



External Evaluation Report of Sierra Leone's Youth Reproductive Health Programme (2007 – 2012)

Funded by



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Acronyms and Abbreviations

| | |
|----------|---|
| CHO | Community Health Officer |
| CSO | Civil Society Organisation |
| DFID | Department for International Development (UK) |
| DMO | District Medical Officer |
| FGD | Focus Group Discussion |
| HIV/AIDS | Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome |
| ICS | International Citizenship Service |
| KII | Key Informant Interview |
| MDAs | Ministries, Departments and Agencies |
| MEST | Ministry of Education, Science and Technology |
| MOHS | Ministry of Health and Sanitation |
| MOU | Memorandum of Understanding |
| MYES | Ministry of Youth Employment and Sport |
| NAS | National AIDS Secretariat |
| PRSP | Poverty Reduction Strategy Paper |
| RCT | Randomised Control Trial |
| RM&E | Research, Monitoring and Evaluation |
| SAG | Student Action Group |
| SLIHS | Sierra Leone Integrated Health Survey |
| SRH | Sexual Reproductive Health |
| STI | Sexually Transmitted Infection |
| TOR | Terms of Reference |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| VPE | Volunteer Peer Educator |
| VSO | Voluntary Service Overseas |
| YAC | Youth Action Club |
| YIC | Youth Information Centre |
| YFRP | Youth Friendly Resource Centre |
| YLAP | Youth Leadership and Advocacy Program |
| YRHP | Youth Reproductive Health Program |

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Executive Summary

Restless Development is a leading youth-led development agency placing young people at the forefront of change and development in Sierra Leone. Restless Development works in three goal areas: i) Civic Participation; young people are included in the development process, resulting in government policies that are both beneficial and accountable to young people and all of its citizens; ii) Livelihoods & Employment; young people are engaged and given employment opportunities which enable them to contribute to household income and iii) Sexual & Reproductive Health; young people have improved access to youth-friendly sexual and reproductive health services and have the ability to make and act upon informed decisions.

Restless Development Sierra Leone has implemented the Youth Reproductive Health Program (YRHP) for five years (2007 to 2012), with funding from the UK Department for International Development (DFID). The project is rooted in the unique Restless Development peer-to-peer behavioural change model and harnesses the potential of ex-volunteers to sustain awareness raising campaigns. The YRHP also has a strong institutional capacity building component, working with the Sierra Leone Government to strengthen their response to HIV/AIDS and include youth-focused policies in their strategies.

The YRHP consisted of two core elements: the rural-based Youth Empowerment Programme (YEP) focused on providing sexual and reproductive health (SRH) and life skills education to in-school and out-of-school youth; and the urban-based Youth Leadership and Advocacy Programme (YLAP) focused on building the leadership capacity of alumni from the YEP programme, supporting their transition to employment and increasing their engagement in local and national decision-making.

Having implemented the programmes for almost five years, Restless Development contracted a team of consultants to evaluate the YRHP. The aim of the evaluation was to assess the impact and lessons learned from the programme between 2007 and 2012 and to enable Restless Development and DFID to account to local stakeholders regarding the programme's achievements.

The methodology adopted for the evaluation was a quasi-experimental study design coupled with qualitative and desk research. More specifically, the research team assessed what changes occurred to young people exposed to the program interventions and those not exposed to those interventions. A review of relevant documents related to the program was undertaken to complement the primary data collected.

The research demonstrated that Restless Development activities reached a large number of young people and communities with its capacity building activities, leading to a widespread recognition of the organisation's work.

Significant findings include:

- Positive behaviour change in all three parameters of sexual behaviour (abstinence, being faithful and condom use) especially when compared with control groups. The evaluation finds that condom use at last sex is 86.9% among young people at endline; this demonstrates a 64.9%

increase when compared with baseline results (22%) and 23% increase when compared with control group results (63.9%);

- Young people in treatment communities now avail themselves of health services, particularly treatment/advice regarding STIs. In this regard, the project demonstrated significant gains when compared with baseline and control group results (baseline 35%, control groups 14.3% and treatment groups 91%). This is an important marker as the reduction of STIs in a community and is considered to be the first step in reducing HIV incidence;
- Young people in treatment groups were more likely to identify at least one form of modern contraception (66%) than those in control groups (48.5%)
- Restless Development significantly exceeded targets for livelihoods-related activities, including number of young people demonstrating employability skills (target 300; actual 769 who accessed the training and 394 who completed the modules) and number of ex-volunteers in higher studies or gainful employment in last 12 months (target 145; actual 418).
- Restless Development has successfully engaged key government agencies and assisted them in developing youth-friendly services, monitoring and evaluation systems and directly engaging young people.

In relation to the efficient utilisation of funds, the last audited report shows that approximately 70% of DFID funds or 72% of the total project funding was directly related to project activities, with the remaining funds accounting for administration and office support. With regard to the sustainability of Restless Development activities a number of strategies have been employed to enhance the long term sustainability of the programme: VPEs have trained other peer educators at community level to take over their roles after they have exited; 63 communities were found to be still implementing youth-focused SRH activities without direct Restless Development support (compared to a target of 40). Other strategies for sustainability included developing the awareness of community boards of the minimum standards for SRH and life skills programme implementation, and capacity building of Civil Society Organisations on programmes standards (i.e. Monitoring and Evaluation, Organisational Development, Resource Mobilisation, Managing Donors, Finance and Policy Engagement).

On the whole, the programme was successfully implemented as shown by the achievements of the indicators and their outputs (summarised in Table 2 below and included in full in Annex B). The impact is widely realised when one visits the communities Restless Development operated in and even beyond.

Some key lessons include:

- For any project aiming at reducing HIV incidence among young people in communities, it is essential that the project focuses on all components of awareness-raising including abstinence, reducing sexual partners, consistent condom use and knowing one's HIV status;
- The ability of a project to continue operations at the end of the implementation period depends on the foundation created to ensure sustainability. Restless Development's sustainability approach for this project seems to be working at the moment but the sustainability strategy needs to be revised to ensure it is effectively delivered and to guarantee continuity long after Restless Development has exited the communities;
- Restless Development should continue to advocate for the inclusion of SRH and FP activities in to the school curriculum;

- Involving stakeholders such as the Ministries, Departments and Agencies (MDAs) at the design stage of the project increases the likelihood of sustainability.

Overall, this evaluation finds that the YRHP programme approach was effective and efficient in delivering the intended outputs. The successful factors that facilitated this efficiency and effectiveness include the peer educators approach, management arrangements and the M&E system of the programme. Also, partnerships with other actors and the involvement of both direct (young people) and indirect beneficiaries of the programme contributed greatly to the effective running of the programme. Such innovative strategies were instrumental in the implementation of the programme

1. Introduction

1.1 Background

In Sierra Leone, Restless Development is the leading youth-led development agency placing young people at the forefront of change and development. The goals of Restless Development's work in Sierra Leone are as follows:

Civic Participation - Despite constituting a huge proportion of the population, young people are rarely included in decision-making processes in Sierra Leone. Restless Development works to ensure that young Sierra Leoneans are able to take up substantial, meaningful roles in national development.

Livelihoods and Employment - Sierra Leone's high level of unemployment is hitting young people the hardest. Over 70% of 15-24 year olds are unemployed (SLIHS 2003/04). Restless Development works with young people to help them build sustainable livelihoods, which are critical to ensuring macro-economic growth and avoiding the problematic effects of mass unemployment.

Sexual and Reproductive Health - Although HIV infection rates are relatively low in Sierra Leone (1.5%, DHS 2008) in comparison to many other developing countries, it has the potential - if not properly managed - to reach tipping point, leading to rapidly increasing prevalence rates. Sierra Leone does have an extremely high maternal mortality rate, and teenage pregnancies account for 40% of maternal deaths in the country (DHS 2008). It's also a major contributing factor to the high number of girls dropping out of school. Restless Development ensures that young people have improved access to youth-friendly sexual and reproductive health services and have the ability to make and act upon informed decisions.

Restless Development was awarded a contract in 2005 by the UK Department for International Development (DFID) to implement a 2.5-year pilot programme in Sierra Leone in collaboration with the Ministry of Youth Employment and Sports (MYES). The goal of the Restless Development Sierra Leone Youth Empowerment Programme (YEP) pilot was to tackle youth exclusion and address the issue of HIV and AIDS with young people through the implementation of a sustained behaviour change programme, serving as a replicable model for national use. The YEP worked through a unique methodology, recruiting and training young Sierra Leoneans to work as volunteer peer educators (VPEs) placed for 8 consecutive months in vulnerable rural communities.

Following the successful implementation of YEP pilot, Restless Development signed a 5-year agreement with DFID to scale up the programme nationwide, and began implementing the Youth Reproductive Health Programme (YRHP) in 2007 through to 2012. The new YRHP is rooted in the unique Restless Development peer-to-peer behavioural change model. It also maximised the potential of ex-volunteers to sustain awareness-raising campaigns. The YRHP also has a strong institutional capacity building component, working with the Sierra Leone Government to strengthen their response to HIV and AIDS and include youth-focused policies in their strategies.

The YRHP consisted of two core elements, the rural-based Youth Empowerment Programme (YEP) and the urban-based Youth Leadership and Advocacy Programme (YLAP). The YEP programme was a peer-

led youth behavioural change programme through which young, trained volunteer peer educators provided sexual reproductive health (SRH) and life skills education to in-school and out-of-school youth in rural communities. At the same time community leaders were trained to have an increased understanding of youth SRH issues and to support the health-seeking behaviour of young people. The YLAP programme provided alumni of the YEP programme with opportunities to develop their leadership experience, to transition in to employment and to engage in advocacy and civic participation activities. Core activities included internship opportunities including a drama outreach programme, entrepreneurship training and the running of Youth Information Centres on three university campuses.

The programme built on the impact of the pilot YEP programme and scaled up activities to reach all 12 districts in Sierra Leone, including Western Area and Freetown by 2012. Restless Development engaged the growing network of former VPEs; these volunteers are in a key position to effectively undertake a large urban outreach programme targeting a variety of vulnerable groups as well as to influence national policy.

Restless Development continues to use its unique youth-led strategy to reach out to young people nationwide while building the capacity of government ministries and communities to better enable youth participation and leadership in community development.

1.2 Evaluation Objectives

The overall objective was to evaluate the five-year YRHP implemented by Restless Development from 2007 to 2012, with funding from DFID. The specific evaluation objectives were as follows:

- To identify the impacts of YRHP (both positive and negative, intended and unintended) and the ways that positive impacts can be sustained;
- To assess the degree to which funds have been used effectively and efficiently to deliver results;
- To record and share lessons for improved programme design and management; and
- To enable Restless Development and DFID to account to local stakeholders and fund providers regarding the programme's achievements.

1.3 Evaluation Hypothesis

The evaluation investigates the following hypotheses:

- Young people make informed decisions regarding their sexual health based on knowledge, life skills and leadership capabilities developed as a result of Restless Development's interventions.
- Schools and communities in Sierra Leone mainstream an effective sexual reproductive health and HIV/AIDS intervention through government interventions and technical support from Restless Development.

2. Evaluation Methodology

2.1 Evaluation Methodology Design

The Youth Reproductive Health Programme (YRHP) was evaluated using a quasi-experimental study design used to estimate the causal impact of the intervention by Restless Development on the Sexual and Reproductive Health (SRH) behaviour of young people. This approach allows the researcher to control the assignment to the treatment condition using criteria other than random assignment.

In the case of the YRHP, treatment and control groups were not compared at baseline prior to implementation of the project. This limited the opportunity to control confounding variables (such as radio programmes) that may have affected control communities during the period of implementing the project in treatment communities. While this can make it difficult to demonstrate a causal link between treatment and control group in assessing observed outcome, this has been controlled for in the research design and is discussed in Annex A.

To complement the above design and capture other objectives of the evaluation - such as evaluating the efficient use of funds and gathering lessons learned for improvement in programme design and management - qualitative methods of data capture were utilised. This included focus group discussions (FGD), key informant interviews and in-depth interviews that were conducted with young people and other stakeholders in communities, Restless Development staff, as well as Ministries, Departments and Agencies (MDAs). FGDs were conducted with young people in both treatment and control communities, including those young people in higher education institutions in Bo and Makeni that benefited from the urban programme (Youth Leadership and Advocacy Programme - YLAP).

FGDs brought together a representative group of 8 to 18 young people who were asked a series of questions relating to their reproductive health knowledge. These groups explored each topic in-depth through discussion focused on their reactions to an experience or suggestion, understanding of key indicators and the relevance, impact, sustainability, lessons learned and recommendations.

As a means of assessing the effective and efficient use of funds as well as involvement in programme implementation, key informant interviews and personal in-depth interviews were conducted with project staff, stakeholders, MDAs, Community Health Officers (CHOs), head teachers to assess the level of impact and collaboration between them and Restless Development.

A full description the evaluation methodology, including sampling, selection or control and treatment communities and research tools is included in Annex A.

2.2 Sample Methodology

The sample size for the treatment group is based on the total youth population between the ages of 12 to 28 years in Restless Development's areas of operation. Field staff were able to provide details on the size of the youth population in that area. The control group was selected using random sampling as the total

youth population between the ages of 12 to 28 years was not available due to Restless Development not working in some areas.¹

The total youth population in communities where Restless Development was both operating, and where they have exited, constituted the sample frame for the selection of communities for the treatment group. Restless Development has operated in 135 communities in the 149 chiefdoms. The total number of youths in these communities is 146,118. Table 1 below shows youth populations by district, chiefdom, community and total.

In both treatment and control communities, equal numbers of youths were interviewed. The total number of communities interviewed was 44; 22 in treatment communities and 22 in control communities. In every selected district the treatment and control communities were selected from the same chiefdom for ease of comparison between treatment and control communities.

Table 1: Number of Restless Development Communities and Young People by District and Chiefdom

| No. | District | No. of Chiefdom | No of Community covered by Restless Development | No. of YP in Restless Development Community |
|-----|-----------|-----------------|---|---|
| 1 | Kailahun | 14 | 2 | 373 |
| 2 | Kenema | 16 | 15 | 2,390 |
| 3 | Kono | 14 | 1 | 3,288 |
| 4 | Bombali | 13 | 16 | 14,047 |
| 5 | Koinadugu | 11 | 7 | 5,852 |
| 6 | Kambia | 7 | 14 | 21,543 |
| 7 | Tonkolili | 11 | 14 | 43,125 |
| 8 | Port Loko | 11 | 14 | 11,871 |
| 9 | Bo | 15 | 18 | 8,523 |
| 10 | Bonthe | 11 | 8 | 9,162 |
| 11 | Moyamba | 14 | 15 | 18,230 |
| 12 | Pujehun | 12 | 11 | 7,706 |
| | Total | 149 | 135 | 146,110 |

Source: Author (Calculations based on Restless Development Field Agents summaries)

Findings from the control group were compared with the baseline results, in most cases, as this will show how participants would have been otherwise without the interventions. In some other cases, findings were compared with the treatment community target for the project. This well-matched group is mostly likely to generate valid conclusions about interventions' effectiveness, thereby generating a good hypothesis of merit as this method may serve as the second-best alternative given the circumstance.

¹ Statistics on the youth population in Sierra Leone is disaggregated by chiefdoms and sections, not by villages. Disaggregation by village for the purposes of this study was therefore dependent on data collected and verified by Restless Development.

A summary of communities selected and the sampling methodology by which this was achieved is also included in Annex A.

2.3 Study Instruments

In the evaluation, three instruments were used:

- **Structured questionnaires:** closed-ended questionnaires were used to gather information from both treatment and control communities. This included standard SRH knowledge, attitude and practice/behaviour (KAP) related questions. The KAP questionnaire is included in Annex C.
- **Key Informant Interviews (KIIs):** these were developed for was designed for Restless Development staff and MDAs like the Ministry of Youth, Employment and Sport (MYES), the Ministry of Health and Sanitation (MoHS), the Ministry of Education, Science and Technology (MEST) and the National Aids Secretariat (NAS). A complete list of interviewees is included in Annex D.
- **Focus Group Discussions:** FGDs were conducted with young people in both control and treatment communities, as well as youths that have benefited from YLAP at the University of Makeni and Njala University, Bo Campus.

2.4 Ethical Considerations

Ethical standards were sought from the Review Board/Ethics Committee of the Ministry of Health and Sanitation. This included obtaining consent and approval of all respondents. The evaluation data process was open to monitoring and quality control by the Ethics Committee. The data collected for the evaluation remains confidential and used only for evaluation report, but the evaluation report will be disseminated to other users that are planning programme interventions primarily for youth activities in Sierra Leone.

2.5 Data Collection

The data was collected by an equal number of Restless Development ex-VPEs and non-Restless Development interviewers, all of whom were well trained for the exercise. In all, twenty (20) enumerators and four (4) supervisors collected the data. The twenty enumerators were split into 10 teams of 2 interviewers each. Each team comprised one ex-VPE and one non-Restless Development interviewer for subjectivity in the data collection process. The data collectors carried out interviews using structured questionnaires to young people Key Informant interviews with stakeholders in the communities where they were deployed and subsequently organized FGDs with youths whilst the supervisors oversaw their work and edited/checked all completed questionnaires and also did some Key Informant Interviews.

The supervisors also maintained notes of the interviews and FGDs and sought clarifications from the communities. The consulting team also did some key informant interviews with stakeholders at national level, and with Restless Development project staff in Freetown, and also coordinated the data collection exercise and provided quality control checks during data collection.

2.6 Limitations of the Evaluation

- One of the limitations to the design of the evaluation was the fact that no control communities were evaluated at the time of the baseline study and therefore a full Randomized Control Trial (RCT) method could not be undertaken.
- There was insufficient time for data collection and analysis that would cover the entire 5-year period of the project. While this evaluation focuses on the entire YRHP, which was implemented for almost five years. To evaluate such a project is a huge task. Too short a timeframe was specified by the TOR.
- Some government officials that were selected for key informant interviews were relatively new in their post and had very little knowledge about the YRHP and many call-backs were made.
- Locating the out-of-school youths was an issue as most were busy with farm work. They had to be interviewed during odd hours.
- Although enumerators assured respondents of confidentiality, ensuring honest and accurate responses on questionnaires regarding sexuality was an issue due to the sensitive nature of the topic.

3. Findings and Discussion

3.1 Introduction

The findings and discussion presented here are based on both the quantitative and qualitative data collected from the field. The evaluation of the YRHP required a holistic consideration of the approaches used in the implementation of both projects (YEP and YLAP) for the overall attainment of the programme objectives, irrespective of the geographical location where project activities took place.

Three key questions were considered when examining the research findings:

- What impact did the YRHP make to young people's lives in terms of: what the programme achieved; where the interventions were implemented; when the intervention was implemented and who did the intervention?
- What degree of funds were being used effectively and efficiently to deliver results?
- What were the lessons learned from the programme?

The findings in this section present the responses to the above three questions by examining the relevance, efficiency and effectiveness, impact, sustainability and replicability and lessons learned from YRHP.

Overall achievement against the project log frame outputs/indicators in the form of a traffic light system is summarised in Table 2. The complete table, including all research data, is included in Annex B.

Table 2: Log Frame Indicators and Progress Summary

Note: Green indicates: Indicator was achieved
 Yellow indicates: Indicators was almost achieved

| Purpose and Output | Log frame Indicators | Progress Summary |
|---|--|--|
| <p>Purpose: To ensure young people have access to sexual and reproductive health (SRH) services promoting positive sexual health seeking behaviours with regards to safer sex practices and increase participation and leadership of youth in development (positive youth SRH behaviour).</p> | <p>Indicator 1: % young people participating in Restless Development SRH activities reporting safer sex practices</p> | |
| | <p>Abstinence from sex</p> | <p>Abstinence has reduced; young people now know that condoms can protect them from STIs or HIV through sex.</p> |
| | <p>Be faithful to one partner</p> | <p>Faithfulness has not changed significantly in the treatment communities; young people are now aware of the use of condoms so the need to be faithful is less important.</p> |
| | <p>Condom use at last sex</p> | <p>Condom use increased drastically from the base line in the treatment community. This could be attributed to the condom sensitisation undertaken by Restless Development in these communities.</p> |
| | <p>Indicator 2: % of young people in participating communities accessing at least one available SRH service at clinics in the last 12 months</p> | <p>Access to SRH improved drastically in treatment communities, as the project achievement far exceeded the target.</p> |
| | <p>Indicator 3: Number of young people accessing youth friendly services (YFS) in Restless Development Youth Friendly Resource Centres (YFRC) (per year)</p> | <p>There is improvement when compared with baseline, but project target was not met.</p> |
| | <p>Indicator 4: Extent to which government and local councils include youth in planning, implementing, budgeting and monitoring policy and development plans at national and local level</p> | <p>The project has made significant progress in this indicator. The Ministry of Youth and Sports requested assistance from Restless Development to develop M&E and reporting systems and a database for projects undertaken by the ministry in four regions - Bo, Makeni, Kenema and Freetown.</p> <p>Restless Development has supported the Ministry in the development of the database and M&E systems which is now used to generate information used for decision-making at regional youth offices in each office. The database is used to inform partners on</p> |

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| | | <p>activities of youth organisations in the four regions under pilot.</p> <p>Also Restless Development placed upon request young people as interns at the National Aids Secretariat, Ministry of Health Bo and Kono District Council to participate in the planning, implementing, budgeting and monitoring of policies and development plans in these institutions and departments. The project will continue to work with these Ministries and local councils in the new programme year strengthening the organisations efforts to effectively deliver on the development plans of these institutions and government departments</p> |
| <p>Output 1: Youth SRH knowledge: Young people equipped with the skills and knowledge to make informed decisions regarding their sexual and reproductive health and to live positive and healthy lives.</p> | <p>Indicator 1: % of young people in participating communities able to identify 3 major routes of HIV transmission</p> | <p>The proportion of young people in treatment communities that are able to identify three major routes of HIV transmission improved considerably in treatment communities and exceed the target set by the project for 2012.</p> |
| | <p>Indicator 2: % of young people in participating communities correctly identifying 3 myths related to HIV</p> | <p>Most young people have g adequate knowledge on SRH in the treatment communities and therefore no longer believe in most of the myths hence a reduction in the percentage of those who can name at least three of such myths.</p> |
| | <p>Indicator 3: Number of young people participating in formal education on life skills and SRH in schools</p> | <p>The number of young people that participated in formal education on life skills and SRH in schools improved and exceed the project target.</p> |
| | <p>Indicator 4: % of young people in participating communities able to identify at least one modern method of contraception</p> | <p>When compared to control group and baseline results, Restless Development seems to have made improvement but however falls short of project target.</p> |
| <p>Output 2: Youth Leadership and Skills: Young people are equipped with increased life-skills and leadership capabilities</p> | <p>Indicator 1: Number of young people trained to deliver SRH/life skills sessions and peer advice (per year)</p> | <p>The project was able to train more young people who carried out peer advice and SRH/LS sessions among their peers in communities than was targeted.</p> |
| | <p>Indicator 2: Number of young people taking the lead in SRH activities in both communities and at district level</p> | <p>Significant progress was made by the project such that young people actually took lead in SRH activities in communities and at district level.</p> |
| | <p>Indicator 3: Number of young people participating in national level policy meetings on SRH needs of young people</p> | <p>The project empowered more young people to participate in national level policy meetings such that their SRH needs are factored in policies formulated by government. The project was able to facilitate the participation of 35 young people (15 male; 5 female) to</p> |

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| | | participate in policy review processes on the National Youth Policy which incorporates aspects of the SRH needs of young people. |
| Output 3: Schools and communities mainstreaming SRH: Schools and communities in Sierra Leone enabled to mainstream an effective sexual reproductive health and HIV/AIDS programme through government interventions and technical support from Restless Development Sierra Leone | Indicator 1: No of schools in implementing communities are implementing Ministry of Education, Science and Technology (MEST) HIV/AIDS policy | The target was to reach 75 communities to implement MEST HIV policy but ended up reaching 73 communities. This limits the number of schools reached to implement the HIV policy of the ministry. However from 2007 to date Restless Development reached 408 schools with SRH interventions 136 of which are secondary schools and 272 are primary schools |
| | Indicator 2: Extent to which MEST has taken the lead on monitoring of the implementation of the HIV policy in schools | The project is expected to support the MEST to review and develop monitoring systems for schools supervisors and inspectors to use for the purpose of monitoring SRH/Life skills activities in schools. Restless Development has held a consultative workshop with school inspectors and supervisors across 12 districts, including Freetown, where issues were identified for incorporation into the monitoring systems. |
| | Indicator 3: Number of communities implementing youth focused SRH activities without direct Restless Development support | Significant progress was made by the project; young people actually took lead in SRH activities in their communities |
| Output 4: Youth employability opportunities: Young people are equipped with pre-professional and entrepreneurship skills, information and appropriate services for employability | Indicator 1: Number of young people demonstrating employability skills | In the 2011-12 programme year the project trained young people on pre-professional skills focused on making them more employable. This count includes those who started but did not complete the course. The number that completed the course module for 2011-12 is 394. These skills included computer skills, CV writing skills, and interview techniques. Once equipped with these skills, young people are better positioned to compete in the job market and are more likely to secure jobs. |
| | Indicator 2: Number of Restless Development ex-volunteers in higher studies or gainful employment in last 12 months | To date Restless Development has been able to enable 418 young people to gain employment (241) and (177) engaged in higher studies |
| | Indicator 3: Number of young people demonstrating entrepreneurship skills | This count includes those who started but did not complete the course. The Number that completed the course module for 2011-12 is 80 |
| Output 5: Stronger national youth sector built : State and non-state actors have increased capacity to | Indicator 1: Degree to which Ministry of Health and Sanitation is delivering Youth Friendly Services and policies | The project is expected to strengthen its partnerships relationship with the Ministry of Health and Sanitation (MOHS) through the signing a MoU with the ministries but also to enable the Ministry to deliver youth friendly services and policies. At a regional level, Restless Development has been providing training in the delivery of youth-friendly services to front-line staff. Plans are currently put in |

| | | |
|--|---|--|
| involve young people in the design and delivery of policies and services | | place to develop a strategy to support the capacity building of MOHS to deliver on YFS which will inform the content of the MOU. |
| | Indicator 2: Number of policy and advocacy reports published and case studies shared with key state and non-state actors | The project has as a milestone to publish a policy and advocacy report and disseminate to key state and non-state actors. Restless Development disseminated two advocacy reports in 2010, one relating to youth participation in elections and the second relating to young people's participation in decision-making processes. |
| | Indicator 3: Degree to which MYES (Ministry of Youth, Employment and Sports) is able to monitor implementation of national youth policies | The project was also expected to develop M&E systems for the Ministry of Youth and Sports to support monitoring of activities of the ministry in various regions of the country. The database is used to gather information on activities of youth groups and agencies in the regions under pilot. The M&E systems generate information used for decision making in regional youth offices including Freetown. |
| | Indicator 4: Number of youth focused civil society organisations and local government structures whose capacity is enhanced by Restless Development | The project will train three youth-focused civil society organisations on programme standards with specific focus on M&E, Budgeting and Financial control, and resource mobilisation. |
| | Indicator 5: External evaluation done on the impact of Restless Development intervention | External evaluation report |

3.2 Socio-demographic Background of the Study Population

For the quantitative data collection, 842 young people were interviewed in both treatment (421) and control (421) communities. Out of those who were interviewed, 514 (61%) were male and 328 (39%) were female. In the sample 683 (81%) were in-school and 159 (19%) were out-of-school. Table 3 represents the core demographic data.

Table 3: Percentage Distribution of Completed Interviews

| Sample Domain | In-School | Out-of School | Male | Female | Total |
|---------------|------------------|------------------|------------------|------------------|------------|
| Treatment | 378 (89.8%) | 43 (10.2%) | 235 (55.8%) | 186 (44.2%) | 421 |
| Control | 305 (72.4%) | 116 (27.6%) | 279 (66.3%) | 142 (33.7%) | 421 |
| Total | 683 (81%) | 159 (19%) | 514 (61%) | 328 (39%) | 842 |

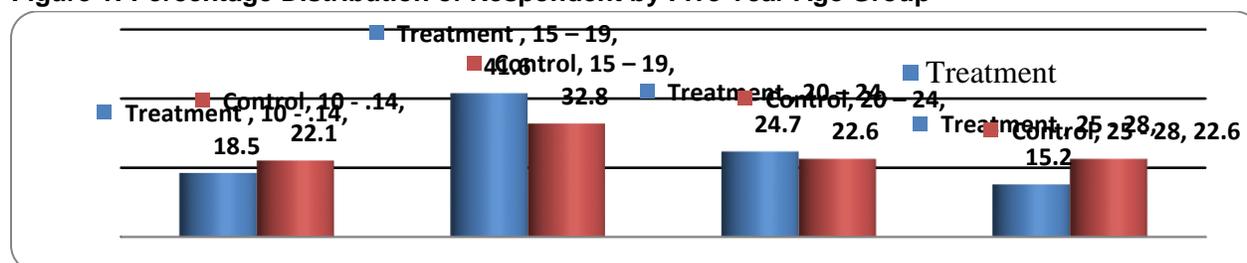
Of the young people interviewed, 38% were Christian and 62% were Muslim. Very few (24%) were married and a high proportion (76%) was not married. During the survey, the respondents were asked whether or not they were currently employed. Approximately 60% responded that they were not currently employed. Of those employed, the majority were in agriculture/fishing (20%), followed by business (16%) and teaching (1.3%).

The initial concept was to interview an equal number of in-school and out-of-school young people, but this was not possible due to the limited time for data collection and the unavailability of some young people in communities, especially during the farming season when most of them are engaged in work.

3.2.1 Age Distribution of Respondents

The age category for the evaluation ranged from 10 to 28 years. This age group is considered as the most at risk in terms of sexual reproductive health. The distribution below shows the percentage distribution of the young people interviewed in five year age groups.

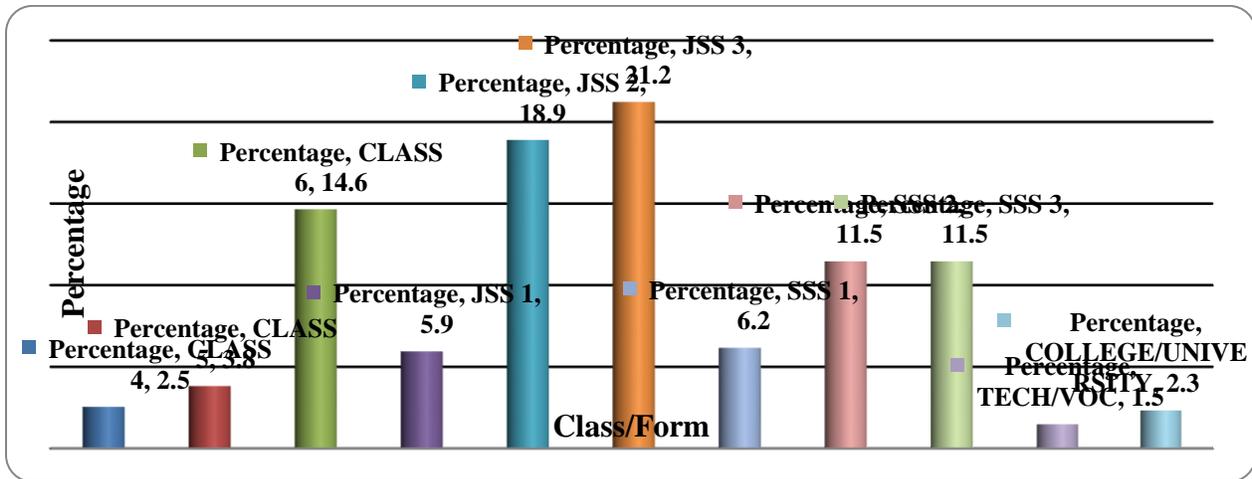
Figure 1: Percentage Distribution of Respondent by Five Year Age Group



3.2.2: School Attendance of Respondents

Of the sample interviewed, 81% have attended school while 19% have never attended school. Of those that have attended school, 70% are currently in school and 30% are currently out of school. Below is the current class/form for those currently in school.

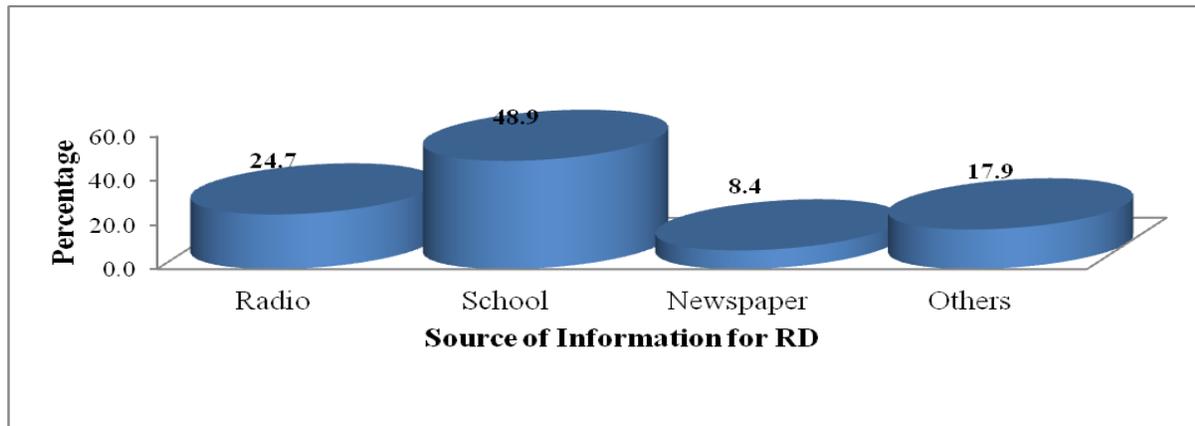
Figure 2: Percentage Distribution of Class/Form for Currently in School



3.2.3 Knowledge about Restless Development

Young people in treatment communities surveyed were asked whether they have ever heard of Restless Development and the activities of the organisation. The data shows that little more than half (56%) of young people interviewed had heard of Restless Development, while the remainder 44% had not. Figure 3 below shows from which source young people interviewed ever heard of Restless Development.

Figure 3: Percentage Distribution of Source of Information by Sources



Approximately 68% (n = 421) of those who had heard of Restless Development have directly participated in Restless Development activities/sessions/events. These young people were exposed to these activities/services/events by both VPEs and ex-VPEs. Activities and events young people were exposed to included SRH/LS sessions in classes, peer advice sessions, clinic visits, Youth Action Club (YAC) activities, games and sports workshops and trainings on livelihoods and civic participation and celebration of big events such as World Aids Day, International Women’s Day and the Day of African Child. Table 4 described the major activities in which young people participated in Restless Development communities.

Table 4: Percentage Distribution of Restless Development Activities/Sessions/Events

| Restless Development Activities/Sessions/Events Participated in the Last 12 Months | % |
|---|------------|
| Educating young people on SRH/LS | 32.4 |
| Educating young people on livelihood skill | 21.1 |
| Building the capacity of young people in raising voice to influence policy change. | 24.0 |
| Building the capacity of young people to engage in decision making | 16.9 |
| Other | 5.6 |
| Total | 100 |

Following receipt of the knowledge obtained from these training session 97% of young people interviewed said their lives have been improved in the following ways: improved life skills and self awareness (43.3%), early and open access to SRH service (32.5%) and starting a small business (11.7%).

3.3 Youth Empowerment Programme (YEP) - Effectiveness & Impact

The Youth Empowerment Programme (YEP) was designed to build the capacity of rural young people (both in and out of school), as well as local partners, to achieve the strategic objectives of YRHP. It was implemented by young volunteers trained and supported by Restless Development.

YEP focused on SRH, life skills and livelihoods and leadership development provided through the direct capacity building of young people in schools including Youth Action Clubs (YACs) with sustained support (both direct and indirect) from Restless Development VPEs and teachers. Both the in-school and out-of-school programmes are supported by Youth Friendly Resource Centres (YFRCs), which are established by communities through the support of Restless Development. Table 5 provides a summary of activities implemented.

Table 5: Summary of YEP activities undertaken in communities.

| YEP Activities | |
|-----------------------|--|
| 1. | <i>SRH education in primary and secondary schools and training to student peer educators</i> |
| 2. | <i>Edutainment</i> |
| 3. | <i>Community SRH, life skills and livelihood meeting</i> |
| 4. | <i>Initiating Youth groups e.g. Youth Action Clubs</i> |
| 5. | <i>Edutainment festivals</i> |
| 6. | <i>Peer advice and Sports leagues</i> |
| 7. | <i>Livelihood skills and demonstration projects</i> |
| 8. | <i>Running Youth Friendly Resource Centres (YFRCs)</i> |
| 9. | <i>Condom sensitisation</i> |
| 10. | <i>VCT service provision</i> |
| 11. | <i>Capacity building training for local partners</i> |

By 2011, the SRH activities of the YEP Programme had expanded to 12 districts reaching a total of 63 communities. In these communities Restless Development directly carried out SRH interventions with young people.

The following section describes the impacts of Restless Development in target communities.

3.3.1 Improvement in Young People's SRH

One of the specific aims of the YRHP was to improve sexual and reproductive health knowledge among young people, thus contributing to a longer-range goal of better sexual decision-making among young people.

The research found that access to SRH services was higher in treatment communities (91%) than control communities (14.3%); however, women (93%) reported slightly greater access than men (89%) in treatment communities. In control communities access to SRH services is almost equal for both male and female (male 14.3%; female 14%).

The total number of young people that accessed Youth Friendly Resources Centres for 2011 was 49,835; however this total was not disaggregated by gender in field reports provided by Restless Development.

Table 6: Percentage Distribution of Access to SRH Services

| Communities | Male | Female | Total |
|--------------------|-------------|---------------|--------------|
| Treatment | 89 | 93 | 91 |
| Control | 14.3 | 14.0 | 14.7 |
| Sample (n) | 514 | 328 | 842 |

3.3.2 Knowledge of Sexually Transmitted Infections

Section three of the quantitative survey assessed young peoples' knowledge of their own sexual and reproductive health. Of particular interest was the level of knowledge around Sexually Transmitted Infections (STI), including HIV/AIDS, teenage pregnancy and safe sex. Table 7 below summarizes the levels of knowledge of STI by sex for the comparison groups:

Table 7: Percentage Distribution of Knowledge of Sexually Transmitted Infection

| Types of Sexually Transmitted Infection | Treatment Communities | | | Control Communities | | |
|---|-----------------------|------------|------------|---------------------|------------|------------|
| | Male | Female | Total | Male | Female | Total |
| Syphilis | 57.4 | 52.7 | 55.3 | 31.6 | 33.8 | 32.3 |
| Gonorrhea | 83.8 | 87.6 | 85.5 | 69.9 | 61.3 | 67.7 |
| HIV/AIDS | 90.6 | 90.9 | 90.7 | 73.5 | 80.3 | 75.8 |
| Sample (n) | 235 | 186 | 421 | 279 | 142 | 421 |
| Symptoms of Sexually Transmitted Infection | | | | | | |
| Types of Symptoms of Sexually Transmitted Infection | Treatment Communities | | | Control Communities | | |
| | Male | Female | Total | Male | Female | Total |
| Abdominal pain | 43.4 | 53.8 | 48.0 | 29.0 | 31.7 | 29.9 |
| Genital Discharge | 40.4 | 50.0 | 44.7 | 25.8 | 31.7 | 27.8 |
| Foul smelling discharge | 28.9 | 38.7 | 33.3 | 20.1 | 21.1 | 20.2 |
| Burning pain on urination | 70.2 | 68.3 | 69.4 | 53.0 | 47.2 | 51.1 |
| Genital sores/ulcers | 26.8 | 33.3 | 29.5 | 15.4 | 13.4 | 14.7 |
| Swelling in groin area | 16.6 | 18.8 | 17.6 | 8.6 | 13.4 | 10.2 |
| Itching | 47.2 | 47.3 | 47.3 | 29.7 | 34.5 | 31.4 |
| Sample (n) | 235 | 186 | 421 | 279 | 142 | 421 |

Table 7 demonstrates that knowledge about STIs is higher in the treatment communities than control communities for all types of STI investigated in the survey. This was supported by the findings from the FGDs, as a majority of young people in communities where Restless Development has been operating had a high knowledge of STI symptoms and were able to mention at least 3 common symptoms like

burning pain on urination, abdominal pain and itching. Whilst the majority of young people interviewed in control communities could only mention one symptom, which was burning pain on urination.

3.3.3 Knowledge of HIV/AIDS Transmission

One of the most important prerequisites for reducing the rate of HIV infection is for the general public to have accurate knowledge regarding how HIV is transmitted and how its transmission can be prevented. Correct information is the first step toward raising awareness and giving young people the tools to protect them from infection.

Table 8 below shows knowledge of the major routes of HIV/AIDS transmission disaggregated by comparison communities and sex.

Table 8: Percentage Distribution of Methods of HIV/AIDS Transmission

| Ways of HIV/AIDS Transmission | Treatment Communities | | | Control Communities | | |
|-------------------------------|-----------------------|------------|------------|---------------------|------------|------------|
| | Male | Female | Total | Male | Female | Total |
| By having sex | 91.5 | 93.5 | 92.4 | 80.3 | 76.8 | 79.1 |
| Share of needle | 23.4 | 24.7 | 24.0 | 10.8 | 12.9 | 11.2 |
| Blood transfusion | 23.4 | 25.3 | 24.0 | 13.3 | 12.0 | 12.8 |
| By mother to child | 10.6 | 9.1 | 10.0 | 7.2 | 6.3 | 6.9 |
| Sample (n) | 235 | 186 | 421 | 279 | 142 | 421 |

Knowledge of methods of HIV transmission is higher among treatment communities than in control communities, as 92% of young people in treatment communities know that HIV can be transmitted through sexual intercourse, compared to 79% for control communities. More young people in treatment communities could correctly identify the other three methods (sharing of needle (24%), blood transfusion (24%), mother to child (10%) by which they could get infected with HIV compared with young people control communities.

3.3.4 Myths about HIV/AIDS Transmission

Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Common misconceptions about HIV/AIDS are the belief that people who are HIV positive look sick, belief that the virus can be transmitted through mosquito bites,² by sharing food with someone who is HIV positive, or by witchcraft and other supernatural means. Respondents were asked about these misconceptions and the results are presented in Table 9. Youth in treatment communities were far less

² The myth of mosquito bite transmission was not a baseline indicator for the YRHP. However, as it was consistently reported by young people it has been included as a question for the purposes of this evaluation.

likely to demonstrate misconceptions about HIV transmission. However, the percentage in both communities that nominated mosquitoes as a means of transmission was worryingly high.

Table 9: Percentage Distribution of Myths about HIV/AIDS Transmission

| Types of Myths | Treatment Communities | | | Control Communities | | |
|---|-----------------------|------------|------------|---------------------|------------|------------|
| | Male | Female | Total | Male | Female | Total |
| Touching | 6.8 | 4.8 | 5.9 | 14.0 | 14.0 | 14.0 |
| Eating together | 8.9 | 7.5 | 8.3 | 20.4 | 19.0 | 20.0 |
| Mosquito bites | 33.6 | 36.8 | 34.9 | 47.0 | 45.1 | 46.6 |
| A healthy looking person cannot have it | 15.3 | 16.7 | 15.9 | 19.7 | 26.8 | 22.1 |
| Witch Craft | 3.8 | 5.9 | 4.8 | 13.3 | 9.9 | 12.1 |
| Sample (n) | 235 | 186 | 421 | 279 | 142 | 421 |

3.3.5 Impact on Safe Sex Practices

Promoting safe sexual behaviour is critical in reducing cases of HIV infection. The use of condoms during sex, especially with non-regular partners, is especially important for reducing HIV transmission. In most countries over half of the new infections occur among young people, therefore the practice of safe sexual behaviour by both men and women is crucial in order to prevent new infections.

Changes in knowledge and attitude levels will only have meaning for a project seeking to reduce HIV incidence in communities if these changes affect behavioural change. This evaluation sought to identify behaviour change with regards the ABC prevention methods (Abstinence, Be faithful, Use a Condom) in control and treatment communities.

The data demonstrates that abstinence from sex is higher in treatment communities (33.3%) than in control communities (16.6%). More females (treatment 39.2%; control 17.6%) than males (treatment 28.5%; control 16.1%) abstain from sex in both treatment and control communities.

Table 10: Percentage Distribution of Safe Sex Practice by Communities

| Safe sexual | Control Communities | | | Treatment Communities | | |
|----------------------------|---------------------|------------|------------|-----------------------|------------|------------|
| | Male | Female | Total | Male | Female | Total |
| Abstinence from sex | 16.1 | 17.6 | 16.6 | 28.5 | 39.2 | 33.3 |
| Be faithful to one partner | 23.7 | 26.8 | 24.7 | 39.6 | 39.8 | 39.7 |
| Condom use at last sex | 64.4 | 62.0 | 63.9 | 86.4 | 87.6 | 86.9 |
| Sample (n) | 235 | 186 | 421 | 279 | 142 | 421 |

Interviews on condom use in one of the FGDs undertaken in a control community, revealed that almost 50% (n=5) of participants had never seen a male condom, and 80% had never seen a female condom. This was compared to treatment communities, where all participants had seen a male condom and only 10% (n=2) had never seen a female condom. Table 10 shows that condom use at last sex is higher in treatment communities (86.9%) than in control communities (63.9%). More females (87.6%) and more males (64.4%) use condom at last sex in treatment and control communities respectively.

Having more than one sexual partner will increase the risk of someone getting HIV virus and also increase chances of infecting other people. In the survey respondents were asked about how many sexual partners they had had in the last 12 months and the results are presented below.

Figure 4: Percentage Distribution of Number of Sexual Partners

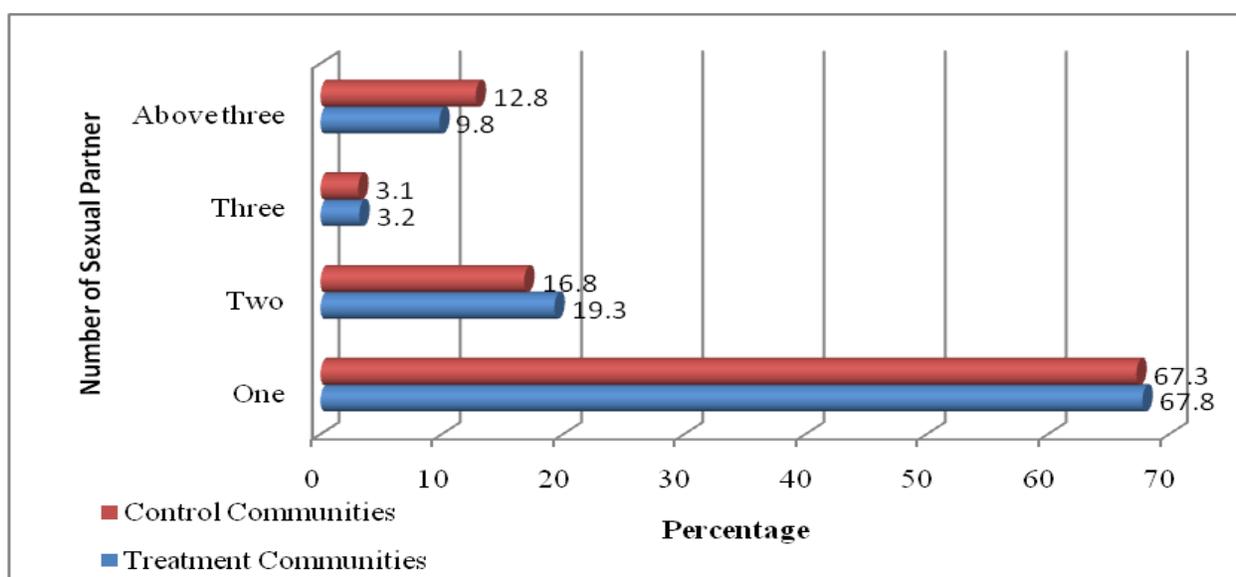


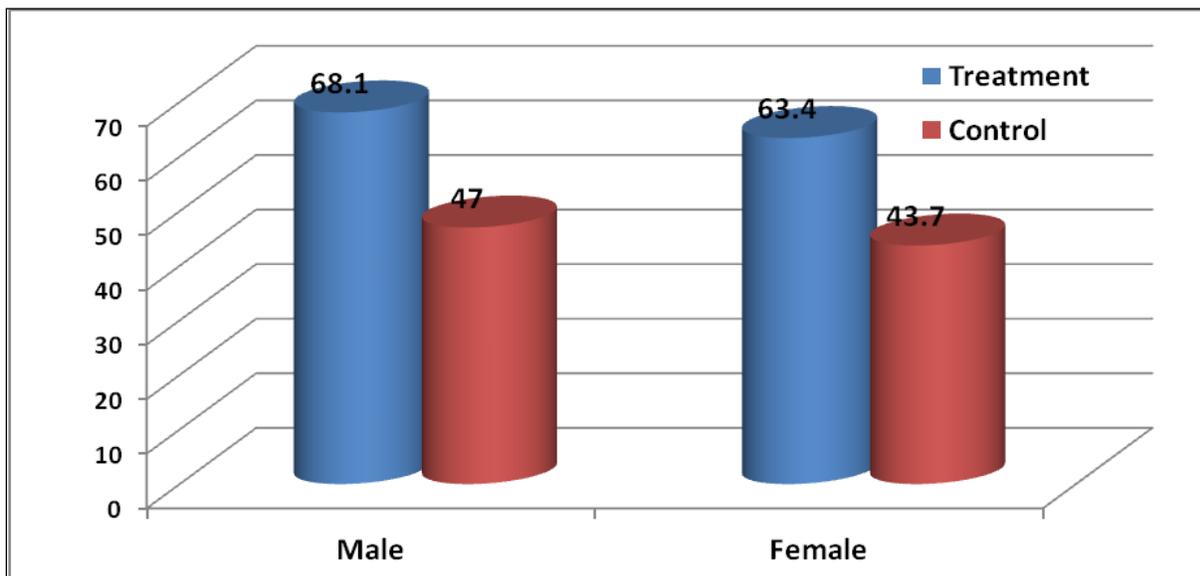
Figure 4 shows that in terms of number of sexual partners there is not much variation between the two communities. In treatment communities 32.3% young people interviewed had more than one sexual partner in the last 12 months. This is comparable to control communities where 32.7% of young people had more than one sexual partner over the same period.

3.3.6 Contraceptive Use

Appropriate family planning plays an important role in determining the health of young people by: preventing unwanted pregnancies; extending the period between births; and limiting the number of children given birth to by a young person. It is critical for young people to be able to access information and services that can prevent pregnancies that are too early and too frequent. In the survey young people were asked to identify at least one method of contraception. The result shows that 66% of young people in the treatment communities were able to identify at least one method of contraceptive, while only 45.8% in control communities were able to identify the same.

More males in both treatment and control communities were able to identify at least one contraceptive method and the most common one was condom use.

Figure 5: Percentage Distribution of Contraceptive Use by Communities



3.3.7 Sexual and Reproductive Health Activities in Schools and Communities

During the course of the project, 408 schools (186 secondary and 272 primary schools) implemented MEST and HIV/AIDS policy, while 63 communities implemented SRH activities without direct support from Restless Development. Communities where these interventions occurred demonstrated a reduction of STI prevalence, teenage pregnancy and increased awareness of safer sex.

Restless Development's June 2012 RM&E report showed a decrease in STI cases both in operational and surrounding communities of 51.2 % and 13.2 %.

In 2010, the number of teenage pregnancies in primary and secondary schools at the treatment schools where Restless Development was operating reduced. According to stakeholders interviewed (teachers and community leaders) and students involved in FGDs, these results can be attributed to the fact that many students understand their SRH needs, apply the right life skills and use condoms and other available youth friendly services³ in health facilities. It also reported a decrease in teenage pregnancy of 46.7 % from the baseline figure of 1,015 cases.

The difference between the treatment schools and the controls is clear on safer sex practices, whereby 63% of youth in treatment communities are able to identify safer sex practices compared to 39% in control communities.

3.3.8 Capacity Building of Young People

Another area of the programme's activities was the leadership capacity building of youth. It was found within the FGDs that youth felt Restless Development's activities change societies perceptions of young people; people's had a more positive attitude and see them as role models. The communities see them as advisers to other young people in areas such education and SRH issues. Young people now have their voices in the communities due to leadership skills they have acquired from Restless Development training. Members of the Student Government come to YIC leadership training and sometimes the ministers in the Student Union government are selected from the SAG as they may have gone through the leadership trainings. Communities where Restless Development operated now believe that young people can make a change in terms of influencing decisions and communicating well to older people and managing their own businesses and their own organisations.

3.3.9 Young People Involvement in Decision Making

Restless Development has introduced innovations like the exchange of ideas within a mock parliament, debates and dramas which help to create self confidence in many of the youth that have participated. Another evidence of the impact is the increased demand for the volunteers in the communities where they work. Often communities don't want the programme to end and request that volunteers continue coming even after the usual three-year cycle has come to an end. This is despite that fact that in a few isolated cases, a small minority of volunteers have broken the code of conduct in some way and been disciplined and in a small number of cases dismissed.

³ According to Family Health International?? FHI, youth friendly services primarily focus on prevention of HIV, early diagnosis and treatment of STIs, family planning services, sexuality information, counseling. Safe abortion, services for those who experience emotional or physical violence i.e. rape, gender based violence, trafficking, female genital mutilation and access to condoms.

3.4 Youth Leadership and Advocacy Programme (YLAP)

The YLAP component of the YRHP is aimed at equipping young people with life skills and leadership capacity, as well as promoting their inclusion in government and local council planning, implementing, budgeting, monitoring policy and development plans at national and local level. It was implemented by ex-volunteers in urban communities and was focused on building leadership amongst these ex-volunteers and communities.

Over the five years of programming, this saw Restless Development ex-volunteers undertake several activities on campuses in institutions of higher learning including the following: open research and reading, life skills sessions, general computer training and Student Action Group (SAG) training, indoor games, lessons on interviewing techniques and CV writing, open forum discussion on youth related issues, HIV/AIDS games, condom education and distribution, debate, film shows, health talks, open quiz, training on non-formal education, radio talk, games and sport. Also, other activities undertaken include: outreach activities to communities outside campus that focus on life skills, non-formal education like drama, career guidance, HIV/AIDS testing, environmental sanitation issues like cholera and malaria, early marriage and in campus activities like civil education on voting methods and organization of sports for students.

Young people are also equipped with pre-professional skill (career guidance and planning, drama skills, facilitation skills, decision making skills, interpersonal communication and conflict resolution and management and leadership skills) and appropriate service for employability. These skills increase the opportunity for young people to gain employment.

However, some of these activities met challenges that dampened the participation of young people. For instance, where T-shirts are distributed for the events and they did not get one. Other barriers included when cultural values and social beliefs hampered SRH delivery, for example the understanding that young people should not talk about sex or where religious affiliation does or does not permit specific practices.

3.4.1 Youth Information Centres

In addition to the on-campus and outreach activities carried out by Restless Development ex-volunteers, Youth Information Centres were opened in institutions of higher learning. Young people could access these centres to do research, assignments, play games, watch movies, undertake computer training (including learning to write CVs) and to undertake interviews. Young people were also trained on conflict resolution skills. These facilities were carried out effectively by Restless Development as long as colleges were in session. They impacted the lives of the youth very much as evidenced by the increased number of SAG members and the formation of the Mock Parliament in campuses. Most youth in FGDs stated that they preferred playing games in YICs or YFRCs to engaging themselves smoking in ghettos and undertaking non-fruitful or idle talks. However, the computer and reading facilities are grossly inadequate when compared with the demands from students. These services are provided free; hence student demand for the services is high in campuses. In one of the centres, out of the five computers available, only two are in good working conditions and there are no printers. It was reported that students queue for

a long time in order to use the computer and sometimes go without having access to the limited computers.

As of August 2012, the Research Monitoring and Evaluation unit consolidated report shows that 3,838 young people participated and were supported in campus activities organising functions like health talks, accessing VCT, film shows accessing trainings on pre-professional skills. This was completed in collaboration with partners such as NAS, Marie Stopes, UNICEF, and CARE International. These activities also take into consideration the vulnerable like the poor and the disabled youth both male and female and of various ages. Also the programme benefited a wide range of people both targeted and non-targeted like lecturers and other workers on the campus. As one of the unintended consequences, the Student Action Group (SAG) is now regarded as a family with volunteerism as their main focus.

3.4.1 Internship Programmes

Restless Development supported young people to obtain placements with MEST, MYES, MOHS, NAS and Bo and Kono District Councils over a period of six months. Interns were able to participate in the planning, implementation, budgeting and monitoring of policies and development plans in the various ministries, departments and agencies. The MYES interns provided technical support to youth officers to manage the database for youth organisations and the implementation of the M&E and reporting systems.

3.4.2 Youth Leadership Skills and Employability

YLAP was designed to train young people to deliver SRH/life skills sessions and peer advice, taking the lead in SRH activities at district and national level. Also the programme was designed to facilitate the participation of young people in national level policy meetings on the SRH needs of young people.

The project empowered young people to participate in national level policy meetings such that their SRH needs are factored into policies formulated by government. The project was able to facilitate the participation of 35 young people (25 male; 10 female) in policy review processes on the National Youth Policy, which incorporates aspects of the SRH needs of young people.

The project for this programme year (2011-2012) trained 769 young people on pre-professional skills. Once young people are equipped with these skills, they are better positioned to compete in the job market and are more likely to secure jobs.

3.5 Programme Equity

This evaluation also considered how the programme promoted gender equality and whether every young person, irrespective of tribe or religion, had access to the programme. The evaluation was able to show the existence of a reasonable gender balance in treatment communities. Of those reporting exposure to Restless Development activities, 55.8% were male and 44.2% were female. Based on the fact that the programme covered all districts in Sierra Leone, it can be reasonably assumed that there was tribal and religious equity in service delivery. Moreover, the FGDs carried-out considered of participants from every tribe, sex and religion.

3.6 Programme Contextual Relevance

3.6.1 Programme Alignment with National Policies

Restless Development's YRHP activities addressed priorities contained within the National Youth Policy, the National HIV/AIDS Policy and the Adolescent and Youth Friendly Reproductive Health Strategy, by addressing the SRH needs of young people. Each of these policies aim at improving overall quality of life and well being of young people in Sierra Leone and ensuring accessibility to quality and safe SRH services. The programme is also in line with the Millennium Development Goals to reduce child mortality rates (4), improve maternal health (5) and combat HIV/AIDS, malaria and other diseases (6).

Restless Development helped to build the capacity of communities to commemorate global events such as World Aids Day, International Women's Day and the Day of African Child. Restless Development provides two volunteers in communities to facilitate community organisation of these events.

The YRHP also provided support to the national youth sector by building the capacity of state and non-state actors to involve young people in designing and delivering policies and services. This was achieved through training of health workers in the delivery of Youth Friendly Services by the MOHS, building the capacity of the MEST to monitor SRH/LS activities in schools, the publication of policy and advocacy documents, the development of a database and M&E systems for the Ministry Youth, Employment and Sport, and the building of the capacity of civil society organisations (CSOs) in programme delivery. In light of this, the project was expected to strengthen its partnerships relationship with the various ministries concerned through the signing of Memorandum of Understanding (MOU) but also to enable these ministries to deliver on youth friendly services and policies for young people. An MoU was signed with MYES, while Restless Development has submitted its registration documents to the MOHS, which lays the administrative foundations for developing a MOU with the ministry.

Restless Development undertook two significant activities to strengthen the monitoring and evaluation capabilities of government departments.

The first of these was to support the MEST to review and develop monitoring systems for school supervisors and inspectors for the purpose of monitoring SRH/Life skills activities in schools. Restless Development held a consultative workshop with school inspectors and supervisors across 12 districts where issues were identified for incorporation into the monitoring systems. A monitoring tool was developed for use by school supervisors and inspectors to monitor SRH/Life skills activities in schools.

In terms of monitoring the implementation of the National Youth Policy, Restless Development developed M&E systems for the Ministry of Youth Employment and Sports to support monitoring of activities of the Ministry in regional areas. The database is being used to gather information on activities of youth groups and agencies in Bo, Makeni, Kenema and Freetown. The M&E systems generate information used for decision making in regional youth offices in Bo, Makeni, Kenema and Freetown.

At a regional level, Restless Development has supported the MOHS by providing training to community health officers in the delivery of youth-friendly health services in community clinics. At policy level, Restless Development fed into the development of a multi-sectoral Adolescent SRH Strategy and the

development of National Minimum Standards for delivery of Adolescent and Youth Friendly Health Services.

Two advocacy reports were disseminated in 2010, one relating to youth participation in elections and the second relating to young people's participation in decision-making processes. Research on the state of the nation's youth was undertaken and a National Youth Report has been drafted and disseminated..

For support to CSOs, the project was expected to train three youth-focused civil society organizations on programme standards with specific focus on M&E, budgeting and financial control, and resource mobilisation. Two CSOs have been trained on these programme standards and have been receiving six months of support through mentorship and coaching programmes organised by Restless Development.

3.6.2 Collaboration with Other Actors

The YRHP contributes to DFID's wider reproductive health strategy in Sierra Leone. Restless Development has a productive and collaborative strategy with other agencies contributing to DFID's strategy including Marie Stopes Sierra Leone, UNFPA, UNICEF and VSO. The programme also complements DFID support to the Free Health Care Initiative.

Restless Development VPEs are working with staff from other organisations at community level including Marie Stopes Sierra Leone (outreach and community sensitisation for access to family planning), CARE International (joint campaigns on HIV/AIDS awareness) and Plan Sierra Leone (life skills education for girls in Makeni).

At district level, Restless Development programme staff are working with the District Health Management Team, Deputy Directors of Education and District Youth Coordinators to support national campaigns including vaccination campaigns, and 'Mamy and Dady Well Bodi Week'

3.7 Efficiency

Programme efficiency here is assessed based on outputs of the 5-year YRHP and based on how the programme is managed. Therefore the YRHP has demonstrated particular efficiency in the following areas:

- Programme Management
- Funds Management
- Monitoring and Evaluation

3.7.1 Programme Management

The Management Committee of the programme comprises of the Country Director, Finance and Administration Manager, Senior Manager, Programme Managers, Research, Monitoring and Evaluation Manager and the Partnerships Manager, which meets monthly. Each project is managed by a Programme Manager (PM) who oversees the day-to-day operation of the projects and report to the Management Committee. The PM is supported in the regions by Regional Coordinators who manage the programme operations at regional level. The programme had qualified and appropriate staff for the

various units such as finance and administration and M&E, however the team could benefit from further capacity building. Staff have good attitudes to work and an organisational culture of promoting the safety of young people and empowering them. Staff remunerations were within the average for Sierra Leone and in some cases they are well paid. They were allowed to take study leaves and engage in leadership skills training as a means of motivation and ownership of the programmes.

3.7.2 Programme's Fund Management

The project funds were well managed as authorisation and approvals were well defined in terms of who is responsible for what. Based on the audited reports and a review of systems and processes, the organisation works on a value-for-money basis most of the time. The financial system has an internal control system and external audits have shown that for the past three years the funds have been well managed. There were procedures/principles for the release of funds for projects activities and the timeliness depends on the request. The last auditors' report dated January 2012 clears management of all material misstatement, whether caused by fraud or other irregularity or error. In the auditors' opinion, the financial statements gave a true and fair view of the state of affairs of the organization as at 30th September 2011.

Restless Development has different sources of funding for different projects, so reporting to different donors is a challenge for the organisation. The 2011 financial statements show that DFID paid 90.2% of the Le 6,377,517,125 total project expenditures. From the total expenditure, 70% of DFID funds or 72% of total project fund were directly related to project activities and the remaining accounts for administration and office support.

Table 11: 2011 Fund Usage by Expenditure Categories

| No. | Expenditure Proportion | DFID Contribution (Le) | 2011 Total Exp (Le) |
|-----|--|------------------------|---------------------|
| 1 | Central Admin. Office and support cost | 29.9% | 27.2% |
| 2 | Permanent staff | 36.9% | 34.4% |
| 3 | Programme Recruitment | 2.0% | 2.2% |
| 4 | Programme Training | 7.7% | 8.4% |
| 5 | Programme Support | 9.8% | 11.5% |
| 6 | Monitoring and Evaluation activities | 1.3% | 1.4% |
| 7 | Placement Activities | 10.0% | 11.9% |
| 8 | Other stakeholders activities | 2.5% | 2.9% |
| | Total expenditure | 100.0% | 100.0% |

3.7.3 Monitoring & Evaluation

The programme has an M&E framework based on the DFID log-frame and monthly and quarterly reports are prepared for management and for reporting to international donors. Data for the M&E system is collected first by VPEs and Field Officers then collated by Regional Coordinators, the RM&E officer and finally submitted to the Project Manager for approval. The M&E unit is headed by a Research, Monitoring and Evaluation expert who oversees the data collection, analysis and report writing. Monitoring visits

were done in a timely manner and the monitoring tracking tool shows that the required visits were made annually and in some periods exceeded.

3.8 Sustainability and Replicability

There was a lot of advocacy being undertaken at the multi-sectoral level to maintain the work of the peer educators at the community level, that is, to train other peer educators at community level to take over their roles when they have exited. For partners like the MoHS, the In-Charges at the PHUs are supported to take over some functions like condom distribution done by volunteers after they have exited the community. The Youth Empowerment Program has a sustainability plan but this was not well designed, based on the program ideas developed and a result does effectively address issues of sustainability.

Restless Development activities are replicated in institutions like Njala campus, and University of Makeni. There is potential for these activities to be replicated in Eastern Polytechnic, Kenema, schools in urban areas and other learning institutions. YRHP activities that can be replicated in communities and institutions of learning can include:

- Training young people in leadership skills and civil rights for the purpose of advocacy
- Increasing the internship programmes as it will help young people to participate in community level meetings, and improve on their leadership skills.
- SRH/Life Skills education in schools
- Running Youth Action Clubs
- Running of YICs in schools and communities
- Sensitisation of stakeholder to see young people as partners in development, not just as trouble makers, as they are perceived.

3.8.1 Collaboration to encourage sustainability

To maintain sustainability of programme activities, Restless Development will be working in collaboration with the International Citizen Services (ICS) programme to support the Youth Information Centres (YIC) with on-going services in to 2013. The project is also working on building up collaboration with the alumni of Restless Development to support Restless Development activities at YICs at the end of projects. In addition, private sector institutions and CSOs were consulted to take an active role in the running of the YICs when the project ends. Finally, networking among donors like UNFPA, UNICEF and Marie Stopes will also help to facilitate sustainability of the project activities in Restless Development operational areas. Although the sustainability strategy was not fully developed at the start of the project, as the implementation continued the design was changed to collaborate with the university authorities for the continuity of the project's activities in institutions of higher learning.

3.9 Lessons learned

- SRH sensitisation has contributed to the reduction of teenage pregnancy; STI and early marriage in communities where Restless Development has worked.
- During the project Restless Development's Global Strategy was formulated. This changed the context the project and has increased the impact and strengthened the strategic aims of the project at both community and national levels.
- Useful lessons have been learned on how young people can be the centre of change. i.e. young people are not leaders of tomorrow but leaders of today. The young do not have to wait and grow old before they can participate in leadership and decision-making but can do them while they are young.
- A strategy of constructive engagement with the MDAs at both national and district level changed during the course of the project implementation to include like involvement of the National Youth Commission and the District Youth Coordinators.
- Young people are now seen as positive role models in their communities especially the volunteers and they are involved in community sensitization on SRH, environmental sanitation and teenage pregnancy.
- One useful lesson learned is that young people can work independently and effectively manage themselves e.g. past volunteers that are now working with Restless Development or other organisations are doing well in their jobs. These young people can develop their own action plan, conduct training for other young people and negotiate with authorities on youth issues.

4. Conclusions and Recommendations

4.1 Conclusions

Overall, the YRHP approach was effective and efficient in delivering the intended outputs. The successful factors contributing to this success include the peer educator approach employed, overall programmatic management systems and processes and the M&E system utilised. In addition, partnerships with other actors and the involvement of both direct and indirect beneficiaries of the programme contributed greatly to the effective running of the programme.

The findings of the evaluation demonstrated that the programme contributed significantly to the improvement in the lives of young people in a number of aspects. This included achievement or overachievement in relation to the majority of the programme indicators. The result of the research provides evidence to conclude that the project interventions have been successful in bringing about sexual behaviour change among young people in the intervention communities. These changes can be attributed to Restless Development Sierra Leone interventions considering the fact that control communities were not able to produce the same results achieved in treatment communities. Furthermore, significant change is observed at all the three levels in regards to knowledge, attitude and behaviours among the young people in treatment communities as opposed to control communities.

This evaluation found that the Restless Development programme was aligned with several national policies (namely the National Youth Policy and Adolescent SRH Strategy). The role of Restless Development in the civil society consultation process was also significant which should act as an impetus for more involvement of young people in policy making.

Conclusions are also presented here in reference to the programme's log frame indicators and are tabled in Annex B.

In summary, the following was found in relation to each indicator and output:

Indicator 1: Noticeably, the programme emphasised more on condom use campaign than the faithfulness and abstinence aspects of HIV/AIDS prevention. Alternatively, it could also mean that as more condoms became available to young people, they ignored the faithfulness to partners and abstinence from sex; the research could not reveal clearly which one happened.

Indicator 2: The project far exceeded its target in relation to which means that more people than before in treatment communities now have access to at least one available SRH service at clinics.

Indicator 3: Treatment target was very ambitious as even the baseline data falls short of the target.

Indicator 4: The project made extensive gains on this indicator with the development of an M&E system and database for youth and sport ministry. Also the youth interns placed at some MDAs show the extent to which government and local councils include youths in their policy making.

Output 1

On the whole the indicator shows that more young people in the treatment communities can identify three major causes of HIV transmission and three myths because more people than targeted participated in formal education on life skills and SRH in schools. This output was delivered meaning more people can now make informed decisions regarding SRH.

Output 2

All the indicators surrounding this output exceeded their targets; this means that more young people are now equipped with increased life skills and leadership capabilities as a result of the Restless Development intervention.

Output 3

More improvement still needs to be made towards mainstreaming SRH into schools in order to meet the project target for schools in treatment communities. For the treatment communities, significant progress has been made such that communities are now implementing youth focused SRH activities without direct Restless Development support – mainstreaming SRH into more community activities.

Output 4

From the two indicators on which data is available, the research concludes that more youth than targeted are equipped with pre-professional and entrepreneurship skills, information and appropriate services for employability.

Output 5

More still needs to be done especially in the running of a functioning M&E system in the MEST. More also should be done in the development of policy and advocacy report and case studies. In the area where the project is expected to carry out an activity like training, this should be done immediately to achieve indicator target.

On the whole, the programme was a success as shown by the achievements of the indicators and their outputs. The impact is widely realised when one visits the communities Restless Development operated in and even beyond. Restless Development ex-staff and ex-volunteers are more considered for employment in job-areas that have to do more with field experiences and social work.

4.2 Recommendations

The following recommendations are hereby highlighted by the research that should be addressed should the project be extended or implemented somewhere else:

4.2.1 Youth Empowerment Programme

- For a project aiming at reducing HIV incidence among young people in communities, it becomes all the more important for the project to work on all components including abstinence, reducing sexual partners, consistent condom use and knowing one's HIV status.
- The study demonstrates that misconceptions regarding the transmission of HIV are worryingly high in regards to some myths (i.e. mosquito bites, that a person with HIV/AIDs will look sick, eating together). Messaging should continue to target better information around HIV transmission.

- The ability of a project to continue operations at the end of implementation depends on the foundation created to ensure sustainability. Restless Development's sustainability approach for this project seems to be working at the moment but the sustainability strategy needs to be revised to ensure it is effectively delivered to guarantee continuity long after Restless Development exits communities.
- Restless Development should continue to advocate for the inclusion of SRH and FP activities in the school curriculum.

4.2.2 Youth Leadership and Advocacy Programme

- Increase the length of time for the internship programmes and provide job facilities after the end of the internship.
- Increase the number of computers at the YIC and install internet facilities at the centre for the use of students.
- Award certificates for the computer trainings delivered at the YIC so that participants can use it to search for jobs and also award certificates to the Student Action Group (SAG).
- Equip YIC with subject specific books which students can use for research and assignments.
- Increase the number of time for the radio talk to at least twice a month.
- Provide more furniture for the YIC and more computers and printers.
- YIC to be established in other institutions and campuses and Youth Action Clubs in schools.

4.2.3 Restless Development's work with Ministries, Departments and Agencies

- Involve stakeholders at the design stage of the project like the MDAs as sustainability can be discussed at this stage.
- Continue to engage staff of MEST and MYES to review, develop and make functional their Monitoring and Evaluation and Reporting systems. Restless Development should strengthen their advocacy drive with MEST towards mainstreaming SRH into the school curriculum.
- Selection criteria for placement communities to be redefined so that other communities should be included. i.e. expansion of Restless Development activities to other communities of interest.
- Increase dialogue with partners and donors on the design and implementation of project, like partner assessment meeting, donor conditions meeting to avoid duplication of donor efforts.
- More Restless Development resources need to be devoted to developing the capacity of government implementing partners. Despite government resistance, Restless Development should seek to develop more interventions with other NGOs as implementing partners.
- In order for Restless Development to exert influence at national level (both within government and within the key donor forums such as the UN family), Restless Development's leadership role in young people needs to be more visible and strategic in these forums. =

- In order to implement more effectively the paradigm shift (from family planning to integrated reproductive health with young people as the primary client group) Restless Development should institute mechanisms for young people's full participation in policy and decision-making in line with the constitution, and ensure that these mechanisms are operational at all levels of decision-making structure (i.e. at national, regional, branch and ward levels).
- Strengthen the internal capacity of Restless Development staff to implement the paradigm shift and to provide youth-friendly services. In particular, focus on training of existing service providers on youth-friendly services in community clinics. Strengthen the YRHP through appointing a Behaviour Change Communication (BCC) Advocacy Manager, and provide central coordination for BCC and advocacy activities carried out at project level.
- Strengthen Monitoring and Evaluation systems to allow for analysis of trends in service utilization by young people and to enable Restless Development to assess programme effectiveness in bringing about sustained behaviour change among young people.
- Institutionalise the documentation and analysis of lessons learned on best practices from youth projects, as a basis for scaling-up and integrating projects into a coherent programme approach.
- Restless Development should ensure that there are no bottle-necks in fund-flows to project activities to enable Project Managers to recruit the necessary staff and to implement their programme as set out in their strategic plan and work-programmes and budgets.
- Support to Youth Council by strengthening the designing of advocacy programmes targeted towards creating space for young people's participation at both district and national levels. Restless Development can also support established youth councils at district level to provide a platform through which young people can air out their views.
- Restless Development should strengthen the coordination, cooperation and relationship with local authority leaders at the district level, immediate steps to build a strong, cooperative relationship with district officers like District Youth Coordinators, MoHS Social Mobilization Officers, District Directors of Education, MoHS District M&E Officers, District HIV/AIDS counsellors, MoHS District Health Education Officers, and Development Planning Officers of Councils etc. and enter into regular feedback meetings with the relevant staff. This will create a strong working relationship as they will understand the project and build a basis for sustainability.

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ANNEX A: Evaluation Methodology

A1. Sample Methodology

The sample size for the treatment group is based on the total youth population between the ages of 12 to 28 years in Restless Development's areas of operation, field staff were able to provide details on the size of the youth population in that area. For the control group, this procedure is not applicable because the total youth population between the ages of 12 to 28 years was not available due to Restless Development not working in these areas. This is because statistics on the youth population in Sierra Leone is disaggregated by chiefdoms and sections, not by villages. Disaggregation by village would have been required by the evaluators to determine the sample population in control communities.

The total youth population in communities where Restless Development was operating and where they have exited was the sample frame for the selection of communities for the treatment group. Restless Development has operated in 135 communities in the 149 chiefdoms. The total number of youths in these communities is 146,118. Table 12 below shows district, chiefdom, community and total youth populations.

Table 12: Number of Restless Development Communities and Young People by District and Chiefdom

| No. | District | No. of Chiefdom | No of Community covered by Restless Development | No. of YP in Restless Development Community |
|-----|-----------|-----------------|---|---|
| 1 | Kailahun | 14 | 2 | 373 |
| 2 | Kenema | 16 | 15 | 2,390 |
| 3 | Kono | 14 | 1 | 3,288 |
| 4 | Bombali | 13 | 16 | 14,047 |
| 5 | Koinadugu | 11 | 7 | 5,852 |
| 6 | Kambia | 7 | 14 | 21,543 |
| 7 | Tonkolili | 11 | 14 | 43,125 |
| 8 | Port Loko | 11 | 14 | 11,871 |
| 9 | Bo | 15 | 18 | 8,523 |
| 10 | Bonthe | 11 | 8 | 9,162 |
| 11 | Moyamba | 14 | 15 | 18,230 |
| 12 | Pujehun | 12 | 11 | 7,706 |
| | Total | 149 | 135 | 146,110 |

Source: Author (Calculations based on Restless Development Field Agents summaries)

In both treatment and control communities, equal numbers of youth were interviewed. The total number of communities interviewed was 44; 22 in treatment communities and 22 in control communities. In every selected district the treatment and control communities were selected from the same chiefdom for easy comparison between treatment and control communities.

A2. Selection of Treatment Communities

In selecting the treatment group, a two stage sampling method was utilised. Firstly, five districts were randomly selected from the three regions. Secondly Probability Proportional to Size (PPS) was applied to these five districts to calculate the total number of youths to be interviewed.

The project was implemented in the twelve districts of Sierra Leone; of these the evaluation was undertaken in five randomly selected districts. In the five districts, the weights (probabilities of selection) were calculated using the youth population of each selected district and the total youth population. These district weights were then applied to the selected sample size of 420 (0.5 percent of the youth population in the communities where Restless Development activities were carried), to calculate the sample size of selected districts, the table below shows selected district, youth population, sample weight and total selected sample.

Table 13: Selected Sample by Sample Weight by District

| District | Youth Population | Sample Weight | Selected Sample |
|-----------|------------------|---------------|-----------------|
| Kenema | 23,900 | 0.2262 | 95 |
| Tonkolili | 43,125 | 0.4082 | 171 |
| Moyamba | 18,230 | 0.1726 | 72 |
| Bo | 8,523 | 0.0807 | 34 |
| Port Loko | 11,871 | 0.1124 | 47 |
| Total | 105,649 | 1 | 420 |

Source: Author (Calculations based on Restless Development Field Agents summaries)

In the selected districts, communities with the highest youth population were selected, with the objective of having at least ten youths interviewed in each community selected. However, youth populations in some of the communities were not significant based on the sample and their weights. Table 14 below shows the selected districts, chiefdoms, communities, youth population and sample selected for the treatment group.

Table 14: Selected Sample by District and Chiefdom in Treatment Communities

| District | Chiefdom | Community | No of YP | Total Sample | Community Status |
|-----------|-----------------|-----------|----------|--------------|------------------|
| Kenema | Malegohun | Sembehun | 2,209 | 13 | Current |
| Kenema | Dodo | Dodo | 2,000 | 12 | Current |
| Kenema | Dama | Geima | 4,001 | 23 | Current |
| Kenema | Gorama Mende | Mondema | 6,606 | 38 | Current |
| Kenema | Lower Bambara | Tongo | 1,650 | 10 | Exited |
| Total | | | 16,466 | 96 | |
| Tonkolili | Malal Mara | Rochin | 2,202 | 10 | Current |
| Tonkolili | Kholifa Rowalla | Mayossoh | 2,989 | 14 | Current |
| Tonkolili | Gbonkelenken | Masumana | 3,200 | 14 | Current |

| | | | | | |
|--------------|---------------|---------------|---------------|------------|---------|
| Tonkolili | Yoni | Mathoir | 8,976 | 41 | Current |
| Tonkolili | Gbonkelenken | Mankonkori | 2,442 | 11 | Current |
| Tonkolili | Kalansogoya | Bumbuna | 7,800 | 35 | Exited |
| Tonkolili | Kafe-Simiria | Mabonto | 1,900 | 10 | Exited |
| Tonkolili | Koneke | Masingbi | 2,700 | 12 | Exited |
| Tonkolili | Yoni | Mile 91 | 5,600 | 25 | Exited |
| Total | | | 37,809 | 171 | |
| Moyamba | Kongbora | Bauya | 1,700 | 24 | Current |
| Moyamba | Bagruwa | Sembehun | 2,250 | 31 | Current |
| Moyamba | Bumpeh | Rotifunk | 2,500 | 35 | Current |
| Moyamba | Kori | Njala Mokonde | 1,925 | 27 | Current |
| Total | | | 8,375 | 72 | |
| Bo | Jaiama Bongor | Koribondo | 650 | 10 | Exited |
| Bo | Baoma | Yamandu | 1,500 | 24 | Exited |
| Total | | | 2,150 | 34 | |
| Port Loko | Lokomasama | Bailor | 1,900 | 20 | Exited |
| Port Loko | Kafubulom | Conakridie | 2,600 | 27 | Exited |
| Total | | | 4,500 | 47 | |

Source: Author (Calculations based on Restless Development Field Agents summaries)

Amongst the treatment communities selected, some are communities where Restless Development has exited and some are where Restless Development currently operates. In communities where Restless Development has exited, the assessment shows the impact of the project. In current communities of work the assessment shows how effective the project is being implemented.

A3. Selection of the Control Communities

The same sample size for the treatment group was applied for the control group. This is because the total number of the youth population for the control communities was not available. Therefore quasi-experiment study designs are often chosen for field studies where the random assignment of experimental subjects is impractical, unethical, or impossible. Although the lack of random assignment in the quasi-experimental design method may allow studies to be more feasible, this also poses challenges for the investigators in terms of internal validity. However, the relative utilisation of quasi-experimental designs minimises threats to external validity, as the experimental design is neutral. This means that findings in treatment communities may be applied to control communities, allowing for some generalizations to be made.

The control group selected (and represented in Table 4) is based on the assumption that these communities did not participate in Restless Development programmes, but closely resemble the communities that participated as they are in the same districts and chiefdoms.

The control communities are selected in the districts and chiefdoms where treatment communities have been selected as this produces valuable knowledge and may be a good alternative when random selection is not feasible.

In the selected control group, the sections were identified to make them the location of the communities more accessible to the data collectors. Table 15 below shows the control communities, districts, sections and youth population to be interviewed.

Table 15: Selected Sample by District and Chiefdom in Control Communities

| District | Chiefdom | Section | Community | Total Sample |
|------------------------|-----------------|----------------|----------------|--------------|
| Kenema | Malegohun | Lower Torgboma | Bendu | 13 |
| Kenema | Dodo | Seiwoh | Mbowohun | 12 |
| Kenema | Dama | Dakowa | Gofor | 23 |
| Kenema | Gorama Mende | Kualay | Tungei | 38 |
| Kenema | Lower Bambara | Bonya | Panguma | 10 |
| Total | | | | 96 |
| Tonkolili | Malal Mara | Makobo | Robina | 10 |
| Tonkolili | Kholifa Rowalla | Mayossoh | Masoko | 14 |
| Tonkolili | Gbonkelenken | Petifu Mayepoh | Petifu Mayepoh | 14 |
| Tonkolili | Yoni | Yoni | Yoni Bana | 41 |
| Tonkolili | Gbonkelenken | Mayepoh | Mayepoh | 11 |
| Tonkolili | Kalansogoya | Upper section | Kemedgu | 35 |
| Tonkolili | Kafe-Simiria | Mayosso | Mayasso | 10 |
| Tonkolili | Koneke | Rolal | Mamanso Sanko | 12 |
| Tonkolili | Yoni | Petifu Lower | Broocks | 25 |
| Total | | | | 171 |
| Moyamba | Kongbora | Taninahun | Levuma Nyameh | 24 |
| Moyamba | Bagruwa | Moseilolo | Mosenegor | 31 |
| Moyamba | Bumpeh | Bumpeh | Bumpeh River | 35 |
| Moyamba | Kori | Zone two | Taiama | 27 |
| Total | | | | 72 |
| Bo | Jaiama Bongor | Upper Baimba | Telu | 10 |
| Bo | Baoma | Lower Pataloo | Blamawo | 24 |
| Total | | | | 34 |
| Port Loko | Lokomasama | Yuria | Musaaya II | 20 |
| Port Loko | Kafubulom | Rosint | Tagrin | 27 |
| Total | | | | 47 |
| Total Community | | | 22 | 420 |

Source: Author (Calculations based on Restless Development Field Agents summaries)

A4. Comparison of Baseline Result with Treatment/Control Group Results

A successful impact evaluation centres on finding a good comparison group. Impact evaluations usually estimate programme effectiveness by comparing outcomes for those who participated in the programme to those who did not participate. However, the key challenge in this case was finding a group that did not participate, but have a close resemblance to those that participated. Without information on the counterfactual, a better alternative was to compare outcomes of treated communities with those that have not been treated. In such a situation, it is difficult to find a group/community that may not have been affected directly or indirectly by Restless Development programmes because of their cultural closeness and other influences like the radio programmes. Therefore findings from the control group were compared with the baseline results, in most cases, as this will show how participants would have been otherwise without the interventions. In some other cases, findings were compared with the treatment community target for the project. This well-matched group is mostly likely to generate valid conclusions about interventions' effectiveness, thereby generating a good hypothesis of merit as this method may serve as the second-best alternative given the circumstance.

A5. Study Instruments

In the evaluation, three instruments were used: structured questionnaire, Key Informant Interview/in-depth interviews and Focus Group Discussions.

A5.1 Structured Questionnaires

Only closed-ended questionnaires were used to gather information from both treatment and control communities. A screening process was undertaken by the interviewer in both treatment and control communities to establish eligibility for an interview. In treatment communities, potential interviewees were asked if they had ever heard of Restless Development. Only those that replied in the affirmative were interviewed. While in the control communities potential interviewees were asked if they had ever heard of Restless Development and those who answered in the affirmative were not interviewed.

The questionnaire was prepared using standard knowledge, attitude and practice/behaviour related questions. Also, an additional questionnaire was administered to Head Teachers (Primary & Secondary) and Link Teachers⁴ in both treatment and control community schools, to solicit further information on the status of SRH in their schools

A5.2 Key Informant Interview/In-depth Interview

The purpose of Key Informant Interview/In-depth interviews was to assess the programme's achievements and whether it has had any major effects on the lives of young people. The Key Informant Interview was designed for Restless Development staff and MDAs like the Ministry of Youth, Employment and Sport (MYES), the Ministry of Health and Sanitation (MoHS), the Ministry of Education, Science and

⁴ These are teachers trained to deliver Restless Development Minimum Standards activities in schools i.e. 5mins SRH lessons, Assembly Messages, Youth Action Club activities, and Managing Youth Friendly Resource Centers

Technology (MEST) and the National Aids Secretariat (NAS). For Restless Development staff, specific questions were designed for the specific level of staff and based on their functions in the project. For key informants from the MDAs, questionnaires were also based on their roles in the implementation of the project. All the questions were based on five thematic areas of the evaluation: relevance and equity, efficiency and effectiveness, impact, sustainability and replicability, and lessons learned and recommendations. The MDA staff interview was to determine the extent to which they had contributed to the achievement of the programme outcomes as per the log frame and its indicators (Annex A), and also followed the five thematic areas.

In-depth Interviews were organised with District Directors (MEST, MYES) District Council Staff, DMOs, Community Health Workers, Community Youth Leaders, Head Teachers (Primary & Secondary) and YRH implementing teachers. Specific questions were designed based on the key issues for investigation outlined in the Terms of Reference (TOR).

A5.3 Focus Group Discussions (FGDs)

FGDs were conducted with young people in both control and treatment communities, as well as youths that have benefited from YLAP at the University of Makeni and Njala University, Bo Campus. In each of the FGDs there was one moderator and one note taker. The discussion followed logical steps to capture all the five thematic areas of the evaluation. The FGD guide was designed to be youth-friendly and to encourage participation, especially from out of school youth. The information obtained from FGDs has been triangulated to form part of this report.

The FGDs investigated how the programme contributed to improving the lives of young people and their households in the areas of SRH, livelihoods and participation in decision making; and how the programme contributed to improve the attitudes and capacities of partners for youth engagement and promoting access to youth friendly services.

A.6 Data Management

Data management was undertaken at a central location and the processing of results started immediately after data collection. Completed questionnaires were returned regularly from the field to district headquarter towns for onward submission to Freetown, where they were entered and edited by three (3) data entry operators and one (1) data processing supervisor recruited and trained. Prior to data entering, the completed questionnaires were verified and coded by the consultants and each questionnaire checked to ensure it was properly filled out. The questionnaires were then entered into the CSPro computer package and the data cleaned.

A.7 Data Analyses and Reporting

The data analysis was done using SPSS Version 18 and frequencies run to check and prevent duplications. Descriptive statistics were generated and cross-tabulation done using background variables like age, sex, religion and level of education. Statistical tests were also conducted to test the level of significance between very important variables in the study. Notes from the FGD and in-depth interviews were triangulated and the summaries incorporated into this report.

ANNEX B: Project Log Frame

Note: Green indicates: Indicator was achieved
Yellow indicates: Indicator was nearly achieved

| Purpose and Output | Log frame Indicators | Baseline data (2007) | Control group data (2012) | Treatment group data (2012) | Treatment group data Target (2012) | Progress Summary |
|--|--|-----------------------|-----------------------------|-----------------------------|------------------------------------|---|
| <p>Purpose: To ensure young people have access to sexual and reproductive health (SRH) services promoting positive sexual health seeking behaviors with regards to safer sex practices and increase participation and leadership of youth in development (positive youth SRH behaviour)</p> | <p>Indicator 1: % young people participating in Restless Development SRH activities reporting safer sex practices</p> | | 39.4% (M-41.2%, F-35.9%) | 61.3% (M-66.4%, F-54.8%) | | |
| | Abstinence from sex | 53% (M-51%, F-55%) | 16.6% (M-16.1%, F-17.6%) | 33.3% (M-28.5%, F-39.2%) | 63% (M-61%, F-66%) | Abstinence has reduced since young people now know that condoms can protect them from STIs or HIV through sex. |
| | Be faithful to one partner | 41% (M-32%, F-52%) | 24.7% (M-23.7%, F-26.8%) | 39.7% (M-39.6%, F-39.8%) | 51% (M-42%, F-62%) | Faithfulness has not changed much in the treatment communities, because young people are now aware of the use of condoms so the need to be faithful is less important. |
| | Condom use at last sex | 22% (M-21%, F-23%) | 63.9% (M-64.4%, F-62.0%) | 86.9% (M-86.4, F-87.6) | 50% (M-49%, F-52%) | Condom use increased drastically from the base line in the treatment community. This could be attributed to the condom sensitization undertaken by Restless Development in these communities. |
| | <p>Indicator 2: % of young people in participating communities accessing at least one</p> | 35% (M-37%, F-33%) | 14.3% (M-14.0%, F-14.7%) | 91.0% (M-89%, F-93%) | 55% (M-57%, F-53%) | Access to SRH improved drastically in treatment communities, as the project achievement far exceeded the target. |

| | | | | | | |
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| | available SRH service at clinics in the last 12 months | | | | | |
| | Indicator 3: Number of young people accessing youth friendly services (YFS) in Restless Development Youth Friendly Resource Centres (YFRC) (per year) | 47,462 (M-50%, F-50%) | NA | 49,835 first time visitors 2011, 29,713 first time visitors in 2012 | 52,208 (M-50%M, F- 50%) | There is improvement when compared with baseline, but project target was not met. |
| | Indicator 4: Extent to which government and local councils include youth in planning, implementing, budgeting and monitoring policy and development plans at national and local level | No effective formal structures to enable participation of youth in planning , implementing, budgeting and monitoring policy and development plans at national and local level | NA | Evidence that government and local councils are including young people in planning implementing, budgeting and monitoring policy and development plans at national and local level | The project milestone on this indicator was to enable government ministries and local councils to request assistance from Restless Development to develop strategies to get young people to participate in planning implementing, budgeting and monitoring policy and development plans at national and local level. | The project has made significant progress in this indicator. The Ministry of Youth and Sports requested assistance from Restless Development to develop M&E and reporting systems and a database for projects undertaken by the ministry in four regions Bo, Makeni, Kenema and Freetown. Restless Development has supported the ministry in the development of the database and M&E systems which is now used by the ministry to generate information used for decision making at regional youth offices in Bo, Makeni, Kenema and Freetown. The database is used to inform partners on activities of youth organisations in the four regions under pilot. Also Restless Development placed upon request young people as interns at the National Aids Secretariat, Ministry of Health Bo and Kono District |

| | | | | | | |
|--|---|-----------------------|---------------------------|-----------------------------|-----------------------|---|
| | | | | | | Council to participate in the planning, implementing, budgeting and monitoring of policies and development plans in these institutions and departments. The project will continue to work with these ministries and local councils in the new programme year strengthening the organisations efforts to effectively deliver on the development plans of these institutions and government departments |
| Output 1: Youth SRH knowledge : Young people equipped with the skills and knowledge to make informed decisions regarding their sexual and reproductive health and to live positive and healthy lives. | Indicator 1: % of young people in participating communities able to identify 3 major routes of HIV transmission | 45% (M-48%, F-42%) | 35% (M-35.1%, F-35.2) | 94.8% (M-93.6%, F-96.2%) | 80% (M-83%, F-77%) | The proportion of young people in treatment communities that are able to identify three major routes of HIV transmission improved considerable in treatment communities and exceed the target set by the project for 2012. |
| | Indicator 2: % of young people in participating communities correctly identifying 3 myths related to HIV | 11% (M-12%, F-9%) | 82.7% (M-81%, F-85.9%) | 95.2% (M-94.0%, F-96.8%) | 61% (M-62%, F-59%) | Most young people have got adequate knowledge on SRH in the treatment communities and therefore no longer believe in most of the myths hence a reduction in the %age of those who can name at least three of such myths. |
| | Indicator 3: Number of young people participating in formal education on life skills and SRH in schools. | 66,150 | NA | 87,600 | 78,750 | The number of young people that participated in formal education on life skills and SRH in schools improved and exceed the project target. |

| | | | | | | |
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| | Indicator 4: % of young people in participating communities able to identify at least one modern method of contraception | 53% (M-84%, F-82%) | 45.8% (M-47.0%, F-43.7%) | 66.0% (M-68.1%, F-63.4%) | 95% (M-96%, F-94%) | When compared to control group and baseline results, Restless Development seems to have made improvement but however falls short of project target. |
| Output 2: Youth Leadership and Skills : Young people are equipped with increased life-skills and leadership capabilities | Indicator 1: Number of young people trained to deliver SRH/life skills sessions and peer advice (per year) | 1,386 | NA | 5,440 M- 2,839, F- 2,601 | 1,650 | The project was able to train more young people who carried out peer advice and SRH/LS sessions among their peers in communities than was targeted. |
| | Indicator 2: Number of young people taking the lead in SRH activities in both communities and at district level | 685 | NA | 3,522 (M-1887, F-1635) | 805 | Significant progress was made by the project such that young people actually took lead in SRH activities in communities and at district level. |
| | Indicator 3: Number of young people participating in national level policy meetings on SRH needs of young people | 0 | NA | 35 (M-15; F-5) | 20 (10 M, 10 F) | The project empowered more young people to participate in national level policy meetings such that their SRH needs are factored in policies formulated by government. The project was able to facilitate the participation of 35 young people (15 male; 5 female) to participate in policy review processes on the National Youth Policy which incorporates aspects of the SRH needs of young people. |

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| | | | | | | |
| <p>Output 3: Schools and communities mainstreaming SRH: Schools and communities in Sierra Leone enabled to mainstream an effective sexual reproductive health and HIV/AIDS programme through government interventions and technical support from Restless Development Sierra Leone</p> | <p>Indicator 1: No of schools in implementing communities are implementing Ministry of Education, Science and Technology (MEST) HIV/AIDS policy</p> | 63 | NA | 216 (73 secondary schools and 143 primary schools) | 225 | The target was to reach 75 communities to implement MEST HIV policy but ended up reaching 73 communities. This limits the number of schools reached to implement the HIV policy of the ministry. However from 2007 to date Restless Development reached 408 schools with SRH interventions 136 of which are secondary schools and 272 are primary schools. |
| | <p>Indicator 2: Extent to which MEST has taken the lead on monitoring of the implementation of the HIV policy in schools</p> | No M&E | NA | The monitoring tool is currently being designed ready for implementation in February 2012. A workshop training school supervisors and inspectors on the use of the tool was held this January 2012. | MEST staff have started using the system in 3 Districts and are generating monitoring information | The project is expected to support the MEST to review and develop monitoring systems for schools supervisors and inspectors to use for the purpose of monitoring SRH/Life skills activities in schools. Restless Development has held a consultative workshop with schools inspectors and supervisors across 12 districts including Freetown where issues were identified for incorporation into the monitoring systems. |
| | <p>Indicator 3: Number of communities implementing youth focused SRH activities without direct Restless Development support</p> | 3(2009 data) | NA | 63 | 40 | Significant progress was made by the project such that young people actually took lead in SRH activities in their communities |

| | | | | | | |
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| <p>Output 4: Youth employability opportunities: Young people are equipped with pre-professional and entrepreneurship skills, information and appropriate services for employability</p> | <p>Indicator 1: Number of young people demonstrating employability skills</p> | Not available | NA | 769 (M-469, F-300) | 300 | In 2011-2012 programme year the project trained young people on pre-professional skills that make them more employable. This count includes those who started but did not complete the course. The Number that completed the course module for 2011-12 is 394 These skills are computer skills, CV writing skills, and interview techniques. Once equipped with these skills, young people are better positioned to compete in the job market and are more likely to secure jobs. |
| | <p>Indicator 2: Number of Restless Development ex-volunteers in higher studies or gainful employment in last 12 months</p> | 248 (M-70%, 30%) | NA | 418(N=617) | 145 (M-50, F_50) (N=619) | To date Restless Development has been able to enable 418 young people to gain employment (241) and (177) engaged in higher studies |
| | <p>Indicator 3: Number of young people demonstrating entrepreneurship skills</p> | 26 | NA | 208 (M-106, F-102) | 76 | This count includes those who started but did not complete the course. The Number that completed the course module for 2011-12 is 80 |
| <p>Output 5: Stronger national youth sector built : State and non-state actors have increased capacity to involve young people in the design and delivery of policies and services</p> | <p>Indicator 1: Degree to which Ministry of Health and Sanitation is delivering Youth Friendly Services and policies</p> | CSOs deliver Youth Friendly Services in Restless Development communities but with no formalized strategic agreement with Restless Development | NA | At a policy level, Restless Development has fed into the development of a multi-sectoral Adolescent SRH Strategy and of national minimum standards for delivering Youth | Restless Development strategy in place to support the capacity building of Ministry of Health and Sanitation to deliver Youth Friendly Services | The project is expected to strengthen its partnerships relationship with the Ministry of Health and Sanitation (MOHS) through the signing a MoU with the ministries but also to enable the ministry to deliver youth friendly services and policies. At a Regional level, Restless Development has been providing training in the delivery of youth-friendly services to front-line staff. Plans are currently |

| | | | | | | |
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| | | | | Friendly Services. Further progress made so far was that Restless Development has submitted its registration documents to the MOHS, which lays the administrative foundations for developing a MOU with the Ministry. | | put in place to develop a strategy to support the capacity building of MOHS to deliver on YFS which will inform the content of the MOU. |
| | Indicator 2: Number of policy and advocacy reports published and case studies shared with key state and non-state actors | 0 | NA | A piece of research on the state of the nation's youth was undertaken and a National Youth Report is currently in draft form, with the aim of being published in 2012 | 5 | The project has as a milestone to publish a policy and advocacy report and disseminate to key state and non-state actors. Restless Development disseminated two advocacy reports in 2010, one relating to youth participation in elections and the second relating to young people's participation in decision-making processes. |
| | Indicator 3: Degree to which MYES (Ministry of Youth, Employment and Sports) is able to monitor implementation of national youth policies | No effective M&E | NA | Restless Development developed an M&E system and a database for the ministry which is now being piloted in four regions in the country i.e. Bo, Makeni, Kenema and | Effective M&E systems developed and Implemented by staff of MYES | The project was also expected to develop M&E systems for the Ministry of Youth and Sports to support monitoring of activities of the ministry in various regions of the country. The database is used to gather information on activities of youth groups and agencies in the regions under pilot. The M&E systems generate information used for decision making in regional youth offices including Freetown. |

| | | | | | | |
|--|---|---|----|--|---|---|
| | | | | Freetown. | | |
| | Indicator 4: Number of youth focused civil society organisations and local government structures whose capacity is enhanced by Restless Development | 0 | NA | Progress made on this is that 2 CSOs have been trained on these programme standards and have been 6 months of support through mentorships and coaching programmes by Restless Development. | 3 | The project is expected to train three youth-focused civil society organisations on programme standards with specific focus on M&E, Budgeting and Financial control, and resource mobilisation. |
| | Indicator 5: External evaluation done on the impact of Restless Development intervention | 0 | NA | This is in progress currently | 1 | External evaluation report |

ANNEX C: KAP Survey

1. Questionnaire

Restless Development (RD) Sierra Leone

Youth Reproductive Health Programme

Introduction

Hello, my name isand I am part of the team from Restless Development/SPW doing evaluation of Restless Development (RD) activities by interviewing young people to understand the status of for their Youth Reproductive Health Programme in this area. We are interviewing young people about their reproductive health knowledge, leadership skills and employment opportunities. We would appreciate if you could participate in this survey. This information will help RD, Donors, Government and other stakeholders to plan RHP in the country. Whatever information you provide will be kept strictly confidential and will not be shared to anyone else. Participation in this survey is voluntary and you can stop the interview at any time, however we hope that you will participate in this survey, since your views are important.

| | |
|--|---|
| Region: | Result of Interview 1. Completed 2. Postponed 3. Refused 4. Incomplete |
| District: | |
| Chiefdom: | |
| Locality Name: | |
| Name of Interviewer: | Name of Supervisor |
| Date of Interview: /08/2012 | Date Checked: /08/2012 |
| RD Community: 1. Yes 2. No <i>(If 'No' enquire whether respondent ever participated or exposed to Restless Development activities. Administer questionnaire only if never heard)</i> | Questionnaire Number |

Section 1: Socio-demographic Background

| No. | Question | Option | Skip to |
|-----|--|---|---------|
| 101 | Sex of respondent | Male 1 Female 2 | |
| 102 | How old were you on your last birthday? <i>(in completed years)</i> | | |
| 103 | How long have you been living in this community? <i>(put the number in completed years, 00 if less than one year)</i> |/..... | |
| 104 | What is your religion? | Christianity 1 Islam 2 Others (specify) 3 | |
| 104 | What is your ethnicity? | Mende 1 Temne 2 Limba 3 Fula 4 Others (specify) 5 | |
| 106 | Are you married? | Yes 1 No 2 | |
| 107 | Are you currently employed? | Yes 1 No 2 | >109 |
| 108 | If, Yes, type of job | | |
| 109 | Did you ever attend school? | Yes 1 | |

| | | | |
|-----|--|---|---------|
| | | No 2 | >Sec. 2 |
| 110 | If left school, highest level attained | Primary 1 Secondary 2 Tech/voc 3 College/University 4 Others (specify88 | |
| 111 | Are you currently in school? | Yes 1 No 2 | >Sec. 2 |
| 112 | If in school, what class/form are you currently? | Class 4 1 Class 5 2 Class 6 3 JSS 1 4 JSS 2 5 JSS 3 6 SSS 1 7 SSS 2 8 SSS 3 9 Tech/Voc 10 College/University 11 Others (specify.....88 | |

Section 2: Exposure to Restless Development Youth Reproductive Health Program

| No | Question | Options | Skip |
|-----|--|---|--------------|
| 201 | Have you ever heard of Restless Development before (SPW)? | Yes 1 No 2 | >Sec 3 |
| 202 | How did you hear about Restless development (SPW)? <i>Don't prompt (Multiple response)</i> | Yes No Radio 1 2 School 1 2 News paper 1 2 Other (specify) ----- 1 2 | |
| 203 | Have you participated in/attended any RD activities /session/event organized in this community in the last 12 month? | Yes 1 No 2 | >207 |
| 204 | What types of RD activities /session/event did you participate? <i>Don't prompt (Multiple response)</i> | Yes No Educating young people on SRH 1 2 Educating young people on livelihood skill 1 2 Building the capacity of young people in raising voice to policy change 1 2 Building the capacity of young people to engage in decision making 1 2 Other (specify) ----- 1 2 | |
| 205 | Did the knowledge you obtained from the trainings help in improving your life? | Yes 1 No 2 Don't Know 3 | >207 >207 |

| | | | |
|-----|---|---|--|
| 206 | If YES in Q205, in what way? <i>(multiple response applicable)</i> | <p style="text-align: right;">Yes No</p> <p style="text-align: right;">Employed 1 2</p> <p>Easily and openly access to SRH service 1 2</p> <p style="text-align: right;">Started small business 1 2</p> <p style="text-align: right;">Access to bank services 1 2</p> <p style="text-align: right;">Life skills-self awareness 1 2</p> <p>Other (specify) ----- 1 2</p> | |
| 207 | Have you used the Restless Development Youth Friendly Resource Center for any service | <p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 2</p> | |
| 208 | If YES, what types of services are they offering | <p style="text-align: right;">In door games 1</p> <p style="text-align: right;">Outdoor games 2</p> <p style="text-align: right;">Condom education 3</p> <p style="text-align: right;">Training 4</p> <p style="text-align: right;">Peer advice 5</p> <p style="text-align: right;">Reading 6</p> | |

Section 3: Knowledge of Sexual Reproductive Health (SRH)

| No | Question | Options | Skip |
|-----|--|---|------|
| 301 | Have you ever heard of SRH services? | <p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 2</p> | >312 |
| 302 | Have you been taught about SRH by RD? <i>Cross check with cover page if in RD Community</i> | <p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 2</p> | >312 |
| 303 | What are these SRH services? Please mention any that you know <i>Don't prompt (Multiple response)</i> | <p style="text-align: right;">Yes No</p> <p style="text-align: right;">Family planning services 1 2</p> <p style="text-align: right;">Voluntary Counseling and testing 1 2</p> <p style="text-align: right;">STIs treatment services 1 2</p> <p style="text-align: right;">Acquisition of condoms 1 2</p> <p style="text-align: right;">Access to IEC information 1 2</p> <p>If other, Specify.....1 2</p> | |
| 304 | How did you know about these services? <i>Don't prompt (Multiple response)</i> | <p style="text-align: right;">Yes No</p> <p style="text-align: right;">Peer to peer discussion 1 2</p> <p style="text-align: right;">Through health centre 1 2</p> <p style="text-align: right;">Through teachers 1 2</p> <p style="text-align: right;">Through edutainment 1 2</p> <p style="text-align: right;">Through SRH club dialogue 1 2</p> <p style="text-align: right;">Through Ex-VPE 1 2</p> <p style="text-align: right;">Radio 1 2</p> <p>If other, specify.....1 2</p> | |
| 305 | Have you ever attended any SRH services/event organized by RD? | <p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 2</p> | >312 |

| | | | | |
|-----|--|------------------------------------|----|-------|
| 306 | Which services were you offered? | Yes | No | |
| | | Family planning Counseling/service | 1 | 2 |
| | | STIs testing | 1 | 2 |
| | | STI treatment | 1 | 2 |
| | | Condoms | 1 | 2 |
| | | IEC materials | 1 | 2 |
| | | VCT services | 1 | 2 |
| | | If other, specify..... | 1 | 2 |
| 307 | Did you like the services you were offered? | Yes | 1 | |
| | | No | 2 | >309 |
| 308 | Ask only Q307 is No | Yes | No | |
| | Why did you like the services? | Youth friendly | 1 | 2 |
| | | Accessible | 1 | 2 |
| | | Knowledgeable staff | 1 | 2 |
| | | Privacy | 1 | 2 |
| | | Other | 1 | 2 |
| | | If other please describe..... | | |
| 309 | Why didn't you like the services? | Yes | No | |
| | (Ask only if Q307 is NO) | Not youth friendly | 1 | 2 |
| | | Not accessible | 1 | 2 |
| | | No knowledgeable staff | 1 | 2 |
| | | Not Privacy | 1 | 2 |
| | | Other | 1 | 2 |
| | | If other please describe..... | | |
| 310 | Would you recommend a friend to go for SRH services organized by RD? | Strongly recommend | 1 | >312 |
| | | Recommend | 2 | >312 |
| | | Not recommend | 3 | } 311 |
| | | Don't know | 4 | |
| | | No response | 5 | |
| 311 | Why you would not recommend a friend to go for SRH services? | Yes | No | |
| | (Multiple answer) | Not youth friendly | 1 | 2 |
| | | Not accessible | 1 | 2 |
| | | No knowledgeable staff | 1 | 2 |
| | | Not Privacy | 1 | 2 |
| | | Other | 1 | 2 |
| | | If other please describe..... | 1 | 2 |
| 312 | Have you heard of any sexually transmitted diseases (STD) before? | Yes | 1 | |
| | | No | 2 | >316 |
| 313 | Which sexually transmitted diseases have you heard of? | Syphilis | 1 | |
| | | Gonorrhea | 2 | |
| | | HIV/AIDS | 3 | |
| | | Others (specify) | 4 | |
| 314 | Can you describe any symptoms of STIs? | Abdominal pain | 1 | |
| | | Genital Discharge | 2 | |
| | | Foul smelling discharge | 3 | |
| | | Burning pain on urination | 4 | |
| | | Genital sores/ulcers | 5 | |
| | | Swelling in groin area | 6 | |

| | | | |
|-----|--|---|-------|
| | | Itching 7 Other (specify)..... 8 Don't know 99 | |
| 315 | Could you please tell me how can one avoid having STDs? <i>(Multiple answers)</i> | Use condom during sex 1 Having with one partner only 2 Having bath after sex 3 Avoid sex entirely 4 Avoid sex with specific group 5 Others (specify)..... 6 Don't Know 99 | |
| 316 | Have you heard of HIV/AIDS before? | Yes 1 No 2 | > 322 |
| 317 | How can people get HIV/AIDS? <i>(Multiple response applicable but don't prompt)</i> | By having sex 1 Share of needle 2 Blood transfusion 3 By birth from mother to child 4 Others (specify) 5 Don't know 99 | |
| 318 | Can people get HIV/AIDS by? <i>(multiple response applicable don't prompt)</i> | Yes No Touching 1 2 Eating together 1 2 Mosquito bites 1 2 A healthy looking person cannot have it 1 2 Witch Craft 1 2 Other (specify) 1 2 | |
| 319 | If any member of your family gets the HIV/AIDS sick, would you want to..... | Yes No Eat with the person 1 2 Sleep with the person 1 2 Touch the person 1 2 Talk to the person 1 2 | |
| 320 | Why would you refuse to do any of the above? <i>(Ask only if any of Q319 is 'NO')</i> | Yes No Fear of getting the sick 1 2 Fear of people seeing me with her/him 1 2 Should not be associated with them 1 2 Don't know 1 2 Others (specify) ----- 1 2 | |
| 321 | If you were to contract an STI what would you do? | Go to the hospital/clinic 1 Go to a medical person 2 Buy some pills (antibiotics) and take it 3 Take some herb 4 Consult a colleague 5 Others (specify) ----- 6 Don't know 99 | |
| 322 | What are you using to avoid pregnancy? | Avoid sex entirely 1 Condom 2 Birth control pill 3 Birth control injection 4 Traditional medicine 5 Spermicide 6 IMPLANT 7 | |

| | | | |
|------|---|---|------|
| | | Using nothing 8 Others (specify) ----- 10 Don't know 99 | |
| 323a | If you impregnate a woman what would you do? <i>(Male only)</i> | Abort the pregnancy 1 Avoid the woman 2 Take responsibility of the pregnancy 3 Marry her 4 Others (specify) ----- 5 Don't know 99 | |
| 323b | If you get pregnant what do you do? <i>(Female only)</i> | Abort the pregnancy 1 Avoid the man 2 Take responsibility till deliver 3 Marry to the man 4 Others (specify) ----- 5 Don't know 99 | |
| 324 | Have you used any RH service in any clinic in the last 12 months? | Yes 1 No 2 | |
| 325 | How many sexual partner(s) have you had in the past 12 months? |/..... Never had sex 2 Don't know 99 | |
| 326 | How many sexual partner(s) have you had in the past one months? |/..... Don't know 99 | |
| 327 | When last did you have sex? | Last night 1 Less than a week 2 One week ago 3 Above one week 4 | |
| 328 | What were the circumstances of sexual intercourse with these partner(s)? <i>(Multiple response applicable)</i> | Desire to have sex 1 Under alcohol/drug influence 2 Forced 3 Raped 4 Other (specify).....5 | |
| 329 | Did you use condom in your last sexual encounter? | Yes 1 No 2 | >331 |
| 330 | Why didn't you use condom in your last sexual encounter? | Longstanding partner 1 Know each other status 2 Don't like condom 3 Other (specify).....4 | |
| 331 | Do you think you know how to correctly use condoms? | Yes 1 No 2 | |
| 332 | Would you advise your friends to use condoms whenever they have sex? | Yes 1 No 2 | |
| 333 | What does "safe sex" means to you? <i>(Do not read, probe by asking and circle the responses)</i> | Abstaining from sex 1 Use condoms during sex 2 Use contraceptives 3 Both partners love faithfully 4 Use menstrual calendar 5 | |

| | | | |
|--|--|--------------------------|--|
| | | Withdrawal method 6 | |
| | | Use traditional herbs 7 | |
| | | Others (specify) ----- 8 | |
| | | Don't Know 99 | |

Section 4: Livelihood

| | | | |
|------------|--|--|--------------|
| 401 | What do you do to earn income? | Yes No Agriculture 1 2 Animal & poultry farming 1 2 Small business 1 2 Daily wage/pay 1 2 Self employed 1 2 Don't Earn anything 1 2 Other (specify) ----- 1 2 | |
| 402 | Is your income level compare to two year back? | The same 1 More now 2 Less now 3 | |
| 403 | Did you ever receive any capacity building training on income generation/entrepreneurship skills under Restless Development? | Yes 1 No 2 Don't know 3 No response 4 | } 501 |
| 404 | What capacity building training or career skill did you receive from RD? | Yes No Entrepreneurship skills 1 2 Vocational skills 1 2 Computer skills 1 2 Marketing skills 1 2 Adult learning 1 2 Other (specify) ----- 1 2 | |
| 405 | Did the skills you obtained from the training help in any way to improve your life? | Yes 1 No 2 Don't know 3 No response 4 | } 501 |
| 406 | How did the skill obtained from the training help in improving your life? | Established business project 1 Invested in agriculture 2 Add more stock to my small business 3 Raised income 4 Other (specify) ----- 5 | |

Section 5: Knowledge in Leadership

| No | Question | Options | Skip |
|------------|---|--|--------------|
| 501 | Do you participate in SRH activities in your community or in your district? | Yes 1 No 2 | > 503 |
| 502 | What kind of role do you play? | Leadership 1 Observer 2 Delegate 3 Others (specify) ----- 4 | |
| 503 | Have you participated in any policy meeting on SRH at national/community level in the | Yes 1 No 2 | |

| | | | |
|------------|---|--|--------------|
| | last 12 months? | | |
| 504 | Have you ever participated in any decision making? | Yes 1 No 2 Don't know 3 No response 4 | } 506 |
| 505 | At what level did you participate in the decision making? <i>(multiple answers applicable)</i> | Family 1 Community 2 District 3 National 4 Other (specify) ----- 5 | |
| 506 | Are there any youth decision making bodies in your community? | Yes 1 No 2 Don't know 3 No response 4 | |
| 507 | Have you been trained in any SRH/life skills? | Yes 1 No 2 | |
| 508 | Which organization provided the training? <i>(Multiple response applicable)</i> | Restless Development 1 Government Agency 2 Other NGO 3 | |

509 Do you have any concerns that you would like to convey/share to the people organizing this evaluation?

Q510. In your own opinion, what would you recommend to effectively improve the program?

Thank Respondent before leaving.

ANNEX D: List of Key Informants

| No. | Name | Designation | Location |
|-----|----------------------|--|-----------|
| 1 | Cathrin M. Daniel | Country Representative | Freetown |
| 2 | Joe Murphy | Acting Finance and Administrative Manager | Freetown |
| 3 | James S. Fofanah | RM & E Manager | Freetown |
| 4 | Thomas Gowa | Senior Programmes Manager | Freetown |
| 5 | Daniel Kettot | Field officer - YLAP | Freetown |
| 6 | Mohamed Alpha Jalloh | YLAP Manager | Freetown |
| 7 | Nathniel O. John | RM&E Coordinator | Freetown |
| 8 | Mariama Bao Amara | Field Office | Bo |
| 9 | Aia Sam | Social Mobilization Officer - MoEST | Tonkolili |
| 10 | A. O. Kamara | School Supervision - NAS | Tonkolili |
| 11 | Augustine Boima | HIV/AIDS Counsellor | Tonkolili |
| 12 | Arthur Allieu | Local Council Development Officer | Tonkolili |
| 13 | Mr. Kawa | M&E Officer – MoHS | Kenema |
| 14 | James Sesay | M&E Officer - MoEST | Kenema |
| 15 | Mark Sesay | Youth Officer - MoEYS | Kenema |
| 16 | Emmanuel Sartie | Local Council Development Officer | Kenema |
| 17 | Mohamed Massaquoi | Health Education Officer - MoHS | Bo |
| 18 | Paul Saffa | Head of Supervisors - MoEST | Bo |
| 19 | Patrice Amara | Youth Officer - MoEYS | Bo |
| 20 | Thaim Kargbo | Regional Coordinator | Bo |
| 21 | Miss Julia | Local Council Development Planning Officer | Bo |
| 22 | Christopha Kamara | M&E Officer – MoHS | Port Loko |
| 23 | Alhaja M. S. Kamara | School Supervisor - MoEST | Port Loko |
| 24 | Kaidiatu Sesay | HIV/AIDS Focal Person - NAS | Port Loko |
| 25 | Sheiku Gebrill | Local Council Development Planning Officer | Port Loko |
| 26 | Mr. Samba | HIV/AIDS Focal Person - NAS | Moyamba |
| 27 | Mr. Feika | School Supervisor - MoEST | Moyamba |
| 28 | Osman Daramy | Youth Officer - MoEYS | Moyamba |
| 29 | Sallay Senesie | Local Council Development Planning Officer | Moyamba |