Improving the Capacity of Young People to Engage in Decision-Making and Lead Comprehensive SRH Education in Zambia

External Evaluation

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<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
</tr>
<tr>
<td>MCDSS</td>
<td>Ministry of Community Development and Social Services</td>
</tr>
<tr>
<td>MoE</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>SHEP</td>
<td>School HIV and AIDS Education Program</td>
</tr>
<tr>
<td>SPW</td>
<td>Students Partnership Worldwide</td>
</tr>
<tr>
<td>SST</td>
<td>School Support Teacher</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>VPE</td>
<td>Volunteer Peer Educator</td>
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</tbody>
</table>
Executive summary

Zambia is experiencing the health, economic and social impacts of a fully blown HIV/AIDS epidemic. The prevalence rate has remained high, at 14% in 2011. The youths (and women) are the most vulnerable to HIV/AIDS and other Sexually Transmitted Infections (STIs). This is because the youth are at the height of exploring themselves and their weaker socio-economic status predisposes them to risk behaviours and situations.

Restless Development Zambia has been implementing a three-year Sexual and Reproductive Health (SRH) intervention aimed at empowering young Zambians in the Central Province by building their capacity to know and advocate for their SRH rights and services so that they take a significant role in improving their lives and those of others within their communities. This external evaluation was commissioned to measure the impact and change on beneficiaries as a result of the project in the target schools, assess the achievements against the planned results and provide lessons learnt and recommendations for future projects.

Data for this evaluation was collected between December 2011 and January 2012 through interviews with project staff, review of project documents, focus group discussions and a survey among project beneficiaries (200 pupils and 30 former Volunteer Peer Educators) and semi-structured key informant interviews with collaborators.

The evaluation findings in relation to the key aspects are as follows:

**Relevance:** The project is an important innovation in view of Zambian situation of high prevalence of HIV/AIDS and poverty. It focused on issues that are prioritised in national development plan and sector strategy documents for the Ministries of Health, Education, Community Development and Youth, Sport and Child Development.

**Equity:** Restless Development ensured equal participation and access to training services by the youths and Ministry of Education staff (school teachers and managers who were being trained to support the programme) of both genders. The employment policy of the organisation supported equal opportunity for all staff. The project employed relatively young people in comparison with other projects. No incidence of discrimination on any basis was expressed by staff and beneficiaries.

An important dimension to issues of poverty, HIV/AIDS and SRH is that of lack of access to services and information by disabled persons. The evaluation did not see a clear emphasis on disability by the project. Restless Development should consider...
the taking forward the SRH rights of disabled persons as a one of the key advocacy issues in its next programming.

**Efficiency:** The use of Volunteer Peer Educators and school teachers in delivering services to the pupils and the community made the project very cost effective (and acceptable). If the project opted to employing full time staff to deliver services directly to pupils and the community, staff-related cost would have been higher. It was also noted that field operational costs such as vehicles and equipment were kept to a minimum and this sometimes reduced staff mobility into the field to backstop VPEs.

**Effectiveness:** The project has achieved, and in some cases exceeded, most of its targets. Although achieving behavioural change takes a longer period, the teachers said and the pupils themselves confirmed many benefits from and the changes that are taking place in their life due to project intervention. The survey among pupils established an increase in knowledge about HIV/AIDS and change of attitude towards affected others.

**Impact:** There is a reduction in the incidence of school dropout among girl pupils in the schools where the project has been operating. This was reported by the school mangers and teachers. Pupils interviewed demonstrate a high level of assertiveness, freedom to communicate their SRH needs to their teachers, parents and the clinic and aspiration to higher levels of education attainment and performance. Most of the schools visited had functional HIV/AIDS committees and action plans that would carry on after the project.

**Sustainability:** The training of school teachers to support the programme activities has laid a foundation for continuity in the respective schools. However, the numbers trained were too few per school (averaging two per school). This has farther been reduced by transfers and lack of formalisation of the responsibility for SRH activities in schools by the authorities and lack of budget for the activities. Sustainability will also be affected by the school/community collaboration on SRH issues. The challenge to the effectiveness of community/school collaboration on SRH lie in the beliefs and attitudes of some community members towards their responsibility for the education of children and their values about the quality of life of themselves and that of their children. In some communities poverty levels have remained high for too long that many community members do not aspire to anything better. Early marriages and pre-marital sex among and with the youth are a norm and rarely rebuffed.

**Replicability:** The project has laid a foundation for replication through close association the Ministry of Education. Important documents for use in schools have been produced and recommended for use by the Ministry. Teachers and other Ministry of Education staff at provincial and district level have been trained and sensitised to the course of this project. This lays a foundation for roll out. However, work still needs to be done to develop materials that can be readily available for use in teaching different graders unlike the current common manual.
**Lessons learned:** This project has underscored the importance of partnerships. Partnership with Ministry of Education, Ministry of Health and others has brought leverage on costs and expertise. Some of the project activities were co-supported with funding from other donors and through collaboration with other agencies providing services on the ground. The project has also demonstrated that the youth can play a leading role in development. The teachers and the Volunteer Peer Educators said that it has now become easier to communicate with pupils about their life and other issues because the youths themselves have started the communication of their needs and situation to the community.

**Information dissemination and Networking:** The project has shared the knowledge and information it generates through publication of training modules and reports to stakeholders. Restless Development has participated and led in many important activities by consortia of CSOs and collaboration with government. This has placed Restless Development among lead organisation in the fight against HIV/AIDS and youth participation in development in Zambia.

**Recommendations:**

1. Restless Development should impress upon the Ministry of Education to include SRH as part of the teacher education programme in colleges of education.

2. Ministry of Education should formally recognize SRH as an important component of the education system and include it in their list of items budgeted for and that teachers responsible for SRH activities should get appropriate recognition for the work.

3. Restless Development should structure the SRH lesson materials to suit the different levels of learners in schools.

4. Restless Development should improve the project M&E system.
**Achievement Rating Scale**

Below is a summary rating of the achievement by the project. We have used the rating scale used by the project. The numbers in the rating scale mean as follows:

1. Fully achieved, very few or no shortcomings
2. Largely achieved despite a few shortcomings
3. Only partially achieved, benefits and shortcomings finely balanced
4. Very limited achievement, extensive shortcomings
5. Not achieved

<table>
<thead>
<tr>
<th>Goal: To empower Young People in Zambia to take up a leadership role in improving their lives and</th>
<th>ARS</th>
<th>Logical Framework Indicators</th>
<th>Baseline Values for indicators</th>
<th>Current value for the indicators *</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Increase in % of YP adopting Safe Sexual Practices in 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i. Primary abstinence(^1) or secondary abstinence(^2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii. Reporting one sexual partner (by sexually active YP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>iii. Sexually active YP reporting using condom at last sexual intercourse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Increase in % of YP reporting receiving VCT services in past 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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\(^1\) Primary Abstinence is here referred to as a delay of sexual onset by those who are still virgins

\(^2\) Secondary Abstinence is here referred to as refraining from sexual activities after having been sexually active in the past 12 months
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Increase in % of schools reporting decrease in girl dropout rate due to pregnancy in last one year</td>
<td>76%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>This is from the schools visited during evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Increase in % of YP having 1 of 5 core competency life skills</td>
<td>42%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>94,201</td>
<td>26,253</td>
<td>For this indicator should be treated as an incremental i.e. adding 26,253 to the 94,201 to come up with the current value 120,454</td>
</tr>
<tr>
<td>2</td>
<td>Increase in % of YP reporting active involvement in at least one development activity in their communities in last one year</td>
<td>9.2%</td>
<td>42%</td>
</tr>
<tr>
<td>2</td>
<td>Increase in the % of teachers and parents in communities reporting supporting a comprehensive and holistic Sexual and Reproductive Health (SRH) approach for YP</td>
<td>1,590</td>
<td>2,047</td>
</tr>
<tr>
<td></td>
<td>Increase in % of schools that are implementing the Minimum Standards(^4) of SRH and HIV and AIDS education 12 months after the school has been moved to phase three(^5)</td>
<td>22</td>
<td>45</td>
</tr>
</tbody>
</table>

\(^3\) Five core life skills (as defined by Restless Development) are 1) Critical thinking /decision making; 2) Interpersonal communication; 3) Coping and self-management; 4) Maintaining healthy life styles (appropriate hygiene/sanitation practices); 5) Motivation to be in higher education/gainful employment

\(^4\) School HIV/AIDS education Programme (SHEP) Minimum Standards entail the school having the following in place: 1) SRH Messages at the start of timetabled lessons, 2) Assembly messages, 3) AIDS Action Clubs (AAC), 4) Youth-friendly Resource Centres, 5) Teachers Resource Corner, 6) In-School awareness raising event, 7) Community awareness raising event

\(^5\) Restless Development Zambia has a sustainability strategy that consists of three phases, as follows: Phase 1 – Sensitisation and Demonstrated Implementation; Phase 2 – Capacity Building and Shared Support; and Phase 3 – Supported school and community implementation. Schools in which SHEP operates fall under the above Phases depending on a number of factors including the number of years SHEP has been in the school.
### Outputs:

<table>
<thead>
<tr>
<th>Outputs:</th>
<th>Desired Change</th>
<th>Baseline</th>
<th>New inclusion from grant variation i.e. baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Positive change in SRH behaviour among YP</td>
<td>Increase in % of young girls refusing unwanted sexual advances</td>
<td>73%</td>
<td>83%</td>
</tr>
<tr>
<td></td>
<td>Increase in % of sexually active YP who have had one sexual partner in the past one year</td>
<td>26%</td>
<td>83%</td>
</tr>
<tr>
<td></td>
<td>Increase in % of YP reporting primary or secondary abstinence</td>
<td>43%</td>
<td>85%</td>
</tr>
<tr>
<td></td>
<td>Increase in % of sexually active YP reporting used condom at last casual sexual intercourse</td>
<td>57%</td>
<td>83%</td>
</tr>
<tr>
<td></td>
<td># of reported instances of unmarried teenage pregnancies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Improvement in knowledge/attitudes regarding SRH among YP</td>
<td>Number of YP reporting accessing SRH related services&lt;sup&gt;6&lt;/sup&gt; in last one year</td>
<td>35,274</td>
<td>39,275</td>
</tr>
<tr>
<td></td>
<td>Increase in % of YP having correct knowledge about HIV/AIDS&lt;sup&gt;7&lt;/sup&gt;</td>
<td>71%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Increase in % of YP refuting 3 major local myths related to HIV transmission&lt;sup&gt;8&lt;/sup&gt;</td>
<td>91%</td>
<td>86.5%</td>
</tr>
<tr>
<td></td>
<td>Increase in % of YP who think they are at risk of contracting HIV, opting for VCT</td>
<td>23%</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

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<sup>6</sup> SRH services includes the following: Access to advice and support, Information on prevention, family planning, VCT and Condoms.

<sup>7</sup> Knowledge about HIV/AIDS here specifically refers to knowledge about how HIV is transmitted and how one can protect oneself and others from contracting it.

<sup>8</sup> These myths include the belief that: (1) People can get HIV from witchcraft, (2) Sexual intercourse with a virgin can cure AIDS, (3) Traditional medicine can cure AIDS, (4) One can get HIV by sharing a meal with an HIV positive person.
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increase in % of YP aware of their SRH rights</td>
<td>5.4%</td>
<td>84%</td>
</tr>
<tr>
<td>2</td>
<td>Increase in % of YP aware of availability of SRH services at the local level</td>
<td>3.8%</td>
<td>60%</td>
</tr>
<tr>
<td>3. Improved life skills among YP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Increase in % of YP demonstrating at least one of the five core life skills&lt;sup&gt;9&lt;/sup&gt;</td>
<td>42%</td>
<td>84%</td>
</tr>
<tr>
<td>4</td>
<td>Increase in % of young people reporting that the decision to have sex should have equal say from both a man and a woman</td>
<td>25.5%</td>
<td>56%</td>
</tr>
<tr>
<td>4. YP actively involved in advocacy activities around SRH rights and services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td># of YP trained in advocacy</td>
<td>16</td>
<td>30 (Given by M&amp;E)</td>
</tr>
<tr>
<td></td>
<td># of meetings/events organised by other stakeholders (including government, donors and INGOs/NGOs) where Restless Development staff/volunteers were invited to represent youth within the community</td>
<td>44</td>
<td>153 (Given by M&amp;E)</td>
</tr>
<tr>
<td></td>
<td># of events led/organised by YP through Restless Development support at district, provincial or community level (disaggregated by Restless Development volunteers and local youth)</td>
<td>240</td>
<td>4, 265</td>
</tr>
<tr>
<td></td>
<td># of YP actively involved in SRH advocacy activities through Restless Development at a national or international level</td>
<td>15</td>
<td>193</td>
</tr>
</tbody>
</table>

<sup>9</sup>Five core life skills (as defined by Restless Development) are 1) Critical thinking/decision making; 2) Interpersonal communication; 3) Coping and self management; 4) Maintaining healthy life styles (appropriate hygiene/sanitation practices); 5) Motivation to be in higher education/gainful employment.
<table>
<thead>
<tr>
<th>5. Community level support available for YP for adopting safe SRH behaviours</th>
<th>1</th>
<th>Increase in the number of communities where youth friendly SRH services are available through joint collaboration of local community, NGOs/CBOs and health service providers</th>
<th>60</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Increase in the number of PTAs (Parent-Teacher Associations) supporting implementation of SRH activities in schools and communities</td>
<td>1,320</td>
<td>1,440</td>
</tr>
<tr>
<td>3</td>
<td>Increase in % of YP reporting receiving guidance from guardians(^\text{10}) on SRH issues</td>
<td>26%</td>
<td>56%</td>
<td>More children are free with clinic (90%)</td>
</tr>
<tr>
<td></td>
<td>Increase in the number of community members reporting supporting the school in implementing HIV and AIDS activities within their communities.</td>
<td>132</td>
<td>172</td>
<td></td>
</tr>
<tr>
<td>6. Capacity among MoE staff to implement/ support SRH activities in schools</td>
<td>1</td>
<td># of MoE staff trained for implementing Minimum Standards (see footnote 2) within their school</td>
<td>60</td>
<td>2,400 (Given by M&amp;E)</td>
</tr>
<tr>
<td></td>
<td>Increase in the number of MoE staff reporting either implementing and/or supporting the implementation of at least one of the Minimum Standards (see footnote 2) within their school</td>
<td>198 in Restless Development schools and Colleges of Education</td>
<td>2,400</td>
<td></td>
</tr>
</tbody>
</table>

\(^{10}\) Guardians are heads of household (and their spouses) who stay with and provide for young persons who are not their own biological children
| Overall performance | Increase in % of teachers reporting implementing at least 2 of 5 Minimum Standards (see footnote 2) within their schools | 64% | 81% |

Overall, the project has achieved most of its objectives and therefore we rate its performance at 2. The activities have proved relevant and will remain relevant. Management of the project was efficient in the use of resources. Measures like low allocation to community events in turn affected participation.

We note that there is need for the project to show what the performance targets were so that one can see the exact mark achieved towards each of those targets.
1. Introduction

1.1 Background and Objectives of the Project

1.1.1 Background and rationale for the project

Zambia has the fifth youngest population in the world. Invariably, every country should ensure that human development efforts meet the needs of the majority of its population. For Zambia, this means putting the needs of children and the youths first, especially their health and education so that they grow up to become viable citizens.

One of the biggest development challenges Zambia faces today is the HIV and AIDS pandemic. While the prevalence rate has somewhat reduced from 17% in 2008 to 14% in 2011, the country remains one of the worst affected in sub-Saharan Africa. Still the youths are the most vulnerable to HIV/AIDS and other Sexually Transmitted Infections (STI) because they are at the height of exploring themselves. Helping them to know their sexual and reproductive health and rights and equipping them with knowledge on how to protect themselves and other members of society is critical for youths and society. Accordingly, this project was based on the conviction that young people have a right to access comprehensive Sexual and Reproductive Health information, education and services, and that their governments must meet these Youth Sexual and Reproductive Rights through service provision to the best of their ability. This is especially important in the context of the high HIV prevalence rates in Zambia.

1.1.2 Goal and Objectives of the project

The project’s goal was to empower young Zambians to take a significant role in improving their lives and those of others within their communities and country.

The project’s objectives were to:

- Provide comprehensive Sexual Reproductive Health (SRH) education and connection to services in the short-term leading to positive Behaviour Change among 190,000 in and out of school youth in Central Province in Zambia.

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11 Restless Development Zambia Strategic Plan 2011-2015, page 9
b) Build the capacity of school and community groups in 180 communities to develop local HIV/AIDS and SRH action plans and to secure support for those plans from the Ministry of Education and National AIDS Council.

c) Increase the capacity of young Zambians to know and advocate for their SRH rights and services.

By the end of the three-year period, Restless Development expected to achieve:

a) well-documented model for effective youth-led SRH and HIV Prevention initiatives;

b) successful phased model for building the capacity of local youth-adult partnership groups in addressing Youth SRH issues with the support of their appropriate government ministries;

c) significant support and tangible commitments from the government of Zambia to support youth SRH issues with increased service provision and the local initiatives of schools and communities in rural areas (including a commitment to support further scaling up of the initiative), secured through sustained youth-led advocacy efforts.

1.2 Project Strategy and Key Activities

1.2.1 Project Strategy

In the proposal, SPW International (a UK Charity and Lead Agent, now Restless Development) would be working with SPW Zambia (now Restless Development Zambia) as local partner to implement a three-year holistic intervention that would place professionally trained Zambian young men and women to serve as the coordinators and catalysts for the project in underserved rural communities.

1.2.2 Key Activities

The key activities driving this project are classified into five categories, namely:

1. Recruitment and professional training of Zambian young men and women to work as Volunteer Peer Educators (VPEs) in the (rural) schools and communities

2. VPE-led HIV and SRH Activities and Services
3. Advocacy and Awareness Activities starting with the training of target youth as Advocates for Action who would carry out advocacy activities at district, provincial and national levels using the structures and events and festivals for HIV and AIDS.

4. Sustainability Activities using the Phased Approach\textsuperscript{13}, and

5. Monitoring and Evaluation of the project activities.

1.3 Purpose and Scope of the Evaluation

1.3.1 Purpose of the Evaluation

The overall goal of this evaluation was to measure the impact and change on beneficiaries as a result of the project in the target schools, assess the achievements against the planned results and provide lessons learnt and recommendations for future projects.

1.3.2 Specific Objectives/Scope of the Evaluation

The specific objectives of the evaluation are:

1. To assess the extent to which the activities and outputs (targets) set under each objective activities have been achieved and establish the reasons for the performance.

2. To identify the impact of the project and ways that this can be sustained.

3. To account to local stakeholders and funders for the project’s achievements

4. To assess if funds were used effectively and efficiently to deliver results

5. To enable DFID to monitor and evaluate the performance of the CSCF in contributing to poverty reduction and effective use of money

6. To document the lessons learned and provide recommendations for improving overall efficiency and effectiveness

\textsuperscript{13} For its exist strategy and also to ensure that the activities it initiates are sustainable, Restless Development Zambia has a strategy that consists of three phases, namely: Phase 1 – Sensitisation and Demonstrated Implementation; Phase 2 – Capacity Building and Shared Support; and Phase 3 – Supported school and community implementation. When an intervention school/community completes the third phase, they are expected to be ready to continue with the activities without the presence of Restless Development VPEs.
1.3.3 Evaluation themes:
The evaluation was guided by the following key performance themes in its assessment of the project: Relevance; Equity; Efficiency; Effectiveness; Impact; Sustainability; Replicability; Lessons learned; Information dissemination and Networking; and Recommendations.

2. Evaluation Methodology and Procedures

2.1 Nature of the study and type of data enlisted
Restless Development commissioned external researchers to undertake an end of project evaluation to determine if the project has achieved the set objectives and what impact this was having. As such, the study required and enlisted both process data as well as outcome data. Some of the data required was quantitative and other, particularly on outcomes, was qualitative.

2.2 Sources of data and information
In addition to review of project documents, table 1 shows the other sources of data and information used for this evaluation:

<table>
<thead>
<tr>
<th>Category of Respondents</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restless Development Zambia staff</td>
<td>5</td>
</tr>
<tr>
<td>Teachers &amp; School Managers</td>
<td>25</td>
</tr>
<tr>
<td>DEBS office</td>
<td>4</td>
</tr>
<tr>
<td>MCDSS</td>
<td>1</td>
</tr>
<tr>
<td>MoH/DHMT/Clinic</td>
<td>2</td>
</tr>
<tr>
<td>Project beneficiaries (former PVE and pupils)</td>
<td>233</td>
</tr>
</tbody>
</table>

2.3 Study sites and sampling
The study covered five (5) of the six districts in Central province, namely Chibombo, Kabwe, Kapiri Mposhi, Mkushi and Mumbwa) and two schools were sampled from each district as shown in Table 2. The evaluation could not cover all districts because the budget could not allow coverage of all districts and schools.
Table 2: List of Sampled Schools

<table>
<thead>
<tr>
<th>District:</th>
<th>Schools:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Malombe</td>
</tr>
<tr>
<td>1. Chibombo</td>
<td>Kafululu</td>
</tr>
<tr>
<td>2. Kabwe</td>
<td>Naambe</td>
</tr>
<tr>
<td></td>
<td>Katondo</td>
</tr>
<tr>
<td>3. Kapiri Mposhi</td>
<td>Hilltop</td>
</tr>
<tr>
<td></td>
<td>Mafwasa</td>
</tr>
<tr>
<td>4. Mkushi</td>
<td>Mkumbi</td>
</tr>
<tr>
<td></td>
<td>Chalata Basic</td>
</tr>
<tr>
<td>5. Mumbwa</td>
<td>Kapyanga</td>
</tr>
<tr>
<td></td>
<td>Lukanga</td>
</tr>
</tbody>
</table>

From each school, twenty pupils were randomly sampled from among the grades 7, 8 and 9 who had been at the school since 2009 school year (when the project activities started). For these young pupils to adequately grasp the messages the child should have been in the programme for at least two (2) years. Considering that the project targeted grades 5 to 9 for in class-based activities, only pupils currently in grade 7, 8 and 9 were eligible because they were in grades 4, 5 and 6, respectively, in 2009 when project activities for the phase under evaluation started and have been in the programme for at least two years. The planned 200 pupils were successfully interviewed for the evaluation.

For the volunteers, each young person who had completed an attachment period (of at least two school terms) was eligible. From those who were traced and contacted by Restless Development, thirty-three (33) volunteers were interviewed.

2.4 Data collection tools and procedures

Data for this evaluation was collected through review of project documents, key informant interviews with project personnel and staff from collaborating government Departments and community leaders. Questionnaires were administered to beneficiaries (pupils and former VPEs). Eight focus group discussions were held (6 with pupils and 2 with the former VPE). Among pupils, a group different from the questionnaire respondents participated in the focus group discussions whereas
among the VPEs the focus group discussions were held with the questionnaire respondents after they completed the questionnaires. Each focus group discussion constituted ten pupils. In like manner, the two focus groups conducted for the ex-volunteers had ten participants in each discussion. One was conducted in Kabwe whilst the other one was done in Lusaka. All the focus groups were gender balanced with five males and five females.

The procedure for data collection started by review of the project documents that were given to the research team by Restless Development management. This was followed by development of data collection tools, sampling and then fieldwork. At the schools, the purpose of the study was explained to the school management, who, upon accepting to have their school participate would instruct the Student Support Teachers (SSTs) to organise the pupils while the staff were also getting ready for a discussion on the project activities and performance. When data collection from pupils and teachers was concluded, the researchers would then move to seek respondents from the community and staff in government departments serving the local community.

2.5 Data entry and analysis
The quantitative data collected using questionnaires was analysed using Statistical package for Social Sciences (SPSS) while the qualitative data was analysed manually for content. Frequency distribution and cross tabulations were commonly used for quantitative data.

2.6 Challenges and limitations
There were two major challenges: that of short time and limited budget for the study. The two factors constrained the expanse of coverage and feasibility of re-calls for some intended key respondents (mainly at the District Education offices and local health facilities) who could not be available during the scheduled single visitations. Apart from Mumbwa, all the Ministry of Education (MoE) staff at the district were either attending a workshop or in the field inspecting schools, when the research team visited their offices for interviews.

An apparent limitation of this study is the lack of comparison between schools that were in the programme and similar ones where the programme activities did not take place to re-validate the changes attributable to project activities. However, an
evaluation of the same project activities (carried out by a forerunner project to the one whose evaluation report this is) by Family Health International firmly established the behaviour change positive effects by comparing schools that were in the programme and similar schools that were not on the programme\textsuperscript{14}. This set a firm basis for the project under evaluation now.

3. Findings of the Evaluation

3.1 Basic Characteristics of pupils and PEs

The evaluation interviewed 200 pupils and 32 former peer educators. The pupils interviewed were from grades 7 to 9 and were aged between 11 years (2) and 18 years (23) with the average age of 15 years. The proportion of girls and boys was nearly equal (53% boys and 47 % girls). Majority of the pupils (90\%) indicated that they are Christians (32\% Catholic and 58\% Protestants) while the rest were Muslims (5.5\%) and other faiths (4.5\%). Nearly a third (31\%) of the pupils interviewed are orphans, with 25\% (50\%) of all the pupils being single orphans. While 69\% of the pupils have both parents alive, only 58\% live with both their parents. Of the 25\% who live with only one of the parents less than a quarter (4.5\%) live with the fathers underpinning that there are more single mothers than single fathers and that single mothers are more likely to keep their children than single fathers. More children (64\%) started school at the ages of 6 and 7. Nearly two thirds (63.5\%) of the pupils said they did not know someone close who has HIV or AIDS.

Of the 33 ex-PEs interviewed, 54.5\% were male and 45.5\% were female. They were aged between 19 (7n) and 25 (1n) with the average age of 21 years. The minimum education level attained by the PEs was senior secondary (grade 12) with 21\% having a certificate, 6\% having diplomas and 9\% having attained first degrees. All PEs interviewed were currently single (and never married before). They all reported to have been at their schools of placement for at least two schools terms (the normal duration of placement per school year) and all of them (100\%) said they received training for the work before they were placed.

3.2 Relevance

This evaluation has found the intervention activities of this project to be of paramount importance to Zambia for the following fundamental reasons. First, it focuses on young people who are the future of any nation and humanity. In Zambia children and the youths (aged 0 to 24) are the majority. For example, those aged 15 to 24 constitute 21% of the population. A service to the youths in this context also means service to a large proportion of the country’s population. Secondly, developing the ability of young people to manage their sexuality, and ultimately their health and life, addresses several of the millennium development goals (MDGs). Thirdly, addressing HIV and AIDS is a priority for Zambia (and Africa as a whole). Despite the stabilising trends in HIV infection rates for Zambia, the country still remains one of the worst-affected countries in sub-Saharan Africa with an HIV prevalence of about 14% among adults aged 15 to 49 years old\textsuperscript{15}. HIV and AIDS has left devastating socio-economic imprints on Zambia. There is need to halt the continued spread of HIV and its effects.

All the respondents spoken to by the evaluation team reiterated the importance they attached to the project. One pupil at Naambe Upper Basic School in Kabwe put it simple said, “The knowledge and skills we have received will save our lives”. The teachers at the schools attested to reduction in many of the negative challenges of adolescence- girl child school dropout due to teenage pregnancies, sexually transmitted infections (STIs), lack of focus on education, absenteeism and consequent poor performance in tests and examinations.

The project has been of tremendous value to the ex-voluntary peer educators. For instance, all the 33 ex-voluntary peer educators indicated that their engagement with the project has been of great value. Of the total 33, 12.1% (n=4) said that the project has enhanced their public speaking skills, 51.5% (n=17) indicated that they have gained confidence, 6.1% (n=2) said that the project has helped them in problem solving skills, 9.1% (n=3) indicated that their leadership skills were bolstered, 3% (n=1) said that the project has enhanced his/her team spirit, while 18.2% (n=6) said that they benefited in all the aforementioned skills.

\textsuperscript{15}http://www.usaid.gov/our_work/global_health/aids/Countries/africa/zambia.html, accessed on 24/01/2012
Some of the manifestations of poverty are poor health, low levels of education attained and less or no access to services. The evaluation finds this project to offer a long term strategic response to these indicators of poverty by increasing the pupils (and community) awareness of their rights (sexual and reproductive rights, right to education, health services, protection from abuse, etc.) as children and citizens. The knowledge and awareness they receive from the project helps them to demand the provision of and access to services and work themselves to be ready recipients now and able providers in the future.

HIV and AIDS are acknowledged among the major hurdles Zambia faces towards achieving Vision 2030. The country’s long-term goals in public health are to stop the spread of HIV/AIDS, tuberculosis and malaria\textsuperscript{16}. The Zambian Government’s objective on HIV/AIDS and STIs is to halt new infections and begin to reverse the spread of HIV and STIs through effective interventions\textsuperscript{17}. As such projects, which help to address that challenge is consistent with government policy. This project is part of the multi-sectoral response to HIV and AIDS helping to scale-up prevention activities through increased promotion and support to ABC programmes. As will be discussed later in section 3.6.1 (Knowledge about HIV/AIDS) the activities helped to increase access to HIV and AIDS counselling and testing among the pupils.

3.3 Equity

The evaluation explored the aspect of equity in the project by looking at gender disaggregation among staff and beneficiaries as well as the aspect of disability. Restless Development-Zambia employed 17 staff on this project. Of these 70% are male and 30% are female. There are three males in the management team of five. Of the 316 VPE that were recruited by the project 54.4\% (172n) were male and 45.6\% (144n) were female. No person with special need or with disability was recruited on the schools programme. From documentation it was clear that Restless Development-Zambia adheres to the requirements of Restless Development’s International Equal Opportunity Policy Guidelines\textsuperscript{18} in their recruitment of staff.

\textsuperscript{16} GRZ (2006b), \textit{Vision 2030–“A Prosperous Middle-Income nation by 2030”}, Lusaka: Government Printers
\textsuperscript{17} GRZ (2006a), \textit{Fifth National Development Plan}, Lusaka: Government Printers
\textsuperscript{18} SPW International Policies Manual 2007 to 2010, Equal Opportunities and Conditions Policy
The project being largely school based did not require application of positive gender discrimination in the recruitment of pupils to participate in programmed activities. Pupils were all taken on as whole classes. However, the project was sensitive to gender and sex differences when providing individualised services such as counselling. All the schools teachers interviewed stated that girls were usually attended to by female teachers in gender-sensitive matters as boys were helped by male teachers.

The youths have disproportionately lower access to SRH services because of the socio-cultural boundaries which the adult community creates around such services. Cultural norms, beliefs and stereotypes prevent youths from freely accessing reproductive health services.

An important dimension to issues of poverty, HIV/AIDS and SRH is that of lack of access to services and information by disabled persons. The evaluation did not see a clear emphasis on disability by the project. Restless Development should consider the taking forward the SRH rights of disabled persons as a one of the key advocacy issues in its next programming. Disabled people do not have a strong voice in Zambia. The situation of disabled children and youths is even worse in all aspects because they are denied their rights and stigmatised even by their own family members.

3.4 Efficiency

The total budget for this project was £1, 470, 480 with £499, 594 (33.974%) of the total coming from DFID. Other donors are NZAID, Embassy of Finland, Irish Aid, UNICEF and Isle of Man. With that funding the project employed 17 full time staff, 316 VPEs, and 3 part time staff. Of the 27 full time staff 16 were programme staff responsible for planning, execution and monitoring and evaluation functions while 11 were administrative/support staff. Table 3 shows how the DFID funding was allocated to different project aspects.
Table 3: Allocation of DFID Funding to Project Aspects

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Total in ZMK</th>
<th>Total US $</th>
<th>Total GBP £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Expenditure</td>
<td>74,966,400.00</td>
<td>14,993.28</td>
<td>10,908</td>
</tr>
<tr>
<td>Training materials, supplies and</td>
<td>89,366,400.00</td>
<td>17,873.28</td>
<td>12,412</td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recurring Expenditure Overseas Office</td>
<td>215,229,600.00</td>
<td>43,045.92</td>
<td>29,893</td>
</tr>
<tr>
<td>Expenditure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and benefits to perm. staff</td>
<td>1,244,138,400.00</td>
<td>248,827.68</td>
<td>172,797</td>
</tr>
<tr>
<td>Volunteer recruitment</td>
<td>117,180,000.00</td>
<td>23,436.00</td>
<td>16,275</td>
</tr>
<tr>
<td>Programme Training</td>
<td>402,962,400.00</td>
<td>80,592.48</td>
<td>55,967</td>
</tr>
<tr>
<td>Programme support</td>
<td>491,155,200.00</td>
<td>98,231.04</td>
<td>68,216</td>
</tr>
<tr>
<td>Placement and advocacy activities</td>
<td>236,613,600.00</td>
<td>47,322.72</td>
<td>32,863</td>
</tr>
<tr>
<td>Other stakeholder trainings</td>
<td>250,329,600.00</td>
<td>50,065.92</td>
<td>34,768</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>209,412,000.00</td>
<td>41,882.40</td>
<td>29,085</td>
</tr>
<tr>
<td>UK Support costs</td>
<td>262,144,800.00</td>
<td>52,428.96</td>
<td>36,409</td>
</tr>
<tr>
<td>Total DFID Funding</td>
<td>3,593,498,400.00</td>
<td>718,699.68</td>
<td>499,593</td>
</tr>
</tbody>
</table>

The project had a lean management with a flat administrative hierarchy. This worked for quick decision making and effective participation of the staff. The use of VPEs saved a lot on what could have been spent had the project opted to employ fulltime staff to undertake the functions carried out by the VPEs. VPEs covered one or two other adjacent schools and communities adjacent to the one they were placed at, including facilitating at the local clinic’s youth friendly corner. This further extended the coverage of monies spent on them and hence enhancing the project’s efficiency.

3.5 Effectiveness

This section addresses the extent to which the project has met the planned activities and outputs, based on the empirical evidence from study and project records.

3.5.1 VPE Recruitment and training

The project recruited 316 VPEs to work in schools and communities. All the VPEs interviewed said that they had received training from Restless development to
prepare them for their tasks before they were dispatched to the schools and communities. Notable areas of the training included communication, facilitation, public speaking, leadership, problem solving, decision making and team work. They were also oriented to the required recording and reporting of their activities. Seventy per cent of the PEs also said that they did receive some training from other organisations besides Restless Development. Such organisations include Y-Choice, ZANACO, ZPIH, Right to Play, Africare, Changes 2 and Ministry of Health.

Whilst most schools visited (90% strongly in favour, 10% mild and 10% against) expressed that were happy with the project. Many schools (60%) equally expressed concern over the conduct of some of the PEs. They observed that some of the youths being sent to the schools fell short in demonstrating exemplary conduct in relation to what they were teaching the pupils in schools. The teachers attributed such behaviour to the age, excitement and “rawness” of many of the PEs. Some of the PE said the training was too short to prepare them adequately.

A number of issues affected the effectiveness of the programme. Training was considered one of the most important ingredients by the PE. Nearly eighty-eight per cent considered the training to have been very adequate. Ninety-one per cent considered the material package they were given to do their work to have been very adequate (36.4% and 54.5%, respectively) while 6.1% said it was not adequate. Both the teachers and the PEs interviewed said the allocation for community events was extremely low to the extent that on such occasions teachers and PEs were forced to select who among the invited community members should partake of the food purchased to feed participants. Being used to the way other organisations prepare for such occasions, community members had misgivings about the arrangement by the school (PEs and teachers).

### 3.5.2 Classroom-based SRH lessons and out-of-school SRH actions

Table 4 shows school-activities that the project with the facilitation of VPEs initiated and supported at the schools. Apart from the Youths AIDS Clubs that have not been recorded, the project exceeded the set targets. In all the schools visited by the evaluation team the teachers and pupils confirmed that all the minimum standards were being carried out whilst the VPEs were at the schools.
### Table 4: Core PE-led School based SRH Activities

<table>
<thead>
<tr>
<th>Core PE-Led Activities</th>
<th>Number Planned</th>
<th>Number Achieved</th>
<th>Percentage achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Existing Youth AIDS Clubs supported</td>
<td>177</td>
<td>345</td>
<td>194.9</td>
</tr>
<tr>
<td>2. SRH Youth Resource Centres set up</td>
<td>240</td>
<td>354</td>
<td>147.5</td>
</tr>
<tr>
<td>3. SRH Youth Resource Centres (set up and) running</td>
<td>240</td>
<td>354</td>
<td>147.5</td>
</tr>
</tbody>
</table>

The evaluation confirmed that the PE mobilised pupils at the schools to carry out school/community events to sensitisie the community members. These were in the form of drama, poems and songs. All (100%) the PEs interviewed reported to have undertaken activities with the schools, clinics, church and the community. The school managers and teachers said that the community events which were organised by the VPEs in collaboration with the School HIV/AIDS committees provided an opportunity for the pupils to communicate the SRH needs and challenges to their community.

The survey among pupils established that majority of the pupils accessed and participated in various HIV/AIDS activities facilitated by the project, as shown in figure 1. The youth resource centres are the least used avenue. The number of pupils that enter resource centres is lower than that of pupils that actually use materials that come from the centres. This was because many schools did not have space to host the centre free from interference by other functions. The materials were also not adequate.
Figure 1: Access to VPE-facilitated Services

Teachers reported that shortage of teaching materials for SRH and lack of training in that area for most of them incapacitated them in developing the short daily classroom lessons. A related challenge was that the SRH materials currently available are not graded according to the level/category of the learners such that lessons become repetitive and less appealing as the pupils go up the ladder.

The ex-voluntary peer educators used various means to disseminate information to the pupils. Of the 33 ex-PEs interviewed 9.1% (n3) said that they disseminated information through the assembly messages, 15.2% (n5) were using classroom lesson, and 21.2% (7) said that they disseminated information through songs, drama and poetry whilst 54.5% (n18) used all the aforementioned methods to disseminate information to the pupils.

About 51% of the VPE indicated that they conducted the sessions between 5-7 days in a week while less than 19% indicated conducting the sessions less than twice per week. The majority (78.8%) reviewed that the time allocated per session was enough. Similarly more VPE (59.4%) observed that the duration of attachment to the schools was sufficient. Of those who indicated that the duration was not enough,
91.7% proposed that the duration should be extended to one year while the 8.3 recommended a period of more than one year.

3.5.3 Advocacy and Awareness Activities:
Youth’s access to SRH services is still locked up in myths and taboos in most Zambian communities, particularly in the traditional rural settings the project works in. To free the country from such requires a lot of awareness rising on human and children’s rights. Hence the project planned and carried out a number of advocacy and awareness activities shown in table 5.

Table 5: Advocacy and Awareness Activities

<table>
<thead>
<tr>
<th>Core Advocacy and Awareness Activities</th>
<th>Number Planned</th>
<th>Number Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Youths trained as Advocates</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>2. Awareness and Advocacy Events and Festivals</td>
<td>1500</td>
<td>1335</td>
</tr>
<tr>
<td>3. Organizing meetings with MoE officials and AIDS Task Forces</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discussing with staff and review of documents has confirmed that during the project period, Restless Development- Zambia has conducted a sustained policy engagement at district, provincial and national levels. For example in July 2009, Restless Development coordinated the National AIDS Council Youth Group’s input into the Sixth National Development Plan. Later the same year they succeeded in ensuring the inclusion of entrepreneurship and SRH skills training in curriculum policy recommendations for the National Education Policy Review as part of the ‘Vision 2030’ process. This is part of the Vision 2030 document. Restless Development has been recognised as a leader in youth issues. This recognition has resulted in the organisation being called upon to participate in important policy development processes. Between April and June 2010, the organisation was called upon to work with the Ministry of Education Senior Management to edit the National Development Plan Education and Skills Chapter before it was sent to the Ministry of Finance for consolidation into the Sixth National Development Plan. They have been part of the Education Ministry’s Policy and Implementation Technical committee - a forum normally open only to donors and government - to promote community
participation in school parent/teacher boards. Participating in the ministry’s high level policy and programme committees has given Restless Development opportunities to inform and influence policy makers in the country. Having attained recognition by government and among donors Restless Development was voted to chair the Ministry of Education’s national Project Coordinating Committee in January 2010. This has enabled the organisation to have access to policy implementation technical committees, Sector Advisory Groups (SAG) to learn from and share experiences with important actors in the education and youth sectors. Through this networking and lobbying, for example, Restless Development has managed to send an Aide Memoir to senior policymakers and donors to have teenage pregnancy recognised as a key issue that needs addressing.

3.5.4 Sustainability Activities:
Many projects leave the sustainability of their activities to a later date or simply assume that government or some other NGO would take over and continue with what they have started. This project put among its routine activities some core aspects of a good exit strategy that assures sustainability for what they have started. Table 6 shows the core sustainability activities that were planned have been exceeded. However, on the group the relationship between the schools and the community in regard to SRH was still weak. Most communities perceived the SRH events initiated at the school as an activity belonging to the schools.

Table 6: Core Sustainability Actions planned and achieved

<table>
<thead>
<tr>
<th>Core Sustainability Activity Outputs</th>
<th>Number Planned</th>
<th>Number Achieved</th>
<th>Percentage Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Community structures set up to support project</td>
<td>177</td>
<td>3,700</td>
<td>80.3</td>
</tr>
<tr>
<td>2. Local Youth leaders Trained</td>
<td>2,169</td>
<td>4,265</td>
<td>196.6</td>
</tr>
<tr>
<td>3. SRH Workshops for Teachers conducted</td>
<td>240</td>
<td>354</td>
<td>147.5</td>
</tr>
<tr>
<td>4. SRH teacher Resource Centres set up</td>
<td>1,560</td>
<td>1,640</td>
<td>105.1</td>
</tr>
</tbody>
</table>
### Key Adult Community Leaders Trained

<table>
<thead>
<tr>
<th></th>
<th>20,000</th>
<th>21,040</th>
<th>105.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Key adult community leaders trained</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Health Service Providers Trained in Youth-Friendly Service Provision

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Health service providers trained in youth-friendly service provision</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### District MoE Officers Trained

<table>
<thead>
<tr>
<th></th>
<th>2,400</th>
<th>2,500</th>
<th>104.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. District MoE Officers trained</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A working partnership has been created with the health workers at the health centres servicing the communities where the school are but there hasn’t been any formal signing of some agreement or MoU to formalise the relationship.

In the schools visited by the evaluation team it was evident that the training of teachers (both school support teachers-SSTs and others) has made the possible the continuity of the minimum standard elements. Where there is no trained teacher available of where only one teacher was trained, there are challenges to the continuity despite the desire among management staff.

### Monitoring and Evaluation:

Discussions with staff revealed that most planned monitoring activities were undertaken. Monthly PE-staff meetings were said to have been held. Some case studies arising out of the monitoring and evaluation activities have been recorded. There are data collection sheet developed for use by the PEs to collect baseline and endline data on the schools and communities they were attached to. An annual outcome evaluation was conducted in May 2011 as part of the internal monitoring and evaluation system. As a result of the internal monitoring and evaluation the logical framework had been adjusted to make it more viable.

According to staff, Restless Development had a standard calendar for visits to the schools. Two placement visits and two spot check visits constituted the volunteer support calendar for staff. In instances where a staff was needed outside the scheduled visitation, a trip would be undertaken to respond to the emergence issues. Initially staff were decentralized and placed at the district level as a way of ensuring that volunteers were visited regularly by staff to supplement the support the
volunteers were receiving from the schools. This was discontinued. Some of the school managers and teachers interviewed expressed that monitoring visits by staff to the schools to check on the VPEs and guide them were not as frequent as expected.

Speaking to beneficiaries and other participants one gets the impression that a lot of work (and outputs) have been done that is not on the organisation’s M&E database. Data on many process variables may be incomplete or not yet entered in retrievable formats. Some of the data required by the evaluation could not be quickly retrieved possibly because entry of data from the field by head office is lugging behind. It is also apparent that the importance of record keeping did not get across to the PEs. This is deduced from the fact that not a single PE answered to the basic question “How many pupils did you train at the school you were placed?” The monitoring part of project management needs technical support in order to make its data system more viable and up to date.

3.6 Outcomes/Impacts
A rigorous study by Family Health International in the previous phase of SHEP confirmed the validity of the causal effect between this project’s intervention activities and the intended outcome. The purpose of the project under review was so that pupils have knowledge about HIV/AIDS, dispel common myths, form appropriate attitudes and get empowered to protect themselves and others against HIV infection and live healthy, responsible lives.

3.6.1 Situation at local school
In exploring the impact the project may be making, the evaluation asked the ex-VPEs to describe the situation at the schools they were placed at before and after their work. According to the ex-VPEs, the levels of knowledge about HIV/AIDS transmission and prevention were relatively low and stigma towards persons that were suspected to be HIV positive was high. Drug and alcohol abuse was common place in many of the communities such that education was not a priority. Most ex-VPE (63.6%) said the local community had permissive attitudes towards teenage pregnancy and early marriages which they perceived as normal. This environment influences young people’s perceptions.
All ex-VPE said that they observed an increase in knowledge on SRH and HIV/AIDS. Signs cited for the increased knowledge include: increased information sharing on SRH issues (63.3%), reduced teenage pregnancies (24.2%), seeking guidance on SRH issues (15.2%). Nearly all the VPEs (97%) interviewed said they has seen the pupils behaviour change over the period they were there (Figure 2).

![Figure 2: Behaviour change among pupils](image)

### 3.6.2 Knowledge about HIV/AIDS

There has been a significant increase in knowledge levels about HIV/AIDS transmission and prevention from the 59% knowledge levels among SHEP schools established by FHI in 2009. Results in figure… from the survey carried out by the evaluation team show knowledge levels have increased tremendously to an average of 80% all key aspects. For example, 81.5% of the pupils know that HIV exists in human blood and that it can neither be transmitted through witchcraft (86%) or cured by traditional medicine (86.5%).
3.6.3 Knowledge about how to protect oneself and others

Results from the survey by this evaluation confirm that the project has helped increase knowledge about both preventive measures. The 2009 FHI evaluation found that 57% knew about condom use and 49% knew about abstinence as a preventive measure against pregnancy. This evaluation’s survey results (see figure 4) show an increase in knowledge from the previous study by FHI. It was found that most of the pupils (76%) now know that sleeping with a virgin can never cure one of HIV but result in infecting the virgin, instead. Nearly all the pupils interviewed (83.5%) said that people can protect themselves from HIV by using a condom correctly and consistently or simply abstaining from sex (80.5%). As a result of the knowledge, most (83%) of the pupils who had sex in the past twelve months used a condom each time. Those who were sexually active and used condoms the last time they had sex only constituted 10.5% (n=21) of the pupils interviewed (see figure 5).
Knowledge about protection against HIV

Figure 4: Knowledge about protection against HIV

Figure 5: Used condom at last sexual encounter?
3.6.4 Know SRH rights and demand access to services

In 2005 the Zambia Sexual Behaviour Survey\(^{19}\) found that accurate knowledge and perception of HIV risk, and familiarity and access to counselling and services are significantly lower amongst rural youth (38%) as compared to urban youth (53%).\(^{20}\) The evaluation has found the situation to be changing with the project intervention. In the intervention schools visited by the evaluation 47% said they were aware of their right to SRH services and 59.5% were aware of the existence of confidential HIV counselling. As a result 28.5% (n=57) of the pupils confirmed having sought HIV counselling in the last 12 months and 81% (n=46) of these (who sought HIV counselling) took VCT.

Most of the pupils in the project (84%) are now aware of their right to report sexual abuses. As a result, from the 105 (52.5% of respondents) who had sexual advances made towards them, 64.2% (n=52) of those who refused the advance (22.9% said they accepted) did actually report the matter. They reported to their parents and guardians (34), school authorities, (21) the police (17) and/or their friends (18). Nearly half (42%) of the pupils have requested for support on their SRH rights. Of those who made requests for support, 60.7% made their requests to their parents, 38.1% made requests to teachers, 21.4% to the police and 19% to NGOs. This clearly indicates that the project has instilled in the pupils ability to communicate their needs to people and institutions they know and believe they can get help from. Half the pupils who were interviewed (n=100) said they received guidance on SRH issues. Of these, 47 said they received guidance from the clinic, 28 said they did receive guidance from their parents, 28 from the teachers and 14 from the church. The clinic was preferred by more pupils because of the youth friendly services facilitated by the project.

3.6.5 Attitude towards people affected by HIV/AIDS

The evaluation findings indicate that stigmatisation of the infected and affected is reducing among pupils who have been reached by the project. Most of the pupils

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\(^{20}\) For example, the Zambia Sexual Behaviour Survey 2005 showed a significant difference between rural (38%) and urban youth (53%) being able to identify prevention methods AND dispelling misconceptions on HIV transmission.
(89%) said a teacher who was HIV positive and was able to work should be allowed to come for work and teach. Pupils who are HIV positive should also be allowed to come to school unhindered (85.5%). Among those interviewed majority (85%) dispelled the myths that people can get HIV by sharing a meal with one who is HIV positive and they can buy food from a known HIV –infected shopkeeper (87%). This suggests that among pupils who have interacted with the project, majority will be willing to share with and support people living with HIV/AIDS.

3.6.6 Motivation to higher achievement and Interpersonal communication

Whilst the situation in the schools when VPEs first went there was that the environment around was not supportive to education, at the end of the project many of the children dream to reach higher. Figure 6 shows that by the end of the project more than half (54%) of the pupils wish to reach college and 29% are aiming at reaching university level. Because values are deep routed in people’s circumstances and are hard to change, few pupils (1.5%) are still not seeing any reason to go higher than basic education.

![Figure 6: Levels of education pupils want to attain](image)

Interpersonal communication seems to have improved among the pupils. Three quarters (76%) of the pupils in the survey indicated that they shared the information they had received from the peer educators with other young people. Another 76% reported sharing the information received with their family members. One of the key
changes teachers have noticed and attested to the evaluation was the openness pupils had become with them and their friends. They said girl pupils are now able to report incidences of sexual advances by their fellow pupils or teachers, which in the past was kept as personal secrets. Reporting such matters in a community where sexual norms allow or trivialise abuse of girls by males suggests that the girls are gaining high self-esteem and independence as a result of the teachings they have received from the project.

3.6.7 Participation in Community activities

Teaching young people to know their responsibilities and take part in what they can is important socialisation. The children in the project seem to know this. Most of the pupils (81.4%) agreed that it is a responsibility also for young people to participate in development activities in the community. However, less than half (42%) of the pupils informed having participated in any development activities in the last twelve months. Of those who did, the majority 40.2 % participated in HIV/AIDS sensitization campaigns, followed by sports for life (33.7%), Anti- AIDS clubs (10.9%) and cultural performance. Community work and teaching of life skills accounted for 5.4% and 3.3% respectively. In the rural setting where most of these pupils live, children do some manual work in the fields helping their parents.

3.6.8 Capacity of school and community groups to plan and run SRH activities

At the time of the evaluation 58 schools and communities had active HIV/AIDS committees. Some schools had incorporated parents in their HIV/AIDScommittees. In such cases the planning for community events was done not by the school authorities with the facilitation of the VPE alone but also in collaboration with community representation.

The challenge to the effectiveness of community/school collaboration on SRH lie in the beliefs and attitudes of some community members towards their responsibility for the education of children and their values about the quality of life of themselves and that of their children. In some communities poverty levels have remained high for too long that many community members do not aspire to anything better. Early marriages and casual pre-marital among and with the youth are taken as a norm.
3.7 Sustainability

Sustainability in this evaluation entails continuation of the delivery mechanisms and the desired outcomes. As discussed in section 3.5.4, the project had designed some sustainability activities from the outset. These included the building of capacity at the schools (and community), setting up of structures to plan and manage the activities and establishment of resource centres for the youths and teachers.

One desired outcome of the project was that of empowering the VPEs and contributing to poverty reduction in a broader sense. One of the sustainable benefits people get from any engagement is the experience and how that influences their life chances and future relationships. The evaluation asked the ex-VPE if they were in employment now and if their stay at Restless Development did help them get the jobs they were in. Only 18.2% (n=6) of those interviewed said they were in employment\(^\text{21}\) and all (100%, n=6) of them said the skills they acquired at Restless Development did help prepare them to get employed (see figure 7 and figure 8).

![Figure 7: Ex-VPE currently in employment](image)

Communication skills was the common skill that had been helpful (83.3%, n=5), followed by facilitation (33.3%, n=2) and budgeting (16.7%, n=1).

\(^{21}\) We take note that some who are employed may have failed to turn up for the interview with the evaluation team due to their employment status.
If you are in employment did the skills you acquire from Restless Development help you with the job you have?

Figure 8: If skills acquired helped ex-VPE get employment

The evaluation asked the ex-VPE whether they knew if the activities they initiated were still going on. Figure 9 shows the responses. Besides the activities actually continuing, the response suggests that VPEs had maintained contact with the schools they had been placed at.

Figure 9: Does ex-VPE know if activities are continuing?

The evaluation established three key factors that will influence sustainability of project activities and impact at the schools/community level: (1) the number of teachers trained in SRH, (2) local environment (values and perceptions about education, sex, marriage and child bearing), and (3) availability of resources to continue with community events.
During the evaluation visits to schools (done in the first week of the school year) the evaluation team had an opportunity to see what the schools were putting on their school calendars and time-table. Schools where more teachers had participated in the Restless Development training workshops had more likelihood of the SHEP activities continuing. For example, at Katondo Basic School in Kabwe the Head Teacher (who had worked with Restless development from her previous school) was working with her Deputy and two SSTs to ensure that SRH activities featured on the school’s time table. The same was noted at Naambe in Kabwe and Malombe in Chibombo district. The situation was different in schools where one or both teachers who had been SSTs had since left the school. In such schools the other teachers were unfamiliar (and not that enthusiastic about what they are unfamiliar with) with the SRH elements. In some schools (for example Lukanga in Mumbwa and Kafululu in Chibombo), the local environment was hostile to SRH education to the extent that even the school management at the former school has declined to allow the activities to continue.

Lack of availability of office space and continuous supply of relevant treading materials will hinder the continuity of aspects such as the Youth resource centres. Some schools indicated that most teachers have a challenge in developing a sustained supply of appropriate short messages for the daily classroom lessons because they lack appropriate books and training in SRH.

3.8 Replicability

Reality on the ground is that a model is ready for replication with a few issues to be addressed. Restless Development model for SRH with school pupils has been tested by/with the Ministry of Education for sustainability by trying out the training of teachers in colleges of education. An evaluation of that programme by the Programme Quality Unity has proved that it can be done. An opportunity exists in that MoE has been happy with the SHEP spearheaded by Restless Development. Responses from the District Education offices visited as well as from the school managers and teachers underscore the value the education managers have found in

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the programme and their wish to institutionalise the programme. Apart from two school, all the other schools visited said they want the programme continued and with more budgetary allocation. Restless Development has developed a Teaching Strategies and Resources manual has since been recommended by the Curriculum Development Centre (CDC) of the Ministry of Education for use in tertiary and high schools23. This and other manuals used in the programme are part of the model’s package that can be used in the replication.

In order to take the programme to more schools in the country, the following should be considered: the curriculum need to be structured for graded learning and more innovative materials appropriate to the child should be developed, more teachers should be trained so that there more fulltime MoE staff engaged in up scaling the spread of SHEP activities, MoE should consider formally taking on SHEP activities so that assignment of teachers to coordinate/run SRH should does not result in unpaid work overloads. Teachers, like other civil servants in the country, will be averse to unpaid extra responsibilities because they are already underpaid for what they are currently doing.

3.9 Information Dissemination and Networking

The project has made efforts to communicate information developed for and generated from its activities to other stakeholders. There are progress reports communicated to the donors and partnering organisation and manuals and modules coming out of its works. For example in September 2011, the project released its Good Practice Guide on HIV and an HIV/AIDS Monitoring Tool to Permanent Secretaries, Senior Management at Ministries of Education and Youth, and all Provincial Standards Officers for use. The project has disseminated information to various stakeholders also through participation in various government committees alluded to in section 3.5.3.

Publications on the web have also been used to communicate widely the project. By the end of project 81 online downloads have been made for the good practice guide.

23 Silio A, Regan C, Borg B and Duffy V (2009), Teaching Strategies and Resources: SPW 80:20
In order to undertake its activities and leverage effectively the project has networked with a number of organisations within government structure at district, province and national levels. These include the Ministry of Education at the district, province and national levels, the Ministry of Health, particularly at district and facility level and the Ministry of Community Development and Social Services, particularly at the centre/community level.

3.10 Lessons learned
This project has underscored the importance of partnerships. Partnership with Ministry of Education, Ministry of Health and others has brought leverage on costs and expertise. Some of the project activities were co-supported with funding from other donors and through collaboration with other agencies providing services on the ground. The project has also demonstrated that the youth can play a leading role in development. The teachers, the Volunteer Peer Educators said that it has now become easier to communicate with pupils about their life and other issues because the youths themselves have started the communication of their needs and situation to the community.

4. Summary of Recommendations
In view of the foregoing, the evaluation is recommending that:

1. Restless Development should advocate for the mainstreaming of SRH into the school curriculum. This will also require the incorporation of SRH in all teacher training programmes.
2. Restless Development should review the current VPE training package to include issues of sexual morality and culturally appropriate dress code.
3. Restless Development should improve its project M&E system. Hiring a technically qualified person to improve the design and train M&E staff in managing an effective data system will help.
4. More school teachers from participating schools should be incorporated in the training workshops in order to assure the stability and continuity of SRH/SHEP activities in schools where the project operate.
5. Restless Development should structure the SRH lesson materials to suit the different levels of learners in schools
Bibliography
Sent as separate file

Annexes
Sent as separate file

Annex A: Terms of Reference

Annex B: List of Restless Development and Ministry of Education staff met

Annex C: Documents consulted

Annex D: Questionnaire to Pupils

Annex E: Questionnaire to Ex-Volunteers

Annex F: Itinerary