

# END OF PROJECT EVALUATION REPORT

EC Funded “Scaling up SRH and HIV/AIDS prevention programmes among the young people in selected rural communities of Zimbabwe”



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## **ABBREVIATIONS**

AAC	AIDS Action Clubs
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Antiretroviral Therapy
DAC	Development Assistance Committee
DHE	District Health Executive
EC	European Commission
FGD	Focus Group Discussion
GEC	Girl Empowerment Club
HIV	Human Immuno Virus
HBC	Home Based Care
IAQ	Interviewer Administered Question
ICT	Information Communication Technology
IGP	Income Generation Project
KI	Key Informant
MDG	Millennium Development Goal
MoESAC	Ministry of Education, Sports, Arts and Culture
MoHCW	Ministry of Health and Child Welfare
MOU	Memorandum of Understanding
MSC	Most Significant Change
MTR	Mid-term Review
NAP for OVC	National Action Plan for Orphans and Vulnerable Children
OVC	Orphans and Vulnerable Children
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PRA	Participatory Reflective Appraisal
PSRT	Psychosocial Support, Research and Training Centre
PSS	Psychosocial Support
RDC	Rural District Council
SPSS	Statistical Package for Social Sciences
SRH	Sexual and Reproductive Health
SRS	Simple Random Sampling
STI	Sexually Transmitted Infections
VCT	Voluntary Counselling and Testing
VPE	Volunteer Peer Educators
VfM	Value for Money
YES	Youth Education through Sports
YFC	Youth Friendly Corners
YP	Young People
YPWC	Young People We Care

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We thank the Restless Development management and staff who contributed in various ways in ascertaining timely data collection and through mobilisation of respondents and creating time for interviews during the inquiry process. We also acknowledge the contribution of Psychosocial Support Research and Training (PSRT) Centre (as represented by Chenjerai Sisimayi and Thenjiwe Masuku) and its abiding commitment to provide detailed account of the work of Restless Development programme under the implementation period 2009 – 2012 and fine work of their multi-disciplinary team of research assistants including Innocent Kaba, Chenjerai Bhodheni, Nicole Senderayi, Roy Mutandwa, Priscilla Mutero, Franscisca Binza, Thabani Ncube and Muchanyara Mukamuri whose commitment is recognised and reflected through the entire existence of this report.

## EXECUTIVE SUMMARY

Restless Development Zimbabwe, with funding support from the European Commission (EC) implemented a 3-year (2010 – 2012) Sexual Reproductive Health (SRH) and HIV and AIDS prevention programme in 4 districts<sup>1</sup>. The focus of the programme was to enable Young People (YP) and Orphan and other Vulnerable Children (OVC) to make informed and responsible decisions about their SRH, reducing their risk of HIV infection and be supported appropriately by their communities. This programme was implemented within the broader goals of Restless Development work in Zimbabwe which are aimed at ensuring that YP have improved livelihoods and employment opportunities, make informed decisions about their SRH that lead to healthy lives and actively participate in decision-making processes on issues affecting their lives.

In implementing the programme, Restless Development capitalised on its unique youth-led strategy targeting youth-in-school and youth-out-of school with activities that included training of volunteer peer educators, providing SRH and life skills education, training local health centre personnel on providing youth friendly SRH services, encouraging YP to have an increased understanding of youth SRH issues and adopt as well as support each other in taking up health-seeking behaviour. The programme also aimed to provide young volunteers with opportunities to develop their leadership experience, transition in to employment through placements in internships in various organisations and to engage in advocacy and civic participation activities.

As the programme wound up, Restless Development commissioned an external End of Programme (E.o.P) evaluation. The purpose of the evaluation was to explore the outcomes and impact of the programme, in order to facilitate an understanding amongst Restless Development, its partners and programme beneficiaries of the extent to which the envisaged change has been realised. The evaluation was also purported to identify and document best practices and lessons learned during the programme implementation period as well as proffer recommendations for future programming.

The programme was therefore evaluated against the five broad evaluation themes of Relevance and Appropriateness, Effectiveness, Efficiency, Impact and Sustainability, with the conventional evaluation aspects of Inclusiveness, Participation, Equality, non-discrimination and social transformation being mainstreamed. In so doing the evaluation adopted a cross-sectional study design employing qualitative and quantitative data collection methods to measure the programme outcomes and impacts. Below is a summary of key findings of this evaluation:

### Relevance And Appropriateness

The programme was highly relevant. Firstly, **Context:** It addressed priority SRH, HIV and AIDS needs of YP as informed by empirical evidence gathered through extensive literature review and situation analysis whose results had indicated among other factors, lack of knowledge of both SRH information and available services, limited access to such services and unavailability of youth friendly SRH services and lack of life skills and livelihood options. The programme was implemented at a time when Zimbabwe was beginning to recover from a decade of economic meltdown that had seen a near collapse of health and social services. There was therefore an apparent need to scale up SRH, HIV and AIDS prevention and support programmes targeting and placing YP at the forefront. Secondly, **Design:** The programme design and its activities were also well aligned and in sync with the national priority response efforts in addressing SRH needs of young people in Zimbabwe as detailed in the National Adolescent Sexual and Reproductive Health Strategy (ASRH) and other strategy and policy documents. The design positioned the programme to contribute to country level efforts towards achieving the Millennium Development Goals (MDGs) particularly MDG 1 – Eradicate Extreme Poverty and Hunger, (through facilitating and promoting livelihood options for the youth,) MDG 2 – Achieve Universal Primary Education (through paying school fees for the OVC and keeping them in school) and, MDG - 6 Combat HIV/AIDS, malaria and other diseases.

Thirdly, **Implementation Strategy:** The appropriateness of the programme was visibly observed through its targeting of the programme beneficiaries. It targeted and involved the youth and had them

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<sup>1</sup> Chimanimani (8wards), Hwedza (6 wards), Bulilima (8 wards) and Mangwe (8 wards).

actively participating in leading the implementation of the programme through delivering services and promoting uptake of good behaviours and positive attitudes. The programme delivery strategies were also sensitive to context and age of information recipients. Dual targeting of In and Out of School enabled a wide reach to out of school youth who tend to be missed by most interventions. By working closely with existing community structures, the programme ensured a quick buy-in of the stakeholders and thereby increasing its potential for smooth and successful implementation.

## **Effectiveness**

The programme was noted to have been effective in facilitating the availability of and increasing access to SRH, HIV and AIDS information and services, increasing awareness and knowledge of SRH, HIV and AIDS information, as well as providing young people with livelihood options.

### **– Access to SRH Information and Services**

By the end of the programme, 3 district resource centres and 77 placement resource corners were developed and maintained. A total of 16,945 SRH sessions had been conducted, indicating that thousands of YP accessed the services through these establishments. The model of a youth-led delivery of SRH services and information was one of the major drivers in ensuring YP had access. Classmates, peers and family members were reported to be the most common sources of SRH information. To ensure availability of youth friendly SRH Services at health centres, a total of 102 nurses were trained and supported. By the end of the programme, each health centre appointed at least one staff member to provide YF services to young people. This resulted in a notable increase in the health seeking behaviour of YP particularly relating to use of condoms and uptake of VCT, which was reported to be 17% at baseline and increased to 35% as at end of year 2 and 24% at the time of this evaluation. A total of 127 teachers were trained as patrons for the school based resource corners to support the peer leaders in conducting and facilitating SRH education and information sharing activities. These patrons continue to provide guidance and support to young people to continue with their activities.

### **– SRH, HIV and AIDS Knowledge**

There is evidence of increased awareness and knowledge of general SRH, HIV and AIDS issues among the young people in the programme operational areas. At least 62% of the participants were able to correctly identify at least 2 ways in which HIV may be prevented or transmitted. This proportion was consistent across age groups (15-24 and less than 15 years) and districts. Knowledge was noted to vary depending on exposure to the programme activities, with those participants who reported having been exposed to at least one of the interventions scoring higher than those who did not. These results were observed to be statistically significant; suggesting that exposure to the intervention is associated with knowledge.

### **– Availability of Livelihood Options for Youth**

The lack of livelihood options has been in many circumstances been positively correlated with increased vulnerability to HIV infections and other SRH problems. The programme aimed to alleviate such vulnerability by making some livelihood options available to the YP. A total of 37 income-generating projects were established by the end of year 3 and a total of 721 YP participated in viable projects. The projects included poultry; piggery and low input gardens, which enabled YP to acquire some invaluable life skills, which they may use both during and after school to better their lives. Viability of the IGPs for youth out of school were reported to be compromised by their proneness to shocks, lack of accountability and abandonment as YP migrate to seek better opportunities. On the other hand, school based IGPs, were observed to be more sustainable in the sense that there is greater accountability, and are supported by the education practical subjects curriculum.

## **Efficiency**

The programme was efficiently managed both at Programme Management level, and programme fund management.

### **– Programme Management**

Programme management was led by specifically dedicated personnel with clear reporting lines and structures. The programme manager oversaw the entire management of the programme and had the technical support of the whole management committee comprising of a team of competent and

qualified Country Director, Finance and Administration Manager, Monitoring and Evaluation Manager. The programme management was also reflected by the overall activity and timeline compliance. All the process indicators showed positive compliance to the annual schedules and plans.

#### **– Programme's Fund Management**

There is evidence of sound project fund management. The programme had in place mechanisms to reduce possibilities of fiduciary risks. These included having a well-defined authorization and approvals terms for any funds disbursements, which were also dependent on programme activities and timelines. In purchasing of any goods and services the programme insisted on a Value for Money (VfM) basis and followed stipulated procurement procedures all the time. This evaluation, based on the financial statements noted that standard financial management approaches were being used in the way programme funds were handled and managed.

The financial reports are also indicative of a good value for money in view of the management/administrative cost area. There was minimal variance of the costs incurred to the budget with the variance of the overall budget pegged at 1%. The total administrative and logistical related costs are less than 15%, which is arguably very reasonable considering the coordination requirements of such a programme. Similarly, the personnel requirement is somewhat closely reflected by the human resources line item. Nevertheless, for both cases, there are opportunities for reviewing the delivery models in line with reducing costs particularly around the use of the volunteer interns. The deployment of the latter was based on an allocation criterion of two volunteer interns per operational site.

### **Outcomes And Impact**

The outcomes and impact envisaged by the programme were achieved to greater extent with the Most Significant Changes noticeable at community and individual levels. Four distinct broad domains of change were identified:

#### **1. Increased awareness of SRH, HIV and AIDS issues among young people**

There was a general consensus among study participants and young people themselves that the programme was very instrumental in raising awareness and about SRH, HIV and AIDS among the young people. These assertions are consistent with the national level indicators in which young people 15 – 24 years were reported to have comprehensive knowledge about HIV with percentage scores ranging between 83 – 89%<sup>2</sup>.

#### **2. Increased uptake and availability of youth friendly SRH services.**

The model of having young people lead the implementation of the programme through volunteers ensured that SRH services are youth friendly and available. This translated to a quick uptake of those services by same age peers. Activities at the Resource Centres attracted YP to be frequent visitors to utilise SRH services on offer. Clinics reported that there was a general increase in the number of YP visiting the health centres for various SRH services including VCT and contraceptives. The percentage of YPs who reported having undergone an HIV Test was noted to be 30%, marking an increase from the baseline and Mid-Term values of 5% and 24% respectively for In-School Youths.

#### **3. OVC have managed to remain in school, complete primary education and proceed to high school**

The programme's focus on providing educational and psychosocial support to OVC was applauded on its achievement to keep them in school. Children who may otherwise have dropped out of school due to lack of school fees have managed to complete primary education and proceeded to secondary level.

#### **4. Improved livelihood base**

The income generating activities facilitated by Restless Development programme were noted to be very popular with the beneficiaries especially the youth-out-of-school who consistently reported that exposure to these had given them passion to start their own projects independently. The programme

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<sup>2</sup> Zimbabwe Demographic and Health Survey (ZDHS) 2010 -11

created opportunities for young people to contribute to their household income. At least 46% of the YP participating in IGPs reported that they had witnessed an improvement in their household income as a result of the IGP. They also reported that the availability of livelihood options for YP has reduced their exposure to drug abuse and criminal activity

### **Sustainability Of The Programme**

The programme made efforts to ensure sustainability of the programme in two broad ways: Establishing collaborations with other stakeholders and ensuring active involvement and participation of YP in the implementation of the programme. Restless Development signed memorandum of Understanding (MoUs) with the Government Ministries (Ministry of Health and Child Welfare (MoHCW), Ministry of Education, Sports, Arts and Culture (MoESAC), which enables it to continue lobbying the government to assist the young people and making sure that they receive the necessary support to access appropriate and up to date SRH services, and sustain their IGPs. Health centre staff were trained in providing youth friendly services and these are going to continue being provided as it also remains the mandate of the MoHCW to achieve its objectives in addressing the SRH needs of YP as stipulated in the ASRH Strategy. Schools were supported in managing school based IGPs, AAC and GEC which not only supported the schools in paying school fees for OVC but the adopted IGPs are in sync with the MoESAC curriculum for teaching practical subjects, career guidance and skills training. The volunteer, youth-led nature of the programme and their active participation cultivated a spirit of ownership of the programme by the YP. The YP drawn from the community to be the leaders and vehicles of information and knowledge sharing somewhat contributed to the programme sustainability.

The mobile nature of the YP creates challenges for the programme activities to continue at the highest level as may be desired. Their mobility is inevitable, as YP tend to migrate in pursuit of employment, further education and careers.

### **Lessons Learnt And Best Practices**

- If young people are afforded an opportunity and support, they can facilitate accurate SRH information transfer amongst themselves. They are an efficient and effective mode of information dissemination among their peers.
- Availing Youth Friendly SRH Services increases uptake of such services by the YP.
- Young people can work independently and effectively manage themselves. This was observed among the former Restless Development volunteers who are working as interns in other organisations where they are able to cope with the demands of their assigned responsibilities.
- Putting programme beneficiaries at the forefront of implementation promotes programme ownership and may translate into sustainability.
- An exit/ transition strategy needs to be communicated in good time with programme beneficiaries and other stakeholders to ensure that there is no confusion as to whether programme is still under the support of Restless Development or not.

### **Recommendations**

The evaluation suggests the following recommendations based on the findings of the assessment.

#### **Relevance and Appropriateness**

- i. Restless Development must maintain the culture of conducting the youth focused studies to inform its programming and continue to be responsive to changing needs of young people and the context. In the current programme, this was taken up however, little effort was exerted in focusing on behaviour change despite the fact that at mid-term evaluation, it was observed that SRH awareness and knowledge have tremendously increased but not translating to behaviour change. Restless Development is encouraged to:
  - Investigate, through research and process monitoring, the reasons why YP, despite the knowledge gained, would go ahead and engage in risk sexual behaviours and use the results to design future programmes.

- Engage and involve the YP at an early stage in the programme design and development of the programmes. This should enable them to be able to create context specific interventions that are informed by the target groups. In the case of message development, for example, youth in the operational areas may be engaged in customising the messages to suit their environments and contexts instead of using the generic messages that YP in the rural areas may not relate to.
  - Remain a Youth-Focused organisation but not exclude the involvement of the adult community in the implementation of their programmes. They should take cognisance of the fact that YP remain under the guardianship of the adult community members who have some influence over how YP may perceive their world. As such factors as attitudes, cultural and traditional practices which are reinforced by older community members may deny creation and sustenance of an enabling environment for YP to practice good sexual practices and even enjoyment of their entire SRH, rights and responsibilities. Holistic targeting is therefore encouraged.
- ii. Participation of YP, especially females in decision-making in all aspects affecting their lives (at household, village, wards, district, provincial and national level) must be encouraged. They should be involved in advocacy as well so as to ensure that policies and legislations that are put forward are not silent on issues affecting the youth.
- The programme must consider building the capacity of YP and girls on how to use participatory learning and action in developing context specific advocacy agendas and communicate key messages of issues affecting them to different audiences.

## **Effectiveness**

- iv. There is also a need focus more on strategies that facilitate positive behaviour change. i.e. YP to translate the knowledge gained into practice. This may entail using participatory approaches such as Appreciative Inquiry in developing practical strategies for engaging young people at the community level.
- v. Devise more innovative, youth friendly IGPs, which are appealing to the youth and not necessarily heavily contested by the general adult community. This will encourage YP to remain more focused and record benefits and see value in continuing with the IGPs. If IGPs are well managed, YP may not require migrating in search of employment and it will be easy for such programmes to remain sustainable. Key considerations in the development and implementation of appropriate livelihoods programmes include:
- Using a detailed phased approach in the development of a livelihood project that is both sustainable and youth friendly. This entails placing deliberate efforts in the identification and selection of appropriate projects for the area and youths, targeting and selection mechanisms for participants, skills development, financing mechanisms and market linkages. The identification of the relevant projects is participatory and uses such techniques as Timeline Plotting, Ranking and Matrix Scoring.
  - Using a “cost sharing and pass-on” approach may also be adopted in which start-up capital for IGPs is provided as a loan to YP which they should payback after an agreed timeframe so that it can be forwarded to other YP who are waiting for it. In this way, the programme encourages YP to become responsible and accountable for their IGPs, allows the YP to play the role of monitoring and influencing each other on achieving their set goals and also promotes programme ownership while reducing dependency on donor support tendencies.
  - Further, a programme that promotes IGPs needs to have a strong component of market linkages, which should link the YP's produce with relevant markets.
- vi. There is need to continue to scale up livelihoods interventions to OVC as current efforts remain inadequate. The model of establishing school-based IGPs to facilitate assistance with

school fees, uniforms and stationery should be upheld and replicated in most schools and target bigger numbers of OVC.

- Such a programme need not just end there, it should further measure the outcomes of its efforts on OVC. It is one thing to keep OVC in School and another to have improved quality of life of the OVC. It is of vital importance to understand if for instance, to what extent the participation of OVC in PSS camps improve their PSS outcomes such as psychological well-being, social well being, resilience etc and how these overall contribute to their quality of life. This requires developing and integrating specific outcome and impact level indicators for OVC in the M&E system.
- vii. Support the revitalization of health centre youth friendly corners (YFCs)
- As part of the national health strategy, all health centres are required to have functional youth friendly corners. The health ministry however lacks adequate funding to ensure their sustainability and depends on the private-public partnerships for these to remain in place. Structures such as dedicated rooms for these have been noted to be available and clinics are ready to support initiatives that wish to resuscitate and sustain these. Restless development has already made successes in influencing that at least one nurse is seconded to provide youth friendly services in their operational areas and can take a further step in supporting resuscitation of the YFCs.

### **Efficiency**

- i. The programme was noted to be highly effective in raising awareness and increasing knowledge on SRH, HIV and AIDS issues among young people. It should be replicated in other areas with some adjustments, which should include adopting cost effective ways of delivering the same products at a lesser cost, and widens its reach.
- ii. To improve the efficiency of the programme in terms of placements of volunteers in manning the resource centres, Restless Development may have to consider identifying YP within the community to be the focal persons and having the organisation's staff members visiting periodically as part of monitoring of the activities. This could cut on the daily living allowances costs allocated to YP seconded from other areas. To make a well informed decision on whether to maintain the original strategy or adopt another. Restless Development may conduct a focused cost effectiveness analyses of the two and choose the one that shows compliance with their VfM.
  - The programme may face challenges on the quality of information that may be provided by YP obtained from the local communities due to low levels of education as well as constant mobility of YP. However, the programme has opportunities of tailor making/ customising the information they are expected to deliver, the actual training they undergo as well as having a standardised training module/curriculum.

### **Sustainability**

- i. To ensure continuation of activities for a programme that heavily relies on volunteers who are prone to mobility, there is need to put in place a very strong system that enables trained young people to effectively transfer similar skills to their peers and have a well defined methodology of doing so. The programme may develop a graduation model in which those volunteers have a defined timeframe in which they are taking the responsibilities of leading the activities and handover their responsibilities to the next group of volunteers in a formal way.
- ii. There is need to engage in strong partnerships for supporting IGPs as these require a substantial amounts of funds as start-up capital. YP engaging in these IGPs must undergo intensive project management training including financial management to aid the accountability aspect of their IGPs. The programme may consider taking up the latest

developments of cost sharing whereby the community contributes a percentage of funds towards the establishment and maintenance of their IGPs. Instead of simply handing over funds, YP may be required to access these funds as a loan for which they should return after a stipulated timeframe for it to be handed over to other YP to start their own IGPs. Programmes that have taken up this kind of programming have been noted to be successful as the community plays an important role in encouraging return of loaned funds in time for others to benefit as well.

## INTRODUCTION AND BACKGROUND

### 1.1 Introduction

Restless Development Zimbabwe, with support from European Commission has been implementing a 3 year (2010 – 2012) Sexual Reproductive Health (SRH) and HIV/AIDS Prevention Programme in 4 districts<sup>3</sup>. The programme focused on enabling Young People (YP) and Orphans and Vulnerable Children (OVC) to make informed and responsible decisions about SRH, reducing their risk of HIV infection and being supported appropriately by their communities. This programme was implemented at a time when Zimbabwe was beginning to recover from a decade of economic meltdown that had seen a near collapse of health and social services. YP were disproportionately affected by SRH, HIV and AIDS problems, lacked livelihood and employment opportunities and were not actively participating in decision making on matters that affect them. There was heightened and apparent need to scale up SRH, HIV and AIDS prevention and support programmes targeting and placing YP at the forefront. The programme therefore aimed to increase demand and the availability of appropriate, relevant and up to date SRH information, build and enhance the capacity of the YP (in and out of school), community, health workers and school authorities (teachers) and district officials to respond to the impacts of SRH, HIV and AIDS problems affecting YP in their areas and to engage the YP and OVC's in Income Generating Projects (IGP's) to enhance and improve their livelihood options.

### 1.2 The Programme

The programme was entitled: Scaling up SRH and HIV/AIDS prevention programmes among the young people in selected rural communities of Zimbabwe. Its overall objective was:

- To enable Young People (YP) and Orphan and Vulnerable Children (OVC) to make informed and responsible decisions about their SRH, reducing their risk of HIV infection, supported appropriately by their communities.

Specific objectives of the project were:

- To increase the availability of appropriate, relevant and up to date SRH information (including HIV and AIDS, gender and girls empowerment) that is socially and contextually relevant to the needs of the YP in the project communities and scale up prevention programmes
- To build and enhance the capacity of the community, Young People We Care clubs, health workers and school authorities (teachers and district officials) to respond to the impacts of HIV and AIDS within the school
- To engage the YP and OVC's in Income Generating Projects (IGP's) to enhance and improve their livelihood options.

#### 1.2.1 Programme Design

The programme capitalised on its unique youth-led strategy with its main activities involving training of volunteer peer educators, providing SRH and life skills education to in-school and out-of-school youth, training local health centre personnel on providing youth friendly SRH services, encouraging YP to have an increased understanding of youth SRH issues and adopt as well as support each other in taking up health-seeking behaviour. The programme also provided volunteers with opportunities to develop their leadership experience, transition in to employment through placements in internships in various organisations and to engage in advocacy and civic participation activities.

The principal activities of the programme were:

- **Youth Friendly Service Provision:** Resource centres and corners provided a platform for young people to access share and discuss information on issues affecting them.

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<sup>3</sup> Chimanimani (8 wards), Hwedza (6 wards), Bulilima (8 wards) and Mangwe (8 wards).

- **Young People We Care Programme:** YPWC volunteers provided psychosocial support to children in the household while the community caregivers attend to the sick in the home.
- **Youth Education and Sport (YES) Leagues:** Young people were attracted to sporting events creating opportunities for information dissemination.
- **AIDS Action Clubs (AAC's) and Girl Empowerment Clubs (GEC's):** Young people worked in groups to share information and school teachers trained to manage these clubs in the schools.
- **Peer Education Sessions:** VPE's delivered non-formal education to in and out of school youth
- **Income Generating Projects:** IGPs were aimed at improving the livelihoods of young people and OVC.
- **Capacity Building and Training:** YPWC volunteers, Club members, VPEs, Teachers, Health Workers and Community leaders were trained in SRH issues and encouraged to support provision of SRH services, health seeking behaviour of YP to ensure sustainability of the programme.

With these activities, the programme sought to benefit 180 volunteer peer educators (VPE's), 2700 young people we care volunteers (YPWCV's), 10000 OVC's, 5000 girl children, 90 teachers, 90 health workers, 2970 community members, 13000 indirectly and 14400 community members through awareness raising. The programme set to achieve the following targets to achieve over a three-year period;

- 126600 SRH lessons, 39000 home visits conducted (13000 every year), 360 awareness campaigns,
- 4 district resource centres and 30 placements corners,
- 30 IGPs set up and running, 12 district festivals (4 held annually).

The programme reached out to YP in 30 wards in rural communities, enhanced the capacity of the community and the strategic line ministries to provide and afford YP youth friendly SRH, HIV and AIDS services and opportunities to participate and contribute meaningfully in personal and community development on issues affecting their lives.

### 1.3 Scope of the Study

The scope and focus of this study were to explore the outcomes and impact of the programme, in order to facilitate an understanding amongst Restless Development, its partners and programme beneficiaries of the extent to which the envisaged change has been realised. In this regard, the study sought to address the following key objectives:

#### 1.3.1 Evaluation Objectives

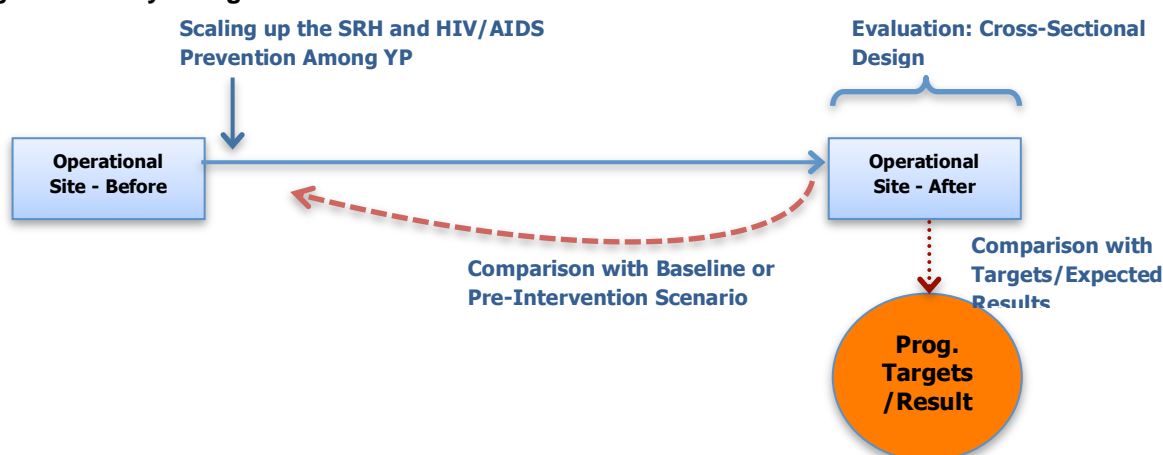
The specific objectives of this Evaluation were to:

1. Assess the relevance of the project in relation to the context, national response and the organisation's response framework
2. Assess the extent to which the programme achieved its purpose and delivered on intended outputs, and whether the intended outcomes were met in relation to SRH needs of Young People and their livelihood options
3. Assess measurable impact of the programme upon beneficiaries, over the duration of the 3 years of the programme
4. Assess the effectiveness and efficiency of the strategies that were used by the programme, lessons learnt and best practices that can be replicated in any future programming.
5. Ascertain sustainability of the project interventions beyond donor funding

## 2.1 Study Design

The evaluation used a Cross-sectional Analytic Study Design employing a Mixed Method Approach based on a combination of qualitative and quantitative techniques to analyse primary and secondary data. The primary data was mainly drawn from programme's target group (youths and OVC), other community members, community and national level stakeholders, policy developers, funding and strategic partners. The design enabled the documentation of the current situation regarding the factors under review (cross-sectional) and allowed for a comparison with the baseline and pre-intervention scenarios. The analysis also considered exposure<sup>4</sup> to the programme in order to assess associations between outcomes and the programme. The flowchart below outlines the study evaluation design.

**Figure 1: Study Design**



The study population comprised of programme beneficiaries from the operational districts and war ds, key informants at community, district and institutional level. The beneficiaries were young people, some of, which directly participated in the programme interventions and these are regarded Restless as having been exposed. The sampling strategies included purposive sampling for key informants and systematic sampling for the young people. Young people were selected from the purposively selected schools and surrounding communities for he out-of school youths. Those selected included those who participated (exposed) and some who did not directly participate in any of the Restless Development programme activities.

Using the mid-term value for primary abstinence of 81% as a proxy for the outcome of interest (adopting safe sexual practices) with 95% confidence and 5% standard error, a sample size of 236 participants per district was noted to be adequate for a quantitative assessment in this study.

$$n = \frac{p(1-p) \times z^2}{\Delta^2} = \frac{0.81(1-0.81) \times 1.96^2}{0.05^2} = 236$$

A sample size of 472 young people (236 for each district) was targeted for the individual structured interviews with young people.

<sup>4</sup> A young person was considered as "Exposed" if they directly participated in one or more of Restless Development's activities during the implementation period. Analysis based on this however carefully interpreted, as there was possibility of contamination.

The outcome factors were guided by the objectives and fell under each of the key domains of the evaluation framework:

**Table 1: Outcome Factors**

Domain	Outcome Factors of Interest
Relevance	Needs to Response Match Index -
Efficiency	Budgetary Variance, Timeline Compliance (Activity Timeline) Cost Effectiveness Ratio
Effectiveness	Target Compliance - coverage of targets set in the programme logframe
Outcomes and Impact	SRH Knowledge, Attitudes and Practices amongst youths and OVC <ul style="list-style-type: none"> <li>Knowledge on SRH, Utilization of Essential SRH Services (YFCs, Clinical Services - VCT, ART, STI Treatment, Community Groups)</li> <li>Condom use, Age of Sexual Debut, New STI cases</li> </ul>
Sustainability	Scenario Forecasting

The expected outcomes of the intervention are broadly outlined under the domain on Outcomes and Impact in Table 1. These are detailed in Table 2 below.

**Table 2: Expected Outcomes and Impacts**

Improved access to SRH, HIV and AIDS information and services by young people
Improved knowledge of HIV&AIDS by community members and young people
Improved utilisation of SRH by young people including VCT
Improved uptake of safe sexual practices by young people including abstinence and condom use
Improved participation of young people in livelihood activities
Improved access to career development opportunities by young people
Reduction in teenage and unwanted pregnancies
Increased access to psychosocial support for OVC

In line with the indicators specific to the expected results above, the following data collection methods were used: Desk Review of Documents, In depth Interviews, Structured Interviews (Questionnaire for Young People), Focus Group Discussions (FGDs), Most Significant Change (MSC) Approach/Case Studies and Data Extraction and Mining

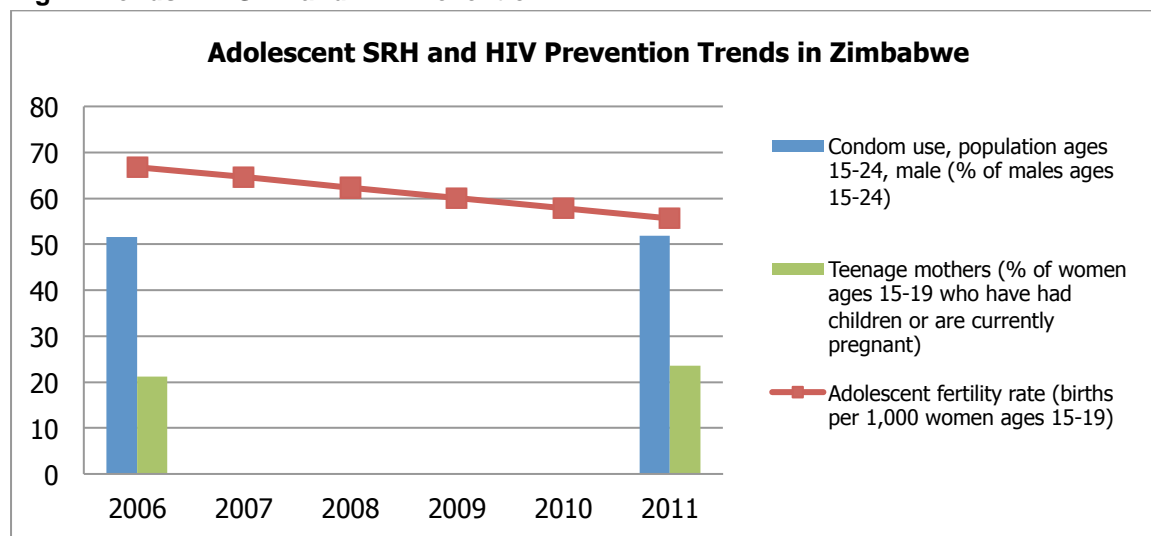
## 2.2 Limitations of the Study

- The topic of SRH remains a sensitive topic especially for both boys and girls, which may have contributed to subjective responses. While the evaluation emphasised confidentiality, we cannot entirely rule out possibilities of over and underreporting on some questions. Furthermore, the topic remains too technical for primary level school children and low levels of literacy among the respondents also compounded this.
- Due to the mobile nature of YP and despite intense mobilisation efforts, the turnout of youth-out-of-school was low. The evaluation also faced challenges identifying volunteers as respondents to participate in the survey, although this study believes that those who were available represented the views of others who could not be reached.

### 3.1 Contextual Analysis - YP SRH, HIV and AIDS Situation

Young People in Zimbabwe face unprecedented challenges related to their Sexual Reproductive Health (SRH). These challenges include severe HIV epidemic, currently estimated at 15.2%<sup>5</sup> in the adult population (HIV prevalence for YP aged 15 – 19 years and 20-24 years was observed to be 3.8% and 7.5%). The adult HIV epidemic in the country has been followed by an epidemic of vertically acquired HIV infection among children and adolescents. In addition to their existing vulnerability, young people's SRH problems are further heightened by early sexual debut<sup>6</sup>, high levels of teenage pregnancies and limited access to SRH. Young People, particularly girls and more so, those residing in rural areas, have increased vulnerability to maternal mortality, early marriages, adolescent pregnancy and low access to SRH services<sup>7</sup>.

**Fig 2: Trends in ASRH and HIV Prevention**



Data Source: Databank, World Development Indicators

The young people are particularly more vulnerable to SRH problems not only due to lack of knowledge and information about SRH issues and services but also of legal and policy provisions in place to protect their SRHR<sup>8</sup>. These are also compounded by other factors as peer pressure, sexual abuse, economic pressure, forced marriage, lack of parental guidance, lack of life skills, drug and alcohol abuse, socio-cultural factors regarding gender and sexual relationships. Adolescence itself is a developmental stage in which YP are overwhelmed by the desire to experiment and engage in risk taking behaviours and become sexually active and may experiment with drugs, increasing their levels of vulnerability to HIV infection<sup>9</sup>. Unmarried sexually active YP are particularly negatively affected by limited access to and use of contraceptives resulting in unwanted/planned pregnancies, unsafe abortions, pregnancy complications and even death of mothers and new-borns.

In the recent years, in Zimbabwe, access to ART became more widely available and successful however, a significantly high proportion of PLWHA remains in need of ART. Access to ART and related services among this group is also affected by high rates of non-disclosure largely arising from

<sup>5</sup> Zimbabwe Demographic and Health Survey (ZDHS) 2010/11

<sup>6</sup> According to the National ASRH Strategy 2010-2015 girls experience their first sexual intercourse before age 15. Further some Programme reports indicate that girls become sexually active as early as 10 – 12 years.

<sup>7</sup> CWGH in their 2009 annual report

<sup>8</sup> National ASRH Strategy 2010-15

<sup>9</sup> Ross, J, Cataldo, F, 2010. Evidence for Action Case Study No.3. International HIV/AIDS Alliance. [www.evidence4action.org/](http://www.evidence4action.org/)

sexual violence, stigma and discrimination. This further increases possibilities of reinfections. Recent studies also show that generally, there is low ART adherence among this age group (YP), which also increases their chances of developing resistance to treatment and subsequent treatment failure.

In cases where SRH, HIV and AIDS services are available, they are not youth friendly. In addition, there exists a host of other factors that emerge as the major barriers to uptake and access to such services by the YP. These are a combination of inappropriate targeting, insufficient coverage, low intensity and short duration of HIV prevention strategies aimed at addressing the YP's SRH problems. These have also been coupled with lack of meaningful involvement of the targeted groups of the YP in the design of those programmes, which have generally resulted in poor uptake of offered services and recommendations. The affordability of SRH services has in many cases remained beyond the reach of many young people who rely on their parents/guardians to meet their SRH needs.

Previous studies have also shown that there are also socio-cultural and economic factors limiting the YP's access to SRH which include lack of skills and livelihood options, leading to early marriages, intergenerational and transactional sex as ways of economic survival. Issues of negative perception of image associated with condom use among young people in some settings have resulted in shunning the use of condoms with YP reporting that if they use condoms they are perceived as prostitutes or "loose" girls. This is closely related to the fact that traditionally, culturally and religiously in Zimbabwe some groups still negatively associate condom education for (unmarried) YP with early sexual experimentation and promiscuity. Lack of parent/guardian–child communication about SRH issues and beliefs that it is taboo for parents to discuss sexual issues with own children, even when they might have the information, have also created a gap in knowledge transfer and uptake of services by YP<sup>10</sup>

Other factors contributing to lack of access to SRH services by YP include peer pressure, drug and alcohol abuse, lack of knowledge of the available SRH services and policy provisions in place to protect their SRH and rights<sup>11</sup>. On the political front, the recent political instability and uncertainty heightens the risks and vulnerability of young people to SRH problems such as sexual abuse and domestic violence. Economic factors such as unavailability of commodities, inflation, lack of employment exposes young people to partake in such survival options as prostitution where they have low negotiating power regarding safe sexual practices. While the Zimbabwe health system is gradually recovering from the decade of rapid meltdown, competent personnel to provide youth friendly SRH services remain scarce. YFCs in many health facilities are still not operational.

It is within this context that the Restless Development programme on "Scaling up SRH and HIV/AIDS prevention programmes among the young people in selected rural communities of Zimbabwe" was implemented. The programme was set to address these challenges in the 30 wards of its operational areas. The period of implementation enjoyed a stable political environment and recovering socio-economic environment enabling the smooth flow of the programme activities. The programme was well accepted by the strategic partners as the problem it sought to address required a multi-sectoral response.



<sup>10</sup> Naomi, N. Wekwete. Adolescent pregnancy challenges in the era of HIV and AIDS: A case study of a selected rural area in Zimbabwe,

<sup>11</sup> Opportunity in Crisis: Preventing HIV from early adolescence to young adulthood, UNICEF, June 2011

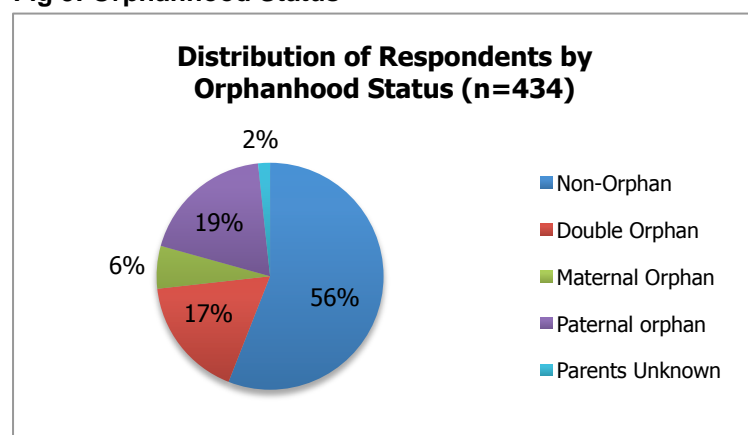
## 3.2 Profile of Respondents

A total of 460 young people, and 25 key persons participated in this review through interviews, discussions and questionnaire completion. The total sample size of those who responded to the questionnaire represents 108% of the target sample size. Of these, the majority (59%) were from Hwedza District and females represented 49% of the total number of respondents. The mean age of the respondents was 16 years (SD= 2.9)

**Table 3: Socio-Demographic Characteristics**

Characteristic	Count (n=434)	Percent (%)
<b>Sex</b>		
Male	220	50.69
Female	214	49.31
<b>Age Group</b>		
Below 15 Years	104	23.96
15-24 Years	330	76.04
<b>School Level</b>		
Primary	70	16.13
Secondary	364	83.87
<b>District</b>		
Chimanimani	177	40.78
Hwedza	257	59.22
<b>Religion</b>		
Catholic	45	10.37
Pentecostal	84	19.35
Apostolic	162	37.33
Protestant	72	16.59
Muslim	2	0.46
Traditional	2	0.46
No religion	3	0.69
Other	47	10.83
Don't Know	17	3.92

**Fig 3: Orphanhood Status**



The most common religious affiliations were observed to be the Apostolic, Pentecostal and Catholic with each represented by 37%, 19% and 10% of the young people.

At least 44% of the YPs were orphans at the time of the review as shown. Fig 4, shows that the most of the orphans were either paternal or double orphans.

An estimated one third of respondents in both Chimanimani and Hwedza had been involved in one of Restless Development's previous surveys.

The key persons who participated in the exercise were drawn from Restless Development, community leaders, local schools and health professionals and they represented a cross-section of the main stakeholders to this study. A total of 25 key persons were reached and all are regarded to have had some influence to the delivery and performance of this intervention in one way or the other. A list of the key informants is attached as Appendix 3.

### **3.3 Programme Review**

As already highlighted in previous section, the review of the programme was guided by the DAC criteria for evaluating development programmes: Relevance and Appropriateness, Effectiveness, Efficiency, Sustainability, Impact and Lessons Learnt.

#### **3.3.1 Relevance and Appropriateness**

The relevance of the Restless Development Programme cannot be overemphasised. The programme was noted to address priority SRH, HIV and AIDS needs of YP as informed by empirical evidence gathered through extensive literature review and situation analysis whose some of the results were:

- Lack of knowledge of both SRH information and available services,
- Limited access to such services and unavailability of youth friendly SRH services,
- Unavailability of youth friendly SRH services
- Lack of life skills and livelihood options,
- High rates of school drop - out as a result of lack of school fees and early pregnancies and other SRH related problems.

Furthermore, the programme design and its activities were also well aligned and in sync with the national priority response efforts in addressing SRH needs of young people. The National Adolescent Sexual and Reproductive Health Strategy's (ASRH) overall purpose is to improve the sexual and reproductive health status of young people (10-24 years) in Zimbabwe through four key interventions and strategies: Social and Behaviour Change Communication, Life Skills and Livelihoods, Service Delivery, Policy and Advocacy and Networking and coordination. All of these components are key features in the Restless Development programme's response package although efforts to support the latter are not as elaborate as for the other three. The programme also supported the implementation of the National Reproductive Health Policy and the National Reproductive Health Service Delivery Guidelines, the Zimbabwe National Strategic Plan on HIV and AIDS (ZNASP I and II) The National HIV Testing and Counselling (HTC) Strategic Plan (2007- 2011), The National Behaviour Change Communication Strategy (2006-2010), National Health Strategy and the National Gender Policy and Strategy and the NAP for OVC. These policies, guidelines and strategies seek to facilitate high quality, safe, context appropriate SRH service provision at all levels of the health system.

In addition, the programme was noted to contribute to country level efforts towards achieving the Millennium Development Goals (MDGs) particularly MDG 1 – Eradicate Extreme Poverty and Hunger, (through facilitating and promoting livelihood options for the youth,) MDG 2 – Achieve Universal Primary Education (through paying school fees for the OVC and keeping them in school) and, MDG - 6 Combat HIV/AIDS, malaria and other diseases.

The core interventions were designed to provide support to the national efforts towards improving access to SRH services through strengthening the capacity of existing community structures by training MoHCW local health centres personnel in providing youth friendly SRH services, building the skills and capacity of MoESAC local school teachers to enable them to monitor school based SRH activities and IGPs, revamping the Local Governance Youth Resource Centres by facilitating provision of IEC and audio-visual and edutainment equipment relevant in the dissemination of SRH, HIV and AIDS information.

The appropriateness of the programme was visibly observed through its targeting of the programme beneficiaries. In addressing the needs of YP, the programme targeted and involved the youth and had them actively participating in leading the implementation of the programme through delivering services and promoting uptake of good behaviours and positive attitudes. The programme delivery strategies were also sensitive to context and age of information recipients. Dual targeting of In and Out of School enabled a wide reach to out of school youth who tend to be missed by most interventions. By working closely with existing community structures, the programme ensured a quick buy-in of the stakeholders and thereby increasing its potential for smooth and successful implementation.

Throughout the programme life - cycle, Restless Development ensured that its programme remained relevant and appropriate by keeping other local stakeholders in the operational areas aware of their activities through sharing of reports. Furthermore, the programme conducted special studies whose results continued to inform programming. For example, at the beginning of the programme implementation, there was emphasis on primary abstinence, however, the mid-term review results indicated that further programming needed to encourage faithfulness to one uninfected partner and knowing one's sexual partner's HIV status as a means of reducing the risk of HIV transmission which is the next option for young people who are unable to abstain.

### **3.3.2 Effectiveness**

The context of the extent to which the programme met its purpose and objectives was critical in the assessment of its effectiveness. The specific objectives of the programme were:

- To increase the availability of appropriate, relevant and up to date SRH information (including HIV and AIDS, gender and girls empowerment) that is socially and contextually relevant to the needs of the YP in the project communities and scale up prevention programmes
- To build and enhance the capacity of the community, Young People We Care (YPWC) clubs, health workers and school authorities (teachers and district officials) to respond to the impacts of HIV and AIDS within the school
- To engage the YP and OVC's in Income Generating Projects (IGP's) to enhance and improve their livelihood options.

In addition to review of programme performance documents, feedback and analysis of the survey data was conducted in line with the programme objectives. Particular focus was placed on ascertaining the levels of access to SRH information and services; SRH, HIV and AIDS Knowledge levels, and the availability of livelihood options for the youth.

#### **a. Access to SRH Information and Services**

The programme set to ensure YP had heightened access to SRH Information and services. This was achieved through supporting establishment and maintenance of Resource Centres resource corners in the communities and in schools. Using an Output Tracker derived from the programme logframe, the intervention demonstrated overall positive output target compliance.

By the end of the programme, 3 district Resource Centres and 77 placement resource corners were developed and maintained. These establishments were noted to be the main attraction for the YP and were strategically positioned to provide platforms for providing SRH, HIV and AIDS services including information dissemination using various methodologies such as informal group discussions, short stories, quizzes, games and videos. At the time the programme wound up a total of 16,945 SRH sessions had been conducted, indicating that thousands of YP accessed the

services. The picture below shows the exterior and interior look of some of the Resource Centres and Resource Corners.



In addition, to ensure access to SRH information and services, the programme also conducted capacity and skills building exercises through training health personnel on provision of youth friendly SRH services. By the end of the programme, a total of 102 nurses had been trained and supported. In previous studies young people reported that although SRH services may be available in the health facilities, they were not able to fully utilise them as a result of the lack of youth friendly services among other factors.

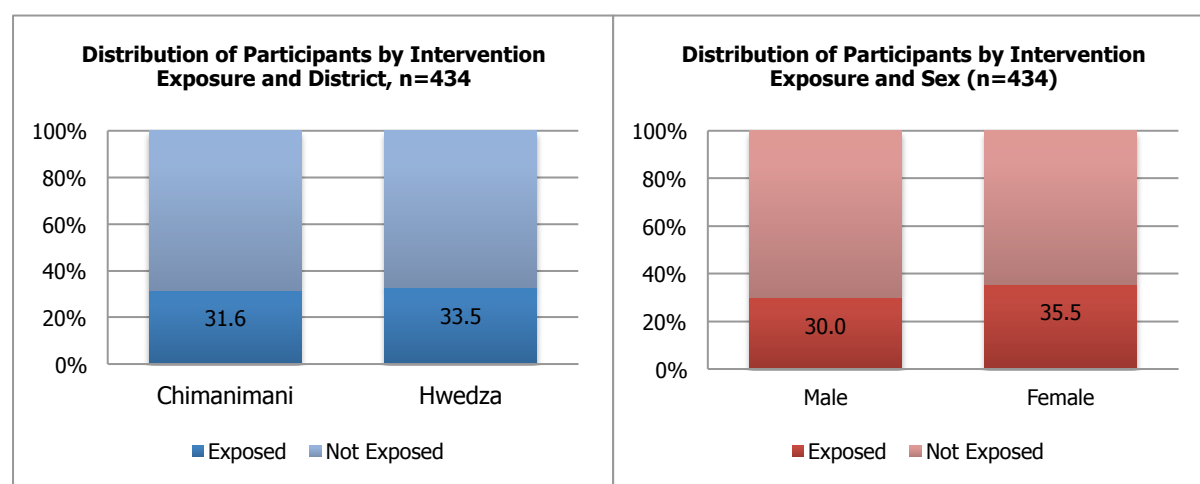
Through this programme, local health centres have managed to appoint at least one staff member at each health centre to provide YF services to young people. Following such a noble move, the health centres and this programme reported an increase in the health seeking behaviour of YP particularly relating to use of condoms and uptake of VCT which was reported to be 17% at baseline and increased to 35% as at end of year 2 and 24% at the time of this evaluation. This marks an overall positive increase from the baseline.

Discussions with YP indicated that the services are now provided in a youth friendly manner in the local clinics and they are not embarrassed to visit the health centres to seek such services as condoms and information.

*"...sometimes you would go there but the way you are received and asked about your presenting problem would deter you from opening up and you end up saying I have a headache...but now its different, consultation is done in a private way..." \*Nyasha 19, Chimanimani*

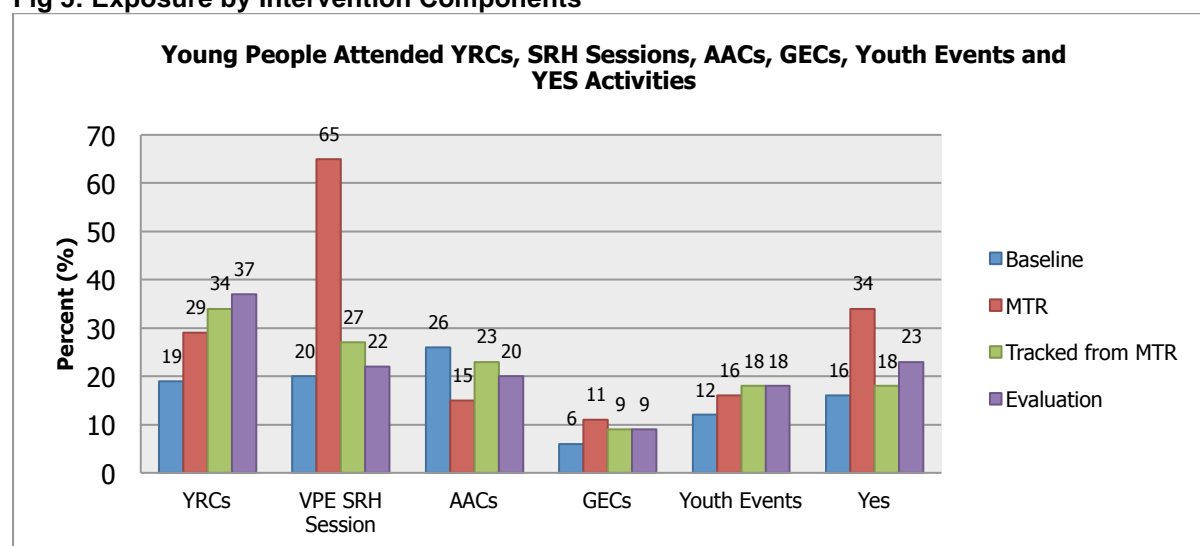
There was a notable increase in the participation of YPs in the various services and activities offered by the project. At least 30% of the young people who participated in this exercise were exposed to the intervention. This percentage was similar for the group that previously participated in the MTR and Baseline Survey for the project.

**Figure 4: Intervention Exposure**



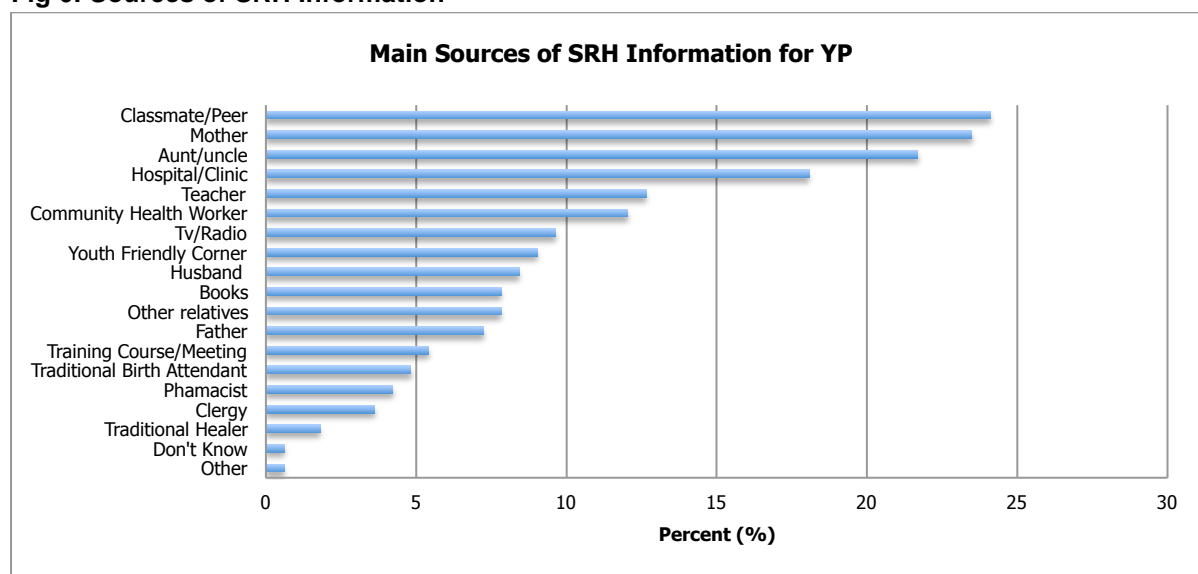
A total of 127 teachers were also trained as patrons for the school based resource corners to support the peer leaders in conducting and facilitating SRH education and information sharing activities. This evaluation noted that even months after the programme ended, the patrons have continued to provide direction and guidance to the young people to continue with their activities.

**Fig 5: Exposure by Intervention Components**



The use of community based VPE also played a significant role in providing access to SRH information and services as it brought these right where YP are. Peer to peer discussions were facilitated during YES leagues and awareness campaigns where VPEs would seize the opportunities to distribute condoms and IEC materials. Further, more information sharing would take place in the form of poetries, song, and dance. These campaigns also played a vital role of being the referral link between Young people requiring specialised services such as ART and nutritional support and the health service providers such as Mutambara and Embakwe Hospitals. During this evaluation, some young people reported having visited and continue to visit the Resource Centres, health facilities and obtaining youth friendly services and meaningful information, which they are relying on in making decisions about their SRH issues.

**Fig 6: Sources of SRH Information**



As can be noted from the above charts, peers and family members were noted as the common source of SRH information. This points to the existence of informal knowledge transfer mechanisms within the communities. The programme has therefore been effective in the delivery of SRH information and services through its use of YP, which facilitated dialogue among same age peers. The model of youth-led delivery of SRH services and Information was in no doubt one of the major drivers in ensuring YP had access. It's a model that ensured that YP broke the silence and the barriers that come along with "adult – child communication relationship". One respondent rightfully put it:

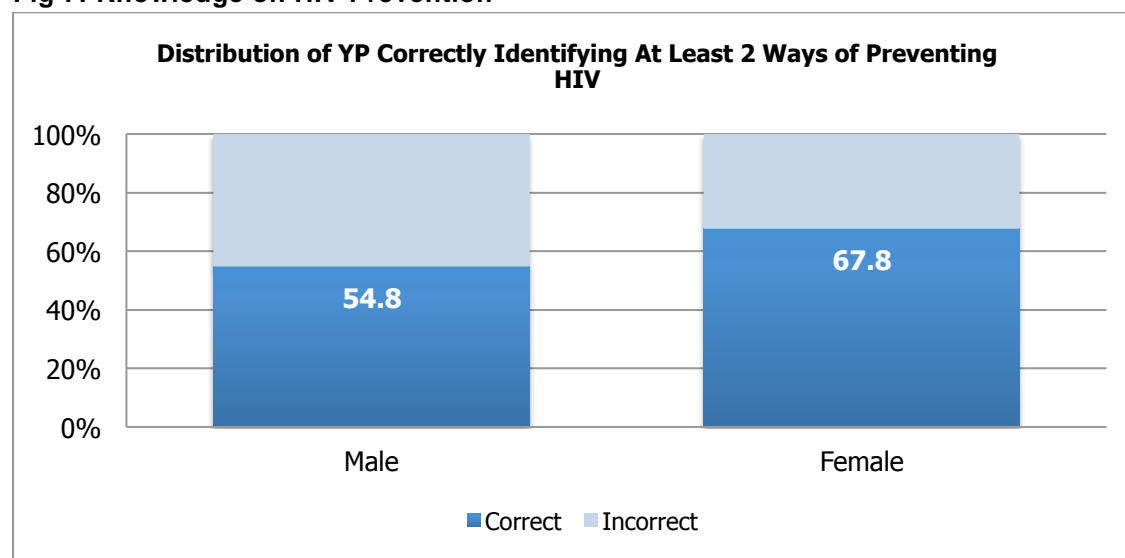
*"...by using people like William who is young like us made it easy for us to approach him for information purposes. You find that we are able to freely ask him anything unlike if its someone older...William, you can play with him and don't need to be formal with your questions and you can be confident about the information they give you..." \*Tomupei, 18, (NB- William is a Volunteer)*

It is however important to note that the sources that were most regarded as reliable in providing accurate SRH information by the young people were the health professionals at the hospital/clinic (17%) and the teachers (14%). This therefore further supports the appropriateness of targeting these cadres in the community-based capacity building efforts.

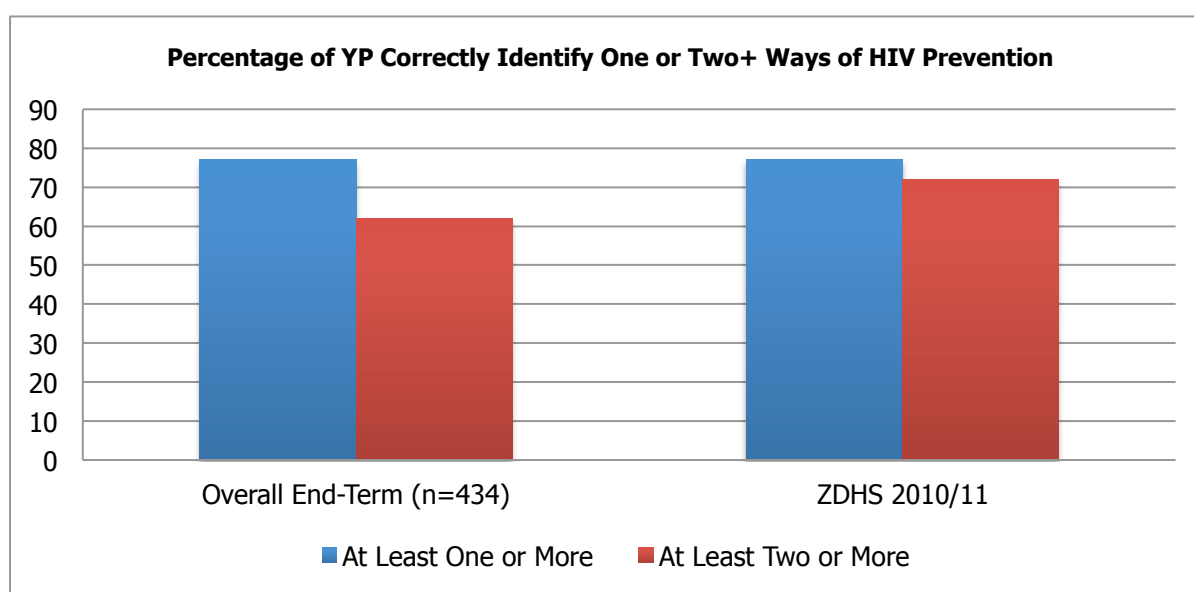
#### **b. SRH, HIV and AIDS Knowledge**

Accurate knowledge on SRH and HIV and AIDS is critical in ensuring prevention of the spread of the disease and its management. For YP, possessing correct and up-to-date information means they are equipped to protect themselves. As already known, one of the major objectives of this programme was to raise awareness and enhance knowledge of YP on SRH, HIV and AIDS issues. There is indeed evidence of increased awareness and knowledge of general SRH, HIV and AIDS issues among the young people in the programme operational areas. At least 62% of the participants were able to correctly identify at least 2 ways in which HIV may be prevented/transmitted. This proportion was observed to be consistent across age groups (15-24 and less than 15 years) and districts. However, the difference in the proportion correctly identifying at least 2 ways of preventing HIV was significantly higher amongst females.

**Fig 7: Knowledge on HIV Prevention**



**Fig 8: Knowledge Levels**



The analysis of the knowledge component of this review reveals that, generally, the proportions of those correctly identifying correct responses for specific knowledge measures are indifferent or moderate in relation to the findings of previous assessments. It would, however, be inaccurate to conclude that knowledge levels have gone down since these differences could be due to specific differences in the design and implementation of the studies; and which have a strong bearing on the performance measurement. In addition, whilst the findings may seem to suggest the lack of intervention influence or effect, the consistency in the qualitative reports of increased awareness and knowledge by the young people and community points to the possibility of a “buoying effect” at the community level. The intervention can be regarded as having kept afloat the desirable levels of knowledge across the cross-section of young people (community level) through increasing knowledge of individual young people who participated directly and indirectly. It was therefore essential to conduct additional analysis to ascertain some associations between participation in the programme and knowledge levels.

Knowledge was noted to vary depending on exposure to the programme activities. The variable Exposure (i.e. directly participated in one or more interventions) had a positive coefficient implying that having at least one intervention exposure is predictive of the positive identification of at least two ways of preventing HIV. This was noted to be statistically significant as the P-value = 0.001 < 0.005 as indicated in the table below.

**Table 4: Logistic Regression Output: Correct Identification of Two or More HIV Prevention Methods and Age, Exposure**

HIV Prevention	Coefficient.	Std. Err.	z	P>z	[95% Conf. Interval]
<b>Total Exposure</b>	-0.0620512	0.0826456	-0.75	0.453	-0.2240335 0.0999312
<b>Age</b>	-0.0260064	0.0348351	-0.75	0.455	-0.0942819 0.0422691
<b>Exposure</b>	0.7327215	0.2245973	3.26	0.001	0.2925188 1.172924
<b>Constant</b>	0.6939498	0.5570395	1.25	0.213	-0.3978275 1.785727

Those participants who reported having been exposed to at least one of the interventions: trained in general SRH topics, attended SRH sessions, YRCs, Peer Education Sessions etc scored higher than those who did not. These results were observed to be statistically significant suggesting that exposure to the intervention is associated with knowledge. This provides evidence of the “possible” effect of the interventions on general HIV prevention knowledge. However, it is important to be cautious in the interpretation, as those that were not directly participating may have been exposed indirectly due to knowledge transfer. Additional logistic regression with the variables such as religion, educational levels, district, orphanhood status and age did not give significant results.

A composite knowledge score was computed and used as a proxy of comprehensive SRH and HIV Prevention knowledge. This was based on seven (7) knowledge items on the questionnaire that were observed to be stable on analysis. The mean knowledge score was observed to be 60% (SD=28) signifying moderate levels of comprehensive SRH and HIV Prevention knowledge. Some variations were noted across the districts and for particular variables: sex, age group and intervention exposure as shown by the charts and table below.

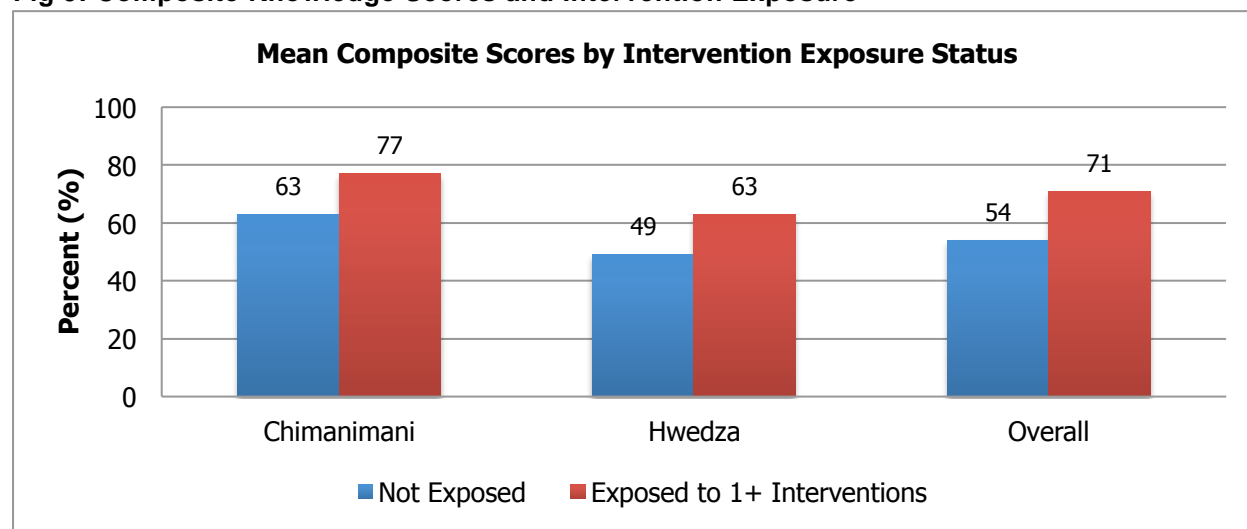
**Table 5: Knowledge Levels and Key Study Factors**

Study Factor	Composite Knowledge Score (Mean Percent)	95% CI
<b>District (n=409)</b>		
Chimanimani	61.2	(56.9; 65.6)
Hwedza	58.8	(55.3; 62.3)
<b>Sex (n=409)</b>		
Male	55.2	(51.4; 59.1)
Female	64.1	(60.4; 67.9)
<b>Age Group (n=409)</b>		
Below 15 Years	58.9	(53.1; 64.7)
15+ Years	60.1	(56.9; 63.2)

Despite some noticeable difference across the variables, there are overlaps in the 95% confidence intervals implying that the differences are not statistically significant. For example, the 95% for the Chimanimani average (56.9; 65.6) overlaps that for Hwedza (55.3; 62.3) therefore signifying that these averages are not different. The situation is however different when comparing the composite knowledge scores for those exposed to at least one intervention to those without any prior exposure. The difference in means for Chimanimani, Hwedza and the

Overall Sample are apparent with the exposed group having significantly higher scores (no overlaps on 95% CIs).

**Fig 9: Composite Knowledge Scores and Intervention Exposure**



The above findings are also supported by the linear regression analysis, which showed a significant positive coefficient for exposure (Coeff. =16.6, P-value < 0.001) whilst the rest of the other variables had a non-significant predictive effect. Based on the findings above, the two key conclusions that we can therefore draw are that:

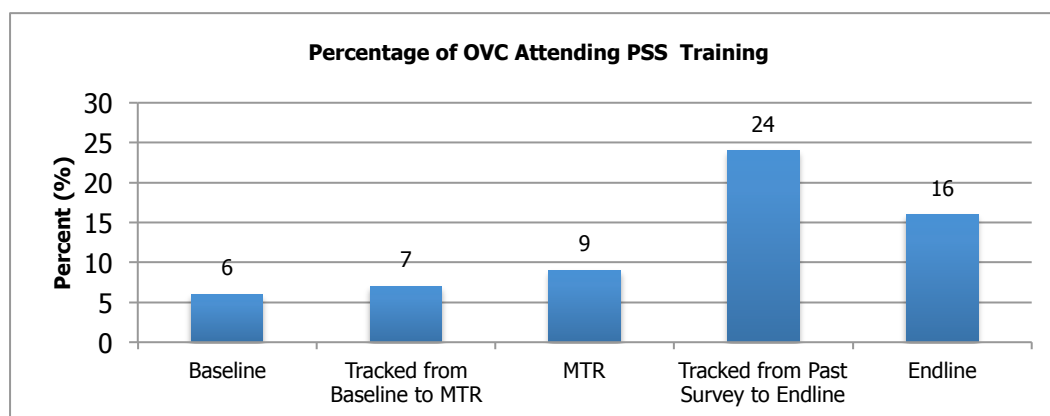
- I. Although the general knowledge on HIV prevention is high, there are gaps in the comprehensive SRH knowledge, which encompasses other aspects of ASRH such as puberty, STIs, pregnancies and contraceptives.
- II. Exposure to the Restless Development intervention is associated with knowledge levels although the intensity of exposure (having more than one intervention) does not necessarily have a predictive effect on the knowledge of those either exposed or not. The lack of significance may in fact point to the existence of knowledge transfer amongst the young people implying that despite the number of interventions one is exposed to, there is adequate transfer to provide adequate knowledge levels.

### **c. OVC Support**

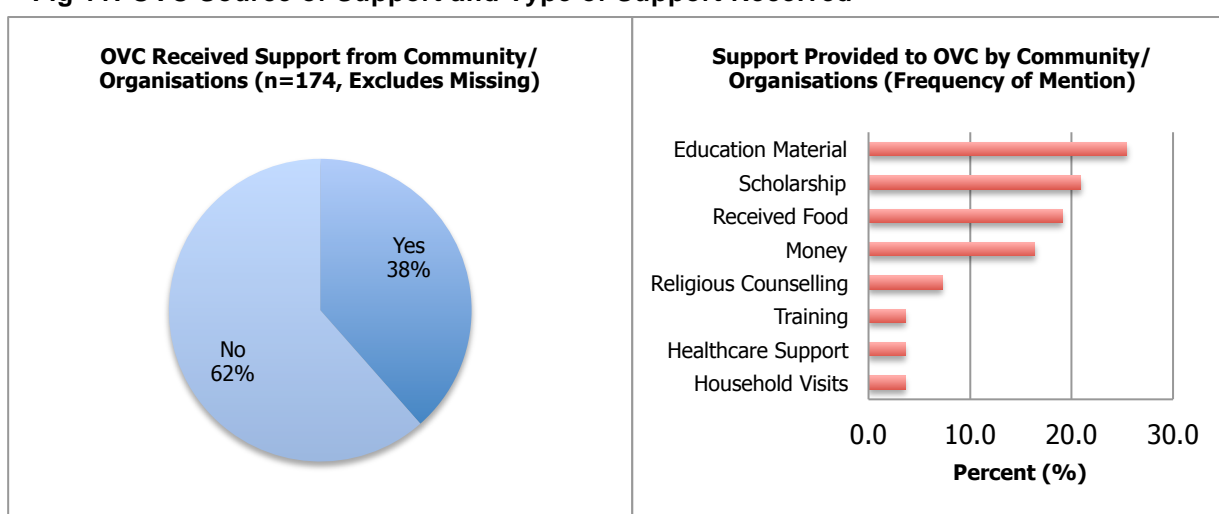
Support to OVC was a priority intervention in the programme. A total of 13, 812 home visits were conducted during the course of programme implementation targeting households with chronically ill and OVC. The Psychosocial Support (PSS) camps that were run exposed a total of 798 OVC to life skills and therapeutic psychosocial support activities. There was a consistent increase in the percentage of OVC reporting attendance in the PSS Camp and Training from the Baseline Survey. At endline, at least 16% of the OVC interviewed reported having attended the training.

Thirty-nine 39% of the OVC interviewed in this survey reported having received some support in the form of visits or materials from the community and organisations. Of the 101 responses stating the source of the support described above, at least 20 were directly stating the Restless Development programme.

**Fig 10: OVC Attending PSS Training**



**Fig 11: OVC Source of Support and Type of Support Received**



#### **d. Availability of Livelihood Options for Youth**

The lack of livelihood options has been in many circumstances positively correlated with increased vulnerability to HIV infections and other SRH problems. The programme aimed to alleviate such vulnerability by making some livelihood options available to the YP. A total of 37 income-generating projects were established by the end of year 3 and a total of 721 YP participated in viable projects. The projects, which included poultry, piggery and low input gardens enabled YP to acquire some invaluable life skills which they may use both during and after school to better their lives.

The evaluation noted that some IGPs for youth out of school were not as viable as those for youth in school. Discussions with KI and YP indicated that youth-out-of-school IGPs are more prone to shocks, lack of accountability and abandonment as YP migrate to seek better opportunities. Although the discussions were inconclusive, some beneficiaries reported that once YP have acquired some skills on managing IGPs they migrate to nearby towns to look for employment or more lucrative opportunities, as the market for their products is not big in the area. School based IGPs, which were mainly poultry were observed to be more sustainable in the sense that there is greater accountability, and are supported by the education practical subjects curriculum. At the time of the evaluation, some schools were observed to be expanding the chicken runs and contemplating on investing in these projects to accommodate more children to benefit from the proceeds through payment of school fees and renovations of classrooms.

**Table 6: Summary of factors facilitating and inhibiting attainment of programme objectives**

<b>Facilitating Factors</b>	<b>Inhibiting Factors</b>
Using the youth-led model to deliver SRH, HIV and AIDS information enabled they YP to break the barriers associated with information transfer between people of different age groups	Mobility of young people – many YP migrate to nearby towns to look for better opportunities, thereby abandoning the IGPs
Availability of sources of information within the community where YP reside (VPEs, Resource Centres and Resource Corners	Out-of-School Youth Lack adequate project management skills leading to poor accountability
Building the capacity of and supporting the existing structures such as training of health personnel	Lack of market linkages and competition with the adult community on similar projects. There is little market for the products of the IGPs
School based IGPs were carefully chosen to be in sync with the education practical subjects curriculum. Schools are permanent structures which have a high obligation for accountability	Dependency Syndrome/ lack of sense of responsibility – YP did not have the responsibility of returning funds provided as start capital for the projects

### 3.3.3 Efficiency

Programme efficiency was assessed based on its outputs and how the entire programme was managed. Particular focus was placed on how productively the resources were used to realize the results paying particular attention to programme management and funds management.

**3.3.3.1 Programme Management:** - The general management of the programme was noted to be efficient as it was characterized by specifically dedicated personnel with clear reporting lines and structures. The programme had a specific programme manager who oversees the entire management of the programme and has the technical support of the whole management committee comprising of the Country Director, Finance and Administration Manager, Monitoring and Evaluation Manager. They were competent and qualified staff with vast programming experience in working with YP in the areas of participation, SRH, HIV and AIDS.

The programme management was also reflected by the overall activity timeline and output target compliance. All the process indicators showed positive compliance to the annual schedules and plans. Although, a more detailed account in terms of monthly activity and timeline compliance would have provided a comprehensive picture in this regard, the annual picture can be considered to be adequately indicative.

Generally, the programme demonstrated overall positive target compliance to set output targets as indicated by the table and chart below. In addition, the participation of girls in community was remarkably high and consistently improved over the successive implementation years with Year 1, 2 and 3 values of 6983, 9377 and 9359 respectively.

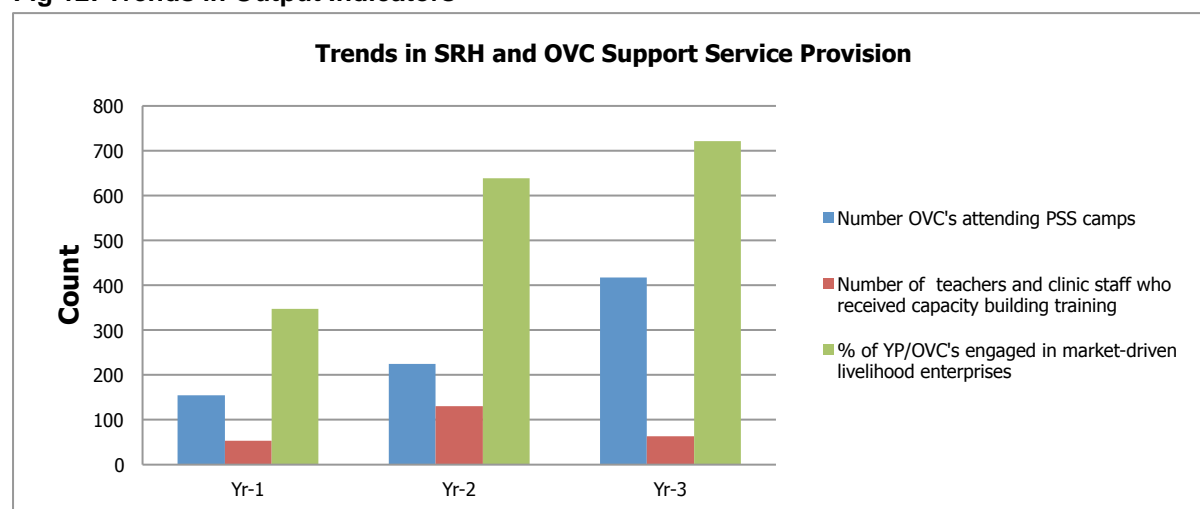
**Table 7: Output Target Compliance**

<b>Output Indicator</b>	<b>Performance</b>		
Number of OVC attending PSS camps;			
Number of girls attending community meetings			
Number of teachers and clinic staff who received capacity building training;			
Number of YP who received career guidance training			
% of YP/OVCs engaged in market-driven livelihood enterprises;			
<b>Key</b>			
High Positive Variance			
Slightly/Moderately Above Target			

Slightly/Moderately Below Target	
High Negative Variance	



**Fig 12: Trends in Output Indicators**



**3.3.3.2 Programme's Fund Management:** - There is evidence of sound project fund management. The programme had in place mechanisms to reduce possibilities of fiduciary risks. These included having a well-defined authorization and approvals terms for any funds disbursements, which were also dependent on programme activities and timelines. The organisation itself has a strong financial system with internal controls and external audits which all showed good management of programme funds. In purchasing of any goods and services the programme insisted on a Value for Money (VfM) basis and followed stipulated procurement procedures all the time. This evaluation, based on the financial statements noted that standard financial management approaches were being used in the way programme funds were handled and managed.

The financial reports are also indicative of a good value for money in view of the management/administrative cost area. The 2013 financial report is summarized in the table below. There is minimal variance of the costs incurred to the budget with the variance of the overall budget pegged at 1%. This is remarkable and reflective of minimal fiduciary activities. The negative variances, implying over-expenditure, were within reasonable range (max 11%) and were largely as a result of under-budgeting on inception and had plausible explanations; such as the unanticipated rise in fuel and underestimated trip distances. The positive variance for Other Costs signifies a low burn rate and is mainly attributed to activities that were still to be undertaken, such as this end of programme evaluation.

**Table 8: Summary 2013 Financials**

Cost Item	Cumulated Costs (USD) as at Final Report	Percentage (%) of Total Expenditure	Variance to Budget (%)
HR	125,820	22	0%
Logistics and Travel	3,600	1	0%
Programme Equipment and Supplies	317,348	57	-4%
Local Office - Logistics	25,141	4	-11%
Other Costs (incl. Evaluation Costs)	47,359	8	30%
Contingency Reserve	15,578	3	1%
Admin Fees	26,742	5	1%
<b>Total</b>	<b>561,588</b>	<b>100</b>	<b>1%</b>

The total administrative and logistical related costs are less than 15%, which is very reasonable considering the coordination requirements of such a programme. Similarly, the personnel requirement is somewhat closely reflected by the HR line item. Nevertheless, for both cases, there are opportunities for reviewing the delivery models in line with reducing costs particularly around the use of the volunteer interns. The deployment of the latter was based on an allocation criterion of two volunteer interns per operational site. This therefore was associated with significant allowance costs for their upkeep in the field. Key persons interviewed, particularly the Secretariat, felt the costs associated with this model may have been adjusted downwards with an alternative of a full-time staff member per site. This would then require identifying young people from the respective communities to be trained and mentored to lead the implementation within the sites.

### **3.3.4 Outcomes and Impact**

The outcomes and impact of the programme were evaluated with a focus on assessing the changes that have occurred in terms of SRH knowledge and practices, availability, access and uptake of youth friendly services, availability of, and uptake of viable livelihoods options that are attributable to the project's interventions. These changes were observed at both community and individual levels however at varying levels and magnitudes. Discussions and interviews with beneficiaries and key informants all point to the existence of clear domains of change that this programme facilitated and contributed to during its implementation at micro level. Four distinct broad domains of change emerged from the discussions and interviews with beneficiaries, community members and stakeholders as follows:

1. Increased awareness of SRH, HIV and AIDS issues among YP,
2. Increased uptake and availability of youth friendly SRH services.
3. OVC have managed to remain in school, complete primary education and proceed to high school,
4. Improved livelihood base – some YP are able to contribute to the household overall income through their participation in the IGPs,

#### **a. Increased Awareness And Knowledge Of SRH, HIV And AIDS Issues Among Youth**

As previously noted in the earlier discussion on the effectiveness of the programme, the programme is acknowledged to have contributed immensely in raising awareness and improving the knowledge of SRH, HIV and AIDS among the young people. The programme beneficiaries, community stakeholders and strategic partners provided the communal opinion that in the absence of the Restless Development programme the majority of the YP would not be as knowledgeable about SRH, HIV and AIDS issues.

**One KI proclaimed “....The programme was youth focused. It was youth led, a technique that afforded the programme to reach many young people who are often left out by HIV programmes in their community. There are other programmes related to HIV prevention in the community like ZICHIRE but they worked with adults on PMTCT and fewer youths were involved...”**

The FGDs with YP also indicated that awareness and knowledge levels had increased as they were arguing their perceived risk of infection as low citing such things as use of condoms, abstinence, undergoing HIV testing and delaying onset of sexual debut as some of the factors that enable them to acquire infections. This was triangulated by the knowledge scores, which were noted to be moderate to high amongst the young people.

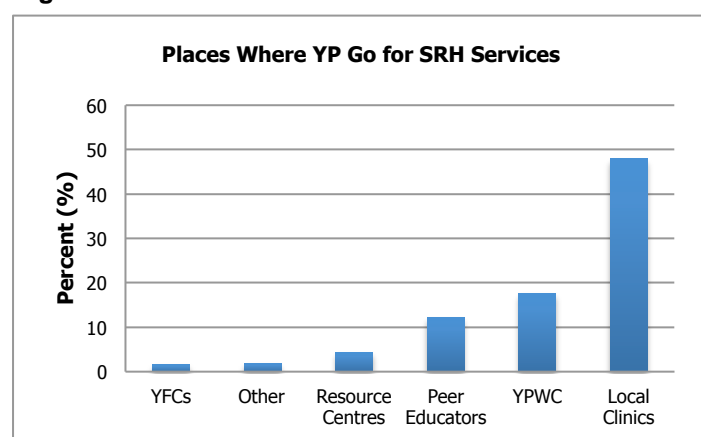
Some ex-volunteers also asserted that the youth especially girls have gained some level of confidence in talking about SRH and HIV issues as a result of knowledge, something that was not

common a few years back. They argued that the GEC built their confidence and they were seen actively participating and sharing knowledge in community activities such as commemorations on District Aids Day and Day of the African Child. Youth can now confidently dismiss myths associated with HIV such as that HIV is transmitted through mosquito bites and having sex with a virgin cures HIV.

#### b. Increased Uptake And Availability Of Youth Friendly SRH Services

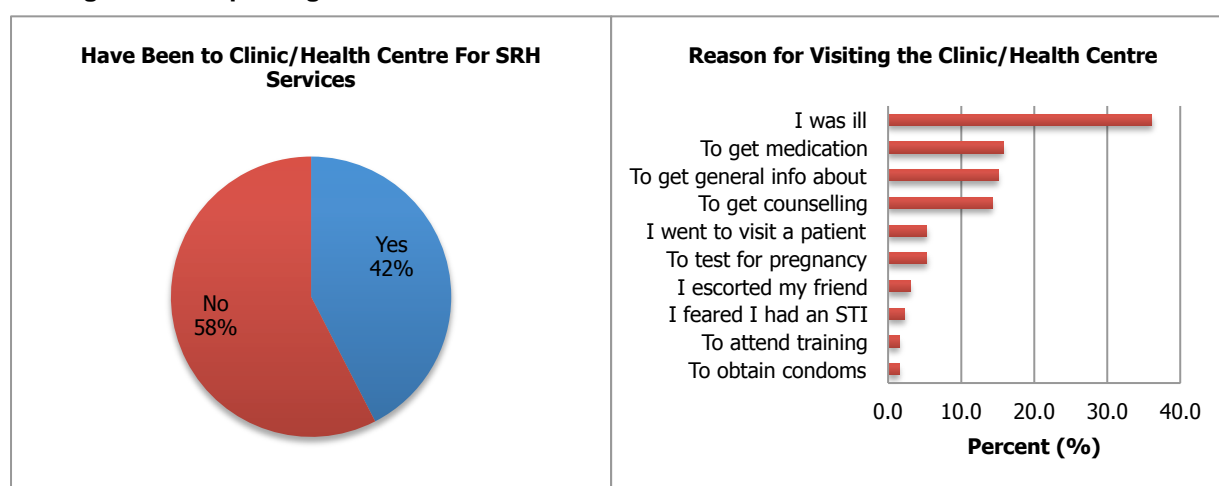
The model of having young people lead the implementation of the programme through volunteers automatically meant that SRH services are youth friendly and available. This translated to a quick uptake of those services by same age peers. Activities at the Resource Centres attracted YP to be frequent visitors to utilise SRH services on offer.

**Fig 13: Source of SRH Services**



Clinics reported that there was a general increase in the number of YP visiting the health centres for various SRH services including VCT and contraceptives. The YP infected with STIs presented early for treatment unlike way back when they only visited clinics at late stage with more complications. All clinics in the programme areas, have a dedicated staff member to provide YF services to young people.

**Fig 14: YP Reporting Visit to Health Centre and Reasons for Visit**



The percentage of YPs who reported having undergone an HIV Test was noted to be 30%, marking an increase from the baseline and Mid-Term values of 5% and 24% respectively for In-School Youths.

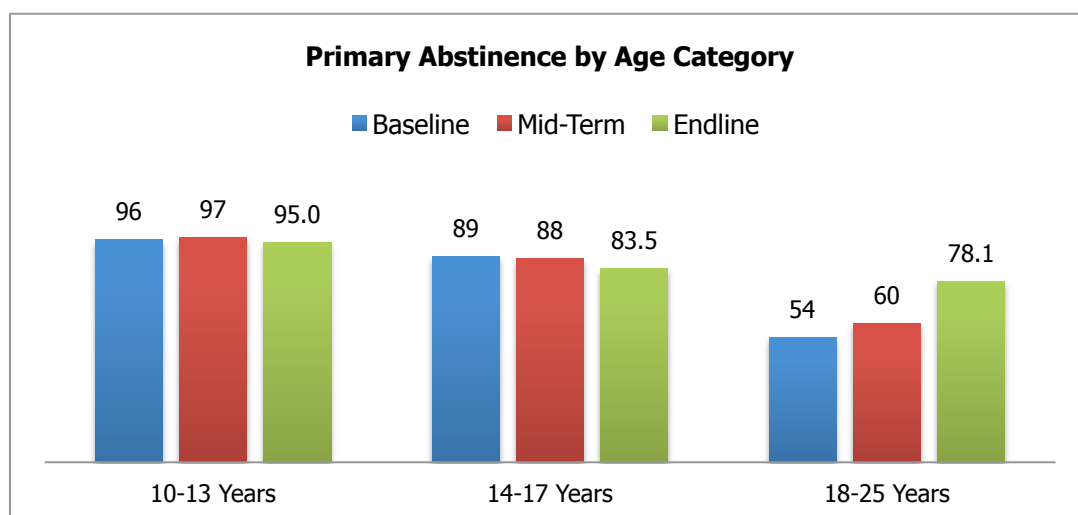
#### c. Programme Influence on YP SRH Related Behaviour

The YPs and key persons interviewed in this review provided insight into how the programme has to some extent influenced the behaviours and practices amongst young people, particularly those that directly participated in the interventions. However, nearly all groups of respondents

also noted that significant strides are still to be attained with regards to eliminating risk-taking behaviour amongst young people.

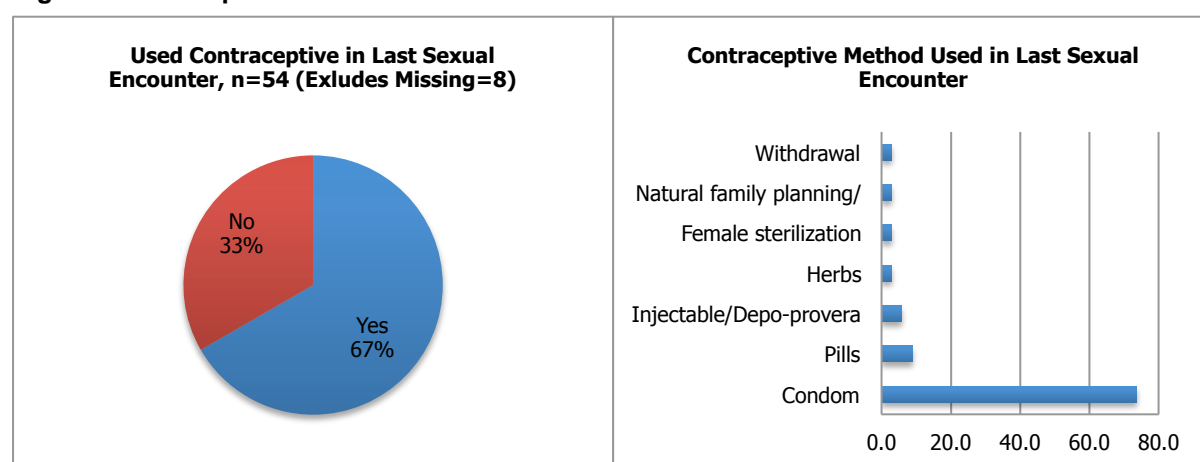
There are minimal changes in the variations percentage of young people reporting primary abstinence from baseline to the endline, although changes for the 18-25 years age groups are notably higher.

**Fig 15: Primary Abstinence by Age**



Although the proportion of YP reporting primary abstinence is high, those engaging in sexual activity further expose themselves to higher risk due to non-condom use and multiple sexual partners. Of the 368 individuals who responded to the question, 62 (17%) reported having had sexual intercourse by the time of the survey. Sixty-seven percent (67%) of these reported using a contraceptive method in the last encounter. Amongst these, 74% reported using condoms as a contraceptive, implying that only 49% of the YP who are sexually active used condoms in the last encounter. These findings are consistent with the MTR findings, which noted condom use to be at 53%. These estimates are also in line with the current national estimates as indicated in the contextual analysis.

**Fig 16: Contraceptive Methods and Condom Use**

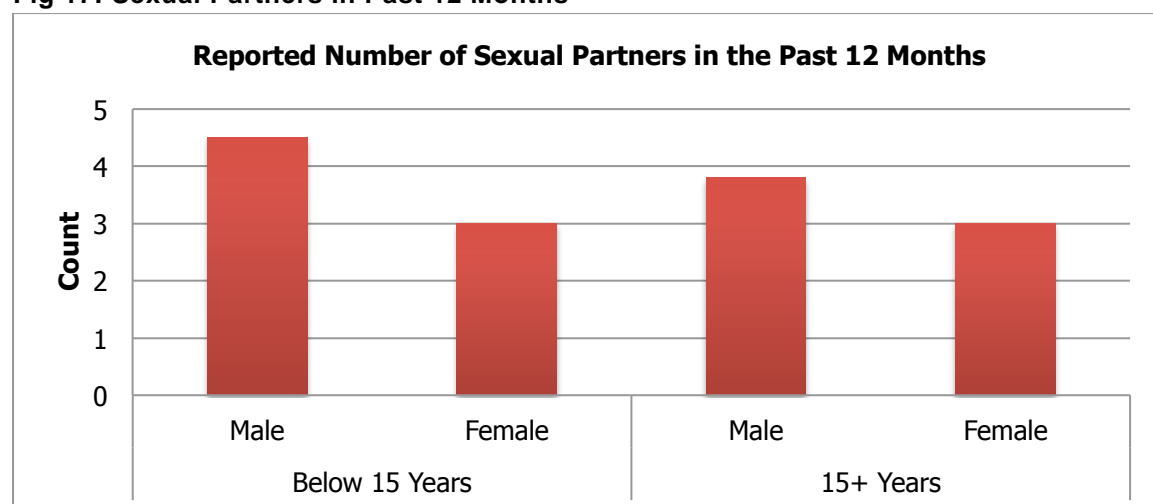


The mean age of sexual debut was observed to be 17 years with females having a higher mean age (18 years) than the males (16 years). There is indication of regular frequency of engaging

in sexual intercourse amongst those that reported having had before, although 24% stated they had engaged only once. The majority of YPs engaging in sexual activity reported having their last sexual encounter in the past month (23%) and week (21%) respectively. Only 45% reported knowing the HIV status of their partners in the past encounter. This is a slight improvement to the MTR estimate of 34%.

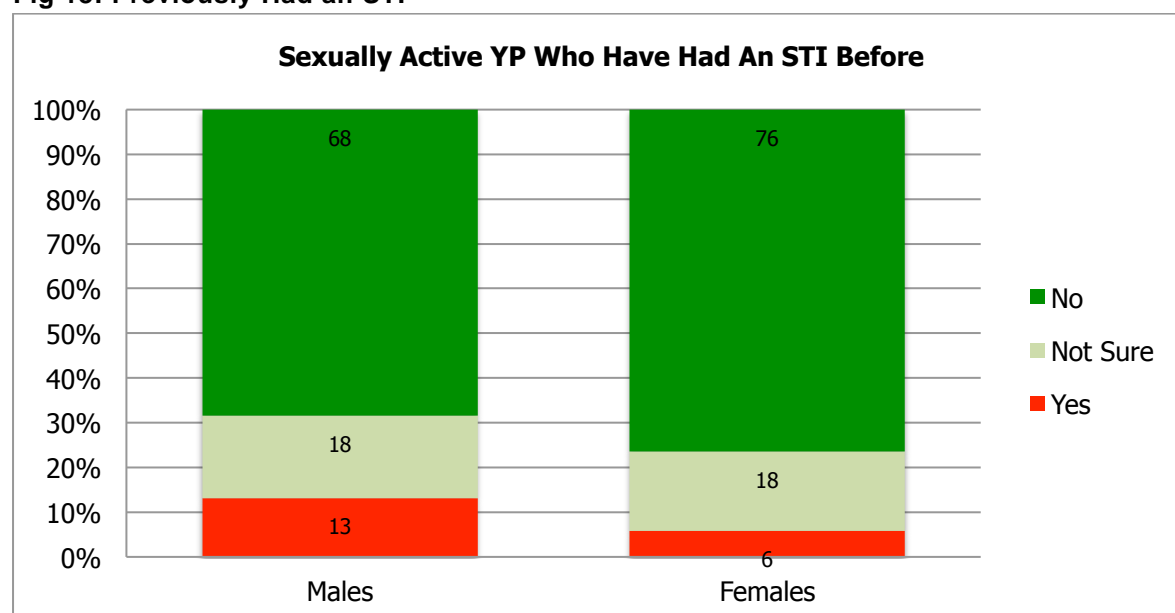
The prevalence of having multiple partners is still high as shown by the chart below. It is however important to treat the findings with caution as there is also a likelihood of bias associated with social desirability.

**Fig 17: Sexual Partners in Past 12 Months**



Thirteen percent (13%) of the males who reported to be sexually active reported having an STI previously. The incidence was lower amongst the females at 6%.

**Fig 18: Previously Had an STI**



#### **d. School Retention for OVC**

A key message obtained was that OVC have managed to remain in school. The programme's focus on providing educational and psychosocial support to OVC was applauded on its

achievement to keep them in school. Children who may otherwise have dropped out of school due to lack of school fees have managed to complete primary education and proceeded to secondary level. Although, there was a general consensus among respondents that the coverage and reach of OVC supported by the programme was thin, they expressed gratitude that those few supported could not have made it this far without that support. This reduced theory vulnerability to poverty and dangers associated with not going to school in pursuit of alternative livelihood options. Betty, a Primary school beneficiary expressed her gratitude to Restless Development for paying her school fees and buying her uniform.

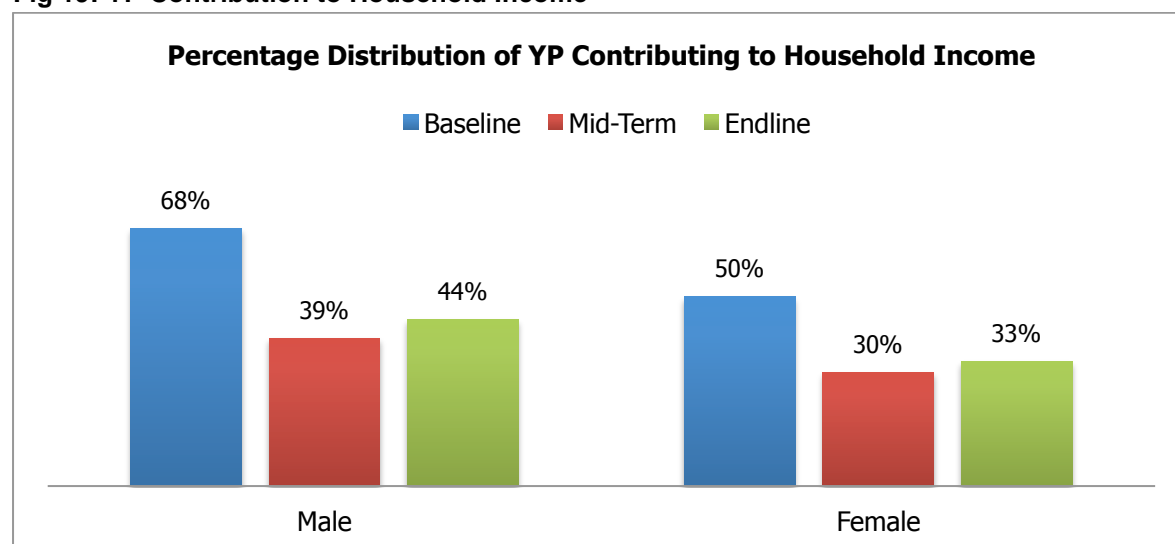
*“I feel happy because my school fees have been paid by Restless Development ...and I know that I will be coming to school next term...”* Young OVC, Chimanmani

The PSS camps also contributed to the psychosocial wellbeing of OVC, It enabled them to cope with the loss of their parents and to move on with their lives.

#### e. Improved Livelihood Base For YP

The income generating activities facilitated by Restless Development programme were noted to be very popular with the beneficiaries especially the youth-out-of-school who consistently reported that exposure to these had given them passion to start their own independently. Their limitation was the capital base. The programme created opportunities for them to contribute meaningfully to their household income to some extent however, due to lack of adequate skills in project management and their projects were prone to shocks resulting from lack of market linkages and poor funds management skills. Low Input gardens for example, provided the YP with vegetables and some income. Our experience suggests that they are prone to shocks and post project support is desirable so the projects remain viable. Below is a summary of the results obtained in relation to the livelihoods support and in particular, IGPs.

**Fig 19: YP Contribution to Household Income**

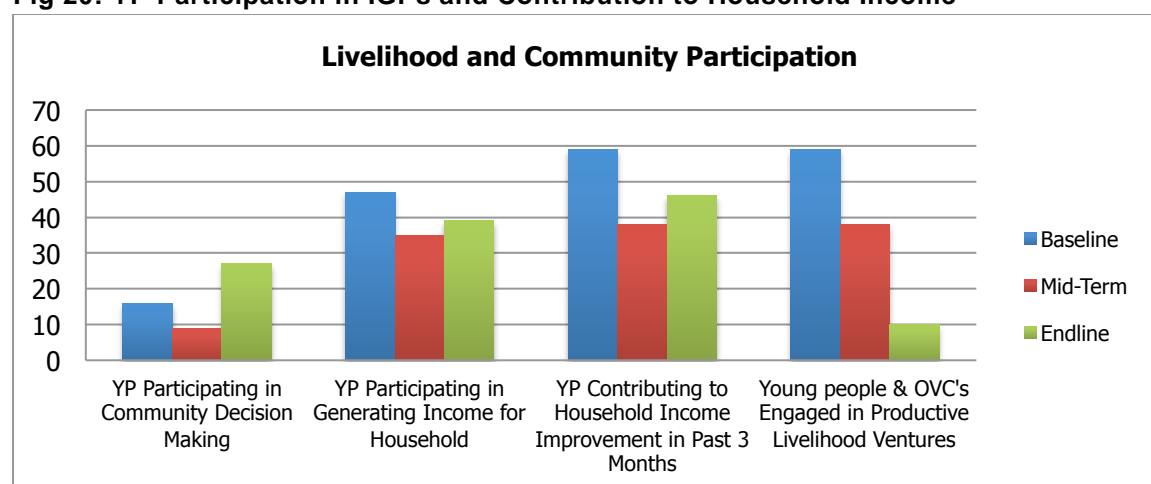


**Table 9: Cross-tabulations - Member of Supported IGP and Contribution to Household Income**

		Participate in Raising Income for Household		
		Yes	No	Total
<b>Member of IGP Supported by Restless Development</b>	Yes	15	7	22
	No	58	98	156
<b>Total</b>		73	105	178
<b>Pearson Chi2(1) = 7.6603 Pr = 0.006</b>				

At least 46% of the YP participating in IGPs reported that they had seen an improvement in their household income as a result of the IGP with slightly above half of these rating the improvement as good. Nearly 10% of the YP aged 18 years and above also reported having had an opportunity to work or get attached at a company or organisation. This is a significant proportion considering the prevailing challenges by the formal sector to employ individuals. The Figure below provides a summary in performance of the key indicators relating to livelihoods.

**Fig 20: YP Participation in IGPs and Contribution to Household Income**



#### f. Summary of Progress Towards Outcomes and Impacts

The outcome level results identified that the perception of the nature and magnitude of change to some extent varied with districts and at individual levels. Across all the districts, survey participants unanimously reported that the most evident change attributable to the programme is the increased awareness of SRH, HIV and AIDS issues among the young people. The programme enabled YP to break the silence and engage in dialogue about SRH issues with ease.

### 3.3.5 Sustainability of the Programme

The sustainability of the Restless Development programme and its implementation was reviewed in the following context:

- The extent to which programme activities may continue without the support of Restless Development. The extent to which YP, community stakeholders will continue providing SRH, HIV and AIDS and Livelihood support to YP as well as experience the benefits witnessed so far in the Restless Development and donor support

The programme made efforts to ensure sustainability of the programme in two broad ways

- Establishing collaborations with other stakeholders
- Ensuring active involvement and participation of YP in the implementation of the programme

**a. Establishing collaborations with other stakeholders**

Restless Development signed memorandum of understanding (MoUs) with the Government Ministries (MoHCW, MoESAC), which enables it to continue lobbying the government to assist the young people and making sure that they receive the necessary support to access appropriate and up to date SRH services, and sustain their IGPs. Health centre staff were trained in providing youth friendly services and these are more likely going to continue being provided as it also remains the mandate of the MoHCW to achieve its objectives in addressing the SRH needs of YP as stipulated in the ASRH Strategy. Schools were supported in managing school based IGPs, AAC and GEC which not only supported the schools in paying school fees for OVC but the adopted IGPs are in sync with the MoESAC curriculum for teaching practical subjects, Career guidance and skills training. The schools in some operational areas were already contemplating on reinvesting and expanding the IGPs in their schools, which indicates possibilities of continuation. The major threats to the long term sustainability of the IGPs in – schools is lack of capital to restart the projects in the event of major shocks and also motivation of teachers to continue embracing the existence of these in schools as they are generally perceived as additional work. Facilitation of GEC and AAC was an activity normally slotted in the school timetable but facilitators being the volunteers who will be getting some support from the patrons from time to time.

Restless Development's networking with other civil society organisations, local business people and donors operating the programme areas would help in facilitating sustainability of the programme activities.

**b. Active Involvement and Participation of YP in implementation of the Programme**

The volunteer, youth-led nature of the programme and their active participation cultivated a spirit of ownership of the programme by the YP. The YP drawn from the community to be the leaders and vehicles of information and knowledge sharing somewhat contributed to the programme sustainability.

However, this model does not completely eliminate threats to sustainability. The mobile nature of the YP creates challenges for the programme activities to continue at the highest level as may be desired. Their mobility is inevitable, as YP tend to migrate in pursuit of employment, further education and careers. Although the programme put in place a system that enables trained young people to cascade life skills to their peers, the training may not have been adequate to facilitate a focused transfer of skills to enable management of a structured intervention. At the time of the evaluation, that is 9 months after the programme officially wound up, there was less activity in the resource centres, identification of volunteers was a big challenge as most of them were reported to have left the areas. Furthermore, such activities as YES leagues, Awareness campaigns and PSS Camps require supported mobilisation that may require financial injections and YP, local stakeholders do not have such funds available. Similarly, the continued operation of Resource Centres is also dependent on the availability of YP volunteering to provide the services as well as functioning resource equipment. In the absence of support to keep equipment such as ICT material functioning these may eventually turn out to cease operations and the structures seconded for these may be repossessed and allocated by the authorities to other competing interests.

### **c. Visibility of the Programme, Implementers and Funders**

The visibility of the programme, implementers and funders was a key component of the programme agreement document. Like other aid financing scenarios, it is essential that there is a visibly link between the project and financier as it also provides the funders with a sense of presence, goodwill in their corporate social responsibility and strengthens the partnership. Similarly, the visibility of the implementers allows for transparency and accountability with stakeholders, communities and beneficiaries. Funders are likely to continue investing in initiatives that have positive benefits and that they can be linked with. The visibility of the funders and implementers was notable at the community resource centres largely through the billboards with the Restless Development and EC logos. This was the main tool that visibly linked the project to the implementers and funder. Other mediums such as the use of Information, Education and Communication (IEC) materials and paraphernalia (T-shirts and Caps) were not so apparent during the fieldwork although some respondents reported having received these at some point in time.

A review of the billboards and signs also shows that the positioning, size and supporting message may require adjustments. For instance, large and dominant logos of the funder in the absence of text such as “Supported By” may compromise ownership of the centres by the community and youths as it will seem as if it is a place for Restless Development and EC. Such sites are less likely to continue beyond the direct presence of the implementer in the community. A balance between the visibility and ensuring the target groups have a sense of ownership is therefore desirable.

### **3.3.6 Lessons Learnt And Best Practices**

- If young people are afforded an opportunity and support, they can facilitate accurate SRH information transfer amongst themselves. They are an efficient and effective mode of information dissemination among their peers.
- Availing Youth Friendly SRH Services increases uptake of such services by the YP.
- Young people can work independently and effectively manage themselves. This was observed among the former Restless Development volunteers who are working as interns in other organisations where they are able to cope with the demands of their assigned responsibilities.
- Putting programme beneficiaries at the forefront of implementation promotes programme ownership and may translate into sustainability.
- An exit/ transition strategy needs to be communicated in good time with programme beneficiaries and other stakeholders to ensure that there is no confusion as to whether programme is still under the support of Restless Development or not. YP reported lack of clarity regarding this.

## CONCLUSION AND RECOMMENDATIONS

### 4.0 Conclusion

Overall, the programme was very relevant in addressing the priority SRH needs of young people. HIV and AIDS has remained one of the major causes of mortality and morbidity in Zimbabwe and this programme contributed well in complementing the national efforts to curb its effects. Furthermore, its relevance lay in its alignment with the national ASRH strategy. The youth-led approach ensured active participation of young people in bringing change amongst themselves and their community. This approach proved to be effective in ensuring reach and breaking one of the major barriers to communication about SRH in the community. The participation of YP in the programme was observed to be extensive beginning from programme design, its implementation as well as beyond the programme life. YP actively participated in the identification of the priority SRH needs and proposed intervention strategies. They actively engaged in the IGPs and SRH activities within their areas. YP Volunteers who were trained and supported by Restless Development led the delivery of age-appropriate and contextually relevant SRH services and activities. At the time of this evaluation, YP were observed to be still actively engaging in some of the programme activities.

The programme was also effective in achieving its intended objectives. The evaluation findings show that the programme was highly effective in raising awareness and increasing knowledge on SRH, HIV and AIDS and other crosscutting issues. Results also show that to some extent the programme had been on course towards influencing the SRH behaviour of YP in the communities particularly among those who were exposed to the intervention. As this was a community wide intervention, it is bound to have ripple effects.

Restless Development programme was well coordinated both at programme level and with other development sector players and partners. The organisation was reported to have kept all stakeholders operating in the areas aware of the activities they were undertaking and the progress they made through attending the monthly meetings and sharing progress reports. This facilitated buy in of other stakeholders and ensured their support for the various programme activities. The programme worked well with other players such as Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) and ZiChire. Although these organisations were targeting adult community members with a PMTCT programme, by being well informed of Restless Development activities, they were able to ensure a coordinated approach in delivering their services. It also paved way for possibilities of continued sustainability especially in terms of access to ASRH services.

This success was a result of a combination of factors including the youth-led implementation approach, involving and ensuring active participation of YP, commendable programme management and the M&E system utilized throughout the programme implementation. This evaluation concludes that this programme has generated good lessons and is the type of programme that can be replicated with some adjustments to optimize impact.

### 4.1 Recommendations

The evaluation suggests the following recommendations based on the findings of the assessment.

#### Relevance and Appropriateness

- i. Restless Development must maintain the culture of conducting the youth focused studies to inform its programming and continue to be responsive to changing needs of young people and the context. In the current programme, this was taken up however, little effort was exerted in focusing on behaviour change despite the fact that at mid-term evaluation, it was

observed that SRH awareness and knowledge have tremendously increased but not translating to behaviour change. Restless Development is encouraged to:

- Investigate, through research and process monitoring, the reasons why YP, despite the knowledge gained, would go ahead and engage in risk sexual behaviours and use the results to design future programmes.
  - Engage and involve the YP at an early stage in the programme design and development of the programmes. This should enable them to be able to create context specific interventions that are informed by the target groups. In the case of message development, for example, youth in the operational areas may be engaged in customising the messages to suit their environments and contexts instead of using the generic messages that YP in the rural areas may not relate to.
  - Remain a Youth-Focused organisation but not exclude the involvement of the adult community in the implementation of their programmes. They should take cognisance of the fact that YP remain under the guardianship of the adult community members who have some influence over how YP may perceive their world. As such factors as attitudes, cultural and traditional practices which are reinforced by older community members may deny creation and sustenance of an enabling environment for YP to practice good sexual practices and even enjoyment of their entire SRH, rights and responsibilities. Holistic targeting is therefore encouraged.
- ii. Participation of YP, especially females in decision-making in all aspects affecting their lives (at household, village, wards, district, provincial and national level) must be encouraged. They should be involved in advocacy as well so as to ensure that policies and legislations that are put forward are not silent on issues affecting the youth.
- The programme must consider building the capacity of YP and girls on how to use participatory learning and action in developing context specific advocacy agendas and communicate key messages of issues affecting them to different audiences.

## **Effectiveness**

- i. There is also a need focus more on strategies that facilitate positive behaviour change. i.e. YP to translate the knowledge gained into practice. This may entail using participatory approaches such as Appreciative Inquiry in developing practical strategies for engaging young people at the community level.
- ii. Devise more innovative, youth friendly IGPs, which are appealing to the youth and not necessarily heavily contested by the general adult community. This will encourage YP to remain more focused and record benefits and see value in continuing with the IGPs. If IGPs are well managed, YP may not require migrating in search of employment and it will be easy for such programmes to remain sustainable. Key considerations in the development and implementation of appropriate livelihoods programmes include:
- Using a detailed phased approach in the development of a livelihood project that is both sustainable and youth friendly. This entails placing deliberate efforts in the identification and selection of appropriate projects for the area and youths, targeting and selection mechanisms for participants, skills development, financing mechanisms and market linkages. The identification of the relevant projects is participatory and uses such techniques as Timeline Plotting, Ranking and Matrix Scoring.
  - Using a “cost sharing and pass-on” approach may also be adopted in which start-up capital for IGPs is provided as a loan to YP which they should payback after an agreed timeframe so that it can be forwarded to other YP who are waiting for it. In this way, the programme encourages YP to become responsible and accountable for their IGPs, allows the YP to play the role of monitoring and influencing each other on achieving their set goals and also promotes programme ownership while reducing dependency on donor support tendencies.

- Further, a programme that promotes IGPs needs to have a strong component of market linkages, which should link the YP's produce with relevant markets.
- iii. There is need to continue to scale up livelihoods interventions to OVC as current efforts remain inadequate. The model of establishing school-based IGPs to facilitate assistance with school fees, uniforms and stationery should be upheld and replicated in most schools and target bigger numbers of OVC.
  - Such a programme need not just end there, it should further measure the outcomes of its efforts on OVC. It is one thing to keep OVC in School and another to have improved quality of life of the OVC. It is of vital importance to understand if for instance, to what extent the participation of OVC in PSS camps improve their PSS outcomes such as psychological well-being, social well being, resilience etc and how these overall contribute to their quality of life. This requires developing and integrating specific outcome and impact level indicators for OVC in the M&E system.
- iv. Support the revitalization of health centre youth friendly corners (YFCs)
  - As part of the national health strategy, all health centres are required to have functional youth friendly corners. The health ministry however lacks adequate funding to ensure their sustainability and depends on the private-public partnerships for these to remain in place. Structures such as dedicated rooms for these have been noted to be available and clinics are ready to support initiatives that wish to resuscitate and sustain these. Restless development has already made successes in influencing that at least one nurse is seconded to provide youth friendly services in their operational areas and can take a further step in supporting resuscitation of the YFCs.

## **Efficiency**

- i. The programme was noted to be highly effective in raising awareness and increasing knowledge on SRH, HIV and AIDS issues among young people. It should be replicated in other areas with some adjustments, which should include adopting cost effective ways of delivering the same products at a lesser cost, and widens its reach.
- ii. To improve the efficiency of the programme in terms of placements of volunteers in manning the resource centres, Restless Development may have to consider identifying YP within the community to be the focal persons and having the organisation's staff members visiting periodically as part of monitoring of the activities. This could cut on the daily living allowances costs allocated to YP seconded from other areas. To make a well informed decision on whether to maintain the original strategy or adopt another. Restless Development may conduct a focused cost effectiveness analyses of the two and choose the one that shows compliance with their VfM.
  - The programme may face challenges on the quality of information that may be provided by YP obtained from the local communities due to low levels of education as well as constant mobility of YP. However, the programme has opportunities of tailor making/ customising the information they are expected to deliver, the actual training they undergo as well as having a standardised training module/curriculum.

## **Sustainability**

- i. To ensure continuation of activities for a programme that heavily relies on volunteers who are prone to mobility, there is need to put in place a very strong system that enables trained young people to effectively transfer similar skills to their peers and have a well defined methodology of doing so. The programme may develop a graduation model in which those volunteers have a defined timeframe in which they are taking the responsibilities of leading

the activities and handover their responsibilities to the next group of volunteers in a formal way.

- ii. There is need to engage in strong partnerships for supporting IGPs as these require a substantial amounts of funds as start-up capital. YP engaging in these IGPs must undergo intensive project management training including financial management to aid the accountability aspect of their IGPs. The programme may consider taking up the latest developments of cost sharing whereby the community contributes a percentage of funds towards the establishment and maintenance of their IGPs. Instead of simply handing over funds, YP may be required to access these funds as a loan for which they should return after a stipulated timeframe for it to be handed over to other YP to start their own IGPs. Programmes that have taken up this kind of programming have been noted to be successful as the community plays an important role in encouraging return of loaned funds in time for others to benefit as well.

## APPENDICIES

### **Appendix 1: Most Significant Change Story - Individual level Story Teller: Jethro Nkomo**

**Makanda Secondary School**

**District: Wedza**

**Story Title: Restored dreams through  
broiler project.**

My name is Jethro Nkomo. I am a form three pupil here at Makanda Secondary School. My parents passed on in 2008 when I was in Primary school. From that time my life began to lose direction. After the death of my parents I was taken by my late mother's sister to town where she was staying with her family. However things did not go very well as she was also struggling with life during the tough times in the country. I felt hopeless, useless and directionless. I had no idea what my life will be like without education. This was always painful to me as I could see my peers progressing well but for myself all was not well.

In 2010 I returned back to this village but I didn't manage to re-enrol to school.

However in 2011 Restless Development started a broiler rearing project at Makanda Secondary School and I was selected to be one the two pupils to benefit from it. This brought a sigh of relief to my dreams. In that same year I enrolled as a form 1 pupil at the school. My school fees has been successfully paid up from that time until now. I am now in form three and I am doing very well in school.

This development brought a number of changes to my life. First this brought hope and joy in my life. I now have vast knowledge about my rights as far as sexual and reproductive health is concerned. I also gained a lot of knowledge about to run the broiler project which I know I was not going to learn if was not assisted by Restless Development. I can now see value in my life.

Of all these changes I take knowledge that I gained to be the most significant of them all. This is because always knowledge is the root of all. I can use my knowledge to progress very well in my life. Now I feel my dreams to become an engineer are restored due to the knowledge I have gained. I now know how to prevent myself from sexually transmitted diseases and HIV. I now feel empowered and well positioned to progress with my life.

I am now planning to write my 'O' level exams next year and after that I am planning to proceed to 'A' level. I would like to do engineering and show others that we can do it even if we are orphans. I also hope to share this knowledge with my peers and the entire community where I live.



END

## Appendix 2: The Most Significant Change Story – Community Level

**Story tellers: Chigondo Youths**  
**Chigondo Secondary School**  
**Wedza District**  
**Story Title: Knowledge for life**

In this community the youth and the community in general had several problems before Restless Development came in. Of course we had other organisations, including Restless itself, coming in various kinds of projects but the issues that were troubling youths continued. Our major problems were that we did not have courage, knowledge and access to information and services that are related to STIs, HIV/AIDS prevention, pregnancy prevention and other diseases. The young kids were always suffering from Bilharzia. The youth had no knowledge on what to do to fend for themselves. Most of us resorted to migration to other towns like Marondera and Harare to look for



jobs but this was not paying at all. The young people in this community were not united. Everyone would do what they feel is good for them. Nobody cared for others and not even for our parents. Our behaviour was not any good. Most of us wanted to do experiments on sexual issues and we always ended in more problems like the teen pregnancies and STI infections. As a result of this we had so many school dropouts, teen pregnancies and STIs in this community.

In 2010 we heard of the good news that Restless Development is no longer bringing inputs and fertilisers only but also coming in with projects that are directly linked to the youths. We saw some youth being taken to Harare for training and meetings being held at the ward centre. We were happy to note that the project was coming for the youth and being led by the youth at the same time. Several trainings were done to the youths and to the volunteers. These included peer education, young people we care, school games, out of school games, youth friendly corners, psychosocial camps and Income generating projects lessons. Some of our own fellow youths actually came to be involved and we felt very happy to see ourselves being fully involved. School children were also involved and these activities were also integrated into the school curriculum. This created an excitement among the in school and out of school youths within the community. The parents began to support us in the income generating activities and giving us permission to train and participate in our activities.

The project brought a number of changes to lives of youths in this community. Some children who had dropped out of school re-enrolled using funds generated from projects in schools. The out of school youths also started benefiting from the income generated from their garden projects. Through the various trainings on HIV, the community also ended up with more knowledge about living positively and living with HIV positive community members. Knowledge about SRH among youths improved a lot. The behaviour amongst us also changed quite significantly. The youths in this community began

working together and doing many activities together as one community which was very rare before (*aingova mazvake mazvake*). We even started visiting our parents with ill health and help them with household chores. This had never happened to this community before. We also started to feel confident in demanding information and services from the local clinic. The youth in this community can now freely go and request for condoms, information and treatment for sexually transmitted diseases.

Of all these changes we regard knowledge as the most significant. This is so because if we had not acquired this knowledge we wouldn't have gone anywhere. We can use this knowledge beyond the project life and it becomes a weapon for all of us and the generations to come. Knowledge brings confidence and makes us make informed decisions about our sexual lives.

We wish to continue with the good behaviour that we have and protect ourselves from preventable pitfalls. Although we still have problems in shortage of services, we hope that this gain will take us very far in as far as SRH issues are concerned for the youth.

END

### Appendix 3: List of the key informants interviewed

Name	Position	Organization
Nomuhle Gola	Country Director	Restless Development
Morris Charumbira	Research, Monitoring & Evaluation Manager	Restless Development
Tichapiwa Tanyanyiwa	Fundraising And Partnership Coordinator	Restless Development
Lesley Garura	Programme Coordinator	Restless Development
Maxwell Dondo		Restless Development
Mr. Tariona	District Administrator	Wedza District-Local Government
Sister Kanera	Acting District Nursing Officer	Mt St Marys Hospital
Matron Mushangwe	Matron	Mt St Marys Hospital
Mr Chibaya	Patron/Focal Teacher	St Banabas Sec. School
Mr Duri	Patron/Focal Teacher	Makanda Secondary School
William Samson	Intern	Makanda Resource Centre
Sister Muchekadzose	Nurse	Goneso Rural Health Centre
Mr. Mugano	Headmaster	Chakohwa Primary
Mr. Chigodora	Teacher	Chakohwa Primary
Mrs. Mudzimu	Teacher	Matendeudze Primary
Mr. Matengabadza	Teacher	Nhedziwa High
Mr. Michael	Acting Headmaster	Nhedziwa High
Mr. Mapanga S.	RD Staff	Nhedziwa Resource Centre
Mr. Jerekete	Teacher	Bumba Primary
Mrs. Chimbarara	Headmistress	Bumba Primary
Mr. Mukudu	Environmental Health Technician	Chakohwa Clinic
Mr. Chigodora	Teacher	Chakohwa Primary
Mr. Mugano	Headmaster	Chakohwa Primary