. Personnel time contributed to project activities (includes preparation, meetings etc.)

<b>Date(s)</b>	<b>Description of activities in which personnel was involved</b>	<b># of days</b>	<b>Personnel's approx. daily rate (CDN\$)</b>	<b>In-kind amount (CDN\$) (# days x daily rate)</b>

B. Resources contributed to the project for which organization was not reimbursed by project (includes materials, travel costs, communication, meeting costs etc.)

<b>Date(s)</b>	<b>Description of item or resource</b>	<b>Number of items or resources</b>	<b>Approx. cost/value (CDN\$) per item</b>	<b>In kind amount (CDN\$) (# items x value)</b>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Appendix B

### NPT Communications Project - Partners Meeting AGENDA Ottawa, ON – February 1-3, 2010

**Participants:** Rosemary Forbes (ICAD), Shayna Buhler (ICAD), Olayide Akanni (Journalists Against AIDS Nigeria, representing NHVMAS), Flanny Chiganze (SAT), Marc-André LeBlanc (consultant), San Patten (consultant)

#### Objectives:

1. To ensure that all project partners are clear on project objectives, activities, timelines and roles
2. To develop a common framework for training kits that can be adapted to region- specific contexts
3. To develop an evaluation framework and evaluation tools, as part of the common toolkit

#### Monday February 1

Time	Topic
9:30- 9:45	Review agenda for partners meeting
9:45- 10:30	Overview of project: objectives, timelines, roles and responsibilities
10:30-10:45	Coffee break
10:45-12:00	Update on progress of environmental scan
12:00-1:00	Lunch
1:00-2:45	Brainstorm around what should be included in common framework for community representatives and media
2:45-3:00	Break
3:00- 5:00	Developing the outline for the common framework
6:00	Dinner

#### Tuesday February 2

Time	Topic
9:00- 10:30	Identify gaps in environmental scan based on common framework, and identify action needed to address gaps
10:30-10:45	Break
10:45-12:00	Identify gaps (continued)
12:00- 1:30	Lunch
1:30- 3:00	Highlight areas of framework that will need to be adapted in each region
3:00-3:15	Break
3:15- 5:00	Identify participatory activities that can be incorporated in trainings

#### Wednesday February 3

Time	Topic
9:00-10:15	Begin to develop evaluation tools
10:15-10:30	Break
10:30-11:30	Overview of next steps and wrap up